



**JOURNAL OF LAWS  
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Warsaw, 16 September 2016

item 1492

**REGULATION  
OF THE COUNCIL OF MINISTERS**

Warsaw, of 4 August 2016

**concerning the National Health Programme for the years 2016-2020**

In accordance with art. 9 par. 2 of the Public Health Act of 11 September 2015 (Dz. U. item 1916) it is hereby ordered as follows:

§ 1. The National Health Programme for the years 2016-2020 constituting an annex to the Regulation shall be hereby defined.

§ 2. The Regulation shall enter in force on the day following the day of publication except for the part VI of the annex to the Regulation concerning the Program of fighting health consequences of using tobacco products and related products, which shall enter in force as of 1 January 2018.

Prime Minister: *B. Szydło*

Appendix to the regulation of the Council of Ministers  
of 4 August 2016 (item 1492)

## NATIONAL HEALTH PROGRAMME FOR THE YEARS 2016-2020

### **I. Strategic objectives of the National Health Programme**

The strategic objective of the National Health Programme for the years 2016-2020, hereinafter the "NPZ" shall be to extend healthy life, improve health and related quality of life for the population and reducing social inequalities in health.

### **II. Operating objectives of the NPZ and entities responsible for the implementation thereof**

Art. 3 and art. 4 of the Public Health Act of 11 September 2015 (Dz. U. item 1916) stress the importance of the need to ensure consistent actions in the scope of the NPZ implemented by the public authority institutions and cooperating entities. The operating goals and tasks to achieve the operating goals defined in the NPZ must jointly contribute to the reduction of social inequalities in health and should be also implemented in a combined manner while addressing more than one risk at a time, in particular in the areas, where there is scientific evidence of interconnections between the risks and the correlating risk factors and protective factors. The goals shall be implemented while taking into account the need to ensure the availability, in accordance with the universal design concept, defined in art. 2 of the Convention on the Rights of Persons with Disabilities drafted in New York on 13 December 2006 (Dz. U. of 2012, item 1169, as amended) and the need of persons with various disabilities.

The operating goals include:

1. Improvement of the feeding habits, nutrition and physical activity of the society.

Responsible entity: Minister responsible for health in cooperation with the Minister responsible for: physical culture, labour, family, tourism, public finances, agriculture, national defence as well as education and upbringing.

2. Preventing and solving problems related to the use of psychoactive substances, behavioural addictions and other risky behaviour.

Responsible entity: Minister responsible for health in cooperation with the Minister responsible for: education and upbringing, national defence, labour, family, social security, internal affairs, justice, public finance, and computerisation.

3. Preventing psychological disorders and improving the psychological condition of the

society.

Responsible entity: Minister responsible for health in cooperation with the Minister responsible for: labour, family, social security, education and upbringing, internal affairs, justice, national defence, science, higher education, computerisation.

4. Alleviating the health risk resulting from physical, chemical and biological risk factors in the external environment, at the workplace, place of residence, recreation, and education.

Responsible entity: Minister responsible for the environment in cooperation with the Minister responsible for: health, labour, family, social security, national defence, agricultural markets, and rural development.

5. Promotion of healthy and active aging.

Responsible entity: Minister responsible for health in cooperation with the Minister responsible for: labour, family, and social security.

6. Improvement of procreative health.

Responsible entity: Minister responsible for health in cooperation with the Minister responsible for: family, labour, social security, and education and upbringing.

### **III. Task funding procedure and amount**

1. The tasks defined as a part of the NPZ operating goals - unless the NPZ states that these will be coordination tasks or tasks entrusted by the responsible Minister managing the funding - shall be tasks that are recognised as own tasks of the entities participating in the implementation of the tasks in the area of public health, financed using the funding remaining at their disposal. Own tasks shall not require additional funding from the state budget, referred to in art. 29 par. 1 of the Public Health Act of 11 September 2015, subject to provisions of par. 3.

2. The tasks entrusted in a competition or application procedure, referred to in art. 14 par. 1 and 2 of the Public Health Act of 11 September 2015 shall be financed using the funding planned by the respective budget allocating entities or as a part of the annual financial plans of the earmarked funds, referred to in art. 29 of the Public Finance Act of 27 August 2009 (Dz. U. of 2013, item 885 as amended<sup>1</sup>), within the limits defined by the Minister responsible for health

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<sup>1</sup> Amendments to the consolidated text of the aforementioned Act were published in Dz. U. of 2013 items 938 and 1646, of 2014 items 379, 911, 1146, 1626, and 1877, of 2015 items 238, 532, 1045, 1117, 1130, 1189, 1190, 1269, 1358, 1513, 1830, 1854, 1890, and 2150, and of 2016 items 195 and 1257.

affairs, and as the entity coordinating the implementation of tasks in the scope of the public health.

3. In the case of the tasks implemented by entities subordinated or supervised by the Minister responsible for health affairs as a part of the operating goal 2 the funding is provided by increasing the funds remaining at the disposal of these entities or by authorising the use of the means of the Gambling Problem Solving Fund.

4. The coordination tasks (i.e. tasks 1-4, 9-13, 21, and 22 in chapter XI) shall be financed as a part of the spending limits planned annually by the Minister responsible for health affairs as the coordinator of the tasks resulting from the Public Health Act of 11 September 2015 in the corresponding part of the state budget using the funds allocated for the Program implementation, in the amount not less than 3% of the amount planned in a given year.

5. In the case of the health policy programs entailing provision of healthcare benefits the local self-government units may apply to the National Health Fund for co-financing. It also applies to the initiatives not included in the NPZ provided that the requirements defined in art. 48d of the Act on Publicly Funded Healthcare Benefits of 27 August 2004 (Dz. U. of 2015 item 581, as amended<sup>2</sup>).

6. While entrusting the public health tasks other than those listed in par. 1 and 3, the competition procedure of contracting the tasks or application procedure stated in the Public Health Act of 11 September 2015 shall be used.

7. Unless the NPZ states otherwise, it is deemed that the tasks should be performed continuously through the NPZ term.

8. The amount of funding of the tasks entrusted to the implementing parties as a part of the NPZ operating goals and coordination tasks in the years 2016-2020, except for the funds to be used as a part of own spending limits, shall not exceed 140 million, including:

- 1) operating goal 1 - not more than PLN 37 million - from the Physical Culture Development Fund, Sport Activities for Students Fund and the state budget;
- 2) operating goal 2 - not more than PLN 32 million - from the Gambling Problems Solving Fund, and the state budget;
- 3) operating goal 3 - not more than PLN 27 million - from the Gambling Problem Solving

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<sup>2</sup> Amendments to the consolidated text of the aforementioned Act were published in Dz. U. of 2015 items 1240, 1269, 1365, 1569, 1692, 1735, 1830, 1844, 1893, 1916, 1991, and 1994, and of 2016 items 65, 652, 960, and 1355.

Fund, and the state budget;

- 4) operating goal 4 - not more than PLN 17 million - from the state budget;
- 5) operating goal 5 - not more than PLN 12 million - from the state budget;
- 6) operating goal 6 - not more than PLN 15 million - from the state budget.

9. When preparing the schedules, referred to in chapter XI point 1, as a result of the performance of the tasks in chapter XI, in particular the tasks 1, 3, and 21, it is permitted to transfer not more than 10% of the total amount to be spent on the NPZ implementation between the individual operating goals in the year following the given NPZ implementation year.

10. Not less than 3% of the funds allocated to individual NPZ operating goals shall be spent on coordination tasks.

11. Not less than 10% of the funds allocated to the NPZ implementation shall be used to finance the following tasks in particular:

- 1) as a part of the operating goal 1
  - tasks 3.1. and 3.2.
- 2) as a part of the operating goal 2
  - task 2.5. point 15
  - task 3.4. points 1-3
  - task 4.3. points 1-5
- 3) as a part of the operating goal 3
  - task 3 points 1-5
- 4) as a part of the operating goal 4
  - task 3 point 1 h, i, k, and point 2
- 5) as a part of the operating goal 5
  - task 4 points 2-4
- 6) as a part of the operating goal 6
  - point 4
- 7) as a part of coordination tasks - tasks 2 and 4-7.

#### IV. Abbreviations

Abbreviations used in NPZ shall have the following meaning:

AOTMiT	Agency for the Evaluation of Medical Technologies and Tariffs
CIOPIB	Central Institute of Labour Protection - National Research Institute
CMJ	Healthcare Quality Monitoring Centre
COI	Oncology Centre - Maria Skłodowska-Curie Institute
COSI	Childhood Obesity Surveillance Initiative
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
FRPH	Gambling Problem Solving Fund
FRKF	Physical Culture Development Fund
FZSdU	Sport Activities for Students Fund
GIS	Chief Sanitary Inspector
GIS WP	Chief Sanitary Inspector of the Polish Armed Forces
GIS MSW	Chief Sanitary Inspector of the Ministry of Internal Affairs
GUS	Central Statistical Office
HDG	Horizontal Working Party on Drugs
IES	Forensic Expertise Institute
IMP	Prof. J. Nofer's Occupational Medicine Institute in Łódź
IOŚ	Environmental Protection Inspectorate
IPiN	Psychiatry and Neurology Institute
IMW	Agricultural Medicine Institute
IŻŻ	Food and Feeding Institute
JST	Local Self-Government Units
KBPN	National Office for Drug Addiction Prevention
KCAIDS	National Centre for AIDS
KRRiT	National Broadcasting Council
MZ	Minister for Health
MSiT	Minister of Sport and Tourism
MRPiPS	Minister of Family, Labour and Social Policy
MEN	Minister of National Education
MF	Minister of Finance
MliB	Minister of Infrastructure and Building Industry

MRiRW	Minister of Agriculture and Rural Development
MON	Minister of National Defence
MS	Minister of Justice
MSWiA	Minister of Internal Affairs and Administration
MŚ	Minister of the Environment
MC	Minister of Digital Affairs
MNiSzW	Minister of Science and Higher Education
MKiDzN	Minister of Culture and National Heritage
NCN	National Science Centre
NCBiR	National Research and Development Centre
NFZ	National Health Fund
NIGRiR	National Institute of Geriatrics, Rheumatology, and Rehabilitation
NIL	National Institute of Medicines
NIZP-PZH	National Institute of Public Health - National Institute of Hygiene
NSP	New Psychoactive Substances (so-called "designer drugs")
OHP	Voluntary Labour Corps
ORE	Education Development Centre
PARPA	National Agency for the Prevention of Alcohol-Related Problems
PIB	National Research Institute
PIF	National Pharmaceutical Inspectorate
PIS	National Sanitary Inspectorate
PTS MSW	National Sanitary Inspectorate of the Ministry of Internal Affairs
SC	Customs Service
SG	Border Guard
UOKiK	Office of Competition and Consumer Protection
WIHiE	Military Institute of Hygiene and Epidemiology
WOTUW	Province Addiction and Co-dependency Treatment Centres
ŻW	Military Police

**V. List of tasks to achieve the operating goal 1: Improvement of the feeding habits, nutrition and physical activity of the society.**

1. Activities promoting correct feeding habits and physical activity.

1.1. Pro-health public policy focusing on:

- 1) increasing the availability of food products recommended for consumption and reducing the availability of products not recommended for excessive consumption;

Implementing entity: MF in cooperation with MZ, GIS, and MRiRW

- 2) reducing the marketing pressure of products not recommended for excessive consumption, targeting children and teenagers in particular;

Implementing entity: MKiDzN in cooperation with KRRiT, MZ, and GIS

- 3) dissemination of information about healthy feeding habits and physical activity at schools and educational establishments;

Implementing entity: MEN and ORE

- 4) creating conditions fostering and maintaining correct feeding habits and physical activity in science, work, service and recreational environments;

Implementing entity: MEN, MRPiPS, MON, MSWiA in cooperation with MZ, CIOP-PIB, and JST

- 5) determining the conditions of city development, road and bridge construction in a manner benefiting pedestrian, bicycle traffic, and physical activity, taking into account the needs of people with disabilities.

