



Greece

This country assessment is based on (1) the responses to a WHO Regional Office for Europe questionnaire designed to gather information on key elements of WHO Regional Committee for Europe resolution EUR/RC55/R9 and of the European Council Recommendation on the prevention of injury and promotion of safety and (2) Regional Office data and information.

Summary of country assessment

Greece reports implementing 39% of 99 interventions effective in preventing a range of injuries versus a European Region median score of 71% and a first quartile of 0–64%.

The country feedback was positive on some of the key areas identified, such as national policy development, injury surveillance, capacity-building and multisectoral collaboration.

National policies

- There is an overall national policy for preventing injuries but none for preventing violence. There are specific national policies for all areas related to unintentional injury and violence.

Implementation of effective interventions

- Greece reported overall implementation of 26% of selected effective interventions for preventing injuries and 58% for preventing violence. These figures are lower than the median regional scores of 70% for preventing unintentional injuries and 81% for preventing violence. No information was provided for some items, so implementation may be higher. Table 2 shows the details of percentages for each type of injury. The list of interventions implemented for each type of injury is available separately from the country questionnaire. The proportion of reported implementation was lower than the median regional score for all the interventions related to unintentional injuries, violence committed by and inflicted on young people, child maltreatment and suicide.
- Greece reported implementing only 29% of selected effective interventions on alcohol versus a median regional score of 71%. Alcohol-related harm is not perceived as a problem. Only 36% of legal and fiscal interventions to control access to alcohol interventions have been implemented (versus the median regional score of 71%), and health system-based programmes to reduce alcohol-related harm have not been implemented (Table 2).

Impact of resolution EUR/RC55/R9 and of the European Council Recommendation

- Greece acknowledged that adopting resolution EUR/RC55/R9 and the European Council Recommendation helped the Ministry of Health and Social Solidarity in raising the policy profile of the prevention of violence and injuries as a health priority. A national focal person was appointed, and the Ministry of Health and Social Solidarity started to coordinate a multisectoral approach, including developing a national action plan for injuries. Although there is no overall national policy on preventing violence, there is political commitment for this, and many of the key steps considered necessary for developing policy are in place. There has been difficulty in accessing schools to implement interventions for preventing child maltreatment. There has been positive progress in the past 12 months in developing national policy, injury surveillance, capacity-building and multisectoral collaboration. Many of the elements of resolution EUR/RC55/R9 have been successfully achieved: injury surveillance, capacity-building, multisectoral collaboration, exchange of best practices and evidence-based emergency care.

Next steps

- Greater attention needs to be given to implementing evidence-based interventions for preventing unintentional injuries (in particular, interventions on fires, poisoning and falls have not been implemented), youth violence, child maltreatment and alcohol misuse. Several interventions (on drowning, youth violence, child maltreatment and intimate partner and sexual violence) were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Greece has a population of 11.2 million. The percentage of children 0–14 years old is lower than the European Region average, and the percentage of people 65+ years old is higher than the regional average.

- Life expectancy at birth is higher than the European Region average, both for males and for females.

Indicator (last available year)	Greece	WHO European Region	European Union (EU27)
Mid-year population	11.2 million	890.9 million	493.8 million
% of population aged 0–14 years	14.3	17.5	15.7
% of population aged 65+ years	18.6	14.0	16.8
Males, life expectancy at birth, in years	77.2	71.4	76.0
Females, life expectancy at birth, in years	82.0	79.1	82.2

- Injuries are the fourth leading cause of death. The rates for unintentional injuries (except for road traffic injuries) and for violence are lower than the European Region averages.

- Injury mortality rates have declined gradually (Fig. 1).

- The leading causes of unintentional injury-related death are road traffic injuries followed by falls, poisoning, drowning and fires.

- The road traffic injury rate is higher than the regional average, and youth motorcycle mortality is a particular concern.

- The leading causes of intentional injury-related death are suicide and homicide.

- The WHO Regional Office for Europe has been supporting focal people. Greece participated in the advocacy events of the First United Nations Global Road Safety Week and in the project on a global status report on road safety.

Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Greece, the WHO European Region and the European Union (EU), 1980–2008

