Integrated data systems
A game changer for overcoming the challenges of measuring migration and beyond

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Rifat Hossain, World Health Organization

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A health system

...is as strong
as its weakest link...

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More than a billion people are on the move, globally

304 M International Migrants (2022 estimate)

123.2 M Forcibly Displaced (end 2024)

48.8 M Children (end 2024)

At no time have more people been on the move

We must have their health needs visible to address and achieve **health for all**

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Ukraine emergency—by numbers

61 M Border crossings from Ukraine

23 M Border crossings to Ukraine

5.6 M Refugees recorded across world (5.1 million in Europe)

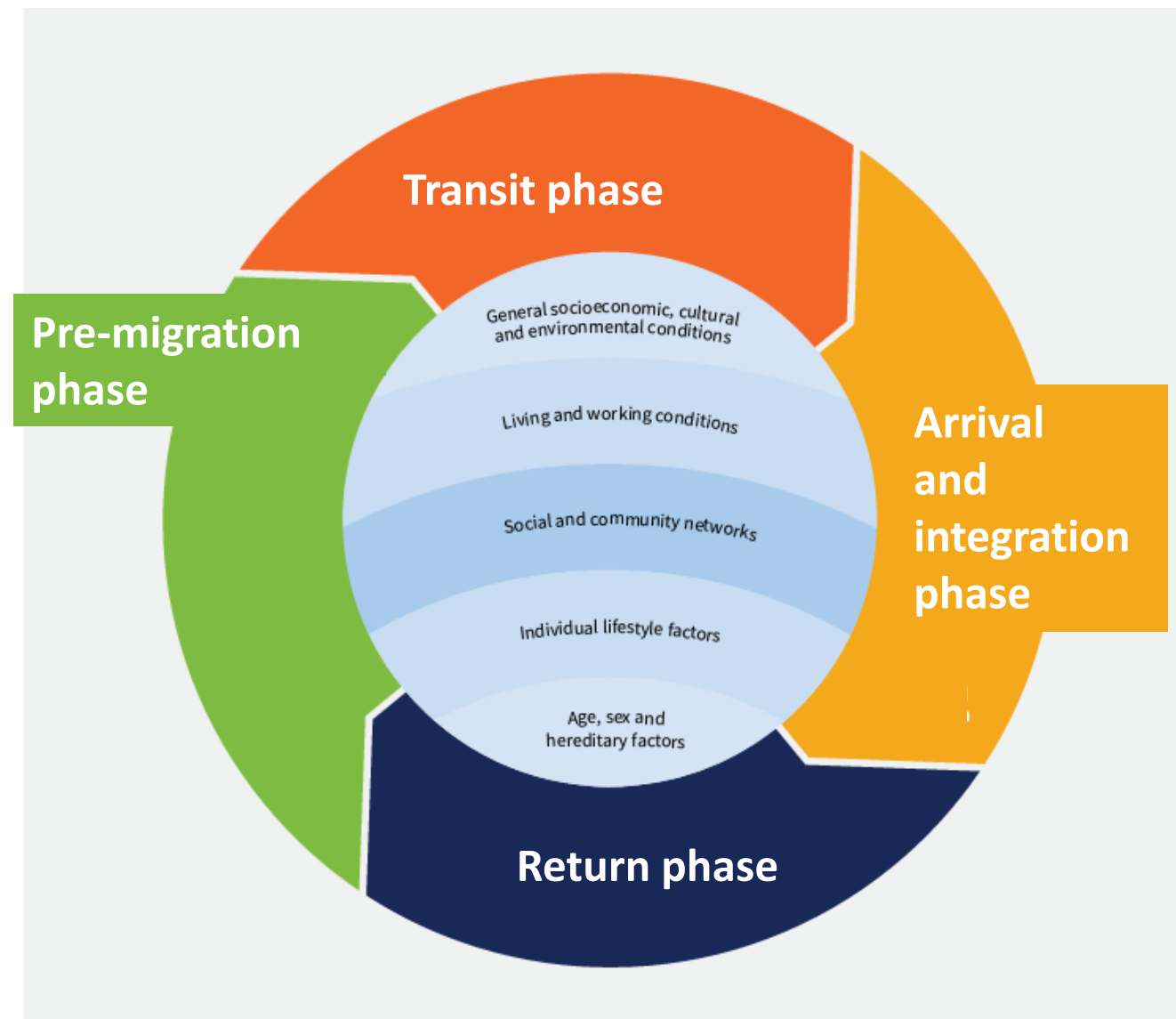**1.1 M** Refugees from Ukraine in Poland/under temporary protection

