



# Removing the roadblocks: Policies to improve access to long-acting reversible contraceptives (LARCs)

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Country Profile: Poland 

May 2025

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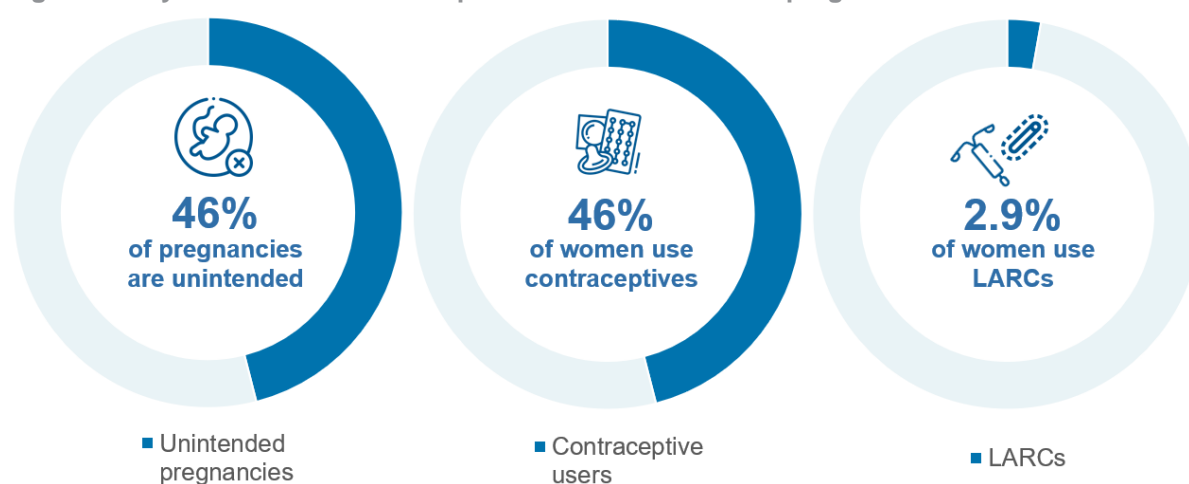
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## 1. Introduction

According to the European Contraception Policy Atlas 2024, Poland demonstrates a comparatively limited level of overall access to contraception, ranking last among all other European countries.<sup>1</sup> The recently reported contraceptive use rate is 46% of reproductive aged women (Figure 1), which is below the European average of 56.1%.<sup>2</sup> The impact of this is evidenced by the relatively high number of unintended pregnancies. Between 2015 and 2019, Poland experienced an average of 255,000 unintended pregnancies each year, which represents 46% of total pregnancies.<sup>3</sup> As unintended pregnancies are associated with a large socioeconomic burden for women, these data raise concerns.

Among women who do use contraception, one contributing factor to the high rate of unintended pregnancies observed may be the very low use of long-acting reversible contraceptives (LARCs), such as intrauterine devices (IUDs), contraceptive injections, and contraceptive implants. According to the World Health Organization, LARCs are among the most effective methods of preventing unintended pregnancies, with a failure rate of less than 1%.<sup>4</sup> However, in Poland, the uptake of these methods remains significantly below the European average of 9%.<sup>2</sup> Based on data collected by the United Nations in 2019, only 2.9% of Polish women use LARCs.<sup>2</sup>

**Figure 1: Key statistics on contraceptive use and unintended pregnancies**



Source: United Nations (2019)<sup>2</sup>, Guttmacher Institute (2019)<sup>3</sup>