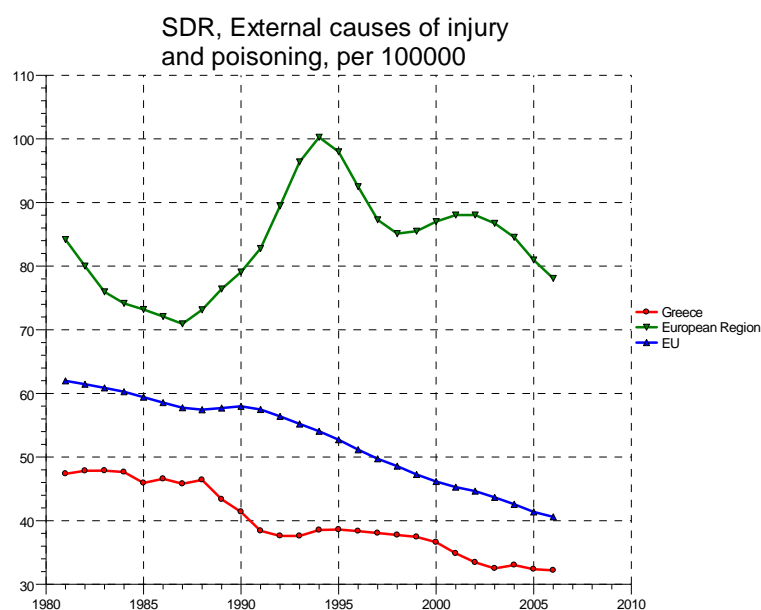


Table 2. Injury burden, policy response and effective prevention measures in place

Legend: ✓ Yes ✗ No ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b			National policy?	Intervention effectiveness (%)	
	Greece	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	32.4	75.8	40.0	NA	38	71
Unintentional injury^f	28.7	45.9	25.9	✓	23	70
Road traffic injuries	14.6	13.3	9.3	✓	50	81
Fires and burns	1.4	2.4	0.7	✓	0	60
Poisoning	3.6	10.7	2.3	✓	0	80
Drowning or submersion	2.7	3.4	1.3	✓	50	63
Falls	3.9	5.6	5.5	✓	0	75
Intentional injury	NA	NA	NA	✗	58	81
Interpersonal violence ^g	1.1	5.2	1.0	✓	NA	NA
Youth violence ^h	1.0	5.3	1.0	✓	71	86
Child maltreatment ⁱ	0.4	0.6	0.3	✓	60	100
Intimate partner violence	–	–	–	✓	100	75
Elder abuse and neglect	–	–	–	✓	100	67
Self-directed violence	2.6	14.0	10.2	✓	0	88
Alcohol^j	NA	NA	NA	NA	29	71
Alcohol-related poisoning	0	2.8	0.9	NA	NA	NA
Alcoholic liver diseases ^k	–	–	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	13.1	18.0	19.2	NA	NA	NA
Fiscal and legal measures ^l	NA	NA	NA	NA	36	71
Health system-based programmes ^m	NA	NA	NA	NA	0	67

^a Unless otherwise specified.

^b Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2010 (<http://www.euro.who.int/hfadab>, accessed 15 January 2010).

^c The 27 European Union countries.

^d Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 (http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en, accessed 15 January 2010). For the full range of interventions and responses, please consult the country questionnaire.

^e Median of the proportion of effective interventions in place in countries in the WHO European Region.

^f Standardized death rates (SDR) from accidents.

^g Proxy for mortality: mortality from homicide and assault, all ages.

^h Proxy for mortality: mortality from homicide and assault, 15–29 years.

ⁱ Proxy for mortality: mortality from homicide and assault 0–14 years.

^j This score was calculated from 17 alcohol-related interventions.

^k The EU average was calculated based on 20 countries. Data retrieved from: European detailed mortality database [online database]. Copenhagen, WHO Regional Office for Europe, 2009 (http://www.euro.who.int/InformationSources/Data/20070615_2, accessed 15 January 2010).

^l This score was calculated from 14 interventions on access to alcohol (availability, restrictions and bans).

^m This score was calculated from three interventions on health systems-based programmes to reduce alcohol-related harm.

Table 3. Key elements of policy development in preventing injury and violence

Legend: ✓ Yes ✗ No ? Not specified or no response

National policies	
• Overall national policy on injury prevention	✓
• Overall national policy on violence prevention	✗
• Commitment to develop national policy	✓
• Alcohol identified as a risk factor for injuries	✓
• Alcohol identified as a risk factor for violence	✓
• Policies targeted to reduce socioeconomic differences in health	✓
• National policies highlight socioeconomic inequality as a priority	✓
Political support for the agenda for injury and violence prevention	
✓	
Easy access to surveillance data	
✓	
Intersectoral collaboration	
• Key stakeholders identified	✓
• Secretariat to support the intersectoral committee	✓
• Questionnaire answered in consensus with other sectors and stakeholders	✓
• Can WHO help to achieve intersectoral collaboration in the country?	✓
Capacity-building	
• Process in place	✓
• Exchange of evidence-based practice as part of this process	✓
• Promotion of research as part of this process	✓
Emergency care	
• Evidence-based approach	✓
• Quality assessment programme	✓
• Process to build capacity identified	?
EUR/RC55/R9 influenced the agenda for injury and violence prevention	
✓	
Recent developments in injury and violence prevention (during the past 12 months)	
• National policy	✓
• Surveillance	✓
• Multisectoral collaboration	✓
• Capacity-building	✓
• Evidence-based emergency care	?