



## Albania

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

Overall assessment (based on the effectiveness of interventions): ★★☆☆

Albania scores 55% of effective interventions reported as implemented of a total of 69 interventions to prevent a range of injuries, versus a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as injury surveillance and capacity-building and road safety.

#### National policies

- There is no overall national policy for preventing injuries or violence. There are specific national policies for road safety and preventing child maltreatment and intimate partner violence.

#### Implementation of effective interventions

- Albania reported overall implementation of 53% of selected effective interventions for injury prevention and 59% for violence prevention. This is lower than the regional median scores of 65% for unintentional injury but higher than that for violence prevention (55%). Table 3 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower for fires, poisoning and falls (unintentional injuries). For violence, the proportion of implementation for youth violence was lower.

#### Impact of resolution EUR/RC55/R9

- Albania acknowledged that the adoption of resolution EUR/RC55/R9 helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Although there is no overall national policy on injury prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place. There has been positive progress in the past 12 months in multisectoral collaboration and capacity-building. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, capacity-building and exchange of best practice.

#### Next steps

- Greater attention needs to be given to national policy development and implementing evidence-based interventions for preventing falls, poisoning and fires and for preventing youth violence and elder abuse. Several interventions were implemented in selected regions rather than nationally, and this could be an area for future activity.

★ *less than 25% (first quartile: 0–25)*

★★ *25–50% (first quartile to median: 26–55)*

★★★ *50–75% (median to third quartile: 56–79)*

★★★★ *75–100% (over third quartile: 80–100)*

## Country profile

**Table 1. Demographics**

- Albania has a population of 3.1 million. The percentage of children 0–14 years old is higher than the European Region average, and the percentage of people 65+ years old is slightly lower than the regional average.
- Life expectancy at birth is higher than the European Region average, both for males and females.

| Indicator (2005 or last available year)     | Albania     | WHO European Region | European Union (EU27) |
|---|-------------|---------------------|-----------------------|
| Mid-year population                         | 3.1 million | 887.5 million       | 456.9 million         |
| % of population aged 0–14 years             | 26.9        | 17.9                | 15.7                  |
| % of population aged 65+ years              | 8.2         | 13.8                | 16.4                  |
| Males, life expectancy at birth, in years   | 73.7        | 70                  | 75                    |
| Females, life expectancy at birth, in years | 78.9        | 76                  | 82                    |

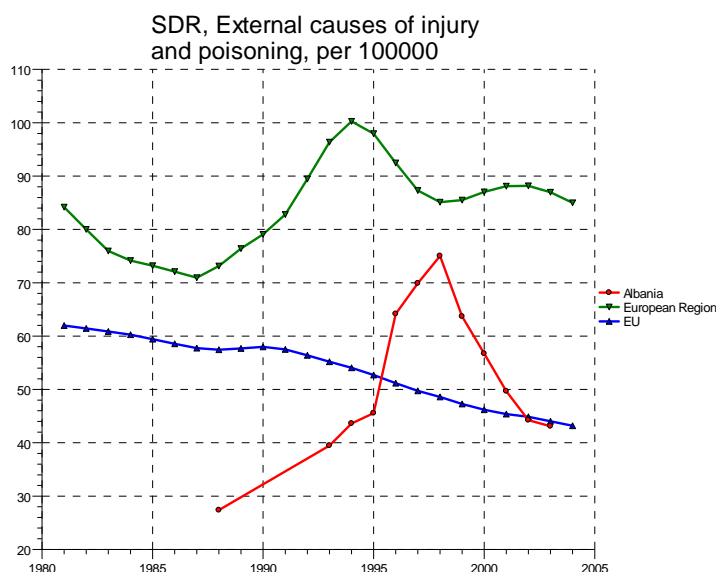
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (2005 or last available year)  | Albania | WHO European Region | European Union (EU27) |
|--|---------|---------------------|-----------------------|
| SDR, all causes, all ages, per 100 000 population                              | 810.2   | 930.2               | 678.1                 |
| SDR, diseases of the circulatory system, all ages, per 100 000 population      | 417.7   | 457.6               | 272.7                 |
| SDR, malignant neoplasms, all ages, per 100 000 population                     | 114.9   | 175                 | 184.1                 |
| SDR, external causes of injury and poisoning, all ages, per 100 000 population | 41.9    | 83.2                | 42.4                  |

Source: European Health for All database [online database]. Copenhagen, WHO Regional Office for Europe, 2008 (<http://www.euro.who.int/hfadbd>, accessed 22 August 2008).

- Injuries are the third leading cause of death. The rates for all injuries, both intentional and unintentional, are lower than the European Region average.
- Injury mortality rates rose steeply and peaked in the late 1990s due to the political and socioeconomic transition, and the trend is now downward.
- The leading causes of unintentional injury-related death are transport injuries followed by falls, poisoning, drowning and fires.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The homicide rate among youth (15–29 years old) is higher than the regional average.
- The WHO Regional Office for Europe has been supporting focal people. Albania participated in the advocacy events of the First United Nations Global Road Safety Week and is taking 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 Albania, the WHO European Region and the European Union, 1980–2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified or no response N/A Not applicable

| Cause of injury                          | Mortality<br>(SDR per 100 000, all ages,<br>2005 or last available year) <sup>a</sup> |                           |                                | National<br>policy? | Intervention effectiveness<br>(as a %) |  |
|--|---|---------------------------|--------------------------------|---------------------|--|--|
|  | Albania   | WHO<br>European<br>Region | European<br>Union <sup>b</sup> |                     | Country<br>score <sup>c</sup>          | Regional<br>median<br>score <sup>d</sup> |
| <b>All injuries</b>                      | 41.9  | 83.2                      | 42.4                           | N/A                 | 55                                     | 56                                       |
| <b>Unintentional injury<sup>e</sup></b>  | 30.2  | 46.8                      | 27.1                           | ✗                   | 53                                     | 65                                       |
| Road traffic injuries <sup>f</sup>       | 12.7  | 13.9                      | 10                             | ✓                   | 60                                     | 80                                       |
| Fires and burns                          | 0.3   | 2.6                       | 0.8                            | ✗                   | 40                                     | 60                                       |
| Poisoning                                | 3.7   | 12                        | 2.2                            | ✗                   | 40                                     | 80                                       |
| Drowning or<br>submersion                | 2.5   | 3.8                       | 1.4                            | ✗                   | 75                                     | 63                                       |
| Falls                                    | 1.6   | 6.5                       | 6.5                            | ✗                   | 29                                     | 71                                       |
| <b>Intentional injury</b>                |   |                           |                                | ✗                   | 59                                     | 55                                       |
| Interpersonal<br>violence <sup>g</sup>   | 4.3   | 6.3                       | 1.1                            | N/A                 | N/A                                    | N/A                                      |
| Youth violence <sup>h</sup>              | 6.6   | 6.3                       | 1.1                            | ✗                   | 40                                     | 60                                       |
| Child abuse and<br>neglect <sup>i</sup>  | 0.5   | 0.6                       | 0.4                            | ✓                   | 50                                     | 100                                      |
| Intimate partner or<br>domestic violence | N/A   | N/A                       | N/A                            | ✓                   | 50                                     | 50                                       |
| Elder abuse and<br>neglect               | N/A   | N/A                       | N/A                            | ✗                   | 67                                     | 67                                       |
| Self-directed violence                   | 4.8   | 15.1                      | 11.1                           | ?                   | 50                                     | 63                                       |

<sup>a</sup> Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2008 (<http://www.euro.who.int/hfadab>, accessed 22 August 2008).

<sup>b</sup> The 27 European Union countries.

<sup>c</sup> 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](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.

<sup>d</sup> Median of the proportion of effective interventions in place in countries in the WHO European Region.

<sup>e</sup> Standardized death rates (SDR) from accidents.

<sup>f</sup> Standardized death rates from road crashes.

<sup>g</sup> Proxy for mortality: mortality from homicide and assault, all ages.

<sup>h</sup> Proxy for mortality: mortality from homicide and assault, 15–29 years.

<sup>i</sup> Proxy for mortality: mortality from homicide and assault 0–14 years.

**Table 4. Responding to resolution EUR/RC55/R9 on the prevention of injuries: key elements of policy development in preventing injury and violence**

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

|  |   |
|--|---|
| <b>National policies</b>   |   |
| • Overall national policy on injury prevention   | ✗ |
| • Overall national policy on violence prevention   | ✗ |
| • Commitment to develop national policy  | ✓ |
| <b>Political support for the agenda for injury and violence prevention</b>               |   |
|  | ✓ |
| <b>Easy access to surveillance data</b>  |   |
|  | ✓ |
| <b>Intersectoral collaboration</b>   |   |
| • 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?                    |   |
| <b>Capacity-building</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                            | ✓ |
| • Promotion of research as part of this process  | ✗ |
| <b>Emergency care</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✗ |
| • Process to build capacity identified   | ✓ |
| <b>EUR/RC55/R9 influenced the agenda for injury and violence prevention</b>              |   |
|  | ✓ |
| <b>Recent developments in injury and violence prevention (during the past 12 months)</b> |   |
| • National policy  | ✗ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✓ |
| • Capacity-building  | ✗ |
| • Evidence-based emergency care  |   |



# Armenia

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

## Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★☆☆☆

Armenia reported that 10% of the effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions, against a regional median of 56% and a first quartile of 25%.

The country feedback was positive on some of the key areas identified, such as injury surveillance and political support for violence and injury prevention.

### National policies

- There is no overall national policy for injuries or violence prevention. There are specific national policies for road safety and child maltreatment prevention and intimate partner violence prevention.

### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Armenia reported overall implementation of 0% of these for injury prevention and 24% for violence prevention. This is lower than the regional median scores of 65% for unintentional injury and that for violence prevention (55%). Many of the responses were not answered for unintentional injuries, so the true rate of implementation may be higher. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. For violence, there was lower proportion of implementation of interventions to prevent youth violence.

### Impact of WHO Resolution

- Armenia acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Although there is no overall national policy on injury prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place, such as easy access to surveillance information, and political support. Some of the elements of the Regional Committee Resolution are being achieved: injury surveillance, capacity building, and quality emergency care.

### Next steps

- Greater attention needs to be given to national policy development and implementing evidence-based interventions for areas of injury prevention and for the prevention of youth violence and elder abuse. A starting point would be an assessment of current implementation. For a number of interventions, these were implemented in some regions rather than nationally, and this could be an area of future activity.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Armenia has a population of 3.2 million with a high percentage of children (0-14 years) and a lower percentage of elderly.
- Life expectancy at birth is equivalent to that of the European Region for both males and females.

| Indicator (Year=2005 or last available)     | Armenia   | WHO European Region | European Union* |
|---|-----------|---------------------|-----------------|
| Mid-year population                         | 3 217 534 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 21.1      | 17.9                | 15.7            |
| % of population aged 65+ years              | 10.6      | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 70.0      | 70                  | 75              |
| Females, life expectancy at birth, in years | 75.9      | 76                  | 82              |

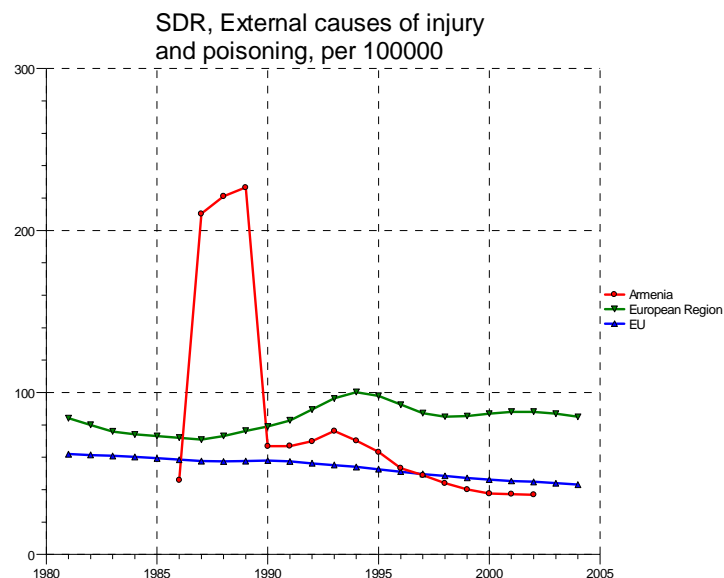
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**




| Indicator (Year=2005 or last available year)                | Armenia | WHO European Region | European Union* |
|---|---------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 1083.26 | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 626.7   | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 159.2   | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 36.1    | 83.2                | 42.4            |













Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's as a whole.
- There was a steep rise in injury mortality rates which peaked in the late 1980s due to the earthquake and due to the political and socioeconomic transition common to countries of the CIS Economies. There is now a downward trend.
- The leading causes of unintentional injury death are transport injuries, followed by poisoning, falls, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicide.
- Injury death rates whatever the cause are lower than those of the Region.
- WHO/Europe has been engaged in supporting focal persons, including in training workshops. Armenia took part in the advocacy activities around the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Armenia, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**Legend:  Yes  No  Not specified/no response N/A Not applicable

| CAUSE OF INJURY                            | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY?   | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---|---|--|
|  | ARMENIA  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |   | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                               | 36.1   | 83.2                      | 42.4               | N/A   | 10  | 56   |
| UNINTENTIONAL<br>INJURY#                   | 20   | 46.8                      | 27.1               |    | ?   | 65   |
| Road traffic injuries <sup>^</sup>         | 6.5  | 13.9                      | 10                 |    | ?   | 80   |
| Fires and burns                            | 0.8  | 2.6                       | 0.8                |    | ?   | 60   |
| Poisoning                                  | 1.4  | 12                        | 2.2                |    | ?   | 80   |
| Drowning or<br>submersion                  | 0.9  | 3.8                       | 1.4                |    | ?   | 63   |
| Falls                                      | 0.9  | 6.5                       | 6.5                |    | ?   | 71   |
| INTENTIONAL INJURY                         |  |                           |                    |   | 24  | 55   |
| Interpersonal<br>violence <sup>**</sup>    | 1.8  | 6.3                       | 1.1                | N/A   | N/A                                       | N/A  |
| Youth violence <sup>***</sup>              | 2.1  | 6.3                       | 1.1                |  | 40  | 60   |
| Child abuse and<br>neglect <sup>****</sup> | 0.5  | 0.6                       | 0.4                |  | 100                                       | 100  |
| Intimate partner or<br>domestic violence   | N/A  | N/A                       | N/A                |  | 50  | 50   |
| Elder abuse and<br>neglect                 | N/A  | N/A                       | N/A                |  | ?   | 67   |
| Self-directed violence                     | 2.1  | 15.1                      | 11.1               |  | ?   | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✗ |
| • Overall national policy on violence prevention                                       | ✗ |
| • Commitment to develop national policy  | ✗ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
|  | ✓ |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
|  | ✓ |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✗ |
| • Secretariat to support the intersectoral committee                                   | ✗ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ? |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ? |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ✗ |
| • Promotion of research as part of this process  | ✗ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✗ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
|  | ✓ |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ? |
| • Surveillance   | ? |
| • Multisectoral collaboration  | ? |
| • Capacity building  | ? |
| • Evidence-based emergency care  | ? |





# Austria

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

## Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Austria scores 80% of effective interventions reported as implemented out of a total of 69 interventions to prevent a range of injuries, against a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as injury surveillance, road safety and evidence based emergency care.

### National policies

- There is no overall national policy for injury or violence prevention. There is a specific national policy only in the area of road safety.

### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Austria reported overall implementation of 83% of these for injury prevention and 76% for violence prevention. This is higher than the Regional median scores of 65% for unintentional injury and of 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. Austria scored below the regional median intervention score only in the area of falls and intimate partner violence prevention. For the latter strong legislative measures have been introduced to protect victims of violence.

### Impact of WHO Resolution

- Austria acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Although there is no overall national policy on injury prevention, there is political commitment for this and most of the key steps considered necessary for policy development are in place. A draft national policy has been written for unintentional injury prevention but has yet to be implemented. There has been little progress reported in the twelve-month period 2007 to 2008. Some of the elements of the Regional Committee Resolution were successfully achieved: injury surveillance and an evidence based approach to trauma care.

### Next steps

- Greater commitment is needed to national policy development and implementing evidence-based programmes in all federal provinces, especially in those where the federal province has the mandate to do so. Particular attention should be paid to interventions for the prevention of falls and intimate partner violence.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Austria has a population of 8.3 million with a high percentage of older people and a slightly lower percentage of children people.
- Life expectancy at birth is higher than that of the European Region, both for males and females and similar to that of the European Union (EU).

| Indicator (Year=2005 or last available)     | Austria   | WHO European Region | European Union* |
|---|-----------|---------------------|-----------------|
| Mid-year population                         | 8 281 948 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 15.7      | 17.9                | 15.7            |
| % of population aged 65+ years              | 16.7      | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 77.3      | 70                  | 75              |
| Females, life expectancy at birth, in years | 82.9      | 76                  | 82              |

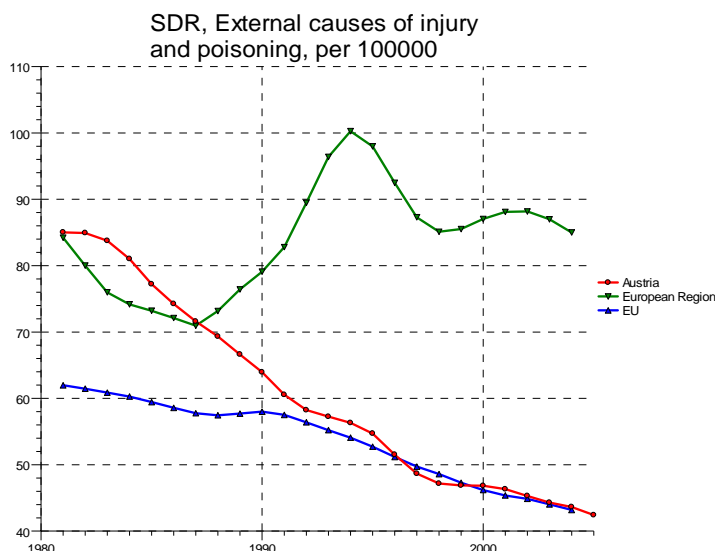
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**




| Indicator (Year=2005 or last available year)                | Austria | WHO European Region | European Union* |
|---|---------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 581.5   | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 229.6   | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 161.9   | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 40.9    | 83.2                | 42.4            |













Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's value and EU's value.
- There has been a steady downward trend in injury mortality rates which are lower than that of the Region and similar to that of the EU.
- The leading causes of unintentional injury death are transport injuries, followed by falls, drowning, poisoning, and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to falls are higher than those of the Region.
- The homicide rate in children (0-14 years) is higher than the regional value.
- WHO/Europe has been engaged in supporting advocacy for the Austrian Injury Prevention Plan. Austria has hosted the Second VIP Focal persons network meeting and also a capacity building workshop using TEACH-VIP for Russian speaking trainers. In addition Austria is taking part in the Global Status Report on Road Safety project. The first European Conference on Injury Prevention and Safety Promotion was held in Austria in 2006.

**Figure 1. Mortality from injuries in Austria, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**Legend:  Yes  No  ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY?   | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |                                |
|--|--|---------------------------|--------------------|---|---|--------------------------------|
|  | AUSTRIA  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |   | COUNTRY<br>SCORE**                        | REGIONAL<br>MEDIAN<br>SCORE*** |
| ALL INJURIES                             | 40.9   | 83.2                      | 42.4               | N/A   | 80  | 56                             |
| UNINTENTIONAL<br>INJURY#                 | 23.4   | 46.8                      | 27.1               |    | 83  | 65                             |
| Road traffic injuries^                   | 8.2  | 13.9                      | 10                 |    | 87  | 80                             |
| Fires and burns                          | 0.2  | 2.6                       | 0.8                |    | 80  | 60                             |
| Poisoning                                | 0.4  | 12                        | 2.2                |    | 80  | 80                             |
| Drowning or<br>submersion                | 0.8  | 3.8                       | 1.4                |    | 88  | 63                             |
| Falls                                    | 7.5  | 6.5                       | 6.5                |    | 63  | 71                             |
| INTENTIONAL INJURY                       |  |                           |                    |   | 76  | 55                             |
| Interpersonal<br>violence**              | 0.8  | 6.3                       | 1.1                | N/A   | N/A                                       | N/A                            |
| Youth violence***                        | 0.6  | 6.3                       | 1.1                |  | 60  | 60                             |
| Child abuse and<br>neglect****           | 0.8  | 0.6                       | 0.4                |  | 100                                       | 100                            |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                |  | 0   | 50                             |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                |  | 67  | 67                             |
| Self-directed violence                   | 13.4   | 15.1                      | 11.1               |  | 100                                       | 63                             |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

^ SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✗ |
| • Overall national policy on violence prevention                                       | ✗ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✓  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✗ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✗ |
| • Exchange of evidence-based practice as part of this process                          | ✗ |
| • Promotion of research as part of this process  | ✗ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ✗ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✓  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✗ |
| • Surveillance   | ✗ |
| • Multisectoral collaboration  | ✗ |
| • Capacity building  | ✗ |
| • Evidence-based emergency care  | ✗ |



## Belgium

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Belgium scores 48% of effective interventions reported as implemented out of a total of 69 interventions to prevent a range of injuries, against a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as injury surveillance. There was political support for the violence and prevention agenda.

#### National policies

- There is no overall national policy for injuries or violence prevention. There are specific national policies for the prevention of child injury, child maltreatment, intimate partner violence, elder abuse and self-directed violence.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Belgium reported overall implementation of 63% of these for injury prevention and 28% for violence prevention. This is lower than the Regional median scores of 65% for unintentional injury for violence prevention (55%). Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of fires and drowning for unintentional injuries. For violence, there was lower proportion of implementation for elder abuse. Some of the responses such as those to youth violence were left unanswered and it may be that implementation is higher than reported.

#### Impact of WHO Resolution

- Belgium acknowledged that adoption of the WHO Resolution helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Although there is no overall national policy on injury prevention, there is political commitment for this and some of the key steps considered necessary for policy development are in place. There has been positive progress in the twelve-month period 2007 to 2008 in the areas of national policy development, surveillance and evidence based health care. Many of the elements of the Regional Committee Resolution were successfully achieved: injury surveillance, evidence based approach to emergency care.