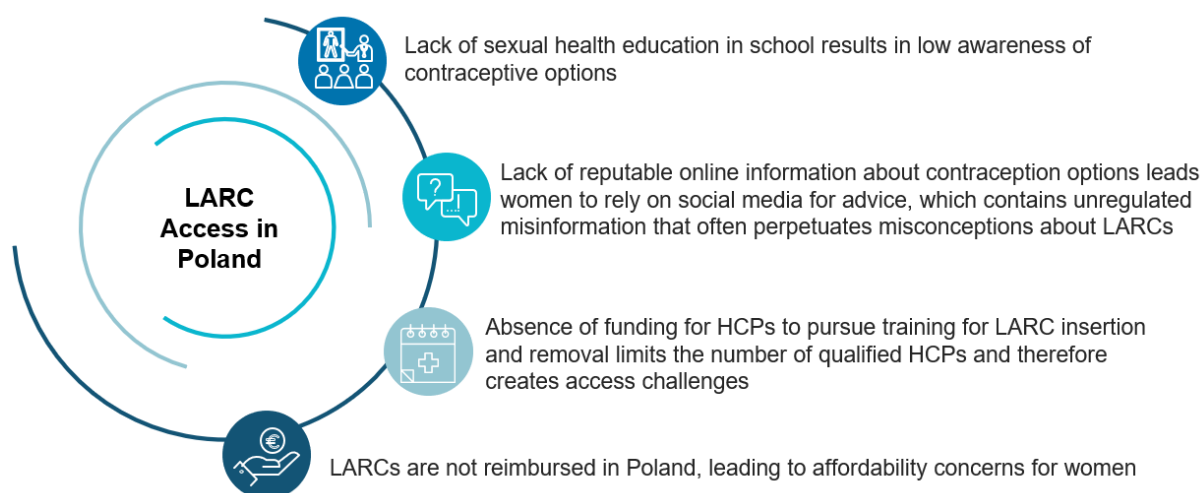
Note: LARC use estimates include implant users, contraceptive injection users, and IUD users among women aged 15–49 years

As the rate of unintended pregnancies remains high in Poland, while LARC use remains significantly below the global average, it is important to assess if there are barriers preventing users from accessing LARCs. Our study focused on identifying these barriers through a review of recent literature, validation of gained insights with a Poland-based leading health care professional (HCP) and co-developing actionable policy recommendations to address these challenges in a Policy Forum that included HCPs from nine countries, including Poland. Below, we cover the challenges that are most prominent in Poland, how they manifest, and what policy recommendations could help to provide more women in the country with access to LARCs. We also noted that there is some debate over which contraceptive methods qualify as LARCs.<sup>5</sup> While some sources include contraceptive injections, others exclude them because their effects are not as quickly reversible as those of IUDs and implants.<sup>6</sup> For this reason, not all the available evidence covers contraceptive injections. Therefore, we will mostly focus on IUDs and implants and mention contraceptive injections explicitly when available data permit.

## 2. Challenges impacting access to LARCs

Insights from the extensive review of recent literature and conversations with expert participants of the Policy Forum revealed that women in Poland face a range of challenges when seeking access to LARCs. To guide targeted and effective policy action, in this paper we describe the four most significant barriers to LARC access in Poland (Figure 2).

**Figure 2: Significant policy challenges in Poland**



Source: CRA analysis

### Lack of sexual health education in school results in low awareness of contraceptive options

Due to cultural influence, for decades, the Polish school curriculum included sexual health education only as part of the Education for Family Life subject (Wychowanie do Życia w Rodzinie, WDŻ). WDŻ aims to prepare students for family life; it is an abstinence-based programme that promotes conservative and religiously informed family values and therefore does not fit the definition of comprehensive sexual health education for adolescents, as defined by the World Health Organization.<sup>7</sup> These classes are viewed as voluntary, with students, or their parents, frequently selecting to opt out of attending them. This is exacerbated by the fact that such classes are often scheduled outside of school hours, making them inconvenient to attend.<sup>8</sup>

An additional challenge is the lack of school staff trained in the provision of sexual health education. According to media reports, schoolteachers often feel ill-equipped to offer such classes, and external educators are rarely invited to address any gaps.<sup>8</sup> The Federation for Women and Family Planning (FEDERA) highlights that teachers responsible for delivering sexual health education often omit important topics such as modern contraception methods.<sup>9</sup>

Lack of sexual health education has resulted in a gap that leaves many women poorly informed about contraception and different contraceptive methods. According to the report *Exploring Contraceptive Awareness*, only 21% of respondents reported receiving comprehensive information on contraception from school.<sup>10</sup> Several studies highlight the need for better sexual health education in Poland.<sup>11,12</sup>

Nonetheless, it is important to highlight that the Ministry of National Education has drafted regulations to introduce a new school subject, health education, starting from September 2025. The new subject will focus more on sexual health and contraception.<sup>13</sup> This highlights a positive policy trend, but the implementation and its effects are yet to be seen.