Implementing entity: JST

#### 1.2. Informational and educational activities, including:

- 1) initiatives promoting correct feeding habits;

Implementing entity: GIS, PIS, COI, and entities selected in competitions announced by MZ

- 2) development and operation of a national feeding and healthy lifestyle education centre, which shall perform the following tasks:

- a) dissemination of information about the rules of healthy feeding and physical activity, also by creating an interactive Internet platform used to provide advice about healthy feeding and physical activity on current basis,
- b) informational and educational activities, also in the media, free of charge training for participants, and publishing activities in the scope of public health education;

Implementing entity: IŻŻ on the basis of a contract signed with MZ on the request of IŻŻ

- 3) enriching graduate and post-graduate educational curriculums of medical staff in the scope of providing health education in the scope of lifestyle related illnesses;

Implementing entity: MZ

- 4) promotion of breast-feeding, including:
  - a) fostering formation of local breast-feeding support groups and informing women leaving maternity wards about the activities of these groups,
  - b) dissemination of information about the benefits of breast-feeding,
  - c) promotion of initiatives related to the correct feeding of new-born infants;
  - d) campaigns disseminating state-of-the-art knowledge of breast-feeding,
  - e) ensuring availability of professional help in dealing with lactation issues,
  - f) striving to improve the competence level of medical staff taking care of the mother and child in terms of lactation information,
  - g) dissemination of the rules of the International Code of Marketing of Breast-Milk Substitutes,
  - h) gathering and analysis of breast-feeding information;

Implementing entity: MZ and entities selected in a competition announced by MZ

- 5) informational and educational activities concerning diet supplements;

Implementing entity: GIS in cooperation with IŻŻ

- 6) promotion of initiatives concerning correct feeding and physical activity among uniformed services.

Implementing entity: entities selected in competitions announced by MON, MS, and MSWiA

### 1.3. Promotion of physical culture through:

- 1) activities promoting healthy lifestyle;

Implementing entity: MSiT using the FRKF funds

- 2) ensuring availability of sport facilities and classes requiring physical activity;

Implementing entity: JST

- 3) promotion and improvement of pedestrian and bicycle traffic safety;

Implementing entity: JST

- 4) implementation of tasks in the scope of increasing availability of sport activities for students with particular focus on corrective and compensation gymnastics;

Implementing entity: MSiT using the FZSdU funds

- 5) promotion of increasing the number of extracurricular sports activities;

Implementing entity: MEN

- 6) increasing the attractiveness of physical education at schools through diversification.

Implementing entity: MEN

1.4. Increasing the competence of persons taking part in the tasks focusing on reducing the occurrence of overweight and obesity through:

- 1) education of healthcare personnel in the rules of healthy feeding habits and physical activity;

Implementing entity: entity selected in a competition announced by MZ

- 2) training for physical education teachers and health education teachers;

Implementing entity: MEN

- 3) educational activities for the representatives of government administration and food industry - dissemination of information about the health and economic benefits related to the reduced salt and sugar content and the use of individual types of fats in the food products;

Implementing entity: MZ in cooperation with IŻŻ, on the basis of a contract signed on the request of IŻŻ

- 4) educational activities for employers, workplace personnel, employee organisations, occupational medicine specialists in the scope of preparing and implementing programs promoting physical activity and healthy feeding habits at the workplace.

Implementing entity: MZ, MRPiPS and IMP on the basis of the agreement concluded with MZ on the request of IMP

2. Activities aimed at maintaining correct body weight, including:

- 1) ensuring as of 2017 the availability of feeding and diet advice to pregnant women and parents of 0-5 years old children, financed using the public funds and strengthening the role of midwives, school nurses and hygienists in preventive activities;

Implementing entity: MZ in cooperation with NFZ (financed as referred to in art. 48d of the Act on Publicly Funded Healthcare Benefits of 27 August 2004)

- 2) ensuring availability of healthcare services aimed at early detecting health issues resulting from the incorrect feeding habits and at preventing health complications caused by obesity;

Implementing entity: MZ in cooperation with NFZ

- 3) supporting families suffering from obesity: establishing of therapy teams for families with two or more family members suffering from obesity, ensuring professional diet, psychological, and medical assistance;

Implementing entity: MZ in cooperation with NFZ

- 4) conducting weight and obesity reduction programs among the uniformed services;

Implementing entity: MON, MS and MSWiA

- 5) tasks related to the overweightness and obesity prevention;

Implementing entity: MSiT as a part of the FRKF

- 6) establishing of support groups for people suffering from obesity;

Implementing entity: JST selected in a competition announced by MZ

- 7) dissemination of obesity treatment guidelines.

Implementing entity: MZ in cooperation with competent scientific societies

### 3. Research, analyses and international cooperation.

3.1. Engaging in scientific and research activities and international cooperation, including:

- 1) conducting comprehensive epidemiological studies concerning the feeding methods and nutritional state of the Polish society with particular focus on the following groups: small children, school children and teenagers, pregnant women, elderly people, people staying at 24/7 stay establishments, including identification of feeding disorder risk factors, evaluation of physical activity, feeding awareness and the presence of inequalities in health;

Implementing entity: research institutes or universities selected in a competition announced by MZ

- 2) ordering a comprehensive study of the feeding habits and nutritional state of professional soldiers and officers with identification of obesity development risk factors, with the

evaluation of physical activity, feeding awareness and presence of inequalities in health in 2017 and 2020;

Implementing entity: research institute or a university selected in a competition announced by MON

- 3) consumer preference research in the scope of food product selection (including diet supplements) in the scope of recommended healthy feeding in 2017 and 2020;

Implementing entity: research institute or a university selected in a competition announced by MZ

- 4) gathering and analysis of data concerning physical activity of the Polish society, also in the scope of the percentage of people meeting the World Health Organisation's health-enhancing physical activity;

Implementing entity: MSiT

- 5) conducting research in 2017 and 2018 on the development and implementation of a friendly food product labelling system with simple message concerning the content of individual nutrients in the food products using the knowledge of the solutions developed so far;

Implementing entity: research institute or a university selected in a competition announced by MZ

- 6) updating the feeding norms for the population, including the group feeding norms for the uniformed services, on the basis of the state-of-the-art medical knowledge and domestic and international scientific research, including the development and publication thereof in the digital and printed form and distribution thereof in 2017 and 2020;

Implementing entity: IŻŻ on the basis of a contract signed with MZ on the request of IŻŻ, and as for the part related to the uniformed services – WIHiE on the basis of a contract signed with MON

- 7) study of the trans fatty acid isomers content in the food products in 2017 and maintenance of a database of trans fatty acid isomers in food products in the years 2017-2020;

Implementing entity: IŻŻ on the basis of a contract signed with MZ on the request of IŻŻ

- 8) updating information about the content and nutritional value of food products available in the market and of the consumption patterns, e.g. to encourage the food product manufacturers to change the content of the food products (including analysis of the content

of selected food products and analysis of the content of selected food products on the basis of the information about the nutritional value stated in the product labels) in the years 2017 and 2020;

Implementing entity: IŻŻ on the basis of a contract signed with MZ on the request of IŻŻ

- 9) analysis of the adequacy and effectiveness of the provided preventive and educational healthcare services;

Implementing entity: research institute or a medical university selected in a competition announced by MZ

- 10) conducting work on the development of obesity treatment guidelines;

Implementing entity: MZ in cooperation with scientific societies

- 11) international cooperation in the prevention of overweightness and obesity, in particular with the World Health Organisation;

Implementing entity: MZ

- 12) conducting COSI study in the years 2016-2017.

Implementing entity: Mother and Child's Institute on the basis of the agreement concluded with the Institute.

3.2. Pilot activities and provision of support to entities participating in the tasks in the scope of overweightness and obesity prevention, including:

- 1) designing and testing the effectiveness of the tasks in the scope of public health entailing epidemiological monitoring, promotion of health or disease prevention, other than those specified in the NPZ, through pilot programs, on the basis of the identified obesity and undernourishment risk factors and the data on social inequalities in health;

Implementing entity: entity selected in competitions announced by MZ

- 2) as of 2017 offering co-financing of health policy programs focusing on maintaining correct body weight conducted by JST using the NFZ funds, in 80% for towns with smaller population than 5 thousand people, and 40% for other entities, in accordance with art. 48 of the Act on Publicly Funded Healthcare Services of 27 August 2004.