#### Next steps

- Greater attention needs to be given to national policy development and implementing evidence-based the interventions for the prevention of drowning and fires, and for the prevention of youth violence, elder abuse and self-directed violence. For a number of interventions, these were implemented in some regions rather than nationally, and this could be an area of future activity.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

Table 1 Demographics

- Belgium has a population of 10.5 million with a slightly lower percentage of children and a higher percentage of elderly.
- Life expectancy at birth is higher than that of the European Region, both for males and females, but slightly lower than that of the European Union (EU).

| Indicator (Year=2005 or last available)     | Belgium    | WHO European Region | European Union* |
|---|------------|---------------------|-----------------|
| Mid-year population                         | 10 478 617 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 17.2       | 17.9                | 15.7            |
| % of population aged 65+ years              | 16         | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 74.2       | 70                  | 75              |
| Females, life expectancy at birth, in years | 80.8       | 76                  | 82              |

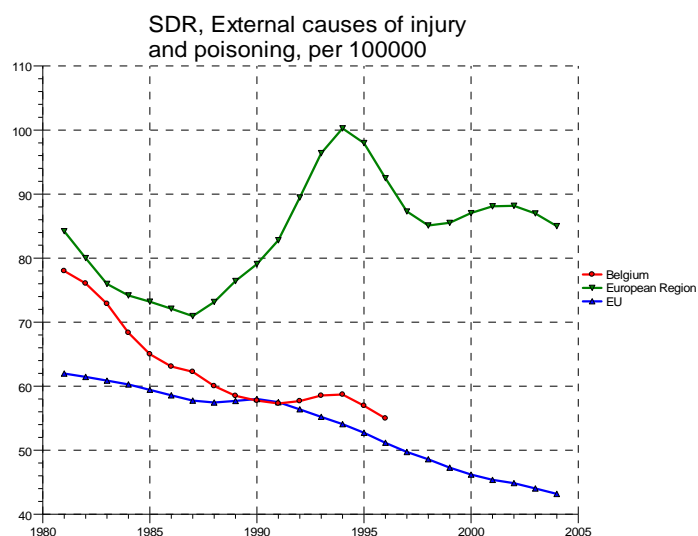
Table 2. Leading causes of death (expressed as standardized death rates (SDR))




| Indicator (Year=2005 or last available year)                | Belgium | WHO European Region | European Union* |
|---|---------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 720     | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 246.4   | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 206.6   | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 54.3    | 83.2                | 42.4            |






Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's value but higher than the EU's value.
- There was a downward trend in injury mortality rates but no data are available after 1996.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, fires and drowning.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to falls and road traffic injuries are higher than those of the Region.
- The homicide rate in children (0-14 years) and the suicide rate are higher than the regional value.
- Belgium is taking part in the Global Status Report on Road Safety project.

Figure 1. Mortality from injuries in Belgium, the European Union and the WHO European Region. Time trend 1980-2005



**Table 3. Injury burden, policy response and effective prevention measures in place**Legend:  Yes  No  ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY?   | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |                                |
|--|--|---------------------------|--------------------|---|---|--------------------------------|
|  | BELGIUM  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |   | COUNTRY<br>SCORE**                        | REGIONAL<br>MEDIAN<br>SCORE*** |
| ALL INJURIES                             | 54.3   | 83.2                      | 42.4               | N/A   | 48  | 56                             |
| UNINTENTIONAL<br>INJURY#                 | 30.9   | 46.8                      | 27.1               | ?   | 63  | 65                             |
| Road traffic injuries <sup>^</sup>       | 14.2   | 13.9                      | 10                 | ?   | 80  | 80                             |
| Fires and burns                          | 0.9  | 2.6                       | 0.8                | ?   | 20  | 60                             |
| Poisoning                                | 1.6  | 12                        | 2.2                | ?   | 80  | 80                             |
| Drowning or<br>submersion                | 0.6  | 3.8                       | 1.4                | ?   | 13  | 63                             |
| Falls                                    | 8.8  | 6.5                       | 6.5                | ?   | 100                                       | 71                             |
| INTENTIONAL INJURY                       |  |                           |                    |    | 28  | 55                             |
| Interpersonal<br>violence**              | 1.7  | 6.3                       | 1.1                | N/A   | N/A                                       | N/A                            |
| Youth violence***                        | 2.4  | 6.3                       | 1.1                | ?   | ?   | 60                             |
| Child abuse and<br>neglect****           | 0.9  | 0.6                       | 0.4                |  | 100                                       | 100                            |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                |  | 100                                       | 50                             |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                |  | 0   | 67                             |
| Self-directed violence                   | 19.6   | 15.1                      | 11.1               |  | 25  | 63                             |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

^ SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✗ |
| • Overall national policy on violence prevention                                       | ✗ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✓  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ? |
| • Secretariat to support the intersectoral committee                                   | ? |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ? |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ? |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ? |
| • Exchange of evidence-based practice as part of this process                          | ? |
| • Promotion of research as part of this process  | ? |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✓  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✗ |
| • Capacity building  | ✗ |
| • Evidence-based emergency care  | ✓ |





# Bulgaria

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

## Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★☆☆☆

Bulgaria scores 22% of effective interventions reported as implemented out of a total of 69 interventions to prevent a range of injuries, against a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as injury surveillance and capacity building and road safety.

### National policies

- There is no integrated national policy for injury or violence prevention. There are specific national policies for road safety, and for the prevention of drowning, fires, interpersonal violence, child maltreatment, intimate partner violence and self-directed violence.

### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Bulgaria reported overall implementation of 38% of these for injury prevention. This is lower than the Regional median scores of 65% for unintentional injury. Interventions for violence prevention are not reported on. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of road traffic injuries, falls, drowning and poisoning for unintentional injuries.

### Impact of WHO Resolution

- Bulgaria acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Although there is no overall national policy on injury prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place. Many of the elements of the Regional Committee Resolution were successfully achieved: injury surveillance, capacity building, exchange of best practice, evidence based trauma care. There have been developments in the past 12 months in the areas of national policy, multisectoral collaboration, capacity building and evidence-based emergency care.

### Next steps

- Greater attention needs to be given to national policy development and implementing evidence-based interventions for the prevention of road traffic injuries, falls, poisoning and drowning. There was no response to the interventions for the prevention of violence and the high homicide rates suggest that this requires attention. Collating such information would be a useful baseline against which to measure future activity. For a number of interventions, these were implemented in some regions rather than nationally, and this could be an area of future activity.

★ less than 25% (first quartile: 0-25)  
★★ 25 to 50% (first quartile to median: 26-55)

★★★ 50 to 75% (median to third quartile: 56-79)  
★★★★ 75 to 100% (over third quartile: 80-100)

## Country profile

**Table 1. Demographics**

- Bulgaria has a population of 7.7 million with a low percentage of children and a higher percentage of elderly.
- Life expectancy at birth is similar to that of the European Region, both for males and females, but lower than that of the European Union (EU).

| Indicator (Year=2005 or last available)     | Bulgaria | WHO European Region | European Union* |
|---|----------|---------------------|-----------------|
| Mid-year population                         | 7679290  | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 11.4     | 17.9                | 15.7            |
| % of population aged 65+ years              | 17.6     | 13.8                | 16.4            |
| Males, Life expectancy at birth, in years   | 69.2     | 70                  | 75              |
| Females, Life expectancy at birth, in years | 76.3     | 76                  | 82              |

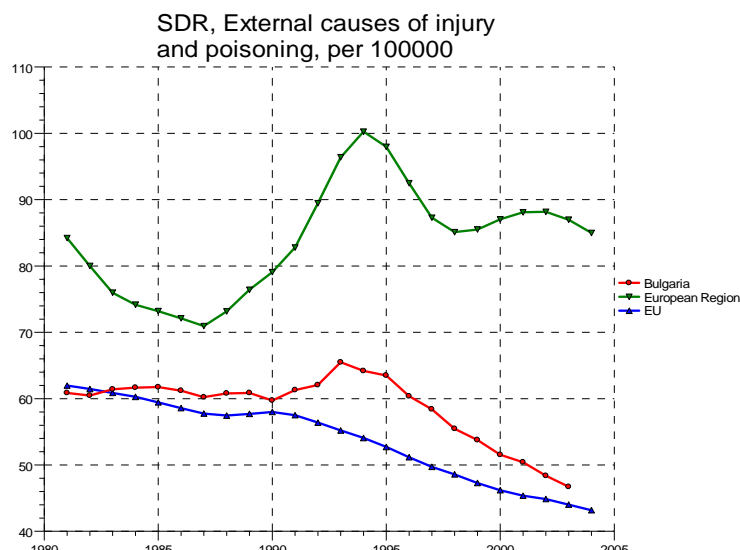
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)               | Bulgaria | WHO European Region | European Union* |
|--|----------|---------------------|-----------------|
| SDR all causes, all ages, per 100000                       | 1056.4   | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100000   | 685.4    | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100000              | 156.5    | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100000 | 45       | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the fourth leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's average, but slightly higher than the EU.
- There was an increase in injury mortality rates which peaked in the mid-1990s due to the political and socioeconomic transition and there is now a downward trend.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to all causes are lower than those of the Region.
- Homicide rates due to youth violence stand out as being almost 3 times higher than the European Union value.
- WHO/Europe has been engaged in supporting focal persons. Bulgaria participated in the advocacy events of the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Bulgaria, the European Union and the WHO European Region. Time trend 1980-2005**



This analysis is part of a joint project of WHO/Europe and the European Commission on preventing injuries and promoting safety in Europe

**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | BULGARIA   | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 45   | 83.2                      | 42.4               | N/A                 | 22  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 29   | 46.8                      | 27.1               | ?                   | 38  | 65   |
| Road traffic injuries <sup>^</sup>       | 11.9   | 13.9                      | 10                 | ✓                   | 33  | 80   |
| Fires and burns                          | 1.2  | 2.6                       | 0.8                | ✓                   | 60  | 60   |
| Poisoning                                | 2.2  | 12                        | 2.2                | ?                   | 40  | 80   |
| Drowning or<br>submersion                | 1.8  | 3.8                       | 1.4                | ✓                   | 38  | 63   |
| Falls                                    | 3.4  | 6.5                       | 6.5                | ?                   | 29  | 71   |
| INTENTIONAL INJURY                       |  |                           |                    | ?                   | 0   | 55   |
| Interpersonal<br>violence**              | 2.7  | 6.3                       | 1.1                | ✓                   | N/A                                       | N/A  |
| Youth violence***                        | 2.9  | 6.3                       | 1.1                | ?                   | ?   | 60   |
| Child abuse and<br>neglect****           | 0.3  | 0.6                       | 0.4                | ✓                   | ?   | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                | ✓                   | ?   | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                | ?                   | 0   | 67   |
| Self-directed violence                   | 11   | 15.1                      | 11.1               | ✓                   | ?   | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.


\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**Legend:  Yes  No  Not specified/no response

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ?   |
| • Overall national policy on violence prevention                                       | ?   |
| • Commitment to develop national policy  |    |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
|     |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
|     |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  |    |
| • Secretariat to support the intersectoral committee                                   |    |
| • Questionnaire answered in consensus with other sectors/stakeholders                  |    |
| • Can WHO help achieve intersectoral collaboration in the country?                     |    |
| <b>CAPACITY-BUILDING</b>   |   |
| • Process in place   |    |
| • Exchange of evidence-based practice as part of this process                          |    |
| • Promotion of research as part of this process  |   |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  |  |
| • Quality assessment programme   |  |
| • Process to build capacity identified   |  |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
|   |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  |  |
| • Surveillance   |  |
| • Multisectoral collaboration  |  |
| • Capacity-building  |  |
| • Evidence-based emergency care  |  |



## Croatia

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★★★★

Croatia scores 87% of effective interventions reported as implemented out of a total of 69 interventions to prevent a range of injuries, against a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as injury surveillance and capacity building and road safety.

#### National policies

- There is no overall national policy for injuries or violence prevention. There are specific national policies for road safety, suicide and intimate partner violence prevention.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Croatia reported overall implementation of 85% of these for injury prevention and 90% for violence prevention. This is higher than the Regional median scores of 65% for unintentional injury and for violence prevention (55%). Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation only in the areas of fires.

#### Impact of WHO Resolution

- Croatia acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Although there is no overall national policy on injury prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place (Table 4). There has been positive progress in the twelve month period 2007 to 2008 in the areas of national policy development, surveillance, multisectoral collaboration and capacity building. A draft national plan has been developed and needs to be ratified. Many of the elements of the Regional Committee Resolution were successfully achieved: injury surveillance, capacity building, and evidence based emergency trauma care.

#### Next steps

- Greater attention needs to be given to national policy development and implementing evidence-based interventions for prevention of burns. For many of the injury areas other than road safety, interventions were implemented in some regions rather than nationally, and national implementation should be an area of future activity. Such action would further help to reduce injury death rates, especially in injury mechanisms such as falls and self-directed violence, where rates are higher than the regional value.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Croatia has a population of 4.4 million with a lower percentage of children and a higher percentage of elderly compared to the Region.
- Life expectancy at birth is higher than that of the European Region, both for males and females.

| Indicator (Year=2005 or last available)     | Croatia   | WHO European Region | European Union* |
|---|-----------|---------------------|-----------------|
| Mid-year population                         | 4 440 022 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 15.7      | 17.9                | 15.7            |
| % of population aged 65+ years              | 17        | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 72.5      | 70                  | 75              |
| Females, life expectancy at birth, in years | 79.4      | 76                  | 82              |

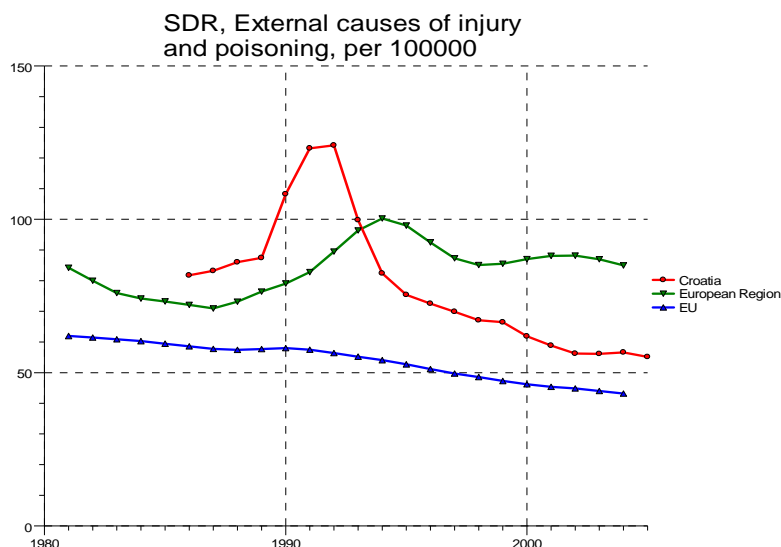
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Croatia | WHO European Region | European Union* |
|---|---------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 842.2   | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 417.7   | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 210.2   | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 53.3    | 83.2                | 42.4            |




Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>













- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's average.
- There was a steep rise in injury mortality rates which peaked in the early 1990s due to conflict and there is now a downward trend.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to falls are higher than those of the Region.
- The suicide rate is slightly higher than the regional value.
- WHO/Europe has been engaged in supporting focal persons. Croatia participated in the advocacy events of the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Croatia, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

 Legend:  Yes  No  Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY?   | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---|---|--|
|  | CROATIA  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |   | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 53.3   | 83.2                      | 42.4               | N/A   | 87  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 35.4   | 46.8                      | 27.1               |    | 85  | 65   |
| Road traffic injuries <sup>^</sup>       | 13.9   | 13.9                      | 10                 |    | 93  | 80   |
| Fires and burns                          | 0.7  | 2.6                       | 0.8                |    | 40  | 60   |
| Poisoning                                | 2.3  | 12                        | 2.2                |    | 100                                       | 80   |
| Drowning or<br>submersion                | 1.5  | 3.8                       | 1.4                |    | 75  | 63   |
| Falls                                    | 12.6   | 6.5                       | 6.5                |    | 100                                       | 71   |
| INTENTIONAL INJURY                       |  |                           |                    |   | 90  | 55   |
| Interpersonal<br>violence**              | 1.8  | 6.3                       | 1.1                | N/A   | N/A                                       | N/A  |
| Youth violence***                        | 1.9  | 6.3                       | 1.1                |  | 100                                       | 60   |
| Child abuse and<br>neglect****           | 0.2  | 0.6                       | 0.4                |  | 100                                       | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                |  | 100                                       | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                |  | 100                                       | 67   |
| Self-directed violence                   | 15.6   | 15.1                      | 11.1               |  | 63  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.


\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**Legend:  Yes  No  Not specified/no response

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   |    |
| • Overall national policy on violence prevention                                       |    |
| • Commitment to develop national policy  |    |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
|     |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
|     |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  |    |
| • Secretariat to support the intersectoral committee                                   |    |
| • Questionnaire answered in consensus with other sectors/stakeholders                  |    |
| • Can WHO help achieve intersectoral collaboration in the country?                     |    |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   |    |
| • Exchange of evidence-based practice as part of this process                          |    |
| • Promotion of research as part of this process  |   |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  |  |
| • Quality assessment programme   |  |
| • Process to build capacity identified   |  |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
|   |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  |  |
| • Surveillance   |  |
| • Multisectoral collaboration  |  |
| • Capacity building  |  |
| • Evidence-based emergency care  |  |





## Cyprus

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Cyprus scores 80% of effective interventions reported as implemented out of a total of 69 interventions to prevent a range of injuries, against a regional median of 56% and a third quartile of 80%.

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

#### National policies

- There is a national policy for child unintentional injury prevention. There are specific national policies for road safety, poisoning, falls, drowning, and fires. There is no overall national policy for violence prevention. Policies are being developed for the prevention of youth violence, child maltreatment, intimate partner violence and elder abuse.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Cyprus reported overall implementation of 83% of these for injury prevention and 76% for violence prevention. These are higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. The proportion of implementation reported for preventive programmes for different types of unintentional injuries were higher than the regional medians. For violence, there was lower proportion of implementation for youth violence.

#### Impact of WHO Resolution

- Cyprus acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries by the Ministry of Health. Although there is no overall national policy on violence prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place. There has been positive progress in the in a twelve-month period 2007 to 2008 in the areas of surveillance, capacity building and evidence based emergency care. Many of the elements of the Regional Committee Resolution were successfully achieved: national policy development, intersectoral collaboration and capacity building.

#### Next steps

- Greater attention needs to be given to an integrated national policy development for violence prevention and implementing youth violence prevention interventions. Policies are currently being developed for the prevention of youth violence, child maltreatment, intimate partner violence and elder abuse. Appropriate bodies need to be tasked with the implementation of evidence based programmes as part of these policies. For a number of interventions, these were implemented in some regions rather than nationally, and this could be an area of future activity. Better access to injury surveillance data is needed.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Cyprus has a population of 0.8 million with a high percentage of children and a lower percentage of elderly than that of the European Region.
- Life expectancy at birth is higher than that of the European Region, both for males and females.

| Indicator (Year=2005 or last available)     | Cyprus  | WHO European Region | European Union* |
|---|---------|---------------------|-----------------|
| Mid-year population                         | 757 989 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 18.7    | 17.9                | 15.7            |
| % of population aged 65+ years              | 11.6    | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 77      | 70                  | 75              |
| Females, life expectancy at birth, in years | 82.2    | 76                  | 82              |

**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Cyprus | WHO European Region | European Union* |
|---|--------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 636.4  | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 241.6  | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 123.3  | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 41.1   | 83.2                | 42.3            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's and European Union's (EU) values.
- There is no trend data available.
- The leading causes of unintentional injury death are transport injuries, followed by drowning, falls, fires and poisoning.
- Suicide rates are much lower than those of the EU. The leading causes of intentional injury death are homicide followed by suicide.
- Injury death rates due to road traffic injury are higher than those of the Region and the EU and drowning rates are higher than the EU.
- The homicide rate is higher than the EU but lower than the regional value.
- WHO/Europe supported the Ministry of Health in developing national policy for injury prevention. Cyprus participated is taking part in the Global Status Report on Road Safety project.

**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                            | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | CYPRUS   | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                               | 41.1   | 83.2                      | 42.3               | N/A                 | 80  | 56   |
| UNINTENTIONAL<br>INJURY#                   | 36.7   | 46.8                      | 27.1               | ✓                   | 83  | 65   |
| Road traffic injuries <sup>^</sup>         | 16.6   | 13.9                      | 10                 | ✓                   | 80  | 80   |
| Fires and burns                            | 0.6  | 2.6                       | 0.8                | ✓                   | 60  | 60   |
| Poisoning                                  | 0.4  | 12                        | 2.2                | ✓                   | 100                                       | 80   |
| Drowning or<br>submersion                  | 2.7  | 3.8                       | 1.4                | ✓                   | 88  | 63   |
| Falls                                      | 2.6  | 6.5                       | 6.5                | ✓                   | 86  | 71   |
| INTENTIONAL INJURY                         |  |                           |                    | ✗                   | 76  | 55   |
| Interpersonal<br>violence <sup>**</sup>    | 1.5  | 6.3                       | 1.1                | N/A                 | N/A                                       | N/A  |
| Youth violence <sup>***</sup>              | 1.1  | 6.3                       | 1.1                | ✗                   | 40  | 60   |
| Child abuse and<br>neglect <sup>****</sup> | 0  | 0.6                       | 0.4                | ✗                   | 100                                       | 100  |
| Intimate partner or<br>domestic violence   | N/A  | N/A                       | N/A                | ✗                   | 50  | 50   |
| Elder abuse and<br>neglect                 | N/A  | N/A                       | N/A                | ✗                   | 67  | 67   |
| Self-directed violence                     | 0.7  | 15.1                      | 11.1               | ✗                   | 88  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb> and Health for All Mortality DataBase.

++ 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* (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.


\* 27 countries belonging to the European Union.




















\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4 Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

Legend:  Yes  No  Not specified/no response

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   |    |
| • Overall national policy on violence prevention                                       |    |
| • Commitment to develop national policy  |    |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
|     |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
|     |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  |    |
| • Secretariat to support the intersectoral committee                                   |    |
| • Questionnaire answered in consensus with other sectors/stakeholders                  |    |
| • Can WHO help achieve intersectoral collaboration in the country?                     |    |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   |    |
| • Exchange of evidence-based practice as part of this process                          |    |
| • Promotion of research as part of this process  |    |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  |  |
| • Quality assessment programme   |  |
| • Process to build capacity identified   |  |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
|   |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  |  |
| • Surveillance   |  |
| • Multisectoral collaboration  |  |
| • Capacity building  |  |
| • Evidence-based emergency care  |  |



## Czech Republic

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Czech Republic reported that 77% out of a total of 69 effective interventions have been implemented to prevent a range of injuries; this is against a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as national policy development, capacity building and emergency care.

#### National policies

- There is an overall national plan for child injury prevention and work is underway to develop a national plan for child maltreatment prevention. There are specific national policies for the causes of unintentional injury and for types of violence, but not for suicide prevention.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, the two respondents from the Czech Republic reported overall implementation of 85% of these for injury prevention and 66% for violence prevention. This is higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. Implementation of effective measures for many types of injury and violence were reported as high. For many however these were implemented in some areas rather than nationally.

#### Impact of WHO Resolution

- Czech Republic acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. A 10-year national action plan for child injury prevention has been developed (2007-2017) and work is underway to develop one for child maltreatment prevention. There is political commitment for this and many of the key steps considered necessary for policy development are in place. A national child injury register is being developed. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy, surveillance, multisectoral collaboration, capacity building and evidence-based emergency care. Elements of the Regional Committee Resolution are being successfully achieved, except for surveillance and capacity building, though work is underway.