3.7 M Internally displaced

"Health does not begin or end at countries' borders"

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World report on health of refugees and migrants and determinants of health

Fig. 1.3. Determinants of health and phases of migration

- Transit phase
- Pre-migration phase
- Arrival and integration phase
- Return phase

General socioeconomic, cultural and environmental conditions

Living and working conditions

Social and community networks

Individual lifestyle factors

Age, sex and hereditary factors

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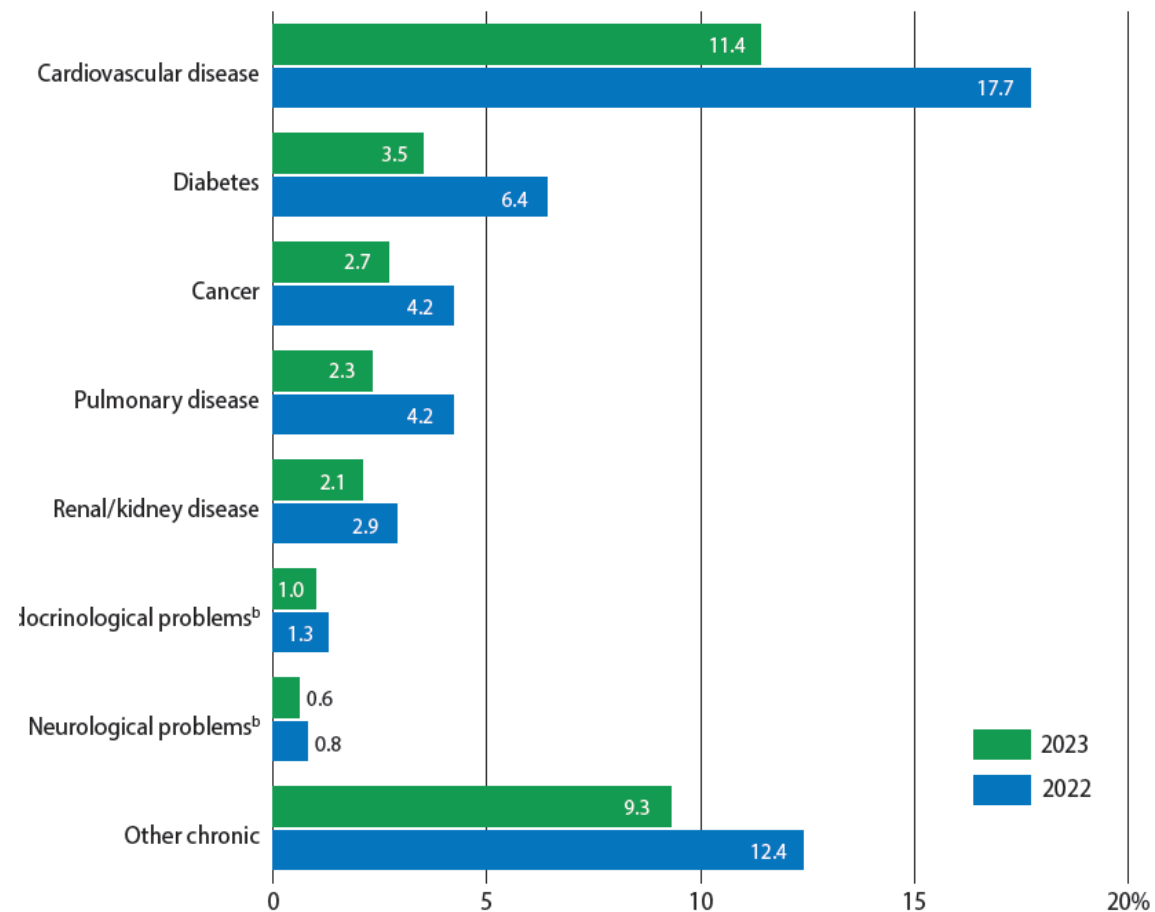Statistics Poland