Implementing entity: NFZ

**VI. List of tasks to achieve the operating goal 2: Preventing and solving problems related to the use of psychoactive substances, behavioural addictions and other risky behaviour.**

1. Whenever this part refers to:

- 1) universal prevention - it shall mean prevention aimed at entire populations, i.e. preventive activities addressed to entire groups (populations) regardless of the degree of individual risk of problems related to the consumption of alcohol, drugs, psychotropic substances, substitute agents and new psychoactive substance or behavioural addictions. The goal is to alleviate or eliminate risk factors contributing to the development of problems in a given population and reinforcing factors fostering the correct development; universal activities are conducted e.g. among the population of children and teenagers at secondary school age, young adults population, population of parents with children at school age; an example of universal prevention are programs delaying the alcohol or nicotine initiation addressed to the entire population of children reaching the age of first experiments with psychoactive substances;
- 2) selective prevention - it shall mean prevention focusing on high risk individuals and groups, i.e. prevention addressed to individuals or groups, which due to their social, family, environmental situation or biological conditions are exposed to higher than average risk of issues resulting from the use of psychoactive substances, behavioural addictions or other psychological disorders; activities at this level of prevention are taken due to the very fact of belonging to a specific group; the selective prevention is an anticipatory measure rather than a remedy;
- 3) indicated prevention - it shall mean prevention focusing on high risk individuals (or groups) demonstrating early symptoms of issues related to the consumption of alcohol, drugs, psychotropic substances, substitutes or new psychoactive substances, or problems resulting from behavioural addictions, but not yet fulfilling the diagnostic criteria of an addiction, and also showing symptoms of other behavioural disorders or psychological issues. An example of indicated prevention are interventions among students drinking or experimenting with drugs; some activities are aimed to alleviate health or social damage among people abusing psychoactive substances (e.g. educational and legal measures aimed at reducing the number of road accidents committed by drivers under the influence of these substances);
- 4) risky alcohol consumption - it shall mean excessive drinking of alcohol (isolated cases or

in a specific period) currently not having any negative consequences, whereas it may be expected that the consequences will arise unless the current model of alcohol consumption is changed;

- 5) harmful alcohol consumption - it shall mean a drinking model, which causes health, physical or psychological damage, but also psychological and social damage, whereas there is no alcohol addiction; in order to identify harmful alcohol consumption, the described drinking model should persist for at least one month and should reoccur within 12 months; working definition of the World Health Organisation defines harmful drinking as follows: harmful drinking means regular consumption of alcohol in quantities in excess of 40 g of pure alcohol per day by a woman and in excess of 60 g per day by a man, accompanied by total consumption in excess of 210 g or more per week among women and in excess of 350 g per week among men; harmful drinking is also defined as consumption of any quantity of alcohol by pregnant women, breast-feeding women, people suffering from chronic diseases, people taking medication, elderly people;
- 6) FASD – Foetal Alcohol Spectrum Disorder shall mean the non-diagnostic term describing health problems and behavioural disorders resulting from foetus brain damage caused by alcohol; central nervous system damage can be accompanied by damage to other internal organs, e.g. heart, bones, urinary system, hearing, sight; incorrect brain development at the foetus stage linked to visible characteristic changes in the child's face, is described as the Foetal Alcohol Syndrome - FAS, marked as Q86.0 in the ICD-10 illness classification system;
- 7) early diagnosis and quick intervention - it shall mean quick interventions undertaken by the primary health care physicians or other specialists among people engaging in risky and harmful alcohol consumption, or using drugs other than alcohol, psychotropic substances, substitutes and new psychoactive substances, and also interventions among people at risk of behavioural addiction;
- 8) addiction treatment - it shall mean activities aimed at alleviating the symptoms and causes of psychological disorders and behavioural disorders caused by the consumption of alcohol, drugs, psychotropic substances, substitutes and new psychoactive substances or related to behavioural addiction; examples of treatment in this respect are: addiction psychotherapy programs, pharmacologically aided psychotherapy, treatment of alcohol withdrawal syndromes, programs of substitute opioid addiction treatment;
- 9) psychoactive substance addiction - it shall mean a set of physiological, behavioural, cognitive and social phenomena, among which the use of a psychoactive substance (such

as alcohol, drugs, psychotropic substances, substitutes, new psychoactive substances, tobacco) dominates other behaviour, which previously had greater value for the patient; the main symptoms of addictions are substance withdrawal (compulsion, strong craving), loss of control over substance use;

- 10) harmful use - shall mean use of psychoactive substance defined in art. 4 point 30 of the Drug Addiction Prevention Act of 29 July 2005 (Dz. U. of 2016, items 224 and 437);
- 11) prevention program recommendation and mental health promotion system - it shall mean the system evaluating the quality of prevention programs and mental health promotion developed and implemented in cooperation with KBPN, PARPA, ORE, IPiN;
- 12) behavioural addiction - it shall mean behavioural disorders of addictive nature, not related to the consumption of psychoactive substances, which are linked to the feeling of compulsion and lack of control over the specific actions and continuation of these actions despite the negative consequences for the individual and their environment; this type of behavioural disorder includes primarily: gambling, computer and Internet, work, sex, pornography, and shopping addictions.

## 2. National Drug Addiction Prevention Program

2.1. Tasks aimed at reducing the use of drugs, psychotropic substances, substitutes, and new psychoactive substances.

### 2.1.1. Informational and educational activities, including:

- 1) health education:
  - a) shaping health awareness and motivation to promote the health of children and teenagers with particular focus on the use of psychoactive substances and the negative consequences thereof,

Implementing entity: MEN

- b) educational activities, including community service campaigns, addressed to various target groups, in particular the children, teenagers, and parents concerning the risks of using drugs, psychotropic substances and new psychoactive substances, and also the non-medical use of medication, which could lead to addiction;

Implementing entity: MZ, KBPN, GIS, PIS, PIS MSW, MEN, MON, OHP, IMP, KRRiT, the public media and JST

- 2) dissemination of information about the access to prevention, interventions, support and

treatment facilities for people at risk of becoming addicted or already addicted to drugs, psychotropic substances, and new psychoactive substances, and for their families through current-basis database updates and dissemination;

Implementing entity: MZ, KBPN, OHP, and JST

- 3) operation of an educational portal – an Internet information database about the NSP, substitutes, and the issued administrative decisions;

Implementing entity: MZ, GIS, and PIS

- 4) development and dissemination of programs, including educational programs, while taking into account the issues related to the prevention of drug, psychotropic substance and new psychoactive substance use at workplaces.

Implementing entity: MRPiPS, OHP, MSWiA, IMW, MS, MZ, IMP, GIS, PIS, and PIS  
MSW

2.1.2. Focusing the policy on limiting the demand and supply of drugs, psychotropic substances, NSP, and substitutes, including:

- 1) limiting the domestic production of synthetic drugs and cannabis plants other than fibrous, by:
  - a) closing places of illegal production of synthetic drugs and cannabis plants other than fibrous,
  - b) amphetamine and BMK (amphetamine substrate) profiling
  - c) monitoring cultivation of cannabis plants other than fibrous;

Implementing entity: MSWiA and the Police

- 2) continuous supervision of the drug and psychotropic substances and precursors category 1 trade at pharmacies, chemist shops, hospital pharmacy departments, treatment facilities without pharmacies, hospital pharmacy departments, and at individual medical practices;

Implementing entity: MZ and PIF

- 3) limiting the trade and availability of drugs, psychotropic substances, NSP, and substitutes, by:
  - a) identifying and eliminating criminal groups engaging in marketing drugs, psychotropic substances, new psychoactive substances, and substitutes,

Implementing entity: MSWiA, Police, SG, ŻW

- b) development of cross-institutional cooperation as a part workgroups formed at the Drug Addiction Prevention Council,

Implementing entity: workgroups appointed by the Chairman of the Drug Addiction Prevention Council

- c) monitoring of the market of psychoactive substances, investigation and inspections in order identify entities reasonably suspected of producing or marketing NSP;

Implementing entity: MZ, GIS, PIS, and NIL

- 4) administrative-legal activities undertaken in accordance with the current regulations of the law in order to limit the availability of NSP;

Implementing entity: MZ, GIS, and PIS

- 5) actions undertaken to limit the import of psychoactive substances to Poland/intensification of activities undertaken at the state border;

Implementing entity: MF, SC, MZ, GIS, National Border Sanitary Inspectors, MSWiA, Police, SG

- 6) specialised training in the limiting the trade and availability of drugs, psychotropic substances, NSP, and substitutes;

Implementing entity: MSWiA, Police, SG, MON, ŻW, MF, SC, MZ, IES, GIS

- 7) identification of new methods and ways of smuggling drugs, psychotropic substances, NSP, and substitutes;

Implementing entity: MSWiA, Police, SG, MF, SC

- 8) monitoring of the drug related crimes using the Internet;

Implementing entity: MSWiA, Police, SG, MF, SC

- 9) supporting the NPZ implementation by limiting the demand and supply through Ministry programs, action plans or guidelines by: developing and implementing the Ministry programs, action plans or guidelines of limiting the supply and demand.

Implementing entity: MSWiA, MEN, MZ in cooperation with SG, Police, National Fire Department, ŻW, KBPN, GIS MSW, and GIS

2.2. Development of personnel participating in the implementation of the drug addiction prevention tasks, including:

- 1) improving the competence of people working with children and teenagers in the scope of early identification of threats of using of drugs, psychotropic substances, substitutes, NSP, and the preventive intervention skills;

Implementing entity: MEN, ORE, MS, MSWiA, OHP, and JST

- 2) training of vocational groups, in particular: psychiatrists, primary healthcare physicians, primary healthcare nurses and midwives, addiction therapy specialists, and psychologists in the scope of addiction to drugs, psychotropic substances, and NSP, effective interventions, and prevention and treatment programs;

Implementing entity: MZ in cooperation with KBPN, CMKP, IES, NIL, and JST

- 3) development and supporting of a training system in the area of addiction to drugs, psychotropic substances, and NSP, implemented in accordance with art. 27 par. 1 of the Drug Addiction Prevention Act of 29 July 2005;

Implementing entity: MZ, KBPN

- 4) education and training activities in the scope of the strategy for dealing with problems resulting from the use of drugs, psychotropic substances, and NSP, addressed in particular to the NGO and JST representatives;

Implementing entity: MZ, KPBN, GIS, PIS, NIL, and JST

- 5) educational activities addressed to the personnel participating in the tasks in the scope of drug addiction prevention, including the development and dissemination of informational-educational materials about the preventive measures and treatment for addicts and the risks related to the HIV, HCV and HBV infection, as well as sexually transmissible diseases among people using psychoactive substances.

Implementing entity: MZ, KBPN, KCAIDS, GIS, PIS, PIS MSW, and MEN

### 2.3. Prevention.

#### 2.3.1. Universal prevention, including:

- 1) expanding and improving the offer, dissemination and implementation of scientifically-based or proven prevention programs addressed to children and teenagers, adults, including prevention programs taking into account common protective factors and risk factors of using psychoactive substances and other risky behaviour, in particular those recommended as a part of the System of prevention program recommendation and mental health

promotion;

Implementing entity: MZ, KBPN, IPiN, PARPA, GIS, PIS, PIS MSW, MEN, MON, ORE, OHP, IMW, and JST

- 2) expanding and improving the offer, dissemination and implementation of science-based or proven programs expanding the upbringing and preventive skills among parents and people working with children and teenagers fostering the pro-health attitudes and behaviour among children and teenagers.

Implementing entity: MZ, KBPN, PARPA, MEN, OHP, and JST

#### 2.3.2. Selected prevention, including:

- 1) expanding and improving the offer and supporting the implementation of science-based or proven programs implemented by e.g. non-governmental organisations and locally operating public entities at locations showing increased risk of use of drugs, psychotropic substances, and NSP (e.g. recreational facilities, musical events, clubs);

Implementing entity: MZ, KBPN, and JST

- 2) expanding and improving the offer and supporting early intervention and selected prevention programs, in particular those recommended as a part of the System of prevention programs recommendation and mental health promotion, addressed to communities at risk, in particular children and teenagers from marginalised communities, exposed to demoralisation, social exclusion, and people occasionally using drugs, psychotropic substances, and new psychoactive substances.

Implementing entity: MZ, KBPN, IPiN, MEN, ORE, OHP, and JST

#### 2.3.3. Indicated prevention, including:

- 1) consultations as a part of the national phone helpline;

Implementing entity: KBPN

- 2) operation of an Internet clinic, addressed in particular to teenagers;

Implementing entity: KBPN

- 3) expanding and improving the offer and supporting the implementation of scientifically-based or proven indicated prevention programs addressed to high risk individuals or groups, in particular people using drugs, psychotropic substances, and NSP in harmful manner, in particular those recommended as a part of the System of prevention program

recommendation and mental health promotion.