#### Next steps

- Emphasis needs to be continued on the development of a national plan for child maltreatment, an injury register and capacity building. Greater attention needs to be given to prevention and implementing evidence based interventions for the prevention of falls and suicide. For a number of interventions particularly those for violence prevention, these were implemented in some regions rather than nationally, and expanding their coverage could be an area of future activity.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Czech Republic has a population of 10.2 million with a lower percentage of children and elderly than the European Union (EU).
- Life expectancy at birth is higher than that of the European Region but lower than of the EU, both for males and females.

| Indicator (Year=2005 or last available)     | Czech Republic | WHO European Region | European Union* |
|---|----------------|---------------------|-----------------|
| Mid-year population                         | 10 234 092     | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 14.8           | 17.9                | 15.7            |
| % of population aged 65+ years              | 14.1           | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 73             | 70                  | 75              |
| Females, life expectancy at birth, in years | 79.3           | 76                  | 82              |

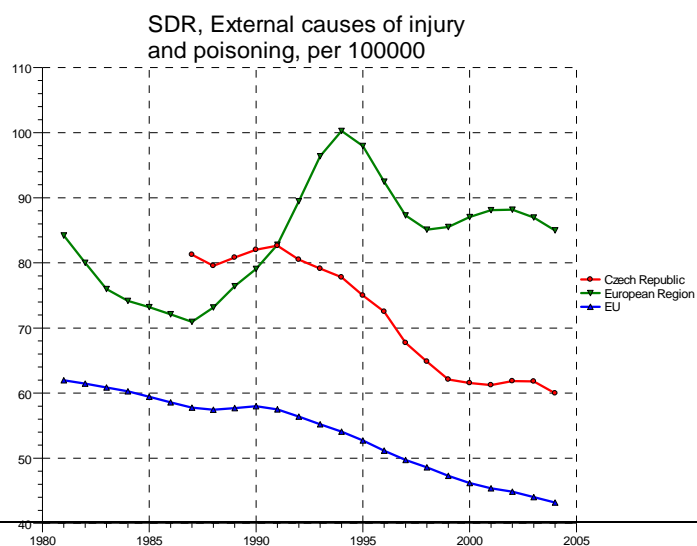
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Czech Republic | WHO European Region | European Union* |
|---|----------------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 837.6          | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 419            | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 217.5          | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 55             | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>




- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's average, but higher than that of the EU.
- There was a slight rise in injury mortality rates in the early 1990s, a fall and then a leveling off in the last few years.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to falls are higher than those of the Region.
- The homicide rate in children (0-14 years) is higher than the regional value.
- WHO/Europe has been engaged in supporting focal persons, and in supporting the development of a national plan on child injury prevention. Czech Republic participated in the advocacy events of the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project.













**Figure 1. Mortality from injuries in Czech Republic, the European Union and the WHO European Region. Time trend 1980-2005**



This analysis is part of a joint project of WHO/Europe and the European Commission on preventing injuries and promoting safety in Europe

**Table 3. Injury burden, policy response and effective prevention measures in place**

 Legend:  Yes  No  ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                            | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY?   | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---|---|--|
|  | CZECH<br>REPUBLIC (2<br>RESPONDENTS)                                       | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |   | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                               | 55   | 83.2                      | 42.4               | N/A   | 77  | 56   |
| UNINTENTIONAL<br>INJURY#                   | 36.4   | 46.8                      | 27.1               |    | 85  | 65   |
| Road traffic injuries <sup>^</sup>         | 11.6   | 13.9                      | 10                 |    | 93  | 80   |
| Fires and burns                            | 0.5  | 2.6                       | 0.8                |    | 80  | 60   |
| Poisoning                                  | 2.9  | 12                        | 2.2                |    | 100                                       | 80   |
| Drowning or<br>submersion                  | 1.9  | 3.8                       | 1.4                |    | 75  | 63   |
| Falls                                      | 11.4   | 6.5                       | 6.5                |    | 71  | 71   |
| INTENTIONAL INJURY                         |  |                           |                    |    | 66  | 55   |
| Interpersonal<br>violence <sup>**</sup>    | 0.9  | 6.3                       | 1.1                | N/A   | N/A                                       | N/A  |
| Youth violence <sup>***</sup>              | 0.6  | 6.3                       | 1.1                |  | 60  | 60   |
| Child abuse and<br>neglect <sup>****</sup> | 0.1  | 0.6                       | 0.4                |  | 100                                       | 100  |
| Intimate partner or<br>domestic violence   | N/A  | N/A                       | N/A                |  | 50  | 50   |
| Elder abuse and<br>neglect                 | N/A  | N/A                       | N/A                |  | 67  | 67   |
| Self-directed violence                     | 13.8   | 15.1                      | 11.1               |  | 63  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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* (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✓ |
| • Overall national policy on violence prevention                                       | ✗ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✗  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✓ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ✗ |
| • Promotion of research as part of this process  | ✓ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✓  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✓ |
| • Capacity building  | ✓ |
| • Evidence-based emergency care  | ✓ |





# Denmark

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

## Summary of country assessment

Overall assessment (based on effectiveness of interventions):

Denmark scores 59% of effective interventions reported as implemented out of a total of 69 interventions to prevent a range of injuries, against a regional median of 56% and a third quartile of 80%.

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

### National policies

- There is an overall national policy for unintentional injury prevention. There are specific national policies for road safety, falls prevention and intimate partner violence prevention.

### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Denmark reported overall implementation of 70% of these for injury prevention and 45% for violence prevention. This is higher than the Regional median scores of 65% for unintentional injury but lower than that for violence prevention (55%). Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of falls and drowning prevention. For violence, there was lower proportion of implementation for youth violence.

### Impact of WHO Resolution

- Adoption of the WHO Resolution did not raise the policy profile of the prevention of violence and injuries as a health priority. There is an overall national policy on injury prevention, but not for violence prevention. There is political commitment for this and many of the key steps considered necessary for policy development are in place. There has been positive progress in the twelve-month period 2007 to 2008 in the areas of national policy development and surveillance. Almost all the elements of the Regional Committee Resolution are successfully achieved.

### Next steps

- Greater attention needs to be given to national policy development in violence prevention and implementing evidence-based interventions for the prevention of falls, drowning and youth violence. More information is needed in the area of elder abuse. For a number of interventions, these were implemented in some regions rather than nationally, and this could be an area of future activity.

less than 25% (first quartile: 0-25)

25 to 50% (first quartile to median: 26-55)

50 to 75% (median to third quartile: 56-79)

75 to 100% (over third quartile: 80-100)

## Country profile

**Table 1. Demographics**

- Denmark has a population of 5.4 million with a high percentage of children and a slightly higher percentage of elderly than the European Region.
- Life expectancy at birth is higher than that of the European Region, both for males and females. Female life expectancy however is lower than the European Union (EU).

| Indicator (Year=2005 or last available)     | Denmark   | WHO European Region | European Union* |
|---|-----------|---------------------|-----------------|
| Mid-year population                         | 5 401 177 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 18.5      | 17.9                | 15.7            |
| % of population aged 65+ years              | 14.7      | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 75        | 70                  | 75              |
| Females, life expectancy at birth, in years | 79.5      | 76                  | 82              |

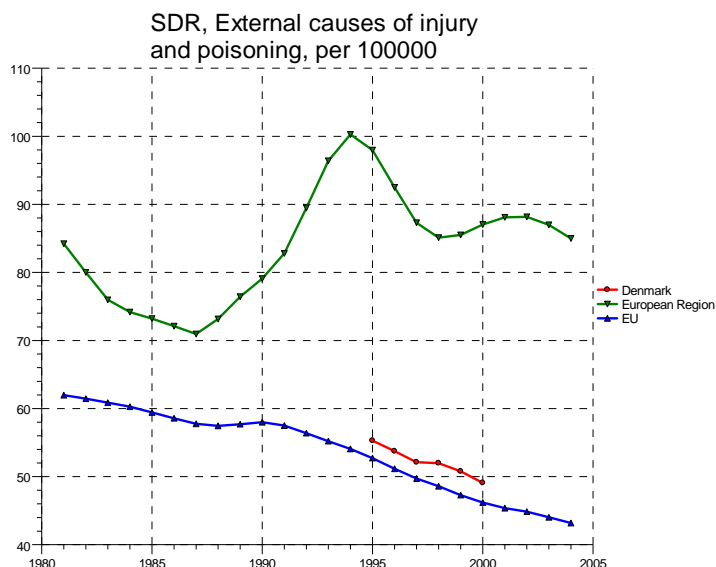
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Denmark | WHO European Region | European Union* |
|---|---------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 749.1   | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 249.7   | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 218.8   | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 45.9    | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad/>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's average, but higher than the EU.
- Data available for 1995-2000 show that the injury mortality rate trend is downward.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, fires and drowning.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to poisoning are higher than those of the EU, but lower than the Region.
- Child homicide rates (0-14 years) and suicide rates are higher than the EU, but lower than the regional value.

**Figure 1. Mortality from injuries in Denmark, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | DENMARK  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 45.9   | 83.2                      | 42.4               | N/A                 | 59  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 29   | 46.8                      | 27.1               | ✓                   | 70  | 65   |
| Road traffic injuries <sup>^</sup>       | 8.4  | 13.9                      | 10                 | ✓                   | 87  | 80   |
| Fires and burns                          | 1  | 2.6                       | 0.8                | ✗                   | 60  | 60   |
| Poisoning                                | 3.4  | 12                        | 2.2                | ✗                   | 80  | 80   |
| Drowning or<br>submersion                | 0.9  | 3.8                       | 1.4                | ✗                   | 50  | 63   |
| Falls                                    | 4  | 6.5                       | 6.5                | ✓                   | 57  | 71   |
| INTENTIONAL INJURY                       |  |                           |                    | ?                   | 45  | 55   |
| Interpersonal<br>violence**              | 0.9  | 6.3                       | 1.1                | N/A                 | N/A                                       | N/A  |
| Youth violence***                        | 0.9  | 6.3                       | 1.1                | ?                   | 20  | 60   |
| Child abuse and<br>neglect****           | 0.5  | 0.6                       | 0.4                | ?                   | 100                                       | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                | ✓                   | 50  | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                | ?                   | ?   | 67   |
| Self-directed violence                   | 12.2   | 15.1                      | 11.1               | ?                   | 75  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✓ |
| • Overall national policy on violence prevention                                       | ? |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✓  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✓ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ? |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ? |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ✓ |
| • Promotion of research as part of this process  | ✓ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ? |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✗  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✗ |
| • Capacity building  | ✗ |
| • Evidence-based emergency care  | ✗ |



# Finland

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

## Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Finland reports to have implemented 57% of the effective interventions out of a total of 69 interventions to prevent a range of injuries; this is against a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as national policies, injury surveillance, intersectoral collaboration and capacity building.

### National policies

- There are overall national policies for injuries or violence prevention. There are specific national policies for most types of injury and violence except for poisoning and suicide prevention.

### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Finland reported overall implementation of 75% of these for injury prevention and 31% for violence prevention. This is lower than the Regional median score for violence prevention (55%). Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of youth violence and self-directed violence.

### Impact of WHO Resolution

- Finland acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. There is political commitment for the violence and injury prevention agenda. Progress in the twelve-month period 2007 to 2008 has been made in the areas of national policy, surveillance, multisectoral collaboration and capacity building. Most of the elements of the Regional Committee Resolution were successfully achieved: national policy development, injury surveillance, intersectoral collaboration, capacity building, evidence-based emergency care.

### Next steps

- Greater attention needs to be given to national policy development in the areas of poisoning and suicide prevention. More needs to be done in implementing evidence-based interventions for the prevention of falls, poisoning and self inflicted violence where rates are higher than the regional values.

★ *less than 25% (first quartile: 0-25)*  
★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*  
★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Finland has a population of 5.2 million with a high percentage of children aged 0-14 years and older people compared to the European Union (EU).
- Life expectancy at birth is higher than that of the European Region and the EU for both males and females.

| Indicator (Year=2005 or last available)     | Finland   | WHO European Region | European Union* |
|---|-----------|---------------------|-----------------|
| Mid-year population                         | 5 246 096 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 17.4      | 17.9                | 15.7            |
| % of population aged 65+ years              | 16        | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 75.8      | 70                  | 75              |
| Females, life expectancy at birth, in years | 82.8      | 76                  | 82              |

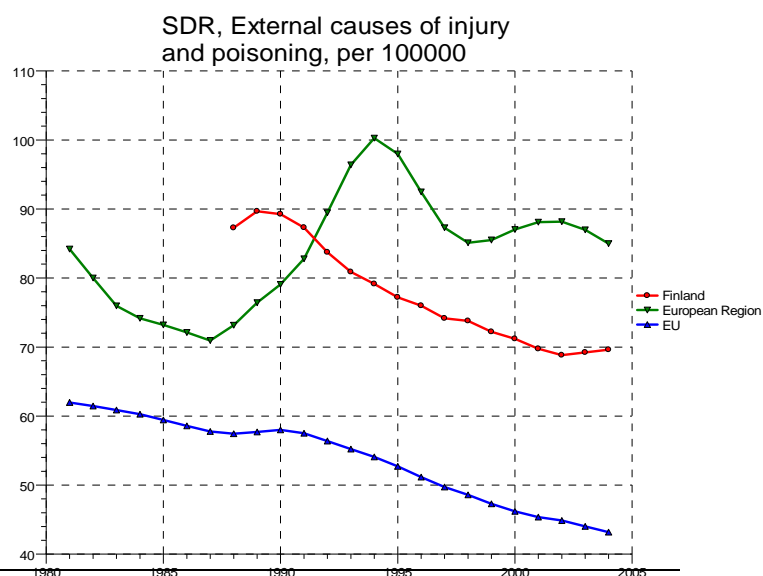
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Finland | WHO European Region | European Union* |
|---|---------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 620.9   | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 240.6   | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 142.7   | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 69.3    | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's but higher than the EU.
- After a peak in the early 1990s there has been a steady fall in injury mortality rates but which have now leveled off.
- The leading causes of unintentional injury death are falls, followed by poisoning, transport injuries, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to falls and poisoning are higher than those of the Region.
- The suicide rate is higher than the regional value and the homicide rate for all ages is higher than the EU.
- Finland is taking part in the Global Status Report on Road Safety project and is hosting the Fourth European Network meeting of health ministry focal persons for violence and injury prevention in November 2008. Other collaborative activities with WHO/Euro include interventions to prevent injuries and violence in youth related to alcohol and an assessment of existing policies and indicators.

**Figure 1. Mortality from injuries in Finland, the European Union and the WHO European Region. Time trend 1980-2005**



This analysis is part of a joint project of WHO/Europe and the European Commission on preventing injuries and promoting safety in Europe

**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | FINLAND  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 69.3   | 83.2                      | 42.4               | N/A                 | 39  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 47   | 46.8                      | 27.1               | ✓                   | 45  | 65   |
| Road traffic injuries <sup>^</sup>       | 8.5  | 13.9                      | 10                 | ✓                   | 80  | 80   |
| Fires and burns                          | 1.1  | 2.6                       | 0.8                | ✓                   | 60  | 60   |
| Poisoning                                | 14   | 12                        | 2.2                | ✗                   | 80  | 80   |
| Drowning or<br>submersion                | 2.5  | 3.8                       | 1.4                | ✓                   | 63  | 63   |
| Falls                                    | 16   | 6.5                       | 6.5                | ✓                   | 86  | 71   |
| INTENTIONAL INJURY                       |  |                           |                    | ✓                   | 31  | 55   |
| Interpersonal<br>violence**              | 2  | 6.3                       | 1.1                | N/A                 | N/A                                       | N/A  |
| Youth violence***                        | 1  | 6.3                       | 1.1                | ✓                   | 40  | 60   |
| Child abuse and<br>neglect****           | 0.8  | 0.6                       | 0.4                | ✓                   | ?   | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                | ✓                   | 100                                       | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                | ✓                   | 67  | 67   |
| Self-directed violence                   | 17.6   | 15.1                      | 11.1               | ?                   | 25  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4 Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✓ |
| • Overall national policy on violence prevention                                       | ✓ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✓  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✓ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ? |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ? |
| • Promotion of research as part of this process  | ? |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✓  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✓ |
| • Capacity building  | ✓ |
| • Evidence-based emergency care  | ? |





## Greece

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Greece reported having implemented 26% of effective interventions to prevent a range of injuries out of a total of 69 interventions, against a regional median of 56% and a third quartile of 80%.

The country feedback was positive in some of the key areas identified, such as intersectoral collaboration, injury surveillance, capacity building, and emergency care.

#### National policies

- There is no overall national policy for injuries or violence prevention. There are specific national policies for road safety, and for the prevention of fires, poisoning, drowning. For violence prevention policies exist for interpersonal violence, child maltreatment, youth violence, intimate partner violence, sexual violence and elder abuse.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Greece reported overall implementation of 33% of these for injury prevention and 17% for violence prevention. These are lower than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. No information was provided on some of the items, so implementation may be higher. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of road traffic injuries. For violence, there was lower proportion of implementation for youth violence and child maltreatment than the regional median.

#### Impact of WHO Resolution

- Greece acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority for the Ministry of Health. Although there is no overall national policy on injury prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place. Many of the elements of the Regional Committee Resolution were successfully achieved: injury surveillance, capacity building, evidence-based emergency care.

#### Next steps

- Greater attention needs to be given to national policy development and implementing evidence-based interventions for the prevention of road traffic injuries, youth violence and child maltreatment.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Greece has a population of 11.1 million with a lower percentage of children and a higher percentage of elderly.
- Life expectancy at birth is higher than that of the European Region, both for males and females, and for males this is higher than the European Union (EU).

| Indicator (Year=2005 or last available)     | Value      | WHO European Region | European Union* |
|---|------------|---------------------|-----------------|
| Mid-year population                         | 11 148 533 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 14.3       | 17.9                | 15.7            |
| % of population aged 65+ years              | 18.5       | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 77.5       | 70                  | 75              |
| Females, life expectancy at birth, in years | 82.1       | 76                  | 82              |

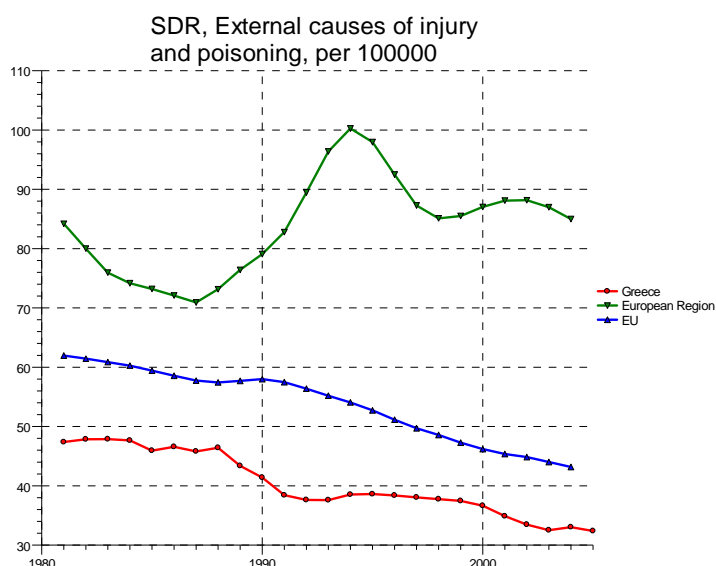
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Value | WHO European Region | European Union* |
|---|-------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 616.8 | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 284.6 | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 154.7 | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 30.6  | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's and EU's value.
- There has been a gradual downward trend in injury mortality rates.
- The leading causes of unintentional injury death are transport injuries, followed by poisoning, falls, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to road traffic injuries are higher than those of the Region.
- WHO/Europe has been engaged in advocating for national policy development. Greece participated in the advocacy events of the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Greece, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | GREECE   | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 30.6   | 83.2                      | 42.4               | N/A                 | 26  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 26.7   | 46.8                      | 27.1               | ✗                   | 33  | 65   |
| Road traffic injuries <sup>^</sup>       | 14.8   | 13.9                      | 10                 | ✓                   | 47  | 80   |
| Fires and burns                          | 0.5  | 2.6                       | 0.8                | ✓                   | ?   | 60   |
| Poisoning                                | 3.8  | 12                        | 2.2                | ✓                   | ?   | 80   |
| Drowning or<br>submersion                | 1.7  | 3.8                       | 1.4                | ✓                   | 75  | 63   |
| Falls                                    | 3.4  | 6.5                       | 6.5                | ✗                   | ?   | 71   |
| INTENTIONAL INJURY                       |  |                           |                    | ✗                   | 17  | 55   |
| Interpersonal<br>violence**              | 0.8  | 6.3                       | 1.1                | ✓                   | N/A                                       | N/A  |
| Youth violence***                        | 0.9  | 6.3                       | 1.1                | ✓                   | 40  | 60   |
| Child abuse and<br>neglect****           | 0.1  | 0.6                       | 0.4                | ✓                   | 25  | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                | ✓                   | 100                                       | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                | ✓                   | ?   | 67   |
| Self-directed violence                   | 3.1  | 15.1                      | 11.1               | ✗                   | ?   | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

|  |     |
|--|-----|
| <b>NATIONAL POLICIES</b>   |     |
| • Overall national policy on injury prevention   | ✗   |
| • Overall national policy on violence prevention                                       | ✗   |
| • Commitment to develop national policy  | ✓   |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |     |
| ✓  |     |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |     |
| ✓  |     |
| <b>INTERSECTORAL COLLABORATION</b>   |     |
| • Key stakeholders identified  | ✓   |
| • Secretariat to support the intersectoral committee                                   | ✓   |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | N/A |
| • Can WHO help achieve intersectoral collaboration in the country?                     | N/A |
| <b>CAPACITY BUILDING</b>   |     |
| • Process in place   | ✓   |
| • Exchange of evidence-based practice as part of this process                          | ✗   |
| • Promotion of research as part of this process  | ✗   |
| <b>EMERGENCY CARE</b>  |     |
| • Evidence-based approach  | ✓   |
| • Quality assessment programme   | ✓   |
| • Process to build capacity identified   | ✓   |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |     |
| ✓  |     |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |     |
| • National policy  | N/A |
| • Surveillance   | N/A |
| • Multisectoral collaboration  | N/A |
| • Capacity building  | N/A |
| • Evidence-based emergency care  | N/A |



# Hungary

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

## Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Hungary reported that 55% of effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions, against a regional median of 56% and a third quartile of 80%.

The country feedback was positive in some of the key areas identified, such as injury surveillance, capacity building and quality emergency care.

### National policies

- There is no overall national policy for injuries or violence prevention. There are specific national policies for road safety, and the prevention of burns, poisoning and falls.

### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Hungary reported overall implementation of 73% of these for injury prevention and 31% for violence prevention. This is higher than the Regional median scores of 65% for unintentional injury but lower than that for violence prevention (55%). Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of road safety and fires prevention for unintentional injuries. In the case of drowning and falls prevention interventions were implemented in some area and not nationally. For violence, there was lower proportion of implementation for the prevention of child maltreatment, intimate partner violence, elder abuse and self-directed violence.

### Impact of WHO Resolution

- Hungary acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Although there is no overall national policy on injury or violence prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place such as easy access to surveillance data and intersectoral collaboration. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of surveillance, multisectoral collaboration and capacity building. Many of the elements of the Regional Committee Resolution are being successfully achieved: injury surveillance, capacity building, exchange of best practice and quality emergency care.