Health of Refugees from Ukraine in Poland

Comparative findings from 2022-2023 surveys

Types of health care needed*

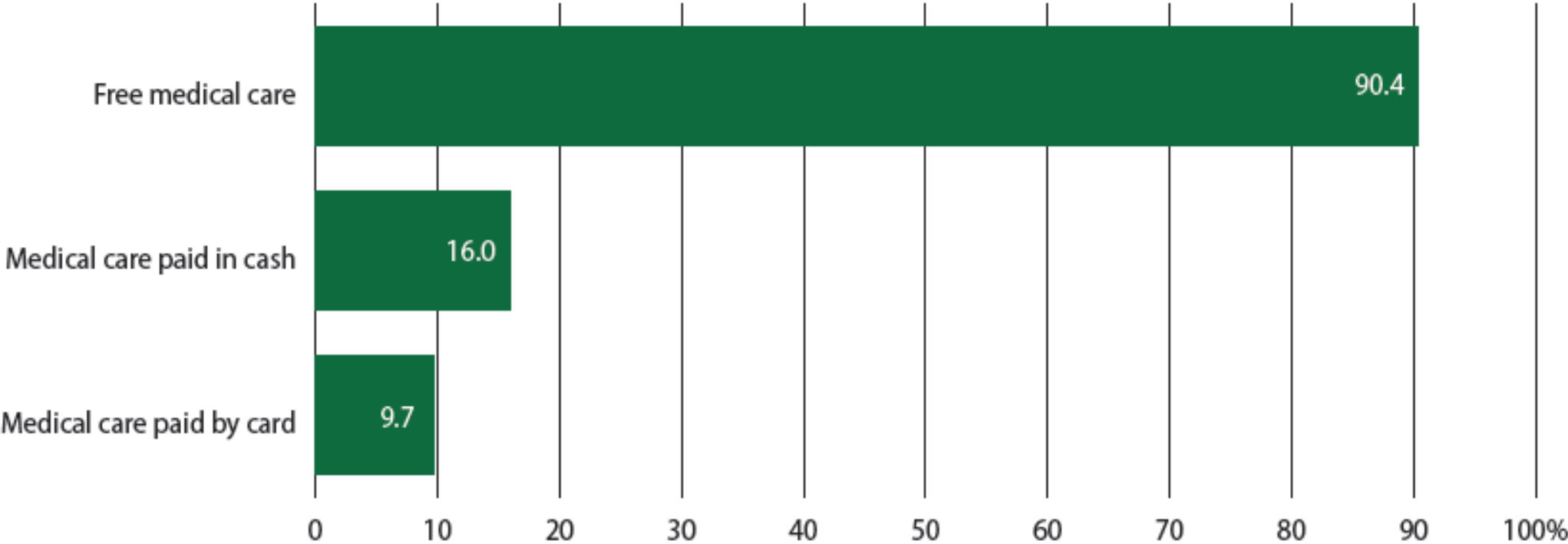| Category	2023	2022
Acute illness	58.4	43.9
Chronic illness	26.2	38.7
Dental services	20.2	18.2
Infectious diseases, COVID-19[b]	14.5	2.8
Physical traumatic conditions	7.0	
Mental health	6.3	4.5
Sexual health	1.3	1.5
Orthopedic problems[c]	2.0	1.2
Ophthalmological problems[c]	0.8	0.9