Implementing entity: MZ, KBPN, and JST

2.3.4. Evaluation of tasks and updating and dissemination of prevention standards, including:

- 1) dissemination of drug addiction prevention quality standards;

Implementing entity: KBPN, MEN, ORE, and JST

- 2) periodical evaluation of drug addiction prevention programs.

Implementing entity: KBPN

2.4. Damage control, rehabilitation and social reintegration.

2.4.1. Increasing the availability of healthcare and quality of life improving programs for people harmfully using or addicted people:

- 1) supporting implementation of health damage reduction and community programs among people harmfully using or addicted to drugs, psychotropic substances, and NSP, including educational activities, community and social support, needle and syringe exchange programs (prevention of blood-borne infection - HIV, HBV, HCV, etc.) and testing for blood-borne infection (HIV, HBV, and HCV);

Implementing entity: KBPN, KCAIDS, and JST

- 2) expanding and supporting a network of hostels and re-adaptation flats for people undergoing treatment or who completed treatment;

Implementing entity: JST, and NFZ

- 3) covering at least 30% of opioid addicted people in every province with substitution treatment;

Implementing entity: MZ and NFZ

- 4) expanding access to outpatient treatment for people harmfully using and addicted to drugs, psychotropic substances, and NSP;

Implementing entity: MZ, NFZ, and JST

- 5) development of therapeutic programs addressed to problematic users of cannabis products and to people addicted to the same;

Implementing entity: KBPN and NFZ

- 6) supporting social and vocational reintegration programs for people addicted to drugs, psychotropic substances, and NSP;

Implementing entity: MZ, KBPN, and JST

- 7) expanding the offer of activities aimed at vocational and social activation of people addicted to drugs, psychotropic substances, and NSP, or increasing the availability of the existing forms of support.

Implementing entity: JST

2.4.2. Evaluation and standards of the harm reduction, rehabilitation and social reintegration programs, including:

- 1) development and dissemination of standards of actions to be taken when providing assistance to people using NSP;

Implementing entity: KBPN, KCAIDS, NIZP-PZH

- 2) periodical evaluation of activities and programs addressed to people addicted to drugs, psychotropic substances, and/or new psychoactive substances in order to improve the quality of the programs;

Implementing entity: KBPN

- 3) dissemination of information about the patient rights at addiction treatment facilities;

Implementing entity: Patient Rights Ombudsman and KBPN

- 4) development in the years 2016-2018 of accreditation standards (as defined in the healthcare accreditation regulations) in the scope of provision of healthcare services and operation of outpatient addiction treatment facilities;

Implementing entity: CMJ in cooperation with KBPN and PARPA

- 5) operation in the years 2018-2020 of the accreditation procedure for outpatient and stationery drug, psychotropic substances and/or NSP addiction treatment facilities;

Implementing entity: CMJ

2.5. Monitoring of the epidemiological situation in terms of use of drugs, psychotropic substances, and NSP, social attitudes, and institutional reactions, including:

- 1) gathering and analysis of statistical data in the scope of epidemiology in relation to the use

of drugs, psychotropic substances, and NSP and the data concerning the institutional reactions in the area of limiting the drug supply and demand;

Implementing entity: KBPN, NIZP-PZH, IPiN, IES, MSWiA, Police, MS, and GUS

- 2) quantitative study among the general population and among primary school teenagers (e.g.: ESP AD, "Młodzież"), conducted for at least four years using the EMCDDA methodology;

Implementing entity: KBPN, PARPA, and JST

- 3) conducting qualitative study, conducted at least once every three years, among people using drugs, psychotropic substances, and NSP;

Implementing entity: KBPN

- 4) conducting cohort study at least once every three years, among people using drugs, psychotropic substances, and NSP, concerning the mortality rates as a part of a key EMCDDA factor;

Implementing entity: KBPN

- 5) conducting cross-sectional study at least once every three years, concerning the occurrences of HIV, HBV and HCV infections among people using drugs, psychotropic substances, and NSP as a part of a key EMCDDA factor;

Implementing entity: KBPN in cooperation with NIZP-PZH

- 6) estimation of the number of problematic users of drugs, psychotropic substances, and NSP, at least once every three years;

Implementing entity: KBPN

- 7) epidemiological studies among problematic users of drugs, psychotropic substances, and NSP, conducted every two years;

Implementing entity: KBPN

- 8) administration of records of specialists authorised to gather information about the use of drugs, psychotropic substances or substitutes by indicted persons on the basis of the Regulation of the Minister of Justice of 5 January 2012 concerning the gathering of information about the use of drugs, psychotropic substances or substitutes by the indicted persons (Dz. U. item 38);

Implementing entity: MS and KBPN

- 9) analysis of data about the JST activities in the scope of limiting demand for drugs, psychotropic substances, and NSP;

Implementing entity: KBPN in cooperation with JST

- 10) development of a system for gathering data about the *treatment demand indicator* (TDI) in accordance with the Regulation of the Minister for Health dated 17 October 2013 concerning the scope and procedure of cooperation between treatment facilities offering treatment or rehabilitation to persons using drugs or psychotropic substances and the National Drug Addiction Prevention Office (Dz. U. item 1332);

Implementing entity: KBPN

- 11) development and consolidation of province and local monitoring;

Implementing entity: KBPN, MZ/KBPN, province experts for drugs and drug addiction information, JST

- 12) monitoring of the substitution treatment demand in order to control the distribution of the substitute substance maintained by the Central Register of Persons Receiving Substitution Treatment (art. 28 par. 6a of the Drug Addiction Prevention Act of 29 July 2005);

Implementing entity: KBPN

- 13) operation of the early warning system (SWO) against NSP in cooperation with EMCDDA;

Implementing entity: KBPN, MZ, GIF, GIS, national consultant in clinical toxicology, MSWiA, Police, SG, MF, SC, ŻW, NIL, IES

- 14) system monitoring intoxication or suspected intoxication with NSP or substitutes - intoxication and suspected intoxication database maintenance;

Implementing entity: GIS, PIS, national consultant in clinical toxicology, treatment facilities, including medical diagnostic laboratories specialising in toxicology

- 15) supporting scientific research of drug and drug addiction related issues.

Implementing entity: KBPN in cooperation with the KBPN Scientific Research Council

## 2.6. International cooperation.

Increased involvement of the Republic of Poland in the drug policy of the European Union in the scope of reducing the drug supply and demand, and also in the activities undertaken by institutions and authorities outside the European Union, by:

- 1) participating in European Union's international workgroups, including HDG;  
Implementing entity: MSWiA, Police, SG, MZ, KBPN, GIF, GIS, KCAIDS
  - 2) reporting to other EU and global institutions;  
Implementing entity: KBPN, MZ, GIF, GIS, KCAIDS, MSWiA, IES, Police, SG
  - 3) cooperating with states outside the European Union in drug addiction prevention;  
Implementing entity: KBPN, MZ, KCAIDS, MSWiA, Police, SG
  - 4) cooperation with the Pompidou Group of the Council of Europe;  
Implementing entity: KBPN
  - 5) cooperation of the Polish services taking actions to reduce the supply as a part of international projects and operations suppressing marketing, production and smuggling of drugs in cooperation with the European Union and other countries (including cooperation with the European Police Office (Europol));  
Implementing entity: MSWiA, Police, SG, MF, SC
  - 6) development and implementation of supporting projects in the scope of limiting the drug demand and supply in third countries (outside the European Union).  
Implementing entity: KBPN, MZ, KCAIDS, SG
3. National program of alcohol related problem solving and prevention
- 3.1. Promotion of health.
- 3.1.1. Health education:
- 1) informational-educational activities, including educational campaigns about the alcohol consumption related risks for the consumers and their environment;  
Implementing entity: PARPA, MZ, GIS, public media, IST, KRRiT, MON, MS, MSWiA, PIS MSW, MliB, Police, Road Transport Institute
  - 2) educational activities addressed to adults concerning the harm resulting from consumption of alcohol by children and teenagers;  
Implementing entity: PARPA, IST, KRRiT, public media
  - 3) dissemination of information about domestic violence and possibilities of preventing domestic violence, in particular in families with alcohol issues;

Implementing entity: PARPA, MZ, IST, OHP, MS, MEN, MRPiPS, Police, Prosecutor-General, KRRiT, public media, GIS, and medical universities

- 4) dissemination of knowledge about the harm caused by consumption of alcohol by pregnant women.

Implementing entity: PARPA in cooperation with MZ

#### 3.1.2. Personnel training:

- 1) medical personnel training in the scope of the ability to identify drinking habits and to intervene in the case of patients consuming alcohol riskily and harmfully (early detection and brief intervention);

Implementing entity: PARPA, medical self-government, medical universities, JST

- 2) improving the competence of the representatives of institutions involved in alcohol consumption prevention and problem solving, also in the scope of domestic violence prevention;

Implementing entity: JST, MS, MZ, MEN, OHP, MRPiPS, Police, Prosecutor-General, PARPA, ORE

- 3) development of an educational system, advanced vocational training and vocational responsibility of the addiction psychotherapy specialists and addiction therapy instructors;

Implementing entity: PARPA, MZ, and JST

- 4) improving the competence of people working with children and teenagers in the scope of effective preventive measures and providing assistance to children in families with alcohol-related issues;

Implementing entity: JST, PARPA, OHP

- 5) training professionals in FASD issues.

Implementing entity: MZ, MS, PARPA, JST, and medical universities

#### 3.1.3. Regulatory tasks and ensuring effective enforcement of regulations, including:

- 1) reducing the physical and economic accessibility of alcohol;

Implementing entity: MF, MR, JST, PARPA, MZ, Police, KRRiT

- 2) ensuring effective compliance with the regulations in the scope of production, distribution, advertising, promotion, and consumption of alcoholic beverages;

Implementing entity: MS, UOKiK, PARPA, KRRiT, SC, MF, Prosecutor's Office, Police, SG, JST, MR

- 3) reducing the scale of smuggling and number of illegal alcohol detox locations;

Implementing entity: MF, SC, MSWiA, SG, Police

- 4) legislative initiatives in order to limit the advertising of alcoholic beverages;

Implementing entity: PARPA, KRRiT, MZ

- 5) control and monitoring of correct spending of funds to implement the tasks defined in the Act on Sober Upbringing and Alcohol Prevention of 26 October 1982 (Dz. U. of 2016, item 487) and in the Drug Addiction Prevention Act of 29 July 2005.