### Next steps

- Greater attention needs to be given to national policy development and implementing evidence-based interventions for road safety and the prevention of fires. For violence prevention action is needed for greater implementation in the areas of child maltreatment, intimate partner violence, elder abuse and self-directed violence. For a number of interventions, such as for the prevention of falls, drowning and youth violence, these were implemented in some regions rather than nationally, and this could be an area of future activity.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Hungary has a population of 10.1 million with a lower percentage of children (0-14 years) and a higher percentage of elderly.
- Life expectancy at birth is lower than that of the European Union (EU) for both males and females. For males this is even lower than the European Region.

| Indicator (Year=2005 or last available)     | Hungary    | WHO European Region | European Union* |
|---|------------|---------------------|-----------------|
| Mid-year population                         | 10 087 065 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 15.5       | 17.9                | 15.7            |
| % of population aged 65+ years              | 15.7       | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 68.8       | 70                  | 75              |
| Females, life expectancy at birth, in years | 77.2       | 76                  | 82              |

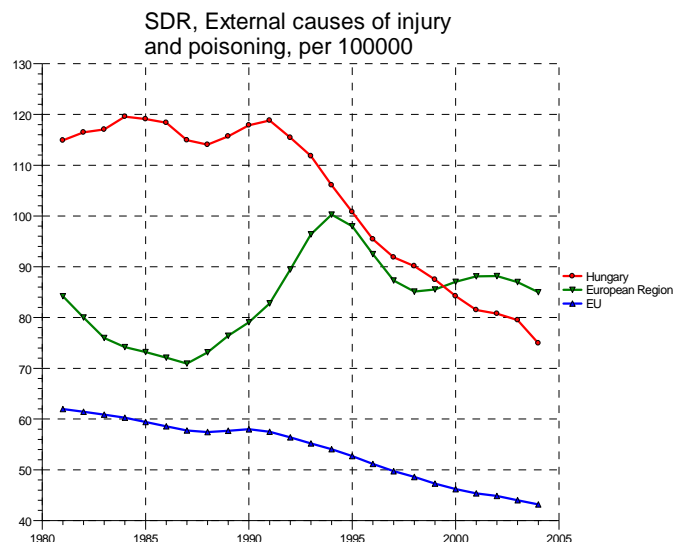
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Hungary | WHO European Region | European Union* |
|---|---------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 1015.5  | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 502.4   | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 237.4   | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 68      | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are higher than the EU but lower than the European Region.
- There was a peak in injury mortality rates in the mid-1980s and a second peak in early 90s due to the political and socioeconomic transition and there is now a marked downward trend.
- The leading causes of unintentional injury death are falls, followed by transport injuries, drowning, fires and poisoning
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to falls and transport injuries are higher than those of the Region.
- Suicide rates are higher than the regional value and the homicide rate is higher than the EU.
- WHO/Europe has been engaged in supporting focal persons and in the 2008–9 biennium will support the Ministry of Health in developing national plans, capacity building and surveillance. Hungary is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Hungary, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | HUNGARY  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 68   | 83.2                      | 66.3               | N/A                 | 55  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 41.9   | 46.8                      | 27.1               | ✗                   | 73  | 65   |
| Road traffic injuries <sup>^</sup>       | 14.3   | 13.9                      | 10                 | ✓                   | 67  | 80   |
| Fires and burns                          | 1.5  | 2.6                       | 0.8                | ✓                   | 40  | 60   |
| Poisoning                                | 1.4  | 12                        | 2.2                | ✓                   | 80  | 80   |
| Drowning or<br>submersion                | 1.8  | 3.8                       | 1.4                | ✗                   | 75  | 63   |
| Falls                                    | 15.3   | 6.5                       | 6.5                | ✓                   | 100                                       | 71   |
| INTENTIONAL INJURY                       |  |                           |                    | ✗                   | 31  | 55   |
| Interpersonal<br>violence**              | 1.8  | 6.3                       | 1.0                | N/A                 | N/A                                       | N/A  |
| Youth violence***                        | 0.8  | 6.3                       | 1.1                | ✗                   | 100                                       | 60   |
| Child abuse and<br>neglect****           | 0.7  | 0.6                       | 0.4                | ✗                   | 50  | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                | ✗                   | 0   | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                | ✗                   | 0   | 67   |
| Self-directed violence                   | 23.2   | 15.1                      | 11.1               | ✗                   | 0   | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

Legend:  Yes  No  Not specified/no response

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   |    |
| • Overall national policy on violence prevention                                       |    |
| • Commitment to develop national policy  |    |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
|     |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
|     |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  |    |
| • Secretariat to support the intersectoral committee                                   |    |
| • Questionnaire answered in consensus with other sectors/stakeholders                  |    |
| • Can WHO help achieve intersectoral collaboration in the country?                     |    |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   |    |
| • Exchange of evidence-based practice as part of this process                          |    |
| • Promotion of research as part of this process  |   |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  |  |
| • Quality assessment programme   |  |
| • Process to build capacity identified   |  |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
|   |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  |  |
| • Surveillance   |  |
| • Multisectoral collaboration  |  |
| • Capacity building  |  |
| • Evidence-based emergency care  |  |





## Iceland

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★★★★

Iceland reported that 84% of the effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions, against a regional median of 56% and a third quartile of 80%.

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

#### National policies

- There are overall national policies for injuries and violence prevention. There are specific national policies for road safety, falls, drowning, poisoning, fires, interpersonal violence, youth violence, child maltreatment prevention, intimate partner violence prevention, elder abuse violence prevention, sexual violence and self-directed violence.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Iceland reported overall implementation of 83% of these for injury prevention and 86% for violence prevention. These are both higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation only in the area of road traffic injuries.

#### Impact of WHO Resolution

- For Iceland the adoption of the WHO Resolution had not helped to further raise the policy profile of violence and injury prevention as a health priority at the Ministry of Health. There are overall national policies for injury and violence prevention, and there is political commitment for implementation. Many of the elements of the Regional Committee Resolution are successfully achieved: national policies, capacity-building, surveillance and evidence-based emergency care.

#### Next steps

- Greater attention needs to be given to road traffic injury and falls prevention. For the former evaluation needs to be carried out to determine whether raising the age of driver licensing and legal drinking age would be beneficial. Some falls prevention interventions need to be implemented nationally as opposed to locally. Unified data registers may be helpful in a more coordinated approach to injury and violence prevention when addressing cross cutting risk factors.

★ *less than 25% (first quartile: 0-25)*  
★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*  
★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Iceland has a population of almost 300,000 with a high percentage of children and a slightly lower percentage of elderly compared to the European Union (EU).
- Life expectancy at birth is higher than that of the European Region and the EU for both males and females.

| Indicator (Year=2005 or last available)     | Iceland | WHO European Region | European Union* |
|---|---------|---------------------|-----------------|
| Mid-year population                         | 299 687 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 21.5    | 17.9                | 15.7            |
| % of population aged 65+ years              | 11.6    | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 79.6    | 70                  | 75              |
| Females, life expectancy at birth, in years | 83      | 76                  | 82              |

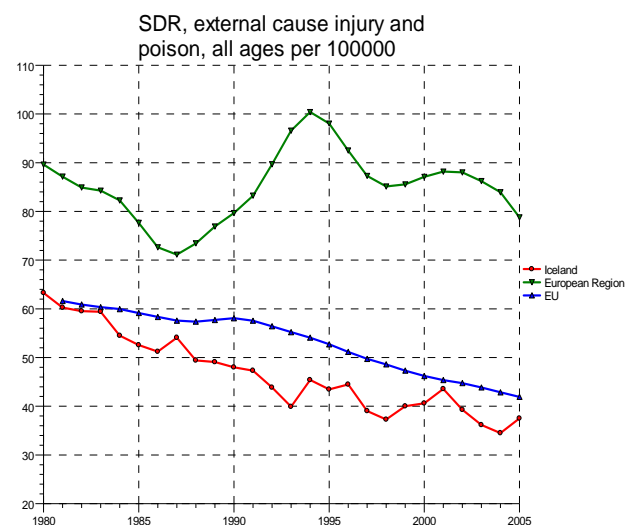
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Iceland | WHO European Region | European Union* |
|---|---------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 533     | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 188     | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 154.1   | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 43.9    | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's average but similar to that of the EU.
- Injury mortality rates have fallen since the 1990s but with fluctuations with a small rise in the last year.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, drowning and fires.
- The leading causes of intentional injury death are suicide. There were few homicides reported.
- Injury death rate due to poisoning is higher than that of the EU but lower than the Region.
- There is a newly appointed focal person in Iceland who is engaged in violence and injury prevention activities. Iceland is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Iceland, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | ICELAND  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 43.9   | 83.2                      | 42.4               | N/A                 | 84  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 29.1   | 46.8                      | 27.1               | ✓                   | 83  | 65   |
| Road traffic injuries <sup>^</sup>       | 12.7   | 13.9                      | 10                 | ✓                   | 67  | 80   |
| Fires and burns                          | 0.4  | 2.6                       | 0.8                | ✓                   | 100                                       | 60   |
| Poisoning                                | 1.6  | 12                        | 2.2                | ✓                   | 100                                       | 80   |
| Drowning or<br>submersion                | 0.3  | 3.8                       | 1.4                | ✓                   | 100                                       | 63   |
| Falls                                    | 7.8  | 6.5                       | 6.5                | ✓                   | 71  | 71   |
| INTENTIONAL INJURY                       |  |                           |                    | ✓                   | 86  | 55   |
| Interpersonal<br>violence**              | 0.3  | 6.3                       | 1.1                | ✓                   | 100                                       | N/A  |
| Youth violence***                        | 0  | 6.3                       | 1.1                | ✓                   | 100                                       | 60   |
| Child abuse and<br>neglect****           | 0  | 0.6                       | 0.4                | ✓                   | 100                                       | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                | ✓                   | 100                                       | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                | ✓                   | 100                                       | 67   |
| Self-directed violence                   | 10.8   | 15.1                      | 11.1               | ✓                   | 63  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

^ SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✓ |
| • Overall national policy on violence prevention                                       | ✓ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
|  | ✓ |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
|  | ✓ |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✓ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY-BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ✓ |
| • Promotion of research as part of this process  | ✓ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
|  | ✗ |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✗ |
| • Surveillance   | ✗ |
| • Multisectoral collaboration  | ✗ |
| • Capacity-building  | ✗ |
| • Evidence-based emergency care  | ✗ |



# Israel

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

## Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Israel reported 58% of effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions, against a regional median of 56% and a third quartile of 80%.

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

### National policies

- There is no overall national policy for injuries or violence prevention. There are specific national policies for road safety, and the prevention of burns and drowning.

### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Israel reported overall implementation of 65% of these for injury prevention and 48% for violence prevention. This is same as the Regional median scores of 65% for unintentional injury but lower than that for violence prevention (55%). Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of drowning and falls prevention for unintentional injuries. For violence, there was lower proportion of implementation for preventing child maltreatment and elder abuse.

### Impact of WHO Resolution

- The resolution had no impact on raising injury and violence prevention as a policy priority. Although there is no overall national policy on injury or violence prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place, such as an intersectoral committee formation and stakeholder identification. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy development, surveillance, capacity building and evidence-based emergency care. Many of the elements of the Regional Committee Resolution were successfully achieved: intersectoral collaboration, capacity building, exchange of best practice and quality emergency care.

### Next steps

- Greater attention needs to be given to national policy development and implementing evidence-based interventions for falls prevention and drowning and for the prevention of child maltreatment, youth violence and elder abuse. For a number of interventions, these were implemented in some regions rather than nationally, and this could be an area of future activity.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Israel has a population of 6.9 million with a large percentage of children (0-14 years) and a low percentage of elderly.
- Life expectancy at birth is higher than that of the European Region, both for males and females.

| Indicator (Year=2005 or last available)     | Israel    | WHO European Region | European Union* |
|---|-----------|---------------------|-----------------|
| Mid-year population                         | 6 930 100 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 27.4      | 17.9                | 15.7            |
| % of population aged 65+ years              | 9.6       | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 77.6      | 70                  | 75              |
| Females, life expectancy at birth, in years | 81.7      | 76                  | 82              |

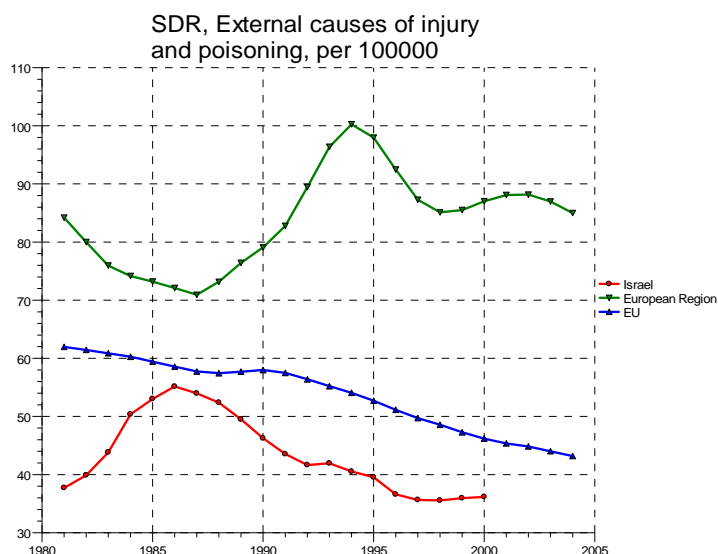
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**




| Indicator (Year=2005 or last available year)                | Israel | WHO European Region | European Union* |
|---|--------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 0                        | 606.5  | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 174.5  | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 160.5  | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 34.2   | 83.2                | 42.4            |













Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's average.
- There was a steep rise in injury mortality rates which peaked in the mid-1980s and there was then a downward trend with a leveling off in the late 1990s.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Unintentional injury death rates are lower than those of the Region.
- The homicide rate in youth (15-29 years) and children (0-14) are higher than the regional value.
- WHO/Europe has been engaged in working with focal persons. Israel participated in the advocacy events of the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Israel, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**Legend:  Yes  No  Not specified/no response N/A Not applicable

| CAUSE OF INJURY                            | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY?   | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---|---|--|
|  | ISRAEL   | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |   | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                               | 34.2   | 83.2                      | 42.4               | N/A   | 58  | 56   |
| UNINTENTIONAL<br>INJURY#                   | 19.5   | 46.8                      | 27.1               |    | 65  | 65   |
| Road traffic injuries <sup>^</sup>         | 7.8  | 13.9                      | 10                 |    | 80  | 80   |
| Fires and burns                            | 0.3  | 2.6                       | 0.8                |    | 60  | 60   |
| Poisoning                                  | 1.4  | 12                        | 2.2                |    | 80  | 80   |
| Drowning or<br>submersion                  | 0.5  | 3.8                       | 1.4                |    | 50  | 63   |
| Falls                                      | 1.5  | 6.5                       | 6.5                |    | 43  | 71   |
| INTENTIONAL INJURY                         |  |                           |                    |    | 48  | 55   |
| Interpersonal<br>violence <sup>**</sup>    | 5.2  | 6.3                       | 1.1                | N/A   | N/A                                       | N/A  |
| Youth violence <sup>***</sup>              | 7.7  | 6.3                       | 1.1                |  | 60  | 60   |
| Child abuse and<br>neglect <sup>****</sup> | 0.8  | 0.6                       | 0.4                |  | 75  | 100  |
| Intimate partner or<br>domestic violence   | N/A  | N/A                       | N/A                |  | 100                                       | 50   |
| Elder abuse and<br>neglect                 | N/A  | N/A                       | N/A                |  | 67  | 67   |
| Self-directed violence                     | 7.1  | 15.1                      | 11.1               |  | 25  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

+++ For full range of interventions and responses, please consult country questionnaire.  
Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

^ SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✗ |
| • Overall national policy on violence prevention                                       | ? |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✗  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✓ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ✓ |
| • Promotion of research as part of this process  | ✓ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ?  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✗ |
| • Capacity building  | ✓ |
| • Evidence-based emergency care  | ✓ |





## Latvia

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Latvia reported that 70% of effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions; this is against a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as injury surveillance and quality emergency care.

#### National policies

- There is no overall national policy for injuries or violence prevention. There are specific national policies for road safety, burns and poisoning prevention, and for the prevention of child maltreatment, youth violence and intimate partner violence.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Latvia reported overall implementation of 75% of these for injury prevention and 62% for violence prevention. These are higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported programme implementation in the areas of drowning and falls prevention for unintentional injuries. For violence, there was lower proportion of implementation for the prevention of youth violence, intimate partner violence and elder abuse.

#### Impact of WHO Resolution

- Latvia acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Although there is no overall national policy on injury prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place such as political support and access to surveillance information. There has been positive progress in the twelve-month period 2007 to 2008 in the areas of national policy development, surveillance and multisectoral collaboration. Some of the elements of the Regional Committee Resolution are being successfully achieved: injury surveillance, evidence-based approach to emergency care.

#### Next steps

- Greater attention needs to be given to national policy development, intersectoral collaboration and capacity building. More needs to be done in implementing evidence-based interventions for the prevention of poisoning, falls, drowning, youth violence, intimate partner violence and elder abuse. Alcohol has a strong role to play in this excess mortality and interventions are needed against harmful alcohol use. For a number of interventions, such as those for preventing falls, drowning, youth violence and elder abuse, these were implemented in some regions rather than nationally, and this could be an area of future activity.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

Table 1. Demographics

- Latvia has a population of 2.3 million with a low percentage of children (0-14 years) and a higher percentage of elderly.
- For males life expectancy at birth is low and is less than that of the European Region and the European Union (EU). For females, it is equivalent to that of the Region but lower than the EU.

| Indicator (Year=2005 or last available)     | Value   | WHO European Region | European Union* |
|---|---------|---------------------|-----------------|
| Mid-year population                         | 2287948 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 14.1    | 17.9                | 15.7            |
| % of population aged 65+ years              | 16.9    | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 65.4    | 70                  | 75              |
| Females, life expectancy at birth, in years | 76.4    | 76                  | 82              |

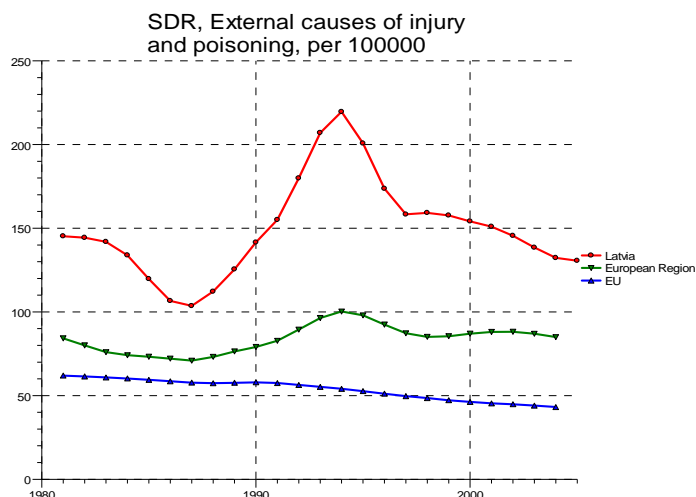
Table 2. Leading causes of death (expressed as standardized death rates (SDR))

| Indicator (Year=2005 or last available year)                | Value  | WHO European Region | European Union* |
|---|--------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 1112.3 | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 563.9  | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 199.7  | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 131.3  | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad6>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are considerably higher than the European Region and 3 times higher than that of the EU.
- There was a steep rise in injury mortality rates which peaked in the mid-1990s due to the political and socioeconomic transition and there is now a downward trend.
- Leading unintentional injury death causes are poisoning, followed by transport injuries, falls, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to all causes of unintentional injury are higher than those of the Region.
- The homicide rate in all ages, including children are higher than the regional value as is the overall suicide rate.
- WHO/Europe has been engaged in supporting focal persons and is collaborating with the Ministry of Health in the 2008–9 biennium in the areas of developing national policy for violence prevention and conducting a community survey of violence prevalence. Latvia participated in the advocacy events of the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project.

Figure 1. Mortality from injuries in Latvia, the European Union and the WHO European Region. Time trend 1980-2005



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | LATVIA   | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 131.3  | 83.2                      | 42.4               | N/A                 | 70  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 94.8   | 46.8                      | 27.1               | ✗                   | 75  | 65   |
| Road traffic injuries <sup>^</sup>       | 18.2   | 13.9                      | 10                 | ✓                   | 100                                       | 80   |
| Fires and burns                          | 9.3  | 2.6                       | 0.8                | ✓                   | 80  | 60   |
| Poisoning                                | 18.8   | 12                        | 2.2                | ✓                   | 100                                       | 80   |
| Drowning or<br>submersion                | 10   | 3.8                       | 1.4                | ✗                   | 50  | 63   |
| Falls                                    | 11.8   | 6.5                       | 6.5                | ✗                   | 29  | 71   |
| INTENTIONAL INJURY                       |  |                           |                    | ✗                   | 62  | 55   |
| Interpersonal<br>violence**              | 9.2  | 6.3                       | 1.1                | N/A                 | N/A                                       | N/A  |
| Youth violence***                        | 6.2  | 6.3                       | 1.1                | ✓                   | 40  | 60   |
| Child abuse and<br>neglect****           | 1.2  | 0.6                       | 0.4                | ✓                   | 100                                       | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                | ✓                   | 0   | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                | ✗                   | 33  | 67   |
| Self-directed violence                   | 19.3   | 15.1                      | 11.1               | ✗                   | 75  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

^ SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✗ |
| • Overall national policy on violence prevention                                       | ✗ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✓  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✗ |
| • Secretariat to support the intersectoral committee                                   | ✗ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✗ |
| • Exchange of evidence-based practice as part of this process                          | ✗ |
| • Promotion of research as part of this process  | ✗ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✗ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✓  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✓ |
| • Capacity building  | ✗ |
| • Evidence-based emergency care  | ✗ |



# Lithuania

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

## Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Lithuania reported that 38% of effective interventions to prevent a range of injuries had been implemented out of a total of 69; this is against a regional median of 56% and a first quartile of 25%.

The country feedback was positive on some of the key areas identified, such as national policy development and intersectoral collaboration.

### National policies

- There is an overall national policy for injury prevention but not for violence prevention.

### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Lithuania reported overall implementation of 40% of these for injury prevention and 34% for violence prevention. These are both lower than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of fires, poisoning, burns and falls for unintentional injuries. For violence, there was lower proportion of implementation for the prevention of youth violence, child maltreatment, elder abuse and self-directed violence.

### Impact of WHO Resolution

- Lithuania acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. There is an overall national policy on injury prevention but not for violence prevention. However there is political commitment for this and many of the key steps considered necessary for policy development are in place such as intersectoral collaboration and exchange of best practice. For some types of violence, national policies exist, such as for the prevention of youth violence, child maltreatment and intimate partner violence. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy development, surveillance, capacity building and evidence-based emergency care. Some of the elements of the Regional Committee Resolution are being successfully achieved: intersectoral collaboration, exchange of best practice, quality emergency care.