Neurological problems[c]	0.7	1.2
Alergological problems[c]	0.6	0.4
Endocrinological problems[c]	0.3	0.9
Other	5.0	5.2
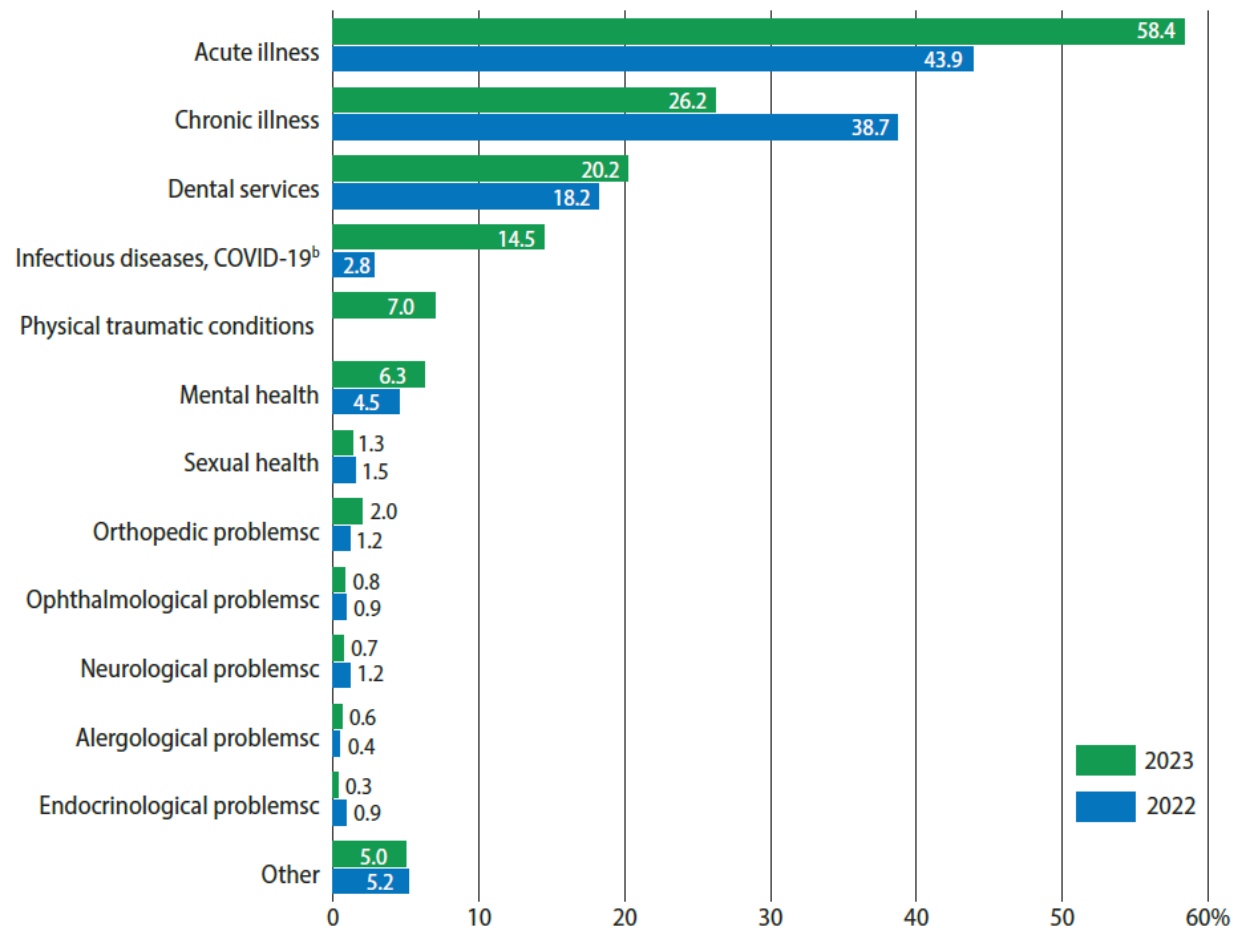
Types of health care needed for chronic illnesses*

Category	2023	2022
Cardiovascular disease	11.4	17.7
Diabetes	3.5	6.4
Cancer	2.7	4.2
Pulmonary disease	2.3	4.2
Renal/kidney disease	2.1	2.9
Endocrinological problems[b]	1.0	1.3
Neurological problems[b]	0.6	0.8
Other chronic	9.3	12.4

