



San Marino

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 the European Council Recommendation of 31 May 2007 and of WHO Regional Committee for Europe resolution EUR/RC55/R9 and (2) Regional Office data and information.

Summary of country assessment

San Marino reports implementing 53% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a first quartile of 64%.

The country feedback was positive on some of the key areas identified, such as injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care.

National policies

- There are two overall national policies for preventing violence and injuries. There are specific national policies for preventing falls, drowning and elder abuse. Alcohol has been identified as a risk factor both for violence and injuries. National policies have not highlighted socioeconomic inequality in injuries and violence as a priority.

Implementation of effective interventions

- San Marino reported overall implementation of 57% of selected effective interventions for injury prevention and 65% for violence prevention. This is lower than the median regional scores of 72% for unintentional injury and 81% for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. With the exception of drowning, the proportion of reported implementation was lower than the median regional score for most of the interventions, both for injuries and for violence.
- San Marino reported overall implementation of 29% of selected effective interventions on alcohol, versus a median regional score of 76%. Greater attention needs to be given to legal and fiscal interventions on alcohol access for which only 36% of interventions have been implemented (versus a median regional score of 71%; in addition, no health system-based programmes to reduce alcohol-related harm have been implemented (Table 2).

Impact of resolution EUR/RC55/R9

- Adoption of the WHO resolution did not raise the policy profile of the prevention of violence and injuries as a health priority. However, there is political commitment to develop national policies: the national health plan for 2006-2008 and the "Social Security Institute" (ISS) health care Policy Charter for 2009 contain several proposals for injury and violence prevention. There has been positive progress in the past 12 months in injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care. Most of the elements of resolution EUR/RC55/R9 were successfully achieved: national policy development, injury surveillance, multisectoral collaboration and evidence-based emergency care.

Next steps

- Greater attention needs to be given to capacity-building and implementing evidence-based interventions for preventing almost all kind of injuries and violence and alcohol-related harm. The high road traffic injury rates are a cause for concern and the role of alcohol in this needs to be further explored.

Country profile

Table 1. Demographics

- San Marino has a population of almost 29 000. Both the percentage of children 0–14 years old of people 65+ years old is higher than the European Region average.
- Life expectancy at birth is higher than the European Region and European Union averages, both for males and for females.

Indicator (last available year)	San Marino	WHO European Region	European Union (EU27)
Mid-year population	28 775	890.9 million	493.8 million
% of population aged 0–14 years	17.7	17.5	15.7
% of population aged 65+ years	17.3	14.0	16.8
Males, life expectancy at birth, in years	77.6	71.4	76.0
Females, life expectancy at birth, in years	84.4	79.1	82.2

- Injuries are the third leading cause of death. The rates for all unintentional injuries combined are lower than the European Region averages.
- The few years of available data show a downward trend, consistently lower than the regional average and that of the European Union (EU) (Fig. 1).
- Excluding road traffic injuries, there were no deaths from other unintentional injury causes. The rate for road traffic injuries is higher than European Region.
- The leading causes of intentional injury-related death are suicides. No homicides were registered.
- The WHO Regional Office for Europe has been supporting focal people. San Marino participated in the advocacy events of the First United Nations Global Road Safety Week and took part 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 San Marino, the WHO European Region and the European Union, 1980–2008

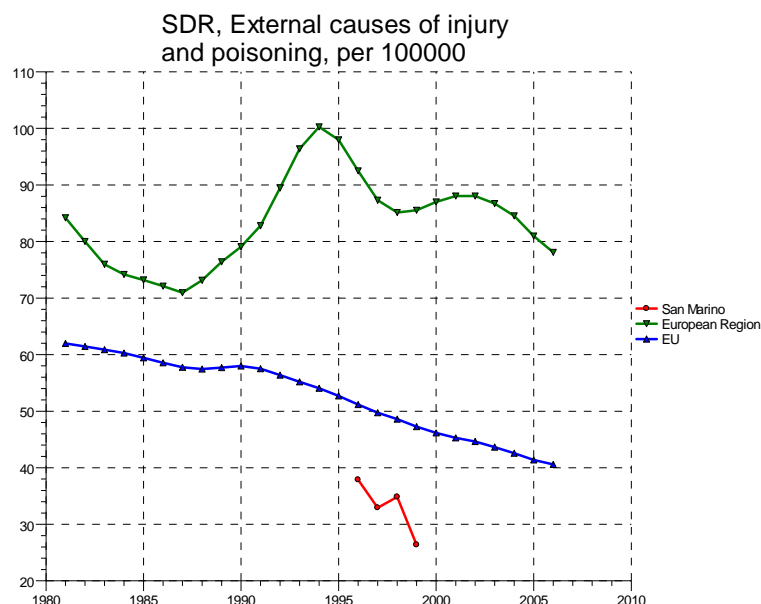















Table 2. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b			National policy?	Intervention effectiveness (%)	
	San Marino	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	26.1	75.8	40.0	NA	53	73
Unintentional injury^f	22.8	45.9	25.9		57	72
Road traffic injuries	22.8	13.3	9.3		69	81
Fires and burns	0	2.4	0.7		40	60
Poisoning	0	10.7	2.3		60	80
Drowning or submersion	0	3.4	1.3		75	63
Falls	0	5.6	5.5		38	75
Intentional injury	NA	NA	NA		75	81
Interpersonal violence ^g	0	5.2	1.0		NA	NA
Youth violence ^h	0	5.3	1.0		57	86
Child maltreatment ⁱ	0	0.6	0.3		80	100
Intimate partner violence	-	-	-		75	75
Elder abuse and neglect	-	-	-		33	67
Self-directed violence	3.2	14.0	10.2		50	88
Alcohol^j	NA	NA	NA	NA	29	76
Alcohol-related poisoning	-	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	-	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, 2009 (<http://www.euro.who.int/hfadb>, accessed 3 September 2009).

^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 22 August 2008). 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 Score calculated from 17 alcohol-related interventions.

^k EU average calculated on 20 countries. Data retrieved from the European detailed mortality database (http://www.euro.who.int/InformationSources/Data/20070615_2, accessed 3 September 2009).

^l Score calculated from 14 interventions on access to alcohol (availability, restrictions, banning).

^m Score calculated from 3 interventions on health system-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 violence and injuries	✗
• 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	✓