### Next steps

- Greater attention needs to be given to national policy development for violence prevention and implementing evidence based the interventions for road safety, the prevention of falls, poisoning and drowning and for the prevention of self-inflicted violence and interpersonal violence, including youth violence, child maltreatment and elder abuse. Alcohol has a strong role to play in this excess mortality and interventions are needed against harmful alcohol use. For a number of interventions, these were implemented in some regions rather than nationally, and this could be an area of future activity.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Lithuania has a population of 3.4 million with a higher percentage of children and a slightly lower percentage of elderly when compared to the European Union (EU).
- Male life expectancy at birth is low at 65 years. Female life expectancy is higher than the European Region but lower than the EU.

| Indicator (Year=2005 or last available)     | Lithuania | WHO European Region | European Union* |
|---|-----------|---------------------|-----------------|
| Mid-year population                         | 3 414 304 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 16.8      | 17.9                | 15.7            |
| % of population aged 65+ years              | 15.2      | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 65.4      | 70                  | 75              |
| Females, life expectancy at birth, in years | 77.4      | 76                  | 82              |

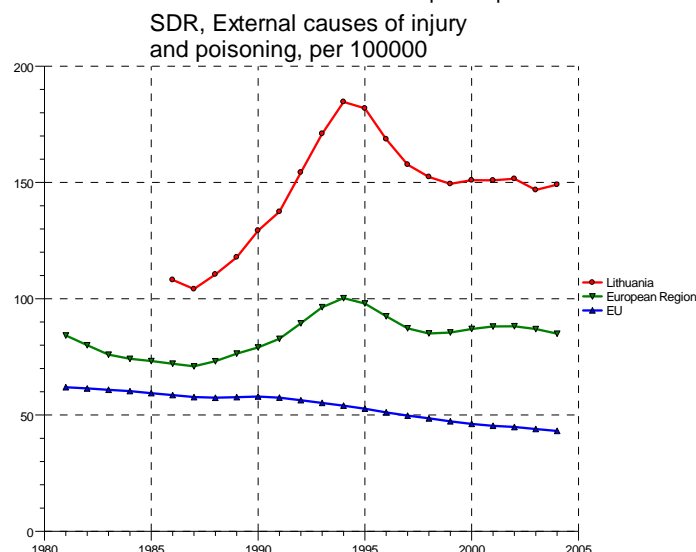
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**




| Indicator (Year=2005 or last available year)                | Lithuania | WHO European Region | European Union* |
|---|-----------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 1081.6    | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 562.8     | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 194.7     | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 156.4     | 83.2                | 42.4            |














Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are higher than the European Region and almost 4 times as high as the value for the EU.
- There was a steep rise in injury mortality rates which peaked in the mid-1990s due to the political and socioeconomic transition and there is a downward trend which has leveled off now.
- The leading causes of unintentional injury death are transport injuries, followed by poisoning, falls, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates irrespective of the cause are higher than those of the Region.
- Homicide rates in all age groups and suicide rates are higher than the regional value.
- WHO/Europe has been engaged in supporting focal persons and is working with the Ministry of Health in the areas of injury surveillance and national policy development as part of biennial collaborations. Lithuania participated in the advocacy events of the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Lithuania, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**Legend:  Yes  No  Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY?   | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |                                |
|--|--|---------------------------|--------------------|---|---|--------------------------------|
|  | LITHUANIA<br>(2<br>RESPONDEN<br>TS)  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |   | COUNTRY<br>SCORE**                        | REGIONAL<br>MEDIAN<br>SCORE*** |
| ALL INJURIES                             | 156.3  | 83.2                      | 66.3               | N/A   | 37  | 56                             |
| UNINTENTIONAL<br>INJURY#                 | 98.2   | 46.8                      | 27.1               |    | 40  | 65                             |
| Road traffic injuries^                   | 24.8   | 13.9                      | 10                 |    | 73  | 80                             |
| Fires and burns                          | 5  | 2.6                       | 0.8                |    | 0   | 60                             |
| Poisoning                                | 20   | 12                        | 2.2                |    | 40  | 80                             |
| Drowning or<br>submersion                | 11.2   | 3.8                       | 1.4                |    | 25  | 63                             |
| Falls                                    | 13.6   | 6.5                       | 6.5                |    | 14  | 71                             |
| INTENTIONAL INJURY                       |  |                           |                    |    | 34  | 55                             |
| Interpersonal<br>violence**              | 8.8  | 6.3                       | 1.0                |  | N/A                                       | N/A                            |
| Youth violence***                        | 6.8  | 6.3                       | 1.1                |  | 40  | 60                             |
| Child abuse and<br>neglect****           | 0.8  | 0.6                       | 0.4                |  | 50  | 100                            |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                |  | 50  | 50                             |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                |  | 0   | 67                             |
| Self-directed violence                   | 37   | 15.1                      | 11.1               |  | 38  | 63                             |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

^ SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✓ |
| • Overall national policy on violence prevention                                       | ✗ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✗  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✗ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ? |
| • Exchange of evidence-based practice as part of this process                          | ✓ |
| • Promotion of research as part of this process  | ✗ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✗ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✓  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✗ |
| • Capacity building  | ✓ |
| • Evidence-based emergency care  | ✓ |





## Malta

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Malta reported that 45% of effective interventions to prevent a range of injuries had been implemented out of a total of 69 interventions; this is against a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as national policy development in violence prevention and road safety.

#### National policies

- There is no overall national policy for injury prevention. There are specific national policies for road safety and intimate partner violence prevention.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Malta reported overall implementation of 38% of these for injury prevention and 55% for violence prevention. This is lower than the Regional median scores of 65% for unintentional injury and the same as that for violence prevention (55%). Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was no information reported on implementation in the areas of drowning, fires, poisoning and falls for unintentional injuries.

#### Impact of WHO Resolution

- Malta has a national policy for violence prevention. Although there is no overall national policy on injury prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy development, surveillance, multisectoral collaboration and capacity building. Some of the elements of the Regional Committee Resolution were successfully achieved: national policy development.

#### Next steps

- Greater attention needs to be given to national policy development for unintentional injuries, surveillance and collecting baseline information on the implementation of evidence-based interventions for unintentional injury prevention as a baseline to developing plans for implementation. Falls prevention are an area of priority given the high mortality rate.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Malta has a population of 0.4 million with a high percentage of children and a slightly lower percentage of elderly.
- Life expectancy at birth is higher than that of the European Region for both males and females. For males this is higher than the European Union (EU).

| Indicator (Year=2005 or last available)     | Value   | WHO European Region | European Union* |
|---|---------|---------------------|-----------------|
| Mid-year population                         | 403 509 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 17.4    | 17.9                | 15.7            |
| % of population aged 65+ years              | 13.4    | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 77.2    | 70                  | 75              |
| Females, life expectancy at birth, in years | 81.4    | 76                  | 82              |

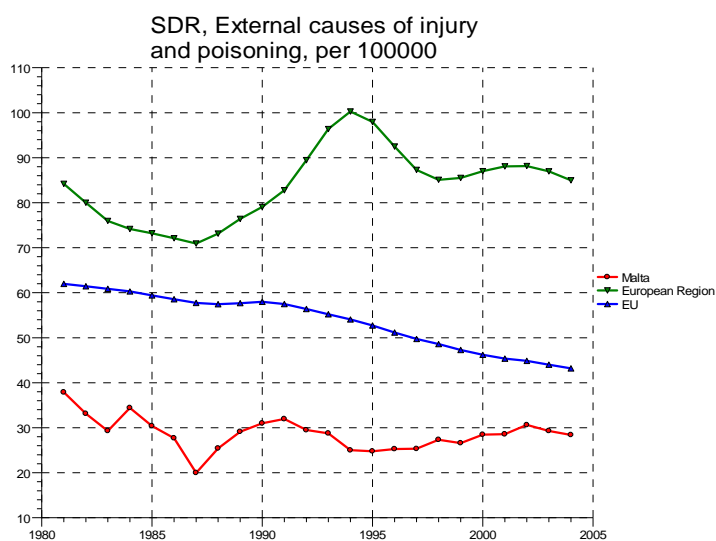
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Value | WHO European Region | European Union* |
|---|-------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 630.2 | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 271.9 | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 145.4 | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 25.9  | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's average, and is about half the value for the EU.
- There has been a slight increase in injury mortality rates since the mid-1990s but there is now a downward trend.
- The leading causes of unintentional injury death are falls, followed by transport injuries, poisoning, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to falls are higher than those of the Region and the EU.
- WHO/Europe has been engaged in working with focal persons. In the biennium 2008–9 collaborative working will take place with the MoH in assessing progress with the Regional Committee Resolution. Malta is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Malta, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | MALTA  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 25.9   | 83.2                      | 66.3               | N/A                 | 44  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 19.9   | 46.8                      | 27.1               | ?                   | 38  | 65   |
| Road traffic injuries <sup>^</sup>       | 4.5  | 13.9                      | 10                 | ✓                   | 100                                       | 80   |
| Fires and burns                          | 0.4  | 2.6                       | 0.8                | ?                   | ?   | 60   |
| Poisoning                                | 2.2  | 12                        | 2.2                | ?                   | ?   | 80   |
| Drowning or<br>submersion                | 0.9  | 3.8                       | 1.4                | ?                   | ?   | 63   |
| Falls                                    | 8.4  | 6.5                       | 6.5                | ?                   | ?   | 71   |
| INTENTIONAL INJURY                       |  |                           |                    | ✓                   | 55  | 55   |
| Interpersonal<br>violence**              | 0.5  | 6.3                       | 1.0                | N/A                 | N/A                                       | N/A  |
| Youth violence***                        | 1.1  | 6.3                       | 1.1                | ✗                   | 80  | 60   |
| Child abuse and<br>neglect****           | 0  | 0.6                       | 0.4                | ✗                   | 100                                       | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                | ✓                   | 50  | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                | ✗                   | 67  | 67   |
| Self-directed violence                   | 4.2  | 15.1                      | 11.1               | ✗                   | 63  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ? |
| • Overall national policy on violence prevention                                       | ✓ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
|  | ✓ |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
|  | ✗ |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ? |
| • Secretariat to support the intersectoral committee                                   | ? |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ? |
| • Exchange of evidence-based practice as part of this process                          | ? |
| • Promotion of research as part of this process  | ? |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ? |
| • Quality assessment programme   | ? |
| • Process to build capacity identified   | ? |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
|  | ? |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✓ |
| • Capacity building  | ✓ |
| • Evidence-based emergency care  | ✗ |



## Moldova

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★☆☆☆

Moldova reported that 6% of effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions, against a regional median of 56% and a first quartile of 25%.

The country feedback was positive on some of the key areas identified, such as national policies and evidence based emergency care.

#### National policies

- There are overall national policies for injury and violence prevention. There are specific national policies for all causes of unintentional injury and for the prevention of child maltreatment and intimate partner violence.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Moldova reported overall implementation of 0% of these for injury prevention and 14% for violence prevention. This is lower than the Regional median scores of 65% for unintentional injury prevention and of 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation for the prevention of all types of injuries and violence, except for child maltreatment prevention.

#### Impact of WHO Resolution

- Moldova acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. There are overall national policies for injury and violence prevention with political commitment for implementing these. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy, capacity building and evidence-based emergency care. Some of the elements of the Regional Committee Resolution were successfully achieved: national policies, injury surveillance, capacity building, and evidence-based emergency care.

#### Next steps

- Greater attention needs to be given to preventing this leading cause of premature mortality. The development of injury surveillance would enable access to information for decision making around prevention. Much emphasis needs to be given to implementing evidence based interventions for preventing all types of injuries and violence so as to prevent this cause of premature mortality. A greater understanding of the role of risk factors such as alcohol is needed and interventions against alcohol-related harm.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Moldova has a population of 3.6 million with a high percentage of children (0-14) and a lower percentage of elderly compared to the Region.
- Life expectancy at birth is low for men and lower than the European Region for both males and females.

| Indicator (Year=2005 or last available)     | Moldova   | WHO European Region | European Union* |
|---|-----------|---------------------|-----------------|
| Mid-year population                         | 3 585 209 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 18.2      | 17.9                | 15.7            |
| % of population aged 65+ years              | 10.1      | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 64.6      | 70                  | 75              |
| Females, life expectancy at birth, in years | 72.4      | 76                  | 82              |

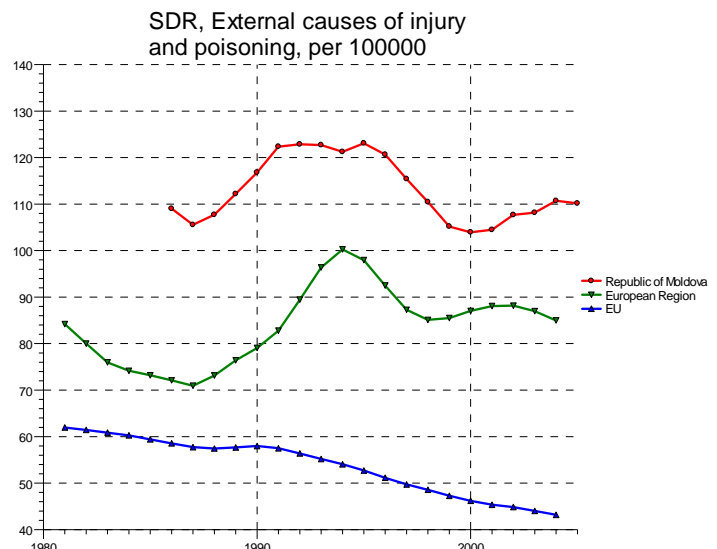
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Moldova | WHO European Region | European Union* |
|---|---------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 1368.9  | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 786.4   | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 166.2   | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 109     | 83.2                | 42.4            |




Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>













- Injuries are the third leading cause of death. The death rate for all injuries, both intentional and unintentional are considerably higher than that of European Region.
- There was a steep rise in injury mortality rates which peaked in the mid-1990s due to the political and socioeconomic transition, followed by a decline. Of concern, there is now an upward trend since 2000.
- The leading causes of unintentional injury death are transport injuries, followed by poisoning, drowning, falls and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to poisoning, drowning, burns and falls are higher than those of the Region.
- The homicide rate is higher than the regional value.
- WHO/Europe has been engaged in supporting focal persons. Moldova is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Moldova, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

 Legend:  Yes  No  ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY?  | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|--|---|--|
|  | MOLDOVA  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |  | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 109  | 83.2                      | 42.4               | N/A  | 6   | 56   |
| UNINTENTIONAL<br>INJURY#                 | 71.7   | 46.8                      | 27.1               |    | 0   | 65   |
| Road traffic injuries <sup>^</sup>       | 13.7   | 13.9                      | 10                 |    | 0   | 80   |
| Fires and burns                          | 5.5  | 2.6                       | 0.8                |    | 0   | 60   |
| Poisoning                                | 13.2   | 12                        | 2.2                |    | 0   | 80   |
| Drowning or<br>submersion                | 7.9  | 3.8                       | 1.4                |    | 0   | 63   |
| Falls                                    | 5.9  | 6.5                       | 6.5                |    | 0   | 71   |
| INTENTIONAL INJURY                       |  |                           |                    |    | 14  | 55   |
| Interpersonal<br>violence**              | 7.4  | 6.3                       | 1.1                | N/A  | N/A                                       | N/A  |
| Youth violence***                        | 5.1  | 6.3                       | 1.1                |  | 0   | 60   |
| Child abuse and<br>neglect****           | 0.7  | 0.6                       | 0.4                |  | 100                                       | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                |  | 0   | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                |  | 0   | 67   |
| Self-directed violence                   | 18.3   | 15.1                      | 11.1               |  | 0   | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

+++ For full range of interventions and responses, please consult country questionnaire. Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

^ SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✓ |
| • Overall national policy on violence prevention                                       | ✓ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✗  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✗ |
| • Secretariat to support the intersectoral committee                                   | ✗ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ✗ |
| • Promotion of research as part of this process  | ✗ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✗ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✓  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✗ |
| • Multisectoral collaboration  | ✗ |
| • Capacity building  | ✓ |
| • Evidence-based emergency care  | ✓ |





## Netherlands

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★★★★

Netherlands reported that 83% of effective interventions to prevent a range of injuries had been implemented out of a total of 69 interventions; this is compared to a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as injury surveillance, intersectoral collaboration and most areas of unintentional injury prevention.

#### National policies

- There is an integrated policy for violence prevention but not one for the prevention of injuries. However there are specific national policies for all the areas of unintentional injury and violence prevention. A policy for suicide prevention has very recently been developed and moves are under way to develop an integrated national policy for injury prevention.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Netherlands reported overall implementation of 78% of these for injury prevention and 90% for violence prevention. These are both higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. Scores for implementation of preventive programmes for all types of injury and violence were higher or equivalent to the Regional median.

#### Impact of WHO Resolution

- In the Netherlands, there has been positive progress in a twelve-month period 2007 to 2008 in the areas of multisectoral collaboration and evidence-based emergency care. There is an integrated policy for violence prevention, and although there is not one for injury prevention, there is political commitment for this. There are national policies for most types of injury and violence prevention. Many of the elements of the Regional Committee Resolution were successfully achieved: injury surveillance, intersectoral collaboration, and quality emergency care.

#### Next steps

- Although there are policies for the different types of injury and violence, the recent development of a national policy for all injuries may allow for better coordination of efforts. This may be a way of ensuring that the downward trend in falling injury mortality rates is maintained. For a number of interventions especially in the different areas of violence prevention, these were implemented in some regions rather than nationally, and expanding their coverage to more local authorities could be an area of future activity. There have been recent developments in the area of self-directed violence prevention and the prevention of injuries and future priorities would be around implementing these policies.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Netherlands has a population of 16.3 million with a higher percentage of children than the European Region and a lower percentage of elderly than the European Union (EU).
- Life expectancy at birth is higher than that of the European Region, for both males and females and on par with that of the EU.

| Indicator (Year=2005 or last available)     | Netherlands | WHO European Region | European Union* |
|---|-------------|---------------------|-----------------|
| Mid-year population                         | 16 319 868  | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 18.5        | 17.9                | 15.7            |
| % of population aged 65+ years              | 13.9        | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 77          | 70                  | 75              |
| Females, life expectancy at birth, in years | 81.7        | 76                  | 82              |

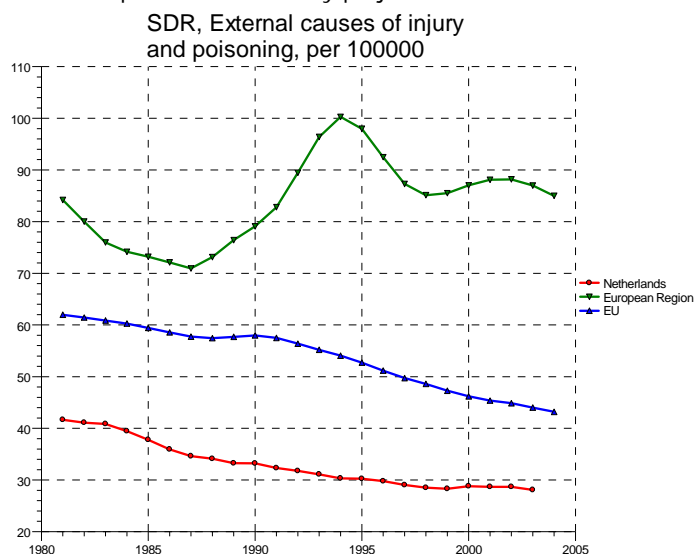
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Netherlands | WHO European Region | European Union* |
|---|-------------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 630.6       | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 197.4       | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 191.2       | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 27.3        | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are considerably lower than those for European Region and EU.
- There has been a steady downward trend in injury mortality rates which seems to be leveling off.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- The homicide rate in youth (15-29 years) is higher than the level in the EU.
- WHO/Europe has been engaged in working collaboratively with focal persons. Netherlands hosted the First European Network Meeting of the health ministry focal persons for violence and injury prevention. There has also been support for the development of the World and European reports on child injury prevention and other technical reports. Netherlands is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Netherlands, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                            | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | NETHERLANDS  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                               | 27.3   | 83.2                      | 44.2               | N/A                 | 83  | 56   |
| UNINTENTIONAL<br>INJURY#                   | 16   | 46.8                      | 27.1               | ✗                   | 78  | 65   |
| Road traffic injuries <sup>^</sup>         | 5.1  | 13.9                      | 10                 | ✓                   | 80  | 80   |
| Fires and burns                            | 0.2  | 2.6                       | 0.8                | ✓                   | 60  | 60   |
| Poisoning                                  | 0.9  | 12                        | 2.2                | ✓                   | 80  | 80   |
| Drowning or<br>submersion                  | 0.6  | 3.8                       | 1.4                | ✓                   | 63  | 63   |
| Falls                                      | 4.9  | 6.5                       | 6.5                | ✓                   | 100                                       | 71   |
| INTENTIONAL INJURY                         |  |                           |                    | ✓                   | 90  | 55   |
| Interpersonal<br>violence <sup>**</sup>    | 1.2  | 6.3                       | 1.1                | N/A                 | N/A                                       | N/A  |
| Youth violence <sup>***</sup>              | 1.4  | 6.3                       | 1.1                | ✓                   | 80  | 60   |
| Child abuse and<br>neglect <sup>****</sup> | 0.4  | 0.6                       | 0.4                | ✓                   | 100                                       | 100  |
| Intimate partner or<br>domestic violence   | N/A  | N/A                       | N/A                | ✓                   | 100                                       | 50   |
| Elder abuse and<br>neglect                 | N/A  | N/A                       | N/A                | ✓                   | 100                                       | 67   |
| Self-directed violence                     | 8.7  | 15.1                      | 11.1               | ✓                   | 75  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✗ |
| • Overall national policy on violence prevention                                       | ✓ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✓  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✓ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✗ |
| • Exchange of evidence-based practice as part of this process                          | ? |
| • Promotion of research as part of this process  | ? |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ? |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ? |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ?  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✗ |
| • Multisectoral collaboration  | ✓ |
| • Capacity building  | ✗ |
| • Evidence-based emergency care  | ✓ |



## Norway

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★★★★

Norway reported that 87% of the effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions, against a regional median of 56% and a third quartile of 80%.

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

#### National policies

- There are overall national policy for injuries and violence prevention. There are specific national policies for road safety and child maltreatment prevention and intimate partner violence prevention.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Norway reported overall implementation of 93% of these for injury prevention and 79% for violence prevention. These are both higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation only in the area of elder abuse.

#### Impact of WHO Resolution

- For Norway the adoption of the WHO Resolution had not helped to further raise the policy profile of violence and injury prevention as a health priority at the Ministry of Health. There are overall national policies for injury and violence prevention, and there is political commitment for implementation. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy, surveillance, multisectoral collaboration, capacity building and evidence-based emergency care. Many of the elements of the Regional Committee Resolution are successfully achieved: national policies, capacity building and evidence-based emergency care.

#### Next steps

- Greater attention needs to be given to national policy development and implementing evidence based interventions for elder abuse. Poisoning is the leading cause of unintentional injury death and agents and risk factors for this need to be better understood. For falls prevention and the prevention of youth violence and elder abuse some interventions were implemented in some regions rather than nationally, and increasing coverage could be an area of future activity.