### **Lack of reputable online information about contraception leads women to rely on social media for advice, which contains unregulated misinformation that often perpetuates misconceptions about LARCs**

According to the European Contraception Policy Atlas, there is a significant lack of evidence-based platforms providing information on contraceptives in Poland.<sup>1</sup> At the same time, survey results show that 82% of women receive their information on contraception online.<sup>11</sup> This is concerning, as in the absence of reputable sources, women are likely to turn to social media and online forums that may offer unreliable information or spread misinformation on LARCs, thus hindering their ability to make well-informed decisions about contraception.

### **Absence of funding for HCPs to pursue training for LARC insertion and removal limits the number of qualified HCPs and therefore creates access challenges**

Based on discussions with a Poland-based expert, lack of HCP training on LARCs is a significant barrier to the provision of such contraceptive methods. Specifically, the expert stated that university medical education generally does not include training modules in LARC insertion and removal services, and practicing HCPs often rely on more senior colleagues to learn how to perform such procedures. This creates further challenges, as HCPs must allocate time to training others without receiving additional compensation.

As a result, HCPs in Poland are not provided with adequate information on LARCs or training on LARC-associated services, including critical skills like insertion and removal. This gap in education leads to a widespread lack of awareness and limited availability of LARC services across the country. Shortage of accurate knowledge and training ultimately impacts access to effective reproductive health care in the country.<sup>14</sup>

The shortage of HCPs trained in LARC insertion poses a significant barrier to access in Poland. Research from FEDERA reveals a growing reluctance among gynaecologists to insert LARCs, with up to 50% of gynaecologists in Poland now declining to perform these procedures, often citing personal beliefs or insufficient training.<sup>15,16</sup> Additionally, women have shared with media that they often have to look for clinics outside of their region of residence in the hopes of finding one that offers LARC insertion. This exacerbates regional disparities, as rural and smaller urban areas are particularly underserved.<sup>16</sup>

### **LARCs are not reimbursed in Poland, and the cost of insertion is not covered for all LARC types, leading to affordability concerns for women**

Finally, even if a woman has had comprehensive education that enables her to make an informed choice about contraception, and if there are HCPs able to offer LARC prescription and insertion, a final barrier to LARC access is the lack of full reimbursement. In Poland, the National Health Fund covers the insertion and removal of IUDs but not of other LARCs. This is exacerbated by the aforementioned challenge that many clinics refuse to provide this service.<sup>17</sup> Additionally, the Fund does not cover the cost of LARCs, meaning that women must pay out of pocket for them at the pharmacy.<sup>17</sup> Financial burden has been cited as one of the key factors influencing a woman's contraceptive choice in Poland.<sup>18</sup> For many women, the up-front cost of a LARC is too high, and therefore they may select other, less expensive types of contraception instead, even if they are not their first choice.



### 3. Key policy recommendations

Based on our analysis of the identified challenges in Poland, and in close collaboration with HCPs in the field, we have developed a set of targeted policy recommendations designed to address these issues comprehensively (Table 1).

**Table 1: Key policy recommendations for Poland**

Policy challenges	Policy recommendations
<b>Lack of sexual health education in school results in low awareness of contraceptive options</b>	<ul style="list-style-type: none"> <li>Age-appropriate comprehensive sexual health education should be offered in all schools across the country, focusing on the whole contraception spectrum and dispelling myths or misconceptions</li> <li>External educators should be invited to support the delivery of sexual health education to ensure consistency and quality across the country</li> </ul>
<b>Lack of reputable online information about contraception options leads women to rely on social media for advice, which contains unregulated misinformation that often perpetuates misconceptions about LARCs</b>	<ul style="list-style-type: none"> <li>As most women receive their information on contraception online, reputable platforms supported by the government and medical societies should be available; such information should be easily accessible for all</li> </ul>
<b>Absence of funding for HCPs to pursue training for LARC insertion and removal limits the number of qualified HCPs and therefore creates access challenges</b>	<ul style="list-style-type: none"> <li>LARC insertion and removal training should be available and funded in universities and medical practices to ensure that HCPs can offer LARCs and are confident in their abilities to do so. Training should also focus on dispelling any misconceptions about LARCs</li> <li>Clinics should ensure that HCPs are able to insert and remove LARCs so that users can receive their preferred contraception choice</li> </ul>
<b>LARCs are not reimbursed in Poland, leading to affordability concerns for women</b>	<ul style="list-style-type: none"> <li>LARCs should be fully reimbursed by the National Health Fund to mitigate affordability concerns for users</li> </ul>

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