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Comparative findings from 2022-2023 surveys

Access to healthcare free or paid

Category	Value
Free medical care	90.4
Medical care paid in cash	16.0
Medical care paid by card	9.7

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Comparative findings from 2022-2023 surveys

Share of income/savings spent on health care costs

Year	Less than 10%	Between 10 and 25%	More than 25%	No answer
2023	58.0	29.2	12.9	
2022	39.1	23.9	25.0	12.0

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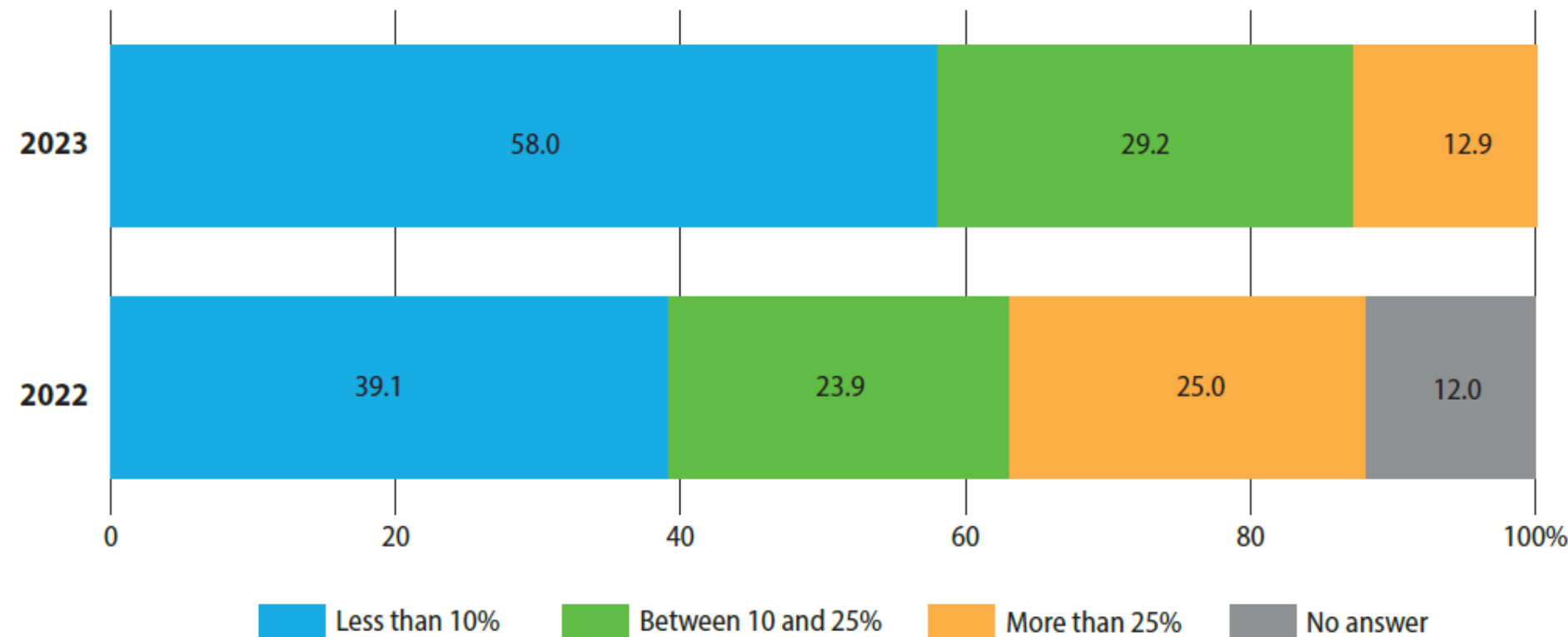
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Comparative findings from 2022-2023 surveys

