

POLAND

LANCET COUNTDOWN ON HEALTH AND CLIMATE CHANGE DATA SHEET 2025

Health and climate change in Poland

The Lancet Countdown on Health and Climate Change tracks the evolving relationship between climate and health through 50+ peer-reviewed indicators. Since 2016, it has provided peer-reviewed annual assessments, published in *The Lancet*. The 2025 report reveals the grave health toll of climate change inaction: fossil fuel dependence, rising emissions, and delayed adaptation are costing millions of lives. Recent climate policy rollbacks further threaten our ability to respond to the accelerating crisis, undermining progress towards a healthy future.

This document highlights key country-level findings from the 2025 Lancet Countdown report for Poland, showing that:



Air-pollution harms remain high, but Poland's power mix is shifting as renewables rise; aligning fiscal signals and health policy with this transition can lock in cleaner air and resilience.



Heat exposure is rising rapidly, with older adults, infants, and people engaging in physical activity increasingly vulnerable to extreme temperatures.



Escalating drought, wildfire, and health-system emissions underscore the growing pressures on both environmental and health resilience, calling for stronger adaptation and mitigation readiness.

With the threats of climate change growing, protecting people's health and survival demands simultaneous and unprecedented efforts to advance adaptation and mitigation, and requires an "all hands on deck" approach.

Air-pollution harms and transition misalignment

Despite modest progress in reducing emissions, Poland remains one of Europe's most coal-dependent economies, with substantial consequences for public health. The country continues to experience some of the continent's highest air-pollution-related costs, while fiscal and energy structures still favour fossil fuels over cleaner alternatives.

45.4%

As of 2022, coal made up 45.4% of total energy and 69.8% of electricity energy. The share of renewables of total energy and electricity supply doubled since 2016, and made up 2.5% of total energy supply and 15.7% of electricity supply in 2022. (Indicator 3.1.1)

Since then, the mix has shifted: in 2024 coal fell to ~55–57% and renewables supplied ~29%; in 2025, coal's monthly share dipped below 50%.**



There were over 45,000 deaths attributable to anthropogenic air pollution (PM2.5) in 2022 in Poland. Fossil fuels (coal and liquid gas) contributed to 48% of these deaths in 2022. 14% came from the use of petrol in the transport sector, and nearly 15,000 from deaths still came from the burning of coal, primarily from the household sector. (Indicator 3.2.1)

\$53.9B

In 2022, the monetised value of premature mortality due to air pollution in Poland amounted to US\$53.9 billion, reflecting both persistent exposure and limited air-quality gains (Indicator 4.1.4).

MISALIGNED INCENTIVES HINDER PROGRESS

Air-pollution harms remain among the most costly in Europe, yet fossil fuels continue to dominate Poland's energy and fiscal landscape. Without stronger alignment between health, climate, and economic policies Poland risks locking in preventable health and economic losses.



In 2023, Poland had a net-negative carbon revenue, indicating that fossil fuel subsidies were higher than carbon prices. It allocated a net total of US\$ 2.93 billion in 2023 alone. (Indicator 4.3.2).

Escalating heat risks across the Country

Over recent years, Poland has faced sharp increases in heat exposure across all population groups, with older adults and infants particularly affected. This rising heat stress is amplifying health risks and reducing productivity, signalling a need for greater heat-health preparedness and adaptation measures.



In 2024, people in Poland were exposed to 9.3 heatwave days each, on average. Of these, 7.1 (76%) would not have been expected to occur without climate change. (Indicator 1.1.1).



In 2024, individuals would have experienced 73 more hours per-person of at least moderate heat stress risk if undertaking moderate exercise (running), relative to the 1990–1999 baseline average. (Indicator 1.1.2).



61%

Heat exposure led to a loss of 50.9 million potential labour hours in 2024, 61% higher than 1990–1999 levels. The associated potential income lost from labour capacity reduction due to extreme heat was US\$0.46 billion. Workers in the construction sector was the most severely affected, incurring 44% of the income losses in 2024. (Indicator 1.1.3).

Drought and wildfire pressures with health relevance

Poland is increasingly affected by extreme climate-related environmental stressors, with persistent drought and rising wildfire risks threatening both ecosystems and population health. These trends highlight the need for integrated land, water, and air-quality management to protect health and livelihoods.



From 2020–2024, an average of 35% of Poland's land area experienced at least one month of extreme drought per year, a 13% increase compared with the 1951–1960 baseline. Such recurring droughts reduce soil moisture, harm crops, and heighten the risk of forest fires and rural economic losses (Indicator 1.2.2).



People in Poland experienced an average of 1.3 high wildfire-risk days per year between 2020–2024, a 39% increase compared to 2003–2012, with wildfire smoke PM2.5 linked to an estimated 517 deaths annually, underlining the health burden of deteriorating air quality during fire events (Indicator 1.2.1).

Health-system footprint rising and readiness slipping

While progress is being made in some sectors, Poland's health system itself is becoming a growing contributor to national greenhouse gas emissions. At the same time, indicators of transition readiness show limited improvement, underscoring the need to align health-system sustainability with national decarbonisation efforts.



Poland's healthcare sector emitted 10.1 million tonnes of greenhouse gases in 2022, a 20% increase from 2016 levels. Per capita emissions reached 273 kg CO₂e, marking a 24% rise and indicating growing pressures from healthcare infrastructure and energy-intensive operations. (Indicator 3.5).



Preparedness for the low-carbon transition declined by 4.2% in 2024 compared with 2023, suggesting that policy and institutional readiness are not keeping pace with the scale of required adaptation and mitigation action (Indicator 4.2.4).

BUILDING A LOW-CARBON, RESILIENT HEALTH SYSTEM

To make this transformation effective, better data on energy use, building efficiency, and emissions from hospital operations and supply chains will be crucial. Strengthening cooperation between health, energy, and environment sectors can ensure that hospitals become safer, more efficient, and more resilient in a changing climate.

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