★ less than 25% (first quartile: 0-25)

★★ 25 to 50% (first quartile to median: 26-55)

★★★★ 50 to 75% (median to third quartile: 56-79)

★★★★★ 75 to 100% (over third quartile: 80-100)

## Country profile

**Table 1. Demographics**

- Norway has a population of 4.6 million with a high percentage of children and a slightly lower percentage of elderly compared to the European Union (EU).
- Life expectancy at birth is higher than that of the European Region for both males and females.

| Indicator (Year=2005 or last available)     | Norway    | WHO European Region | European Union* |
|---|-----------|---------------------|-----------------|
| Mid-year population                         | 4 623 294 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 19.6      | 17.9                | 15.7            |
| % of population aged 65+ years              | 14.7      | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 78        | 70                  | 75              |
| Females, life expectancy at birth, in years | 82.9      | 76                  | 82              |

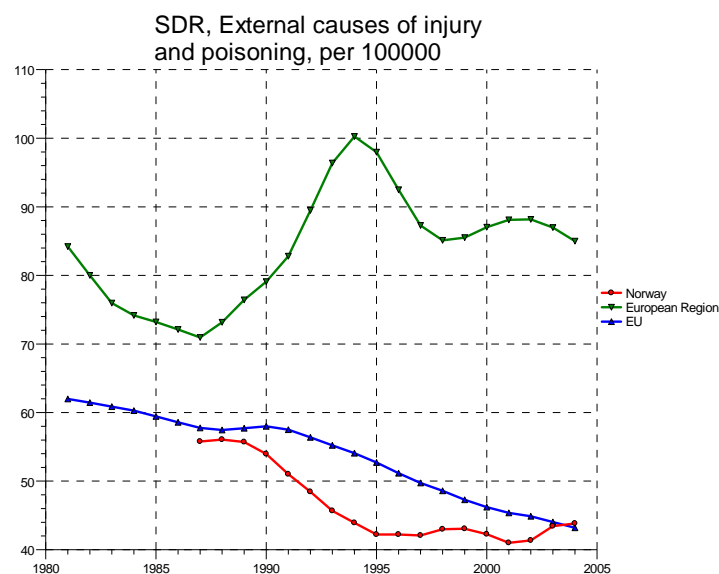
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Norway | WHO European Region | European Union* |
|---|--------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 570.4  | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 182.6  | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 166.6  | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 41.4   | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's average but similar to that of the EU.
- Injury mortality rates have fallen since the 1990s but have risen again in the past few years.
- The leading causes of unintentional injury death are poisoning, followed by transport injuries, falls, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicide.
- Injury death rates due to poisoning and drowning are higher than those of the EU but lower than the Region.
- The homicide rate in youth (15-29 years) is slightly higher than the EU value.
- WHO/Europe has been working closely with focal persons. Support has been provided by Norway in the area of violence prevention to enable WHO/Europe to undertake collaborative working in other Member States. Norway is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Norway, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                            | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | NORWAY   | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                               | 41.4   | 83.2                      | 42.4               | N/A                 | 87  | 56   |
| UNINTENTIONAL<br>INJURY#                   | 28.9   | 46.8                      | 27.1               | ✓                   | 93  | 65   |
| Road traffic injuries <sup>^</sup>         | 6.1  | 13.9                      | 10                 | ✓                   | 93  | 80   |
| Fires and burns                            | 1.1  | 2.6                       | 0.8                | ✗                   | 100                                       | 60   |
| Poisoning                                  | 6.7  | 12                        | 2.2                | ✓                   | 100                                       | 80   |
| Drowning or<br>submersion                  | 1.7  | 3.8                       | 1.4                | ✗                   | 75  | 63   |
| Falls                                      | 4.8  | 6.5                       | 6.5                | ✓                   | 100                                       | 71   |
| INTENTIONAL INJURY                         |  |                           |                    | ✓                   | 79  | 55   |
| Interpersonal<br>violence <sup>**</sup>    | 0.6  | 6.3                       | 1.1                | N/A                 | N/A                                       | N/A  |
| Youth violence <sup>***</sup>              | 1.2  | 6.3                       | 1.1                | ✗                   | 80  | 60   |
| Child abuse and<br>neglect <sup>****</sup> | 0  | 0.6                       | 0.4                | ✓                   | 100                                       | 100  |
| Intimate partner or<br>domestic violence   | N/A  | N/A                       | N/A                | ✓                   | 50  | 50   |
| Elder abuse and<br>neglect                 | N/A  | N/A                       | N/A                | ✗                   | 33  | 67   |
| Self-directed violence                     | 11.3   | 15.1                      | 11.1               | ✓                   | 100                                       | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✓ |
| • Overall national policy on violence prevention                                       | ✓ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✗  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✓ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ? |
| • Promotion of research as part of this process  | ? |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✗ |
| • Process to build capacity identified   | ✗ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✗  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✓ |
| • Capacity building  | ✓ |
| • Evidence-based emergency care  | ✓ |





## Poland

### EUROPE

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

## Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★★★★

Poland scores 87% of effective interventions reported as implemented out of a total of 69 interventions to prevent a range of injuries, against a regional median of 56% and a third quartile of 80%.

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

### National policies

- There are overall national policies for injuries and violence prevention. There are specific national policies for all types of injuries and violence except for self-directed violence.

### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Poland reported overall implementation of 80% of these for injury prevention and 97% for violence prevention. These are higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the area of road safety, the leading cause of injury death.

### Impact of WHO Resolution

- Poland acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority. There are overall national policies on injury and violence prevention, with political commitment for implementation. There has been no positive progress in a twelve-month period 2007 to 2008. Many of the elements of the Regional Committee Resolution were successfully achieved: national policy, intersectoral collaboration, capacity building, exchange of best practice and evidence-based emergency care.

### Next steps

- Greater attention needs to be given to national policy development in elder abuse prevention and implementing evidence based interventions for road safety. For a number of interventions, such as those for the prevention of poisoning, child maltreatment, youth violence and elder abuse these were implemented in some regions rather than nationally, and expanding coverage of these could be an area of future activity.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Poland has a population of 38.2 million with a slightly higher percentage of children (0-14) and a lower percentage of elderly when compared to the European Union (EU).
- Life expectancy at birth is lower than that of the EU for both males and females.

| Indicator (Year=2005 or last available)     | Poland     | WHO European Region | European Union* |
|---|------------|---------------------|-----------------|
| Mid-year population                         | 38 161 312 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 16.5       | 17.9                | 15.7            |
| % of population aged 65+ years              | 13.2       | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 70.8       | 70                  | 75              |
| Females, life expectancy at birth, in years | 79.4       | 76                  | 82              |

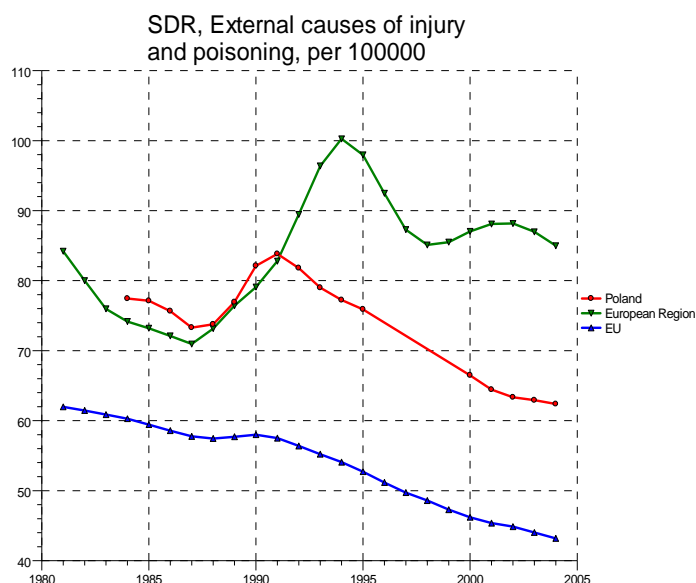
**Table 2. Leading causes of death (Expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Poland | WHO European Region | European Union* |
|---|--------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 862.4  | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 384.2  | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 211.5  | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 10 0000 | 62.6   | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region but higher than the EU.
- There was a steep rise in injury mortality rates which peaked in the early 1990s due to the political and socioeconomic transition and there is now a downward trend.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to transport injuries and falls are higher than those of the Region. Other injury death rates are higher than the EU.
- The homicide and suicide rates are higher than the EU.
- WHO/Europe has been engaged in supporting focal persons and supported the Ministry of Health in improving prehospital emergency care. Poland participated in the advocacy events of the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Poland, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | POLAND (2<br>RESPONDEN<br>TS)  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 62.6   | 83.2                      | 42.4               | N/A                 | 87  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 38.9   | 46.8                      | 27.1               | ✓                   | 80  | 65   |
| Road traffic injuries <sup>^</sup>       | 14.5   | 13.9                      | 10                 | ✓                   | 67  | 80   |
| Fires and burns                          | 1.4  | 2.6                       | 0.8                | ✓                   | 80  | 60   |
| Poisoning                                | 5.2  | 12                        | 2.2                | ✓                   | 100                                       | 80   |
| Drowning or<br>submersion                | 2.6  | 3.8                       | 1.4                | ✓                   | 88  | 63   |
| Falls                                    | 8.8  | 6.5                       | 6.5                | ✓                   | 86  | 71   |
| INTENTIONAL INJURY                       |  |                           |                    | ✓                   | 97  | 55   |
| Interpersonal<br>violence**              | 1.4  | 6.3                       | 1.1                | N/A                 | N/A                                       | N/A  |
| Youth violence***                        | 0.8  | 6.3                       | 1.1                | ✓                   | 100                                       | 60   |
| Child abuse and<br>neglect****           | 0.4  | 0.6                       | 0.4                | ✓                   | 100                                       | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                | ✓                   | 100                                       | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                | ✗                   | 100                                       | 67   |
| Self-directed violence                   | 15   | 15.1                      | 11.1               | ✓                   | 88  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

^ SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✓ |
| • Overall national policy on violence prevention                                       | ✓ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✗  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✗ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ✓ |
| • Promotion of research as part of this process  | ✓ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✓  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✗ |
| • Surveillance   | ✗ |
| • Multisectoral collaboration  | ✗ |
| • Capacity building  | ✗ |
| • Evidence-based emergency care  | ✗ |



## Portugal

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★★★★

Portugal reported that 86% of the effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions. This is compared to a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as national policies, injury surveillance and capacity building.

#### National policies

- There are overall national policies for injuries and violence prevention. There are specific national policies for all types of injury and violence except for self-directed violence.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Portugal reported overall implementation of 75% of these for injury prevention and 100% for violence prevention. These are higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of falls and drowning prevention.

#### Impact of WHO Resolution

- Portugal acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority. There is political commitment to take this forward and there has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy, surveillance, multisectoral collaboration, capacity building and evidence-based emergency care. Many of the elements of the Regional Committee Resolution were successfully achieved, either partially or fully: national policy, intersectoral collaboration, injury surveillance, capacity building, exchange of best practice.

#### Next steps

- Greater attention needs to be given to implementing evidence-based interventions for road safety where mortality is higher than that of the Region and for falls prevention and drowning. For a number of interventions, these were implemented in some regions rather than nationally, and expanding coverage could be an area of future activity.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Portugal has a population of 10.5 million with similar proportions of children and elderly as the European Union (EU).
- Life expectancy at birth is higher than that of the European Region, for both males and females and similar to that of the EU.

| Indicator (Year=2005 or last available)     | Portugal   | WHO European Region | European Union* |
|---|------------|---------------------|-----------------|
| Mid-year population                         | 10 549 424 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 15.6       | 17.9                | 15.7            |
| % of population aged 65+ years              | 16.8       | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 74.9       | 70                  | 75              |
| Females, life expectancy at birth, in years | 81.6       | 76                  | 82              |

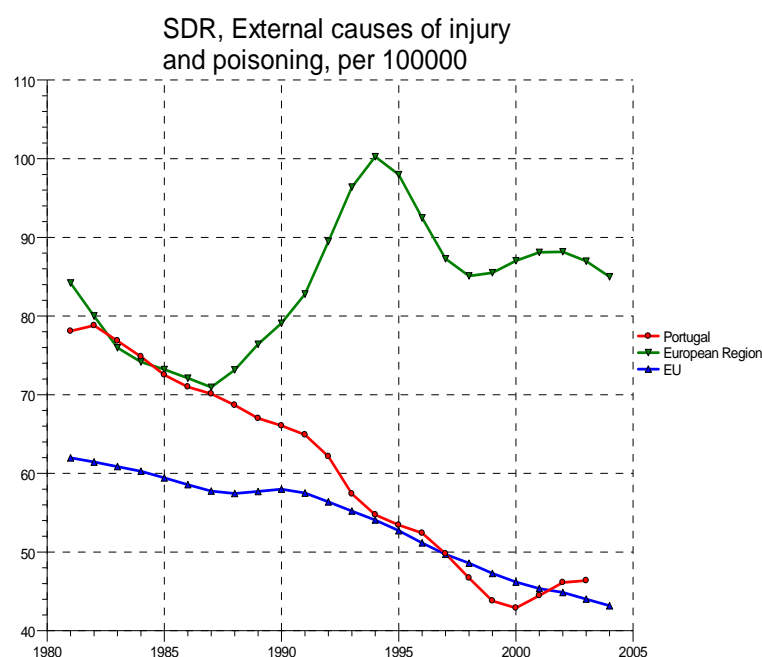
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Portugal | WHO European Region | European Union* |
|---|----------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 674.1    | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 228.9    | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 155.6    | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 44.7     | 83.2                | 43.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's value and similar to that of the EU.
- There has been a steady decline in injury mortality rates until 2000, and of concern, has increased since then.
- The leading causes of unintentional injury death are transport injuries, followed by falls, drowning, fires and poisoning.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to transport injuries are higher than those of the Region.
- WHO/Europe has been working closely with focal persons and is advocating for the development of a national plan. Portugal supported the Third European Network Meeting of the health ministry focal persons for violence and injury prevention and is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Portugal, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | PORTUGAL   | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 44.7   | 83.2                      | 66.3               | N/A                 | 86  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 26.9   | 46.8                      | 27.1               | ✓                   | 75  | 65   |
| Road traffic injuries <sup>^</sup>       | 15.4   | 13.9                      | 10                 | ✓                   | 93  | 80   |
| Fires and burns                          | 0.8  | 2.6                       | 0.8                | ✓                   | 100                                       | 60   |
| Poisoning                                | 0.4  | 12                        | 2.2                | ✓                   | 100                                       | 80   |
| Drowning or<br>submersion                | 1.5  | 3.8                       | 1.4                | ✓                   | 25  | 63   |
| Falls                                    | 3.5  | 6.5                       | 6.5                | ✓                   | 57  | 71   |
| INTENTIONAL INJURY                       |  |                           |                    | ✓                   | 100                                       | 55   |
| Interpersonal<br>violence**              | 1  | 6.3                       | 1.0                | N/A                 | N/A                                       | N/A  |
| Youth violence***                        | 0  | 6.3                       | 1.1                | ?                   | 100                                       | 60   |
| Child abuse and<br>neglect****           | 0  | 0.6                       | 0.4                | ✓                   | 100                                       | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                | ✓                   | 100                                       | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                | ✓                   | 100                                       | 67   |
| Self-directed violence                   | 9.6  | 15.1                      | 11.1               | ?                   | 100                                       | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4 Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✓ |
| • Overall national policy on violence prevention                                       | ✓ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
|  | ✓ |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
|  | ✓ |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✗ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ? |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ✗ |
| • Promotion of research as part of this process  | ✗ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✗ |
| • Quality assessment programme   | ✗ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
|  | ✓ |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✓ |
| • Capacity building  | ✓ |
| • Evidence-based emergency care  | ✓ |





## Russian Federation

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Russian Federation reported that 46% of the effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions; this is compared to a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as capacity building and road safety.

#### National policies

- There is no overall national policy for injuries or violence prevention. There is a specific national policy for road safety.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Russian Federation reported overall implementation of 33% of these for injury prevention and 66% for violence prevention. This is lower than the Regional median scores of 65% for unintentional injury but higher than that for violence prevention (55%). Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of road safety, fires, drowning, poisoning and falls for unintentional injuries. For violence, there was lower proportion of implementation for the prevention of youth violence and self-directed violence.

#### Impact of WHO Resolution

- Russian Federation acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority. Although there is no overall national policy on injury prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy development, multisectoral collaboration and capacity building. Some of the elements of the Regional Committee Resolution were successfully achieved: intersectoral collaboration, capacity building.

#### Next steps

- Greater action is needed to combat this leading cause of premature mortality and to correct the decline in life expectancy in the Russian male population. Alcohol has a strong role to play in this excess mortality in the Russian Federation and interventions are needed against harmful alcohol use. Attention needs to be given to national policy development and injury surveillance. Implementing evidence-based interventions should be a priority for preventing poisoning, road traffic injury, falls, drowning and fires. In the area of violence better implementation is needed for the prevention of youth violence and self-directed violence. For a number of interventions, these were implemented in some regions rather than nationally, and increasing coverage could be an area of future activity.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Russian Federation has a population of 143.1 million with a low percentage of children and a percentage of elderly similar to the Region.
- For males, life expectancy at birth is the lowest in the European Region. Female life expectancy is also lower than the regional value.

| Indicator (Year=2005 or last available)     | Russian Federation | WHO European Region | European Union* |
|---|--------------------|---------------------|-----------------|
| Mid-year population                         | 143 113 888        | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 15.1               | 17.9                | 15.7            |
| % of population aged 65+ years              | 13.8               | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 59                 | 70                  | 75              |
| Females, life expectancy at birth, in years | 72.4               | 76                  | 82              |

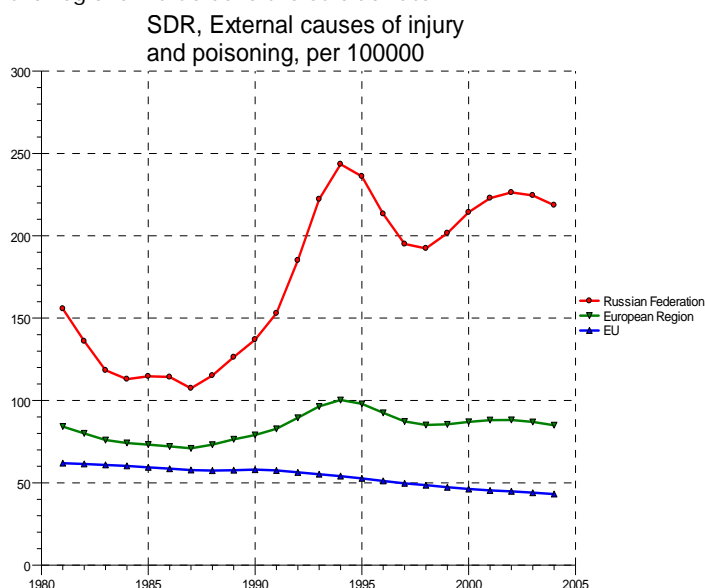
**Table 2. Leading causes of death (Expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Russian Federation | WHO European Region | European Union* |
|---|--------------------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 00                       | 1509.9             | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 837.3              | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 182.1              | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 211.2              | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the second leading cause of death. The death rate for all injuries, both intentional and unintentional is five times higher than the European Union and nearly thrice higher than the Region.
- There was a steep rise in injury mortality rates which peaked in the mid-1990s due to the political and socioeconomic transition. There was a second peak in 2002 and there is now a slight downward trend.
- The leading causes of unintentional injury death are poisoning, followed by transport injuries, drowning, falls and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Alcohol is a leading risk factor.
- Injury death rates irrespective of the cause are higher than those of the Region.
- Homicide rates irrespective of age group are higher than the regional value as is the suicide rate.
- WHO/Europe has been engaged in supporting focal persons and working with the Ministry of Health in the areas of surveillance, alcohol and violence, capacity building and developing national policy. Russian Federation participated in the advocacy events of the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project. The First Interministerial Conference on Road Safety will be hosted in the Russian Federation in 2009.

**Figure 1. Mortality from injuries in Russian Federation, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | RUSSIAN<br>FEDERATION  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 211.2  | 83.2                      | 42.4               | N/A                 | 46  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 100.4  | 46.8                      | 27.1               | ?                   | 33  | 65   |
| Road traffic injuries <sup>^</sup>       | 26.4   | 13.9                      | 10                 | ?                   | 47  | 80   |
| Fires and burns                          | 8.2  | 2.6                       | 0.8                | ?                   | 20  | 60   |
| Poisoning                                | 42.3   | 12                        | 2.2                | ?                   | 40  | 80   |
| Drowning or<br>submersion                | 9.9  | 3.8                       | 1.4                | ?                   | 38  | 63   |
| Falls                                    | 8.6  | 6.5                       | 6.5                | ?                   | 0   | 71   |
| INTENTIONAL INJURY                       |  |                           |                    | ✗                   | 66  | 55   |
| Interpersonal<br>violence**              | 23.7   | 6.3                       | 1.1                | N/A                 | N/A                                       | N/A  |
| Youth violence***                        | 21.1   | 6.3                       | 1.1                | ✗                   | 40  | 60   |
| Child abuse and<br>neglect****           | 1.7  | 0.6                       | 0.4                | ✗                   | 100                                       | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                | ✗                   | 0   | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                | ✗                   | 67  | 67   |
| Self-directed violence                   | 29.8   | 15.1                      | 11.1               | ✗                   | 50  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

^ SDR from transport accidents.




\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**Legend:  Yes  No  Not specified/no response

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ?   |
| • Overall national policy on violence prevention                                       |    |
| • Commitment to develop national policy  |    |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
|  |    |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
|  |    |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  |    |
| • Secretariat to support the intersectoral committee                                   |    |
| • Questionnaire answered in consensus with other sectors/stakeholders                  |    |
| • Can WHO help achieve intersectoral collaboration in the country?                     |    |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   |    |
| • Exchange of evidence-based practice as part of this process                          |    |
| • Promotion of research as part of this process  |   |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ?   |
| • Quality assessment programme   | ?   |
| • Process to build capacity identified   |  |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
|  |  |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  |  |
| • Surveillance   |  |
| • Multisectoral collaboration  |  |
| • Capacity building  |  |
| • Evidence-based emergency care  | ?   |



## San Marino

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

San Marino reported that 70% of the effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions, compared to a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as national policy, injury surveillance and quality emergency care.

#### National policies

- There is an overall national policy for injury prevention. There are specific national policies for all types of unintentional injuries and for child maltreatment prevention and elder abuse prevention.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, San Marino reported overall implementation of 65% of these for injury prevention and 76% for violence prevention. This is the same as the Regional median scores of 65% for unintentional injury and higher than the median of 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of road safety, drowning and falls for unintentional injuries. For violence, there was lower proportion of implementation for self-directed violence.

#### Impact of WHO Resolution

- San Marino acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority. There is an overall national policy on injury prevention but not for violence prevention. There is political commitment for this area and many of the key steps considered necessary for policy development are in place. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy development, multisectoral collaboration and evidence-based emergency care. Many of the elements of the Regional Committee Resolution were successfully achieved: national policy, injury surveillance, quality emergency care.