Declared vaccination status of children aged 1–4
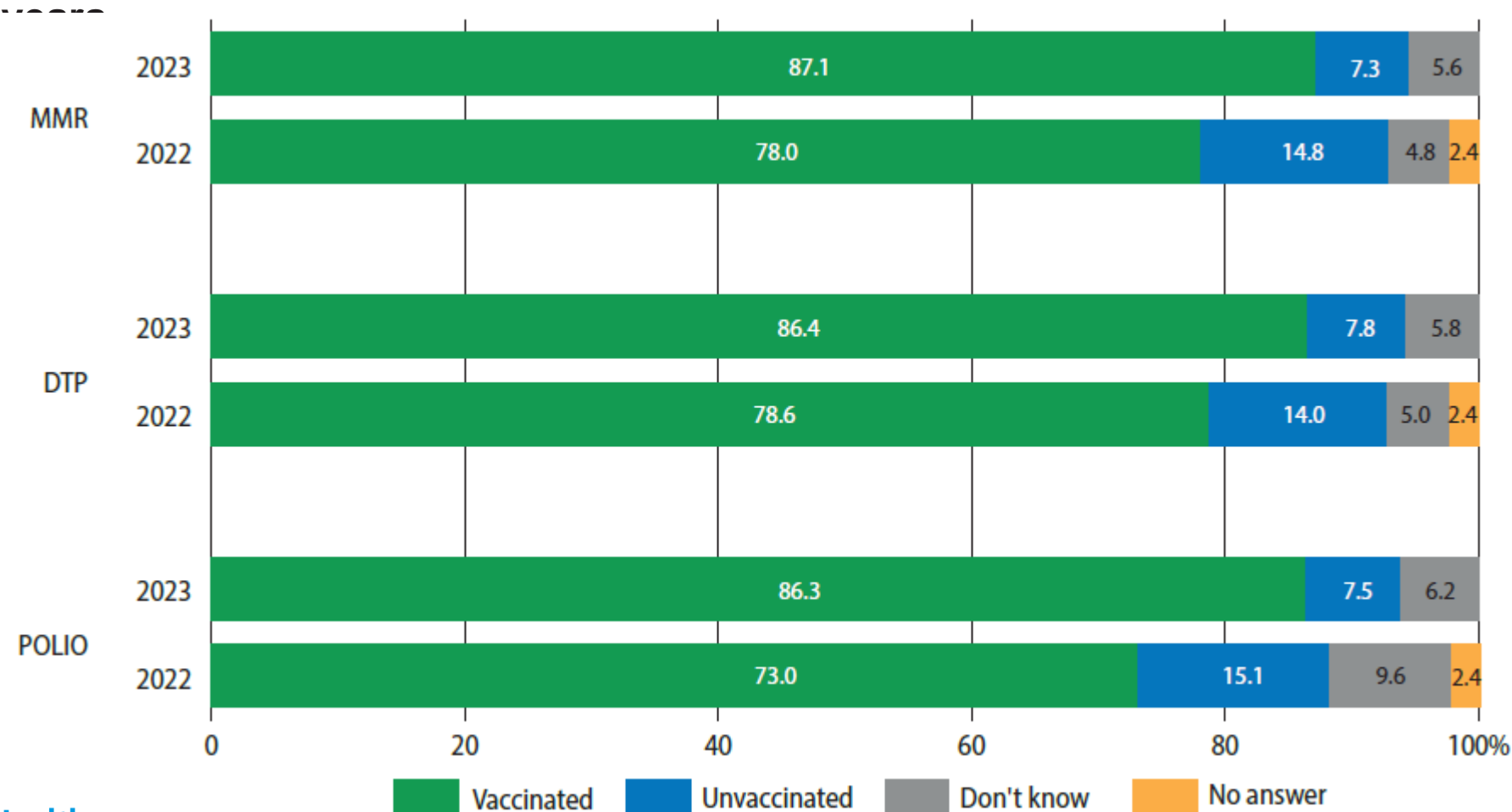
		Vaccinated	Unvaccinated	Don't know	No answer
MMR	2023	87.1	7.3	5.6	
	2022	78.0	14.8	4.8	2.4
DTP	2023	86.4	7.8	5.8	
	2022	78.6	14.0	5.0	2.4
POLIO	2023	86.3	7.5	6.2	
	2022	73.0	15.1	9.6	2.4