Implementing entity: Regional Accounting Chambers, voivodes, PARPA and KBPN

### 3.2. Prevention.

#### 3.2.1. Universal prevention:

- 1) expanding and improving the offer, dissemination and implementation of universal prevention programs recommended as a part of the Prevention Program Recommendation and Psychological Health Promotion System, including universal prevention programs that take into account common alcohol issues risk factors and other risky behaviour and factors protecting, fostering correct development;

Implementing entity: PARPA, MEN, JST, ORE, KBPN, IMW, and IPiN

- 2) implementation and dissemination of alcohol problem prevention programs among adults, in particular at educational facilities or workplaces;

Implementing entity: MS, MON, MSWiA, MliB, KRRiT, GIS, PIS MSW, IMP, IMW JST, and PARPA

- 3) expanding and improving the offer, dissemination and implementation of programs expanding the upbringing and preventive skills among parents and tutors fostering the pro-health attitudes and behaviour among children and teenagers;

Implementing entity: PARPA, MEN, JST, ORE, KBPN, IMW, and IPiN

- 4) implementation of the early detection and brief intervention procedure in the primary healthcare in the case of patients engaging in risky and harmful drinking. Implementing entities: MZ, NFZ, primary healthcare facilities

### 3.2.2. Selected prevention:

- 1) expanding and improving the offer, dissemination and implementation of prevention programs recommended as a part of the Prevention Program Recommendation and Psychological Health Promotion System in the area of selected prevention addressed to children, teenagers, parents and tutors;

Implementing entity: MEN, PARPA, JST, ORE, KBPN, IPiN, MS

- 2) expanding and improving the quality of the offer of psychological, sociotherapeutic aid and care for children from families with alcohol issues.

Implementing entity: JST, PARPA

### 3.2.3. Indicated prevention:

- 1) expanding and improving the offer, dissemination and implementation of universal prevention programs recommended as a part of the Prevention Program Recommendation and Psychological Health Promotion System in the area of indicated prevention;

Implementing entity: MEN, PARPA, JST, ORE, OHP, IPiN, MS

- 2) provision of specialist aid and support to parents whose children are drinking.

Implementing entity: MEN, PARPA, JST

3.3. Harm reduction, health, social and vocational rehabilitation (re-adaptation, reintegration):

- 1) increasing the accessibility and improving the quality of specialised services in the scope of alcohol addiction treatment;

Implementing entity: PARPA, JST, alcohol addiction treatment facilities, WOTUW, MZ, NFZ

- 2) expanding and improving the offer of alcohol addiction treatment, including the alcohol drinking limiting programs, and promotion of methods with scientifically proven effectiveness;

Implementing entity: PARPA, JST, alcohol addiction treatment facilities, WOTUW

- 3) expanding the offer of activities aimed at vocational and social activation of people addicted to alcohol or increasing the availability of the existing forms of support;

Implementing entity: JST

- 4) supporting the activity of teetotaler communities;

Implementing entity: PARPA, JST

- 5) increasing the accessibility and improving the quality of support provided to members of families with alcohol problem;

Implementing entity: PARPA, JST, alcohol addiction treatment facilities, WOTUW, MZ, NFZ

- 6) increasing the accessibility and improving the quality of aid to people experiencing domestic violence, in particular in families with alcohol issues;

Implementing entity: PARPA, JST, MZ, MRPiPS, MS, Police

- 7) interventions and educational activities addressed to people using domestic violence in their family;

Implementing entity: JST, MRPiPS, MZ, MEN, Police, Prosecutor's Office

- 8) re-education of people who drove vehicles under the influence of alcohol;

Implementing entity: PARPA, JST, Province Road Traffic Centres, MliB, MSWiA, MZ, MS

- 9) development, implementation and dissemination of standards and procedures of diagnosing FASD in accordance with the state-of-the-art scientific knowledge;

Implementing entity: MZ, PARPA, AOTMiT

- 10) increasing the accessibility of aid provided to children with FASD and their guardians.

Implementing entity: MZ, PARPA, JST, MS

#### 3.4. Diagnosing and analysing alcohol drinking related phenomena:

- 1) monitoring the level and structure of alcohol consumption and availability;

Implementing entity: PARPA, GUS, MZ

- 2) initiation, supporting and conducting studies of issues resulting from the use of alcohol, including family violence;

Implementing entity: PARPA, MZ, MRPiPS, MSWiA

- 3) initiation, supporting and conducting studies of risk factors and factors protecting against the alcohol drinking related issues;

Implementing entity: MZ, PARPA, IPiN, GIS

- 4) analysis of JST activities in the scope of alcohol related problem solving and prevention.

Implementing entity: PARPA, Regional Accounting Chambers; Supreme Audit Office

3.5. International cooperation in the scope of alcohol related problem solving and prevention.

Implementing entity: PARPA

#### 4. Program for fighting health impact of tobacco products and related products

##### 4.1. Protection against tobacco smoke and e-cigarette vapour:

- 1) reducing the availability of tobacco product; dried tobacco and related products (implementation of economic and administrative measures stimulating reduction of the tobacco product consumption);

Implementing entity: MF, MZ, MS

- 2) ensuring effective compliance with the law;

Implementing entity: MZ, MS, MSWiA, PIS MSW, PIS, MON

- 3) elimination of illegal trade in tobacco products, dried tobacco and related products;

Implementing entity: MF, SC, Police, and SG

- 4) supervising the content of additives and harmful substances in the tobacco products and related products;

Implementing entity: Chemical Substances Inspectorate, PIS

- 5) monitoring and eliminating illegal marketing and promotional activities;

Implementing entity: UOKiK

- 6) training the personnel of institutions supervising the compliance with the applicable regulations.

Implementing entity: PIS, MZ, PIS MSW, UOKiK, MF, MS

##### 4.2. Informational-educational and preventive activities:

- 1) information-educational activities;

Implementing entity: GIS, PIS, COI

- 2) dissemination, implementation, improving and expanding the offer of the universal, indicated, and selected prevention programs recommended as a part of the Prevention Program Recommendation and Psychological Health Promotion System, including universal prevention programs that take into account common tobacco smoking risk factors and other risky behaviour, and factors protecting and fostering correct development;

Implementing entity: PIS, MEN, MZ, ORE, MS, MSWiA, MON, OHP, PIS MSW, in cooperation with COI, JST, and education system organisational units

- 3) dissemination of information about the risks resulting from the use of tobacco products and related products, including implementation of informational-educational campaigns;

Implementing entity: MEN, MZ, PIS, MS, MSWiA, MON, PIS MSW, OHP, JST, and education system organisational units in cooperation with COI

- 4) activities limiting the problem of tobacco product and related product use at workplaces;

Implementing entity: representative organisations for employers selected in competitions announced by MZ

- 5) in-service training for teachers and other people working with children and teenagers in the scope of effective preventive actions;

Implementing entity: MEN, ORE in cooperation with MZ and GIS

- 6) medical personnel training in the scope of treating tobacco addiction and conducting minimum anti-tobacco interventions;

Implementing entity: COI on the basis of a contract signed with MZ on the request of COI

- 7) supporting the fight with the addiction to tobacco products and related products by providing the smokers with access to specialised services;

Implementing entity: MZ and NFZ

- 8) operation of the Smoker Aid Phone Clinic.

Implementing entity: COI on the basis of a contract signed with MZ on the request of COI

#### 4.3. Monitoring, evaluation and international cooperation:

- 1) conducting studies of the use of tobacco products and related products by adults, children, and teenagers;

Implementing entity: MZ, PIS in cooperation with the World Health Organisation

Cooperation Centre at COI

- 2) study of illicit trade in tobacco products and related products, and of the economic accessibility of the tobacco products and related products;

Implementing entity: MF

- 3) conducting duties of health and economic consequences of use of tobacco products and related products;

Implementing entity: MZ

- 4) tobacco cultivation market analysis;

Implementing entity: MRiRW

- 5) international cooperation in the scope of the policy of limiting the impact of tobacco products and related products on health.

Implementing entity: GIS, MZ in cooperation with the World Health Organisation  
Cooperation Centre at COI

5. Behavioural Addiction Prevention Program

5.1. Conducting a policy fostering the correct development and alleviating the risk factors, with particular focus on the relationship between the risk factors and the factors protecting against excessive use of psychoactive substances and other risky behaviour.

Implementing entity: MZ, MF

5.2. Training and educational activities.

5.2.1. Personnel training, including:

- 1) training in the scope of behavioural addiction with particular focus on the methods of documented effectiveness in addiction prevention and treatment;

Implementing entity: KBPN as a part of the FRPH

- 2) implementation of training projects in the scope of behavioural addiction addressed to the students of disciplines applicable to public health;

Implementing entity: KBPN as a part of the FRPH

- 3) training of the representatives of vocations having contact with addicts or people exposed to behavioural addition (e.g. people working with children and teenagers, gambling

operators, social workers);

Implementing entity: KBPN as a part of the FRPH

- 4) other activities focusing on improving the quality of preventive and therapeutic programs in the scope of behavioural addictions, including publications, seminars, and conferences.

Implementing entity: KBPN as a part of the FRPH

#### 5.2.2. Health education:

- 1) informational-educational activities in the area of behavioural addictions, including community service campaigns, dissemination of informational-educational materials;

Implementing entity: KBPN as a part of the FRPH

- 2) operation of a telephone helpline in the area of behavioural addictions;

Implementing entity: KBPN as a part of the FRPH

- 3) operation of an Internet website disseminating information about behavioural addictions;

Implementing entity: KBPN as a part of the FRPH

- 4) operation of an Internet clinic providing assistance in the scope of behavioural addictions.

Implementing entity: KBPN as a part of the FRPH

#### 5.3. Prevention.

##### 5.3.1. Universal prevention:

- 1) activities increasing the society's knowledge and awareness of the risks related to behavioural addictions, fostering pro-health attitudes, reinforcing factors supporting development and alleviating risk factors;

Implementing entity: KBPN as a part of the FRPH, and MON

- 2) supporting implementation of prevention programs and workplaces.

Implementing entity: KBPN as a part of the FRPH

5.3.2. Selected prevention - expanding and improving the offer of early intervention, selected prevention programs addressed to individuals or groups exposed to the risk factors.

Implementing entity: KBPN as a part of the FRPH

5.4. Rehabilitation, alleviation of health damage, social reintegration - solving problems resulting from behavioural addiction by e.g. providing access to a diversified offer of aid for

problematic and pathological gamblers and people with other behavioural addictions, and their relatives and families.

Implementing entity: KBPN as a part of the FRPH

5.5. Scientific and epidemiological research, monitoring, evaluation - supporting scientific and epidemiological research and evaluation studies in the area of behavioural addiction, and also studies of the effectiveness of the related problem-solving methods.

Implementing entity: KBPN as a part of the FRPH

### **VII. List of tasks to achieve the operating goal 3: Preventing psychological disorders and improving the psychological condition of the society**

#### 1. Fostering mental health.

1.1. Identifying and disseminating priorities in the mental health area for the years 2016-2020.

Implementing entity: MZ in cooperation with competent scientific societies, Psychological Health Council, and entities selected in a competition announced by MZ

1.2. Conducting pro-health state policy in a manner allowing and enabling the society to take actions to protect, reinforce and increase the mental health potential.