#### Next steps

- Greater attention needs to be given to national policy development in violence prevention and implementing evidence based the interventions for road safety, drowning and falls prevention, and for the prevention of self-directed violence.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- San Marino has a population of 30 thousand with a lower percentage of children and higher percentage of elderly when compared to the European Region; these proportions are similar to the European Union (EU).
- Life expectancy at birth is higher than that of the European Region and the EU for both males and females.

| Indicator (Year=2005 or last available)     | San Marino | WHO European Region | European Union* |
|---|------------|---------------------|-----------------|
| Mid-year population                         | 29 842     | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 15.2       | 17.9                | 15.7            |
| % of population aged 65+ years              | 15.8       | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 78.9       | 70                  | 75              |
| Females, life expectancy at birth, in years | 83.2       | 76                  | 82              |

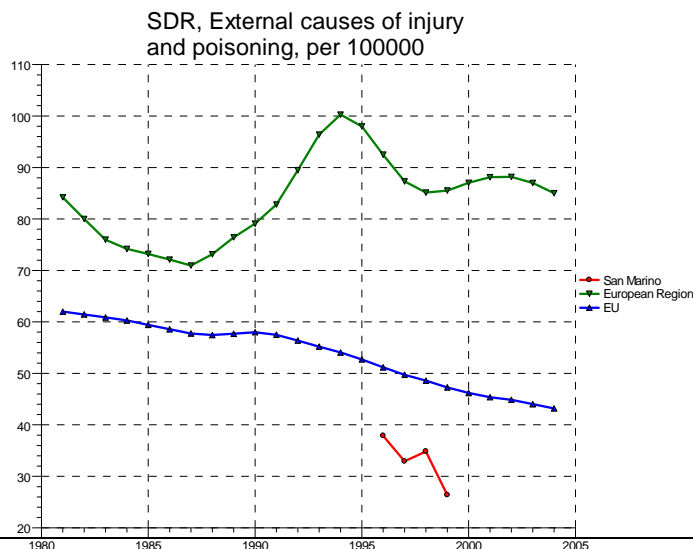
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | San Marino | WHO European Region | European Union* |
|---|------------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 547.5      | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 234.2      | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100000               | 221.7      | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 26.1       | 83.2                | 42.4            |




Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>












- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the EU.
- There has been a downward trend in injury mortality rates.
- The leading causes of unintentional injury death are transport injuries.
- The leading causes of intentional injury death are suicides.
- Injury death rates due to road traffic injury are higher than those of the Region.
- WHO/Europe is working closely with the focal person. San Marino is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in San Marino, the European Union and the WHO European Region. Time trend 1980-2005**



This analysis is part of a joint project of WHO/Europe and the European Commission on preventing injuries and promoting safety in Europe

**Table 3. Injury burden, policy response and effective prevention measures in place**Legend:  Yes  No  ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY?   | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |                                |
|--|--|---------------------------|--------------------|---|---|--------------------------------|
|  | SAN MARINO   | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |   | COUNTRY<br>SCORE**                        | REGIONAL<br>MEDIAN<br>SCORE*** |
| ALL INJURIES                             | 26.1   | 83.2                      | 42.4               | N/A   | 70  | 56                             |
| UNINTENTIONAL<br>INJURY#                 | 22.8   | 46.8                      | 27.1               |    | 65  | 65                             |
| Road traffic injuries^                   | 22.8   | 13.9                      | 10                 |    | 67  | 80                             |
| Fires and burns                          | 0  | 2.6                       | 0.8                |    | 100                                       | 60                             |
| Poisoning                                | 0  | 12                        | 2.2                |    | 100                                       | 80                             |
| Drowning or<br>submersion                | 0  | 3.8                       | 1.4                |    | 25  | 63                             |
| Falls                                    | 0  | 6.5                       | 6.5                |    | 57  | 71                             |
| INTENTIONAL INJURY                       |  |                           |                    | NO  | 76  | 55                             |
| Interpersonal<br>violence**              | 0  | 6.3                       | 1.1                | N/A   | N/A                                       | N/A                            |
| Youth violence***                        | 0  | 6.3                       | 1.1                |  | 60  | 60                             |
| Child abuse and<br>neglect****           | 0  | 0.6                       | 0.4                |  | 100                                       | 100                            |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                |  | 100                                       | 50                             |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                |  | 100                                       | 67                             |
| Self-directed violence                   | 3.2  | 15.1                      | 11.1               |  | 38  | 63                             |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

^ SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✓ |
| • Overall national policy on violence prevention                                       | ✗ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✓  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✓ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ? |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ? |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✗ |
| • Exchange of evidence-based practice as part of this process                          | ✗ |
| • Promotion of research as part of this process  | ✗ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✓  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✗ |
| • Multisectoral collaboration  | ✓ |
| • Capacity building  | ✗ |
| • Evidence-based emergency care  | ✓ |





## Serbia

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Serbia reported that 48% of the effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions, compared to a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as capacity building, evidence based emergency care and road safety.

#### National policies

- There is no overall national policy for injury or violence prevention. There are specific national policies for road safety and poisoning prevention.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Serbia reported overall implementation of 48% of these for injury prevention and 48% for violence prevention. These are lower than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of road safety, drowning, poisoning and falls for unintentional injuries. For violence, there was lower proportion of implementation for youth violence, child maltreatment, intimate partner violence and self-directed violence.

#### Impact of WHO Resolution

- In Serbia adoption of the WHO Resolution did not raise the policy profile of the prevention of violence and injuries as a health priority at the Ministry of Health. Although there is no overall national policy on injury prevention, there is political commitment for this and some of the key steps considered necessary for policy development are in place. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of multisectoral collaboration and evidence-based emergency care. Some of the elements of the Regional Committee Resolution were successfully achieved: capacity building, evidence based-emergency care. A national body is being created to oversee the prevention of injuries.

#### Next steps

- Greater attention needs to be given to national policy development, injury surveillance and implementing evidence-based interventions for road safety, falls, poisoning and drowning and for the prevention of youth violence, child maltreatment, intimate partner violence and self-directed violence. For a number of interventions, these were implemented in some regions rather than nationally, and greater coverage could be an area of future activity. The creation of the national body to oversee policy development and implementation in injury prevention will facilitate a more systematic approach.

★ less than 25% (first quartile: 0-25)

★★ 25 to 50% (first quartile to median: 26-55)

★★★ 50 to 75% (median to third quartile: 56-79)

★★★★ 75 to 100% (over third quartile: 80-100)

## Country profile

**Table 1. Demographics**

- Serbia has a population of 7.4 million with a lower percentage of children (0-14) and a higher percentage of elderly.
- Life expectancy at birth is similar to that of the European Region, both for males and females.

| Indicator (Year=2005 or last available)     | Serbia    | WHO European Region | European Union* |
|---|-----------|---------------------|-----------------|
| Mid-year population                         | 7 411 569 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 15.6      | 17.9                | 15.7            |
| % of population aged 65+ years              | 17.2      | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 70.8      | 70                  | 75              |
| Females, life expectancy at birth, in years | 76.2      | 76                  | 82              |

**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

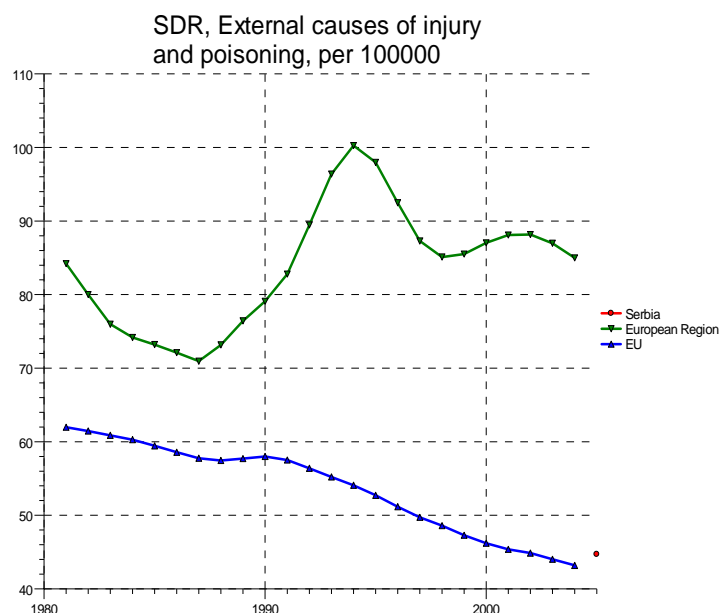
| Indicator (Year=2005 or last available year)                | Serbia | WHO European Region | European Union* |
|---|--------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 1017.8 | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 567    | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 202.7  | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 44.8   | 83.2                | 42.3            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region.
- The leading causes of unintentional injury death are transport injuries, followed by falls, drowning, poisoning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Suicide rates are higher than the regional value.
- WHO/Europe has been engaged in supporting focal persons. Serbia was actively involved in the First UN Global Road Safety Week, has adopted the World Remembrance Day for Road Traffic Victims and is taking part in the Global Status Report on Road Safety project.
- The Ministry of Health has supported the piloting of a injury surveillance project.
- Only the last three years of data (2004-2006) are available for Serbia.

**Figure 1. Mortality from injuries in Serbia, the European Union and the WHO European Region. Time trend 1980-2005**

No trend data available.



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | SERBIA   | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 44.8   | 83.2                      | 66.3               | N/A                 | 48  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 22.8   | 46.8                      | 27.1               | ✗                   | 48  | 65   |
| Road traffic injuries <sup>^</sup>       | 11   | 13.9                      | 10                 | ✓                   | 60  | 80   |
| Fires and burns                          | 0.8  | 2.6                       | 0.8                | ✗                   | 60  | 60   |
| Poisoning                                | 0.8  | 12                        | 2.2                | ✓                   | 60  | 80   |
| Drowning or<br>submersion                | 1.3  | 3.8                       | 1.4                | ✗                   | 25  | 63   |
| Falls                                    | 2.8  | 6.5                       | 6.5                | ✗                   | 29  | 71   |
| INTENTIONAL INJURY                       |  |                           |                    | ✗                   | 48  | 55   |
| Interpersonal<br>violence**              | 2  | 6.3                       | 1.0                | N/A                 | N/A                                       | N/A  |
| Youth violence***                        | 1.9  | 6.3                       | 1.1                | ?                   | 40  | 60   |
| Child abuse and<br>neglect****           | 0.3  | 0.6                       | 0.4                | ?                   | 75  | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                | ?                   | 0   | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                | ?                   | 67  | 67   |
| Self-directed violence                   | 16.2   | 15.1                      | 11.1               | ?                   | 50  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad/b> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.






















\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4 Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**Legend:  Yes  No  Not specified/no response

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   |    |
| • Overall national policy on violence prevention                                       |    |
| • Commitment to develop national policy  |    |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
|     |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
|     |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  |    |
| • Secretariat to support the intersectoral committee                                   |    |
| • Questionnaire answered in consensus with other sectors/stakeholders                  |    |
| • Can WHO help achieve intersectoral collaboration in the country?                     |    |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   |    |
| • Exchange of evidence-based practice as part of this process                          |    |
| • Promotion of research as part of this process  |   |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  |  |
| • Quality assessment programme   |  |
| • Process to build capacity identified   |  |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
|   |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  |  |
| • Surveillance   |  |
| • Multisectoral collaboration  |  |
| • Capacity building  |  |
| • Evidence-based emergency care  |  |



## Slovakia

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Slovakia reported that 54% of effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions, compared to a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as intersectoral collaboration and evidence based emergency care.

#### National policies

- There is no overall national policy for injuries or violence prevention. There are specific national policies for road safety, falls prevention and the prevention of youth violence, child maltreatment and intimate partner violence .

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Slovakia reported overall implementation of 53% of these for injury prevention and 55% for violence prevention. This is lower than the Regional median scores of 65% for unintentional injury and the same as that for violence prevention (55%). Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of road safety and poisoning for unintentional injuries. For violence, there was lower proportion of implementation for youth violence and child maltreatment.

#### Impact of WHO Resolution

- In Slovakia adoption of the WHO Resolution did not further raise the policy profile of the prevention of violence and injuries as a health priority. Although there is no overall national policy on injury prevention, there is political commitment for this and some of the key steps considered necessary for policy development are in place. There has been some progress in a twelve-month period 2007 to 2008, particularly in the area of policy development for the prevention of injuries in children. Many of the elements of the Regional Committee Resolution were partially achieved: national policy, intersectoral collaboration, capacity building, quality emergency care.

#### Next steps

- Greater attention needs to be given to building on the progress made in national policy development and implementing evidence-based interventions for road safety and poisoning prevention, and for the prevention of youth violence and child maltreatment. For quite a number of interventions, these were implemented in some regions rather than nationally, and increasing coverage could be an area of future emphasis.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Slovakia has a population of 5.4 million with a higher percentage of children (0-14) and a lower percentage of elderly when compared to the European Union (EU).
- Life expectancy at birth is similar to that of the European Region in males but higher for females. For both males and females life expectancy is lower than that of the EU.

| Indicator (Year=2005 or last available)     | Slovakia  | WHO European Region | European Union* |
|---|-----------|---------------------|-----------------|
| Mid-year population                         | 5 389 180 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 16.6      | 17.9                | 15.7            |
| % of population aged 65+ years              | 11.7      | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 70.3      | 70                  | 75              |
| Females, life expectancy at birth, in years | 78.2      | 76                  | 82              |

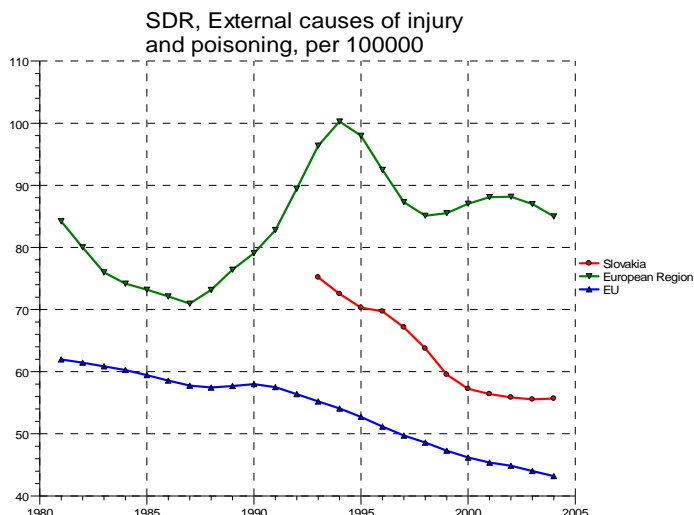
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**




| Indicator (Year=2005 or last available year)                | Slovakia | WHO European Region | European Union* |
|---|----------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 945      | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 508.7    | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 208.3    | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 55.8     | 83.2                | 42.4            |













Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region, though higher than the EU.
- There has been a steady decline in injury mortality rates since 1993, but a leveling off in recent years.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to falls are higher than those of the Region, and other injury death rates are higher than the EU.
- The homicide and suicide rates are higher than the EU value.
- WHO/Europe has been engaged in supporting focal persons and is currently collaborating with the Ministry of Health in the area of national policy development for child injury prevention and surveillance. Slovakia is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Slovakia, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**Legend:  Yes  No  ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                            | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY?  | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|--|---|--|
|  | SLOVAKIA   | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |  | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                               | 55.8   | 83.2                      | 42.4               | N/A  | 54  | 56   |
| UNINTENTIONAL<br>INJURY#                   | 37.5   | 46.8                      | 27.1               |    | 53  | 65   |
| Road traffic injuries <sup>^</sup>         | 13.6   | 13.9                      | 10                 |    | 40  | 80   |
| Fires and burns                            | 0.9  | 2.6                       | 0.8                |    | 60  | 60   |
| Poisoning                                  | 2.9  | 12                        | 2.2                |    | 40  | 80   |
| Drowning or<br>submersion                  | 2.6  | 3.8                       | 1.4                |    | 63  | 63   |
| Falls                                      | 8.4  | 6.5                       | 6.5                |    | 71  | 71   |
| INTENTIONAL INJURY                         |  |                           |                    |    | 55  | 55   |
| Interpersonal<br>violence <sup>**</sup>    | 1.6  | 6.3                       | 1.1                | N/A  | N/A                                       | N/A  |
| Youth violence <sup>***</sup>              | 1.3  | 6.3                       | 1.1                |  | 20  | 60   |
| Child abuse and<br>neglect <sup>****</sup> | 0.4  | 0.6                       | 0.4                |  | 75  | 100  |
| Intimate partner or<br>domestic violence   | N/A  | N/A                       | N/A                |  | 100                                       | 50   |
| Elder abuse and<br>neglect                 | N/A  | N/A                       | N/A                |  | 67  | 67   |
| Self-directed violence                     | 11.9   | 15.1                      | 11.1               |  | 63  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✗ |
| • Overall national policy on violence prevention                                       | ✗ |
| • Commitment to develop national policy  | ✗ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✗  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✗ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✗ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ✗ |
| • Promotion of research as part of this process  | ✗ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ? |
| • Process to build capacity identified   | ? |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✗  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✗ |
| • Multisectoral collaboration  | ✗ |
| • Capacity building  | ✗ |
| • Evidence-based emergency care  | ✗ |





## Slovenia

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Slovenia scores 77% of effective interventions reported as implemented out of a total of 69 interventions to prevent a range of injuries, against a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as having a national policy for injury prevention, injury surveillance, intersectoral collaboration and capacity building.

#### National policies

- There is no overall national policy for injury prevention. There are specific national policies for road safety, poisoning prevention and the prevention of child maltreatment and intimate partner violence prevention.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Slovenia reported overall implementation of 75% of these for injury prevention and 79% for violence prevention. These are higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of fires, poisoning and drowning for unintentional injuries. For violence, there was lower proportion of implementation for youth violence.

#### Impact of WHO Resolution

- In Slovenia adoption of the WHO Resolution did not raise the policy profile of the prevention of violence and injuries as a health priority at the Ministry of Health. There is no overall national policy on injury prevention but there is political commitment for developing this. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy and surveillance. Many of the elements of the Regional Committee Resolution were successfully achieved: national policy, injury surveillance, intersectoral collaboration, capacity building, exchange of best practice.

#### Next steps

- Greater attention needs to be given to national policy development for injury and violence prevention and implementing evidence-based interventions for the prevention of poisoning, drowning and fires and for the prevention of youth violence and elder abuse. For a number of interventions particularly in the area of violence prevention, these were implemented in some regions rather than nationally, and increasing coverage could be one area of future activity.

★ less than 25% (first quartile: 0-25)

★★ 25 to 50% (first quartile to median: 26-55)

★★★ 50 to 75% (median to third quartile: 56-79)

★★★★ 75 to 100% (over third quartile: 80-100)

## Country profile

**Table 1. Demographics**

- Slovenia has a population of 2 million with a low percentage of children and a slightly higher percentage of elderly.
- Life expectancy at birth is higher than that of the European Region, for both males and females and equivalent to the European Union's (EU).

| Indicator (Year=2005 or last available)     | Slovenia  | WHO European Region | European Union* |
|---|-----------|---------------------|-----------------|
| Mid-year population                         | 2 008 516 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 14        | 17.9                | 15.7            |
| % of population aged 65+ years              | 15.7      | 13.8                | 16.4            |
| Males, Life expectancy at birth, in years   | 74.5      | 70                  | 75              |
| Females, Life expectancy at birth, in years | 82        | 76                  | 82              |

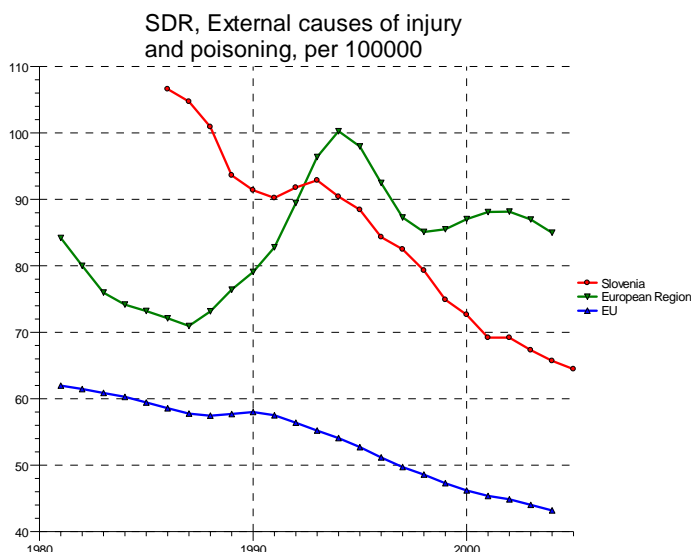
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**


| Indicator (Year=2005 or last available year)                | Slovenia | WHO European Region | European Union* |
|---|----------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 680.5    | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 261.2    | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 198      | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 66.4     | 83.2                | 42.4            |













Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region but higher than the EU.
- There was a peak in injury mortality rates in the early 1990s due to the political and socioeconomic transition and there is now a downward trend.
- The leading causes of unintentional injury death are falls, followed by transport injuries, poisoning, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to falls are higher than those of the Region and those due to road traffic are higher than the EU.
- The suicide rate is higher than the regional value.
- WHO/Europe has been engaged in supporting focal persons. Slovenia participated in the advocacy events of the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Slovenia, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**Legend:  Yes  No  ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY?   | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---|---|--|
|  | SLOVENIA (2<br>RESPONDENTS)  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |   | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 66.4   | 83.2                      | 66.3               | N/A   | 77  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 36.7   | 46.8                      | 27.1               |    | 75  | 65   |
| Road traffic injuries <sup>^</sup>       | 13.7   | 13.9                      | 10                 |    | 100                                       | 80   |
| Fires and burns                          | 0.3  | 2.6                       | 0.8                |    | 40  | 60   |
| Poisoning                                | 1.3  | 12                        | 2.2                |    | 60  | 80   |
| Drowning or<br>submersion                | 1  | 3.8                       | 1.4                |    | 50  | 63   |
| Falls                                    | 16.3   | 6.5                       | 6.5                |    | 86  | 71   |
| INTENTIONAL INJURY                       |  |                           |                    |    | 79  | 55   |
| Interpersonal<br>violence**              | 0.6  | 6.3                       | 1.0                | N/A   | N/A                                       | N/A  |
| Youth violence***                        | 0.7  | 6.3                       | 1.1                |  | 40  | 60   |
| Child abuse and<br>neglect****           | 0  | 0.6                       | 0.4                |  | 100                                       | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                |  | 100                                       | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                |  | 67  | 67   |
| Self-directed violence                   | 22.8   | 15.1                      | 11.1               |  | 100                                       | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

^ SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✗ |
| • Overall national policy on violence prevention                                       | ✗ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✓  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✓ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ✓ |
| • Promotion of research as part of this process  | ✓ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✗ |
| • Process to build capacity identified   | ✗ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✗  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✗ |
| • Capacity building  | ? |
| • Evidence-based emergency care  | ✗ |



## Spain

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Spain reported that 70% of the effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions, compared to a regional median of 56% and a third quartile of 80%.

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

#### National policies

- There is no overall national policy for injuries or violence prevention. There are specific national policies for road safety, fires and poisoning. In the area of violence prevention these are for youth violence, child maltreatment, intimate partner violence and elder abuse.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Spain reported overall implementation of 75% of these for injury prevention and 62% for violence prevention. These are higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of fires and falls for unintentional injuries. For violence, there was no information available on implementation for self-directed violence.

#### Impact of WHO Resolution

- Spain acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Although there is no overall national policy on injury prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of injury surveillance, multisectoral collaboration, evidence-based emergency care and capacity building. Many of the elements of the Regional Committee Resolution were successfully achieved: injury surveillance, intersectoral collaboration, capacity building, exchange of best practice.