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Health of Refugees

Disaggregated data on refugees and migrants allows stakeholders to:
- understand and address their health needs
- develop inclusive public health approaches
- track progress towards national and global health goals
- enable decision-makers to understand and respond to public health challenges that occur within their borders

Fit for purpose data are urgently needed **to monitor the health of refugees and migrants** if we are to meet the SDGs – leave no one behind mantra

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- 200 zettabytes (1 zettabyte 1021 byte) of data
- Only 1 zettabyte in the public domain
- 90% of the data generated within the last two years
- Can we afford to ignore all the other datasets?
- Quality of data to be assessed but not discarded immediately
- Data integration is a must
  - A true public-private partnership of data
  - Statistical-geospatial integration as well as integration of Big Data

Towards an Integrated Information System for Health Equity in Poland

WHO Poland and partners are implementing a three-pronged approach to build an integrated information system for health equity:

❑ Two national-scale surveys—one for general population and the other for Ukrainian refugees—a harmonized baseline – health needs, access barriers, equity gaps across regions, population groups.

❑ The Health Equity Report for Poland (2026) synthesizes survey results, administrative data, and stakeholder input to offer a comprehensive narrative on disparities and actionable recommendations. It is a policy tool to drive equitable reforms and enhance transparency.

❑ A national platform integrating public and private-sector data (e.g. NFZ, GUS, mobile, financial, environmental) will support real-time monitoring, forecasting, and simulation of policy impacts. AI tools ensure data-driven decision-making while respecting ethical standards.

These form a robust, inclusive, and forward-looking foundation for national health planning.

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The BIG picture – why this matters

- Poland is hosting 1M+ refugees amid ongoing health system pressures

- Need for a unified, inclusive, and equity-focused data ecosystem

- Supports health system planning, international cooperation, and policy simulation

- Leverages and synergizing tools: HESRi, Health Index, AI-driven equity analytics

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Integrated Health and Inclusion Survey (IHIS-2025)

- Unified national survey covering both host and refugee populations

- Combines GUS health modules + WHO equity monitoring concepts – socio-economic health determinants

- Synergy between health index indicators and SEIS questions

- Feeds into Health Equity Report and regional refugee planning

- Partnership: GUS (lead), WHO, UNHCR, UNICEF, NIZP

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IHIS: Design and Methodology

- Nationally representative + refugee oversampling
- Modules: health, protection, mental health, socio-economic inclusion
- Multi-modal data collection (household, phone, web)
- Disaggregation by legal status, gender, region, age, income, disability

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Health Equity Report for Poland (HERP)

- Poland's second national health equity report (April 2025–June 2026)

- Assesses disparities in access, outcomes, and determinants

- Focus on regions, socioeconomic groups, and refugees

- Uses indicators from GUS, MoH, NFZ, private data (e.g., MNO, debit/credit cards)

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HERP: Timeline and Components

- Q2 2025: Data and indicator finalization

- Q3–Q4 2025: Data gathering and analysis

- Q1 2026: Drafting and validation

- Q2 2026: Final report and launch

How AI feeds into HERP and beyond

- IHIS provides population-level data (host + refugees)

- AI platform integrates spending, mobility, geospatial data, and eventually also Electronic Medical Records (EMRs)

- Combined for predictive analysis, equity stratification, and tailored policy insights

AI-Enabled Health Data Integration

- Real-time analytics platform by WHO Poland and GUS

- Combines health spending, EMRs, mobile, and geospatial data

- Uses machine learning to simulate policy scenarios and forecast needs

- Supports health equity, service planning, and resilience building

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Benefits of AI-Driven Health Analytics

- Forecasts demand and identifies gaps early

- Supports policy reform across health, housing, transport

- Tailors services by demographic and vulnerability level

- Promotes efficient and equitable resource allocation

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Thank you

For more information:

Rifat Hossain - hossainr@who.int

WHO Poland - eurowhopol@who.int

Dashboard: Health of Refugees

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