Implementing entity: MZ in cooperation with MRPiPS

1.3. Activities aimed at dissemination of knowledge about the mental health and underlying conditions, fostering conceptions, attitudes, behaviour and lifestyle supporting mental health, developing skills to handle mental health threatening situation, preventing sexualisation of children and teenagers - in particular by conducting informational and educational activities.

Implementing entity: MZ in cooperation with MEN, MSWiA, MS, MON, entities selected in competitions organised by these Ministers and JST, and entities selected in competitions organised by JST

1.4. Development and implementation of self-government mental health protection programs or strategies.

Implementing entity: JST

1.5. Active policy towards children and teenagers through activities and programs, conducting activities aimed at comprehensive development and fostering of constructive

interpersonal relationships, reinforcing mental health potential of children and teenagers by supporting positive and harmonious development, shaping personalities, personal and social skills, providing support in solving development problems and crises, improving mental strength and improving emotional functioning. The common feature of this policy is the development of potential and focusing on the strengths of children and teenagers.

Implementing entity: MEN in cooperation with MZ

1.6. Activities protecting the mental health at the workplace, including stress prevention, mobbing prevention, and promotion of balance between the professional and private life.

Implementing entity: CIOP-PIB as a part of contract signed with MRPiPS on the request of CIOP-PIB, MON

2. Mental disorder prevention.

2.1. Dissemination, implementation, improving and expanding the offer of the universal, indicated, and selected prevention programs, in particular those recommended as a part of the Prevention Program Recommendation and Psychological Health Promotion System, including universal prevention programs that take into account common mental health risk factors and other risky behaviour (e.g. use of psychoactive substances, risky sexual behaviour, pornography, violence).

Implementing entity: MZ in cooperation with PARPA, KBPN, ORE, and IPiN

2.2. Improving the competence of the medical personnel providing preventive psychiatric care, including early detection of psychological disorders.

Implementing entity: MZ and entities selected in a competition announced by MZ

2.3. Early diagnosis and rehabilitation of neural development disorders in 2-6 years old children.

Implementing entity: MZ in cooperation with NFZ

2.4. Activities to prevent depression, suicides, and other auto-destructive behaviour in high-risk populations, including consultation of activities within a workgroup formed by the Public Health Council, and financing of research, preventive measures and activities otherwise conducive to the performance of this task.

Implementing entity: MZ in cooperation with MEN, MS, MSWiA, MON, and entities selected in a competition announced by MZ

2.5. Activities to prevent feeding disorders of psychological nature (including anorexia and bulimia) in the general population, and in the high-risk populations.

Implementing entity: MZ and entities selected in a competition announced by MZ

2.6. Development and implementation of programs preventing psychological issues in families and local environment.

Implementing entity: PARPA and JST

2.7. Dissemination of knowledge about risks resulting from the children's and teenager's access to pornographic, objectifying, and sexualising content after 2018

Implementing entity: MZ and entities selected in a competition announced by MZ

2.8. Analysis of the existing legal regulations in terms of protection of children and teenagers against easy access to sexualising and pornographic content in 2016.

Implementing entity: MZ and entities selected in a competition announced by MZ

2.9. Research in the area of children's and teenager's contact with pornographic and sexualising materials, and also impact of that contact on the psychosexual development and mental health of children and teenagers in 2017.

Implementing entity: MZ and entities selected in a competition announced by MZ

2.10. Expanding of the offer and dissemination of science-based prevention programs preventing risks related to the children and teenager's access to pornographic, objectifying and sexualising content after 2018.

Implementing entity: MZ and entities selected in a competition announced by MZ

2.11. Training of various vocational groups (including teachers, physicians, sanitary inspectors, prosecutors, uniformed services, city guards) in the scope of risks and impact on the development and health of children and teenagers watching pornography.

Implementing entity: MZ in cooperation with MEN, and also ORE, PIS, MF, MSWiA, MF, JST, and entities selected in a competition announced by MZ

2.12. Activities preventing mental health issues at establishments for juvenile delinquents, in the populations of convicts and Prison Service officers and personnel.

Implementing entity: MEN, MSWiA, MS, and MZ

2.13. Activities to prevent professional burnout in foster families and family orphanages,

and in the population of institutional foster care, population of uniformed and rescue services officers and personnel.

Implementing entity: MRPiPS and MSWiA

2.14. Psychological preventive activities for the uniformed forces officers.

Implementing entity: MS and MSWiA

2.15. Implementation of programs in the area of preventing stress-related disorders, including the consequences of traumatic stress, stress resulting from the service conceptions and mood disorders among military personnel.

Implementing entity: MON

2.16. Activities in the area of psychological and psychiatric care and support for: veteran soldiers participating in military missions and their families, families of soldiers fallen during military missions and during other service.

Implementing entity: MON

3. Other tasks supporting the achievement of the operating goal:

1) ordering in 2017 a comprehensive study of the mental health of the society and conditions thereof (EZOP II);

Implementing entity: research institute or a medical university selected in a competition announced by MZ

2) providing scientific support for the purpose of the NPZ implementation by financing studies concerning the spreading and conditions of mental disorders in selected populations, and inclusion of the mental health related issues in the NCN priorities (while taking into account the existing system of competitions and division into panels and NCBR (taking into account the current structure of programs) and after the competent NCN and NCBR bodies present their position;

Implementing entity: MNiSzW, NCN, NCBiR, and MZ

3) activities to evaluate the needs in the scope of the mental health protection in the population of foster families and family orphanage operators as well as tutors at the foster care institutions;

Implementing entity: MRPiPS

- 4) activities aimed at evaluating the mental health protection needs in the population of soldiers;

Implementing entity: MON

- 5) coordination, monitoring, and evaluation of the effectiveness and efficiency of tasks performed in order to prevent mental health issues and to improve the psychological well-being;

Implementing entity: MZ and IPiN on the basis of a contract concluded with MZ on the request of IPiN

- 6) formation of a team coordinating the operation and monitoring the performance of tasks related to the promotion of mental health and prevention of mental disorders, with the participation of the social care, healthcare and education establishments in a given area.

Implementing entity: JST

**VIII. List of tasks to achieve the operating goal 4: Alleviating the health risk resulting from physical, chemical and biological risk factors in the external environment, at the workplace, place of residence, recreation, and education**

1. Fostering pro-health environment.

1.1. Conducting a policy focusing on decreasing exposure to physical, chemical, and biological health risk factors by:

- 1) supporting air quality improvement;

Implementing entity: MŚ (except for indoor premises) and GIS, PIS (in the scope of indoor premises air)

- 2) promotion of healthy food and water;

Implementing entity: MZ, MRiRW, MŚ, GIS, PIS MSW, GIS MSW, MON in cooperation with NIZP-PZH and IMW

- 3) limiting exposure to excessive noise;

Implementing entity: MŚ (in the scope of environmental noise), GIS, PIS, MON, GIS MSW (in the scope of noise in indoor premises and in the working environment)

- 4) reducing exposure to biological pathogens;

Implementing entity: MZ, MON in cooperation with GIS, GIS WP, GIS MSW, NIL, IMW,

and NIZP-PZH

- 5) preventing antibiotic resistance among microbes;

Implementing entity: MZ, NIL, MRiRW, MON in cooperation with GIS, PIS MSW and NIZP- PZH

- 6) limiting exposure to hazardous chemicals and biological agents in the human environment (including pesticides, fertilizers, biocides, antibiotics, endocrine-like substances);

Implementing entity: MZ in cooperation with GIS, PIS, MRiRW, MŚ, MON, NIZP-PZH, IMP, IMW, PIS MSW and the Chemical Substances Inspectorate

- 7) increased involvement of occupational health service in preventive measures.

Implementing entity: MZ, IMP, and MON

#### 1.2. Educational activities, including:

- 1) dissemination of knowledge of the harmful impact of chemical substances and their mixtures on the human health and the environment, and of information about the prevention of the impact of chemical agents used in households and at the workplace on the human health;

Implementing entity: Chemical Substances Inspectorate, IMP, IMW, GIS, PIS MSW

- 2) dissemination of knowledge of emission sources and origin of pollution in the environment, distribution and migration thereof and their harmful impact on the human health, including the ability to prevent the negative impact thereof;

Implementing entity: GIS, PIS MSW, IMP

- 3) informational-educational activities to increase awareness of the risk related to excessive exposure to air, water, soil, noise pollution and electromagnetic radiation;

Implementing entity: GIS, PIS MSW, IMP

- 4) information-educational activities to increase the awareness of the risk related to chemicals and pharmaceuticals present in the environment;

Implementing entity: GIS, PIS MSW, IMP

- 5) information-educational activities to promote pro-health behaviour in the environment, at the workplace and place of stay;

Implementing entity: GIS, PIS MSW, IMP

- 6) information-educational activities to increase the awareness of the risk related to the excessive exposure to ultraviolet radiation;

Implementing entity: entity selected in a competition announced by MZ

- 7) information-educational activities to promote pro-health behaviour among people working hazardous conditions and to limit the exposure to hazardous agents at the workplaces.

Implementing entity: GIS, PIS MSW, IMP, IMW, JST, and CIOP-PIB

## 2. Prevention.

### 2.1. Preventive actions, including:

- 1) development of a methodology of assessing the environmental risk to the health of the JST residents and provision of support in the development of the province, county, and commune environment protection programs;

Implementing entity: Scientific units dealing with the environment and health (or consortiums) as a part of a competition announced by MZ in cooperation with MZ and MS

- 2) initiatives to prevent occupational and work-related diseases, including the service of professional soldiers and officers and the improving the health of the workers;

Implementing entity: IMP, Institute of Occupational Medicine and Environmental Health and IMW as a part of a contract with MZ concluded on the request of the specific institute or WIHiE, in relation to the uniformed services

- 3) studying, developing and promoting topics related to the allergy and asthma risk factors, in particular of air-related origin;

Implementing entity: MZ and entity selected in a competition announced by MZ

- 4) conducting an integrated, combined prevention of tooth decay, including organisation of free of charge dentist care (prevention and treatment) for children and teenagers;

Implementing entity: MZ in cooperation with NFZ and JST

- 5) prevention of contagious diseases, taking into account higher risk related to the service of professional soldiers and officers, including the viral hepatitis type B and C, sexually transmissible diseases and infections (HIV, syphilis, gonorrhoea, chlamydia, HPV), invasive bacterial infections (e.g. sepsis, meningitis and bacteraemic pneumonia), tuberculosis and select parasite threats;

Implementing entity: MZ in cooperation with GIS, PIS MSW, MON, KCAIDS, NIZP-PZH, NIL, IMW and the Tuberculosis Institute and WIHiE (in relation to the uniformed services)

- 6) studies of biological pathogens for the epidemiological surveillance purposes, including:
- a) confirmation of suspicion or diagnosis of infection or infectious disease,
  - b) cross-sectional studies and environmental surveillance of infections and infectious diseases and the underlying pathogens,
  - c) identification and characteristics of biological pathogens in term of their genotyping and phenotyping, including drug resistance,
  - d) studies necessary to confirm the lack of biological pathogens causing infectious diseases subject to elimination or eradication
    - in the cases justified by the epidemiological situation and the needs of the domestic and international epidemiological surveillance over infections and infectious diseases;

Implementing entity: NIZP-PZH as a part of a contract with MZ concluded on the request of NIZP-PZH

- 7) activities to eradicate polio and to eliminate measles and rubella;

Implementing entity: GIS in cooperation with MZ, MON, and NIZP-PZH

- 8) improving the healthcare safety, including fostering attitudes and skills of the medical personnel in terms of sterilisation, decontamination, and disinfection methods;

Implementing entity: MZ, MON, GIS, GIS MSW, PIS MSW, NIL, and CMJ

- 9) improving the competence in the scope of hospital-acquired infection monitoring;

Implementing entity: MZ, MON, GIS, GIS MSW, PIS MSW, NIL, and CMJ

- 10) encouraging voluntary vaccination, including among uniformed services in order to maintain low prevalence in the case of surgeries;

Implementing entity: MZ, MON in cooperation with NIZP-PZH, IMP, NIL, GIS MSW, PIS MSW, and GIS

- 11) working conditions supervision;

Implementing entity: GIS, PIS, PIS MSW, MON, IMW, and IMP

- 12) initiatives to prevent illnesses related to the environmental pollution and climate change.

Implementing entity: scientific units dealing with the environment and health (or consortiums of scientific units) as a part of a competition announced by MZ

### 3. Other supporting tasks:

#### 1) monitoring, including:

- a) maintaining databases of carcinogen and mutagen presence at workplaces;
- b) maintaining the Central Register of Occupational Diseases
- c) maintaining the National Register of Biological Agents

Implementing entity: IMP on the basis of a contract signed with MZ on the request of IMP

- d) uniformed services health monitoring programme,

Implementing entity: MON

- e) worker health monitoring programme,

Implementing entity: IMP in cooperation with GIS and PIS

- f) gathering information about the sanitary condition of the country,

Implementing entity: GIS in cooperation with GIS MSW

- g) maintaining the National Environmental Monitoring

Implementing entity: IOS

- h) monitoring physical, chemical and biological risks at the workplace,

Implementing entity: IMP and the Institute of Occupational Medicine and Environmental Health as a part of a contract with MZ concluded on the request of the specific institute

- i) epidemiological surveillance of infectious diseases, in particular:

- preparation of national quantitative reports on registered infections, incidence, and deaths caused by infections and infectious diseases subject to compulsory reporting,
- preparation of annual report on the condition of vaccination against infectious diseases,

Implementing entity: NIZP-PZH as a part of a contract with GIS concluded on the request of NIZP-PZH

- j) coordination of transfer of the national epidemiological data on infections and infectious diseases to the European Centre for Disease Prevention and Control and other international organizations and institutions, including preparation and submission of reports containing e.g. individual (anonymised) data on incidence of

infectious diseases in accordance with the case definitions,

Implementing entity: NIZP-PZH as a part of a contract with MZ concluded on the request of NIZP-PZH

k) comprehensive study of infectious disease prevalence and risk factors,

Implementing entity: NIZP-PZH as a part of a contract with MZ concluded on the request of NIZP-PZH

l) maintaining databases of chemical contamination of food, pesticide residue, food microbiology, food additives, safety of materials and products intended to come into contact with food;

Implementing entity: NIZP-PZH as a part of a contract with MZ concluded on the request of NIZP-PZH

2) scientific research, including:

a) analysis and evaluation of the environment quality on the health condition, including the environment of the service of professional soldiers and officers, including the following environmental components and related elements: air, waste and sewage released in the environment (including pharmaceuticals and endocrine-like substances), water for consumption and for recreation, noise, electromagnetic radiation, chemical contamination of soil used for agricultural purposes, climate (including draughts and extreme phenomena, vector-borne diseases, landslide, flooding and permeating), and actions related to adaptation to changes,

Implementing entity: entity selected in a competition announced by MZ and entity selected in a competition announced by MON (as appropriate)

b) monitoring of the exposure to chemicals in the working environment and service of professional soldiers and officers, and living environment,

Implementing entity: IMP and the Institute of Occupational Medicine and Environmental Health as a part of a contract with MZ concluded on the request of the specific institute, and in the case of the uniformed services - WIHiE

c) studies aimed at evaluating the relationship between the potential population health risk factors or other risk factors and the health of the population, also for professional soldiers serving in the country and abroad.

Implementing entity: NIZP-PZH, and in the case of the uniformed services - WIHiE

**IX. List of tasks to achieve the operating goal 5: Promotion of healthy and active aging**

1. Conducting a seniors policy focusing on possibly longest social, professional and family activity of elderly people, including:

- 1) creating a friendly public space for seniors, including the needs of the persons with disabilities;

Implementing entity: MRPiPS, CIOP-PIB in cooperation with MKiDzN, CIOP-PIB, Third Age Universities and JST

- 2) supporting activity of elderly people on the local level;

Implementing entity: MRPiPS and JST

- 3) supporting elderly people by enabling them to use high technology preventing e-exclusion;

Implementing entity: MRPiPS and MC

- 4) development of instruments promoting pro-health behaviour at the pre-retirement age at the workplaces, development of instruments fostering disease and disability prevention at the retirement age;

Implementing entity: MZ, CIOP-PIB in cooperation with MRPiPS

- 5) activities to alleviate poverty and preventing social exclusion and marginalisation of elderly people;

Implementing entity: MRPiPS and JST

- 6) shaping social and family policy in a manner contributing to the alleviation of social inequalities in health;

Implementing entity: MRPiPS

- 7) supporting and promoting organised courses addressed to elderly people, including younger generations, in order to reinforce relationships between generations;

Implementing entity: MRPiPS and entities selected in competitions announced by MRPiPS

- 8) developing instruments supporting implementation of programs maintaining the workers' ability to work.

Implementing entity: MRPiPS (in cooperation with IMP)

2. Alignment of the health care system with the needs of elderly people:

- 1) preparation of the health care system to provide health services taking into account the co-existing diseases and disabilities characteristic for this age group, including development and implementation of rules of coordinating the care for elderly people in cooperation with social welfare organisational units;

Implementing entity: MZ in cooperation with MRPiPS, JST, and NFZ

- 2) providing and improving health care services including educational components, in particular feeding-diet advice;

Implementing entity: MZ in cooperation with NFZ and NIGRiR

- 3) ensuring availability of healthcare services aimed at early detecting ailments prevalent among elderly people and preventing them (preventing so-called large geriatric syndromes);

Implementing entity: MZ in cooperation with NFZ and NIGRiR

- 4) development and implementation of 60 years old person's health balance sheet;

Implementing entity: MZ in cooperation with NFZ and NIGRiR

- 5) development of geriatric services and centres, and implementation of geriatric elements in the practices of the primary health care physicians and nurses;

Implementing entity: MZ in cooperation with NFZ and NIGRiR

- 6) development of nursing-care and rehabilitation services suited to the needs of the elderly, non-independent people;

Implementing entity: MZ in cooperation with NFZ, NIGRiR, MRPiPS, and JST

- 7) preventing falling among elderly people;

Implementing entity: MZ in cooperation with NIGRiR

3. Educational activities:

- 1) education of health care personnel in the scope of geriatric and gerontology and comprehensive care of elderly people and early diagnosis of diseases characteristic for old age;

Implementing entity: MZ and entities selected in a competition announced by MZ

- 2) popularisation of knowledge of the specific diet needs and conditions among seniors (including preventing body weight loss and metabolic diseases);

Implementing entity: MZ and entities selected in a competition announced by MZ

- 3) health education in the scope of preventing injuries and promoting safety;

Implementing entity: NIZP-PZH as a part of a contract concluded with MZ on the request of NIZP-PZH

- 4) performance of tasks to improve the patients' compliance with therapeutic indications;

Implementing entity: MZ and entities selected in a competition announced by MZ

- 5) education of employers, managers, human resource management and healthcare specialists working to develop and implement programs at workplaces to manage the health of ageing personnel.

Implementing entity: IMP on the basis of a contract with MZ concluded on the request of IMP

4. Engaging in scientific and research activities and international cooperation related to the health of elderly people:

- 1) analysis of data on the structure of healthcare services provided to elderly people;

Implementing entity: MZ in cooperation with NFZ

- 2) analysis of individual areas of health condition of elderly people, including the health-related quality of life;

Implementing entity: research institute or a university selected in a competition announced by MZ

- 3) development and of innovative solutions in the scope of pharmacological therapy and pro-health initiatives and initiatives activating elderly people;

Implementing entity: research institute or a university selected in a competition announced by MZ

- 4) analysis of the adequacy and effectiveness of the provided health care services in relation to the identified health needs of the elderly people;

Implementing entity: NIZP-PZH as a part of a contract with MZ concluded on the request of NIZP-PZH

- 5) international cooperation in the area of elderly people health issue prevention.

Implementing entity: MZ

#### **X. List of tasks to achieve the operating goal 6: Improvement of procreative health**

Healthy procreation constitutes an important element of the definition of health as the comprehensive physical, psychological and social well-being, not just the lack of diseases or disorders in the scope of all issues related to the reproductive system and procreation of both sexes at all stage of life. It includes the issues of puberty and menopause, fertility and infertility, family planning, health during pregnancy, childbirth and postnatal period, reproductive organ and breast cancer.

The care of procreative health conditions the health condition of Poles, good health of the next generations, supports activities aimed at improving the demographic ratios.

1. Development and implementation of regulatory actions fostering procreative health, also including issues related to factors affecting procreative health in the medical, biological, psychological and teacher training curriculums and in advanced vocational training programs for physicians, nurses and midwives.

Implementing entity: MZ in cooperation with competent national consultants, MEN, and MRPiPS

2. Health education and informational and preventive activities concerning the endogenous and exogenous factors affecting the procreative health of women and men, preventing effects of sexualisation of children and teenagers, risky behaviour, behavioural addictions, addictions from psychoactive substances, and fostering attitudes conducive to pro-health behaviour, including:

- 1) organisation of a community service campaign promoting fertility of women and men, using state of the art social communication tools;
- 2) development and implementation of education materials concerning various aspects of procreative health;
- 3) organisation of conferences and educational meeting popularising knowledge of the procreative health;
- 4) launching and operation of an information portal with a knowledge base on the procreative health.

Implementing entity: MZ and non-governmental organisations, birthing schools and other

entities selected in competitions announced by MZ

3. Educational activities addressed to healthcare personnel in the scope of procreative health, including training.

Implementing entity: entity selected in competitions announced by MZ

4. Research in the scope of procreative health and its conditions in the society.

Implementing entity: entity selected in competitions announced by MZ

5. Development of guidelines resulting from the experience gained during implementation of the goal no. 6 of the NPZ for the National Health Program for subsequent years while stressing the activities that are clearly conducive to the improvement of the procreative health and having children, and also the social awareness of the need to take care of the procreative health.

Implementing entity: MZ and entities selected in competitions announced by MZ

#### **XI. Coordination, evaluation, and research tasks**

In accordance with art. 5 of the Public Health Act of 11 September 2015 the Minister responsible for health affairs or the government plenipotentiary for public health affairs, if appointed, shall cooperate with the central government, local self-government administration, research institutes, inspectorates and non-governmental organisations.

The coordination, evaluation, and research tasks include:

1) coordination of preparation and updating of the annual work schedules, defining detailed dates of competition announcements, contracting in the application procedure, amount of funds allocated to individual tasks contracted in the competition procedure or on request, and the group of entities from among which entities will be selected to perform the tasks, if not specified in the NPZ;

Implementing entity: MZ

2) analysis of the impact of the interventions undertaken as a part of the NPZ in terms of increasing or limiting social inequalities in health and supporting the task performing entities by providing information about the recommended performance method, in particular in terms of limiting the social inequalities in health in 2016, 2018, and 2020;

Implementing entity: NIZP-PZH as a part of a contract with MZ concluded on the request of NIZP-PZH

- 3) monitoring and evaluating the NPZ (in cooperation with the Public Health Council and the NPZ Steering Committee), and in the case of unsatisfactory results of the proposed solutions, obtaining data indicating ineffectiveness of the activities during the task performance or in the case of finding lack of complementarity with other tasks performed by the entities participating in the public health protection – development of proposals of changes to the NPZ or the Public Health Act of 11 September 2015;

Implementing entity: MZ and entities selected in a competition announced by MZ

- 4) NPZ management - provision of substantive and technical support, hiring and improving the competence of the staff, ordering expert opinions, and organisation of conferences;

Implementing entity: MZ as a part of the funds allocated to NPZ implementation

- 5) preparation of a comprehensive publication describing the health condition of the Polish population and its conditions, including social inequalities in health, in 2016, 2018, and 2020;

Implementing entity: NIZP-PZH as a part of a contract with MZ concluded on the request of NIZP-PZH

- 6) studies aimed at evaluating the relationship between the potential population health risk factors or other risk factors and the health of the population;

Implementing entity: entity selected in competitions announced by MZ

- 7) testing the effectiveness of the tasks in the scope of public healthy entailing promotion of health or disease prevention, other than those specified in the NPZ, through pilot programs;

Implementing entity: entity selected in competitions announced by MZ

- 8) transformation of NIZP-PZH into National Research Institute

Implementing entity: MZ

- 9) dissemination of the Health Promoting Schools concept;

Implementing entity: MEN, ORE

- 10) dissemination of the Health Promoting Hospitals concept;

Implementing entity: MZ in cooperation with the Coordinator of the National Network of Health Promoting Hospitals

- 11) dissemination of the concept of health promotion at workplaces;

Implementing entity: MZ in cooperation with the National Centre for Promotion of Health at Workplaces

12) cooperation with the Healthy Polish Cities Association;

Implementing entity: MZ

13) fostering cooperation between central and local government authorities and the Catholic Church and other churches and religious associations in the achievement of goals 1-6 of the NPZ;

Implementing entity: MZ

14) preparation for the professionalization of the profession of health education and health promotion specialist;

Implementing entity: MZ in cooperation with the Public Health Committee of the Polish Academy of Sciences

15) development and monitoring of pro-health content included in the basic curriculum for nurseries and basic general curriculum for various subjects at all stages of education, and periodical evaluation of the education results;

Implementing entity: MEN, ORE in cooperation with MZ and PIS

16) development of the Prevention Program Recommendation and Mental Health Promotion System, periodical evaluation of the System operation and implemented prevention programs;

Implementing entity: MZ, KBPN, PARPA, IPiN, ORE and entities selected in a competition announced by MZ

17) research in the areas of the operating goals 1-6, focusing on the joint analysis of risk factors and factors supporting correct development, in particular among children and teenagers;

Implementing entity: entity selected in competitions announced by MZ

18) dissemination of knowledge about the correlation between various health risks or correlating risk and protective factors;

Implementing entity: MZ and entities selected in a competition announced by MZ

19) development, expansion of offer, and dissemination of activities (including prevention programs), which prevent many risk at the same time, and also meet the scientific standards;

Implementing entity: MZ and entities selected in a competition announced by MZ

20) evaluation studies of the prevention programs aimed to prevent many risks at the same time;

Implementing entity: entity selected in competitions announced by MZ

21) identification and definition of risks that are insufficiently covered by the actions, and formulation of recommendations enabling modification of the NPZ, and development of task performance recommendations after 2020;

Implementing entity: MZ

22) international cooperation.

Implementing entity: MZ as a part of the funds allocated to NPZ implementation

## **XII. NPZ monitoring and evaluation indicators and methods**

The entity responsible for monitoring and evaluating the NPZ shall be the Minister responsible for the health affairs. The evaluation shall be conducted throughout the NPZ implementation. Current values of the monitoring indicators shall be published on the website of the office supporting the Minister responsible for the health affairs.

Monitoring of tasks and results thereof shall be based on the indicators gathered as a part of the public statistics system, development monitoring system, hospital morbidity data, death causes data, and also information gathered by the entities implementing individual tasks included in the NPZ.

The indicators have been prepared on the basis of a set of 88 European Community Health Indicators and a set of indicators the monitoring of which is suggested for the purpose of implementing the World Health Organisation's strategy for fighting chronic non-communicable diseases - NCD and Health 2020. Proposed indicators should be gathered and presented according to age and gender, if the data are available.

1. Results of the NPZ implementation evaluation and assessment - expected values of the most important NPZ monitoring indicators:

- 1) life expectancy - in the year 2020 perspective at least reaching the average European growth rate (GUS, Eurostat data);
- 2) degree of accomplishing the optimistic variant of the GUS demographic forecasts;
- 3) healthy life years - in the year 2020 perspective at least reaching the average European growth rate (GUS, Eurostat data);

- 4) good self-assessment of health condition - continuation of the growth trend (according to the methodology included in the GUS publication "Quality of Life in Poland" published since 2014 and on the basis of the HBSC study);
- 5) poor self-assessment of health condition - continuation of the decline trend (according to the methodology included in the GUS publication "Quality of Life in Poland" published since 2014);
- 6) population below the poverty line and income inequality (GUS data and study results) - continuation of the declining trend;
- 7) total mortality rate according to gender, education, place of living (including towns with population of less than 5 thousand, division into urban and rural areas) - decreasing difference between the mortality rates in towns with population less than 5 thousand.

## 2. Strategic goal monitoring indicators not assigned to an individual operating goal

	INDICATOR	SOURCE
1	Population according to gender and age	GUS
2	Population according to education	GUS
3	Population according to occupational groups	GUS
4	Number of the unemployed	GUS
5	Population below the poverty line and income inequality data	EU-SILC and POLPAN studies
6	Demographic forecasts	GUS
7	Life expectancy	GUS
8	Healthy Life Years (HLY)	Eurostat, NIZP-PZH
9	Self-assessment of health condition	GUS
10	Risk of premature death caused by NCD	NIZP-PZH
11	Acute myocardial infraction (AMI) - mortality rate	NIZP-PZH, GUS
12	Stroke mortality rate	NIZP-PZH, GUS
13	Malignant tumours incidence and mortality rate	COI
14	Asthma incidence and mortality rate	NIZP-PZH, GUS

15	Chronic obstructive lung disease incidence and mortality rate	NIZP-PZH, GUS
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### 3. Individual operating goal monitoring ratios

#### 1) operating goal 1

16	Diabetes incidence and mortality rates	NFZ
17	Body weight index in the population	Studies: COSI, HBSC (Health Behaviour in School-Aged Children), NATPOL (National Circulatory System Risk Factors Distribution Study), WOBASZ (Multicentre national study of population health)
18	Blood pressure	Available epidemiological studies
19	Fruit consumption/availability	GUS, HBSC
20	Vegetable consumption/availability	GUS, HBSC
21	Percentage of breast-feeding women	CSIOZ
22	Percentage of people undertaking physical activity in the analysed period according to age group and gender	MSiT, HBSC
23	Percentage of schools with access to any kind of sport field or facility	MEN (Educational Information System)

#### 2) operating goal 2

24	Age-standardised death rate among problematic drug users	KBPN
25	Lung cancer mortality rate	COI
26	Alcohol abuse mortality rate	GUS
27	Percentage of regular smokers (including children and teenagers)	GIS polls, HBSC

28	Total alcohol consumption	GUS, PARPA
29	Number of problematic drug users	KBPN
30	HIV and HCV infections among users of injected psychoactive substances	KBPN, NIZP-PZH
31	Number of behavioural addicts	KBPN

## 3) operating goal 3

32	Depression prevalence	EZOP II (study - Epidemiology of psychiatric disorders and availability of psychiatric care)
33	Number of suicide attempts and suicides	KGP, GUS
34	Percentage of people experiencing psychological anxiety	EZOP II
35	Evaluation of mental condition	EZOP II, HBSC
36	Evaluation of social support for people with mental disorders	EZOP II, HBSC

## 4) operating goal 4

37	Incidence rate of selected infectious diseases (HCV, HBV, HIV, rubella, measles, polio)	NIZP-PZH
38	Percentage of children and teenagers with tooth decay	MZ
39	Number of people working in hazardous conditions	GUS and IMP
40	Number of zones among all zones in the country, in which there are areas of public exposure to negative consequences of air pollution caused by exceeded air quality standards (PM10 and B(a)P)	IOS

## 5) operating goal 5

41	Dementia incidence and mortality rates	NEZ, NIZP-PZH
42	Self-assessment of chronic prevalence among 60 years old people	POL-SENIOR (study - Medical, psychological,

		sociological, and economic aspects of ageing in Poland), SHARE (Survey on Health, Ageing, and Retirement in Europe)
43	Percentage of 60 years old people experiencing functional, physical limitations and mental limitations	POL-SENIOR, SHARE
44	Percentage of people experiencing musculoskeletal pain	POL-SENIOR, SHARE

## 6) operating goal 6

45	Percentage of couples with fertility problems	Available epidemiological studies
46	Number of medical and midwife consultations (including pre-conception advice) during pregnancy	NFZ
47	Percentage of women giving birth who complete birthing school	Available studies
48	Rate of serious pregnancy, birth, and postnatal illnesses and deaths among women	NFZ, GUS
49	Percentage of children with prenatally identified defects	NFZ
50	Percentage of multiple childbirths	NFZ
51	Prevalence of selected development irregularities among newborns	NFZ
52	Percentage of childbirths among single or minor women	Available studies
53	Percentage of children with low weight at birth	Institute of Mother and Child
54	Time of the first prenatal consultation among pregnant women	NFZ
55	Mother age distribution	GUS

56	Fertility rate	GUS
57	Infant mortality rate according to age	GUS
58	Childbirth related mortality rate	GUS
59	Percentage of childbirths ending with caesarean section	NFZ
60	Percentage of women giving birth before the 37th week of pregnancy	NFZ