#### Next steps

- Greater attention needs to be given to integrated national policy development and implementing evidence-based interventions for falls and fires prevention and for the prevention of youth violence. For a number of interventions, these were implemented in some regions rather than nationally, and increasing coverage could be an area of future activity.

★ less than 25% (first quartile: 0-25)

★★ 25 to 50% (first quartile to median: 26-55)

★★★ 50 to 75% (median to third quartile: 56-79)

★★★★ 75 to 100% (over third quartile: 80-100)

## Country profile

**Table 1. Demographics**

- Spain has a population of 43.4 million with a lower percentage of children and a slightly higher percentage of elderly.
- Life expectancy at birth is higher than that of the European Region and European Union (EU) for both males and females.

| Indicator (Year=2005 or last available)     | Spain      | WHO European Region | European Union* |
|---|------------|---------------------|-----------------|
| Mid-year population                         | 43 398 192 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 14.5       | 17.9                | 15.7            |
| % of population aged 65+ years              | 16.7       | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 77.1       | 70                  | 75              |
| Females, life expectancy at birth, in years | 83.8       | 76                  | 82              |

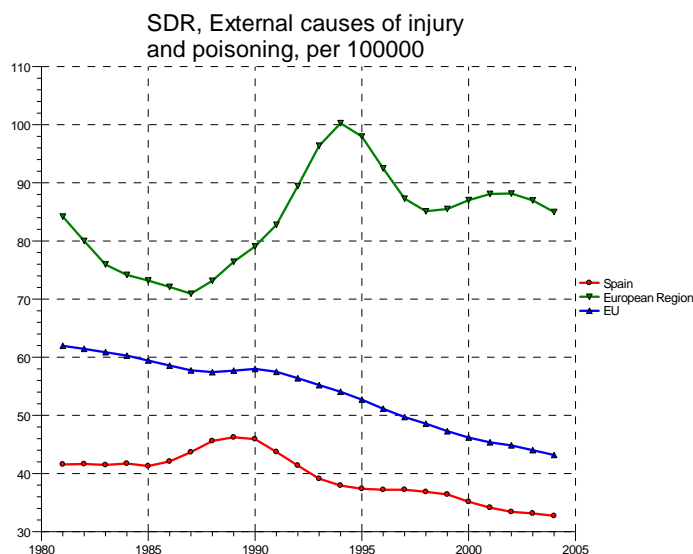
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**




| Indicator (Year=2005 or last available year)                | Spain | WHO European Region | European Union* |
|---|-------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 00                       | 568.5 | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 172   | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 159.7 | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 31.7  | 83.2                | 42.4            |













Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region and EU values.
- There has been a downward trend in injury mortality rates.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to road traffic injury are higher than those of the EU.
- Rates for fatal violence are lower than the EU except for the homicide rate in youth (15-29 years) which is the same as the EU.
- WHO/Europe has been working closely with focal persons. Spain is providing support to WHO in translating WHO materials for capacity building. Spain is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Spain, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**Legend:  Yes  No  ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY?   | INTERVENTION EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---|--|--|
|  | SPAIN  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |   | COUNTRY<br>SCORE <sup>++</sup>         | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 31.7   | 83.2                      | 66.3               | N/A   | 70                                     | 56   |
| UNINTENTIONAL<br>INJURY#                 | 23.2   | 46.8                      | 27.1               |    | 75                                     | 65   |
| Road traffic injuries <sup>^</sup>       | 10.4   | 13.9                      | 10                 |    | 93                                     | 80   |
| Fires and burns                          | 0.4  | 2.6                       | 0.8                |    | 40                                     | 60   |
| Poisoning                                | 1.8  | 12                        | 2.2                |    | 80                                     | 80   |
| Drowning or<br>submersion                | 1  | 3.8                       | 1.4                |    | 88                                     | 63   |
| Falls                                    | 2.8  | 6.5                       | 6.5                |    | 43                                     | 71   |
| INTENTIONAL INJURY                       |  |                           |                    |    | 62                                     | 55   |
| Interpersonal<br>violence**              | 0.8  | 6.3                       | 1.0                | N/A   | N/A                                    | N/A  |
| Youth violence***                        | 1.1  | 6.3                       | 1.1                |  | 60                                     | 60   |
| Child abuse and<br>neglect****           | 0.2  | 0.6                       | 0.4                |  | 100                                    | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                |  | 100                                    | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                |  | 67                                     | 67   |
| Self-directed violence                   | 6.6  | 15.1                      | 11.1               |  | ?                                      | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✗ |
| • Overall national policy on violence prevention                                       | ✗ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✓  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✗ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ✓ |
| • Promotion of research as part of this process  | ✓ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✓  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✗ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✓ |
| • Capacity building  | ✓ |
| • Evidence-based emergency care  | ✓ |





## The former Yugoslav Republic of Macedonia

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★★★★

The former Yugoslav Republic of Macedonia (TFYR Macedonia) reported that 91% of effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions, compared to a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as injury surveillance, intersectoral collaboration and capacity building.

#### National policies

- There is no overall national policy for injury prevention, though legislation exists. For violence prevention there is an integrated policy and plans are being developed to address intimate partner violence, child maltreatment, youth violence and elder abuse.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, The former Yugoslav Republic of Macedonia reported overall implementation of 98% of these for injury prevention and 83% for violence prevention. These are higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. Reported implementation was generally higher than the regional median. Other than for road safety and fires where implementation was at a national level, for other types of injury and violence, geographical coverage needs to be increased.

#### Impact of WHO Resolution

- The former Yugoslav Republic of Macedonia acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority. Although there is no overall national policy on injury prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place. Both injury and violence prevention are a stated priority in the National Health Strategy. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of multisectoral collaboration and capacity building. Many of the elements of the Regional Committee Resolution are being successfully achieved: injury surveillance, intersectoral collaboration, capacity building, exchange of best practice and quality emergency care.

#### Next steps

- Greater attention needs to be given to national policy development in the areas of injury prevention. Formative work has been completed in the area of interpersonal violence prevention with plans being developed for implementation. Work is underway to improve surveillance of injuries and violence, with base line community surveys. The implementation of evidence based interventions needs to be increased so as to have national coverage.

★ less than 25% (first quartile: 0-25)

★★ 25 to 50% (first quartile to median: 26-55)

★★★★ 50 to 75% (median to third quartile: 56-79)

★★★★★ 75 to 100% (over third quartile: 80-100)

## Country profile

**Table 1. Demographics**

- The former Yugoslav Republic of Macedonia has a population of 2 million with a high percentage of children and a low percentage of elderly.
- Life expectancy at birth is similar to that of the European Region for both males and females.

| Indicator (Year=2005 or last available)     | TFYR Macedonia | WHO European Region | European Union* |
|---|----------------|---------------------|-----------------|
| Mid-year population                         | 2 036 855      | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 20.6           | 17.9                | 15.7            |
| % of population aged 65+ years              | 10.6           | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 71.1           | 70                  | 75              |
| Females, life expectancy at birth, in years | 76.1           | 76                  | 82              |

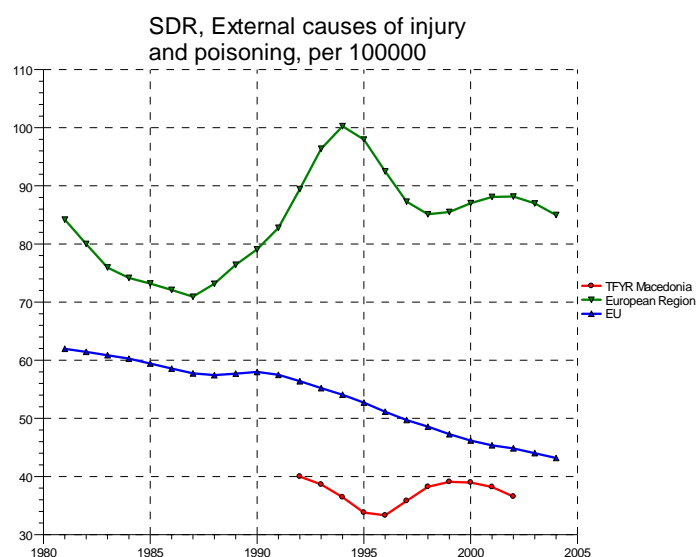
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | TFYR Macedonia | WHO European Region | European Union* |
|---|----------------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 1033.7         | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 599.1          | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 165.1          | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 32.9           | 83.2                | 42.4            |




Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad/>













- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's average.
- There was a rise in injury mortality rates which peaked in the late 1990s due to the political and socioeconomic transition and there is now a downward trend.
- The leading causes of unintentional injury death are transport injuries, followed by falls, drowning, poisoning and fires.
- The leading causes of intentional injury death are suicide followed by homicide.
- Injury death rates are lower than those of the Region and the European Union (EU).
- Death rates from violence were lower than the Region but higher than the EU for homicides, including for youth homicides (15-29 years) and child homicides (0-14 years).
- WHO/Europe has been engaged in supporting focal persons and is working collaboratively with the Ministry of Health in the areas of national surveys of injury and violence, developing a national report and policy for violence prevention, and capacity building. The former Yugoslav Republic of Macedonia participated in the advocacy events of the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in The former Yugoslav Republic of Macedonia, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend:  Yes  No  Not specified/no response N/A Not applicable

| CAUSE OF INJURY                            | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY?   | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---|---|--|
|  | TFYR<br>MACEDONIA  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |   | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                               | 32.9   | 83.2                      | 42.4               | N/A   | 91  | 56   |
| UNINTENTIONAL<br>INJURY#                   | 22.7   | 46.8                      | 27.1               |    | 98  | 65   |
| Road traffic injuries <sup>^</sup>         | 6.3  | 13.9                      | 10                 |    | 100                                       | 80   |
| Fires and burns                            | 0.6  | 2.6                       | 0.8                |    | 100                                       | 60   |
| Poisoning                                  | 1.1  | 12                        | 2.2                |    | 100                                       | 80   |
| Drowning or<br>submersion                  | 1.2  | 3.8                       | 1.4                |    | 100                                       | 63   |
| Falls                                      | 2.6  | 6.5                       | 6.5                |    | 86  | 71   |
| INTENTIONAL INJURY                         |  |                           |                    |    | 83  | 55   |
| Interpersonal<br>violence <sup>**</sup>    | 3.2  | 6.3                       | 1.1                | N/A   | N/A                                       | N/A  |
| Youth violence <sup>***</sup>              | 4.4  | 6.3                       | 1.1                |  | 100                                       | 60   |
| Child abuse and<br>neglect <sup>****</sup> | 0.5  | 0.6                       | 0.4                |  | 100                                       | 100  |
| Intimate partner or<br>domestic violence   | N/A  | N/A                       | N/A                |  | 50  | 50   |
| Elder abuse and<br>neglect                 | N/A  | N/A                       | N/A                |  | 67  | 67   |
| Self-directed violence                     | 7  | 15.1                      | 11.1               |  | 88  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

+++ For full range of interventions and responses, please consult country questionnaire.

Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4 Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✗ |
| • Overall national policy on violence prevention                                       | ✓ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✓  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✗ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ✓ |
| • Promotion of research as part of this process  | ✓ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✓  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✓ |
| • Capacity building  | ✓ |
| • Evidence-based emergency care  | ✓ |



## United Kingdom

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★★★★

United Kingdom reported that 84% of the effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions, compared to a regional median of 56% and a third quartile of 80%.

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

#### National policies

- There are national policies for injury and violence prevention. In addition there are specific national policies for the different types of injuries and violence.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, United Kingdom reported overall implementation of 73% of these for injury prevention and 100% for violence prevention. These are higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of road safety and drowning for unintentional injuries. For violence, there was a higher proportion of implementation for almost all types of violence prevention.

#### Impact of WHO Resolution

- United Kingdom acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority. There is political commitment to implement national policies. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy, surveillance, multisectoral collaboration and capacity building. All the elements of the Regional Committee Resolution were successfully achieved.

#### Next steps

- The United Kingdom has achieved almost all of the items of the Resolution. Greater attention needs to be given to implementing evidence based interventions for self-directed violence, elder abuse and youth violence where coverage needs to be increased to the national level. There are inequalities in injury mortality action needs to be taken to overcome these. The health sector is providing a coordinating role but the support of a secretariat is needed. The United Kingdom has achieved many of the items of the Resolution and can thus provide leadership and support for other Member States.

★ less than 25% (first quartile: 0-25)

★★ 25 to 50% (first quartile to median: 26-55)

★★★★ 50 to 75% (median to third quartile: 56-79)

★★★★★ 75 to 100% (over third quartile: 80-100)

## Country profile

**Table 1. Demographics**

- United Kingdom has a population of 60.2 million with a high percentage of young people similar to the European Region and high percentage of elderly similar to the European Union (EU).
- Life expectancy at birth is greater than that of the European Region for both males and females. For males this is greater than the EU and for females just less than the EU.

| Indicator (Year=2005 or last available)     | United Kingdom | WHO European Region | European Union* |
|---|----------------|---------------------|-----------------|
| Mid-year population                         | 60 209 452     | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 18             | 17.9                | 15.7            |
| % of population aged 65+ years              | 16             | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 77.1           | 70                  | 75              |
| Females, life expectancy at birth, in years | 81.4           | 76                  | 82              |

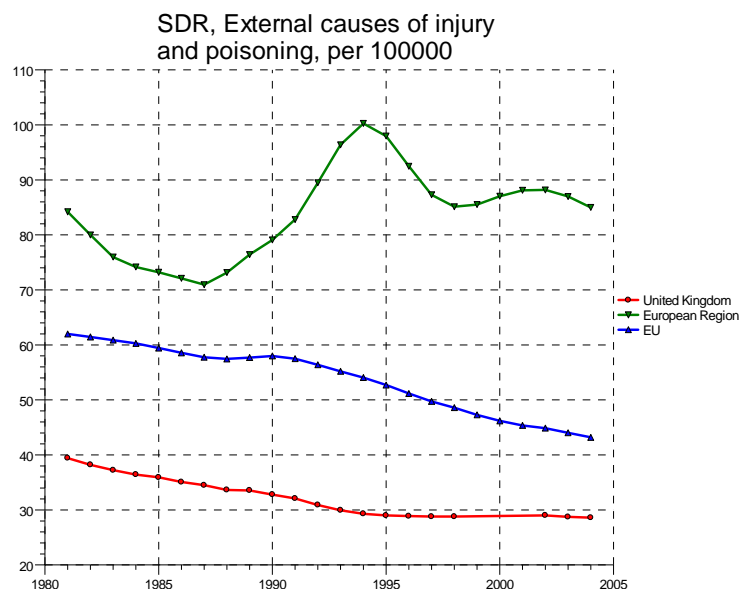
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | United Kingdom | WHO European Region | European Union* |
|---|----------------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 627.5          | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 211.1          | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 180.6          | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 28.2           | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the third leading cause of death. Death rates for all injuries, both intentional and unintentional are three times lower than that of the European Region.
- There has been a gradual downward trend in injury mortality albeit a leveling off in the last 10 years.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, fires and drowning.
- The leading causes of intentional injury death are suicide followed by homicides.
- Death rates due to the individual causes of injuries and violence are lower than those of the Region and the EU.
- WHO/Europe has been working closely with focal persons and the WHO Collaborating Centres for violence and injury prevention. United Kingdom hosted the Third Milestones of a Global Campaign for Violence Prevention and is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in United Kingdom, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

Legend: ✓ Yes ✗ No ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                          | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY? | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---------------------|---|--|
|  | UNITED<br>KINGDOM  | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |                     | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                             | 28.2   | 83.2                      | 42.4               | N/A                 | 84  | 56   |
| UNINTENTIONAL<br>INJURY#                 | 16.7   | 46.8                      | 27.1               | ✓                   | 73  | 65   |
| Road traffic injuries <sup>^</sup>       | 5.5  | 13.9                      | 10                 | ✓                   | 60  | 80   |
| Fires and burns                          | 0.5  | 2.6                       | 0.8                | ✓                   | 100                                       | 60   |
| Poisoning                                | 1.7  | 12                        | 2.2                | ✓                   | 100                                       | 80   |
| Drowning or<br>submersion                | 0.4  | 3.8                       | 1.4                | ✓                   | 50  | 63   |
| Falls                                    | 4.1  | 6.5                       | 6.5                | ✓                   | 86  | 71   |
| INTENTIONAL INJURY                       |  |                           |                    | ✓                   | 100                                       | 55   |
| Interpersonal<br>violence**              | 0.4  | 6.3                       | 1.1                | N/A                 | N/A                                       | N/A  |
| Youth violence***                        | 0.7  | 6.3                       | 1.1                | ✓                   | 100                                       | 60   |
| Child abuse and<br>neglect****           | 0.2  | 0.6                       | 0.4                | ✓                   | 100                                       | 100  |
| Intimate partner or<br>domestic violence | N/A  | N/A                       | N/A                | ✓                   | 100                                       | 50   |
| Elder abuse and<br>neglect               | N/A  | N/A                       | N/A                | ✓                   | 100                                       | 67   |
| Self-directed violence                   | 6.4  | 15.1                      | 11.1               | ✓                   | 100                                       | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

<sup>^</sup> SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ✓ |
| • Overall national policy on violence prevention                                       | ✓ |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✓  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✗ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✓ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ✓ |
| • Promotion of research as part of this process  | ✓ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✓  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✓ |
| • Capacity building  | ✓ |
| • Evidence-based emergency care  | ✓ |





# Uzbekistan

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

## Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★★★★

Uzbekistan reported that 84% of the effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions; this is compared to a regional median of 56% and a third quartile of 80%.

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

### National policies

- There is no overall national policy for injury or violence prevention.

### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Uzbekistan reported overall implementation of 85% of these for injury prevention and 83% for violence prevention. These are both higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation only in the area of road safety.

### Impact of WHO Resolution

- Uzbekistan acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries at the Ministry of Health. Although there is no overall national policy on injury prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy, surveillance and multisectoral collaboration. Many of the elements of the Regional Committee Resolution were successfully achieved: injury surveillance, capacity building, exchange of best practice, evidence-based emergency care.

### Next steps

- Greater attention needs to be given to national policy development and implementing evidence-based interventions for road safety. Future activities will include conducting a situation analysis, develop national policy and mainstreaming violence and injury prevention into health professional training by using WHO's TEACH-VIP curriculum.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Uzbekistan has a population of 26.2 million with a very high percentage of children (0-14) and a very small percentage of elderly.
- Life expectancy at birth is lower than that of the European Region for both males and females.

| Indicator (Year=2005 or last available)     | Uzbekistan | WHO European Region | European Union* |
|---|------------|---------------------|-----------------|
| Mid-year population                         | 26 167 020 | 887.5 million       | 456.9 million   |
| % of population aged 0-14 years             | 33         | 17.9                | 15.7            |
| % of population aged 65+ years              | 4.5        | 13.8                | 16.4            |
| Males, life expectancy at birth, in years   | 68.2       | 70                  | 75              |
| Females, life expectancy at birth, in years | 73         | 76                  | 82              |

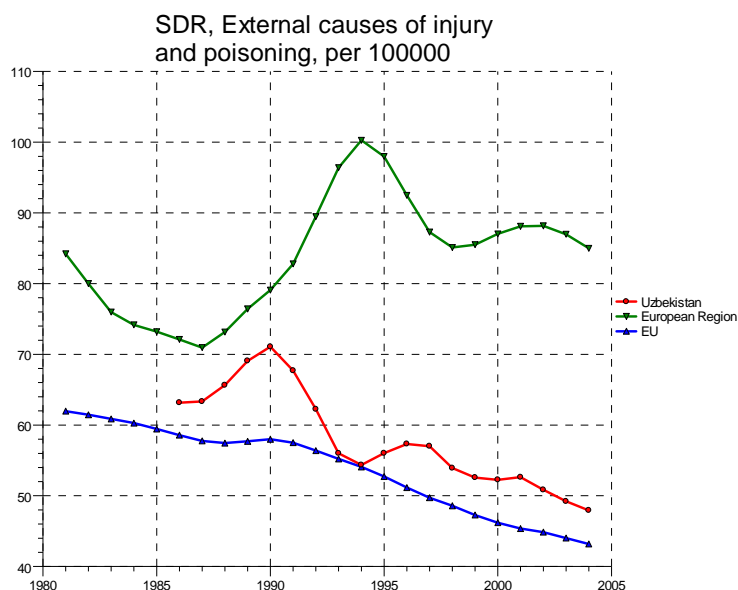
**Table 2 Leading causes of death (expressed as standardized death rates (SDR))**

| Indicator (Year=2005 or last available year)                | Uzbekistan | WHO European Region | European Union* |
|---|------------|---------------------|-----------------|
| SDR, all causes, all ages, per 100 000                      | 1149.2     | 930.2               | 678.1           |
| SDR, diseases of circulatory system, all ages per 100 000   | 754.1      | 457.6               | 272.7           |
| SDR, malignant neoplasms, all ages per 100 000              | 77.4       | 175                 | 184.1           |
| SDR, external cause injury and poison, all ages per 100 000 | 48.7       | 83.2                | 42.4            |

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>




- Injuries are the third leading cause of death. The death rate for all injuries, both intentional and unintentional are lower than the European Region's value.
- There was a steep rise in injury mortality rates which peaked in the early 1990s due to the political and socioeconomic transition and there is now a downward trend.
- The leading causes of unintentional injury death are transport injuries, followed by drowning, falls, poisoning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to drowning are higher than those of the Region.
- WHO/Europe has been engaged in supporting focal persons and in collaborating with the Ministry of Health in the areas of national policy development and capacity building. Uzbekistan is taking part in the Global Status Report on Road Safety project.











**Figure 1. Mortality from injuries in Uzbekistan, the European Union and the WHO European Region. Time trend 1980-2005**



This analysis is part of a joint project of WHO/Europe and the European Commission on preventing injuries and promoting safety in Europe

**Table 3. Injury burden, policy response and effective prevention measures in place**

 Legend:  Yes  No  ? Not specified/no response N/A Not applicable

| CAUSE OF INJURY                            | MORTALITY<br>(SDR PER 100 000, ALL AGES,<br>2005 OR LAST AVAILABLE YEAR) + |                           |                    | NATIONAL<br>POLICY?   | INTERVENTION<br>EFFECTIVENESS<br>(AS A %) |  |
|--|--|---------------------------|--------------------|---|---|--|
|  | UZBEKISTAN   | WHO<br>EUROPEAN<br>REGION | EUROPEAN<br>UNION* |   | COUNTRY<br>SCORE <sup>++</sup>            | REGIONAL<br>MEDIAN<br>SCORE <sup>+++</sup> |
| ALL INJURIES                               | 48.7   | 83.2                      | 66.3               | N/A   | 84  | 56   |
| UNINTENTIONAL<br>INJURY#                   | 28.7   | 46.8                      | 27.1               | ?   | 85  | 65   |
| Road traffic injuries <sup>^</sup>         | 11.4   | 13.9                      | 10                 |    | 73  | 80   |
| Fires and burns                            | 1.4  | 2.6                       | 0.8                |    | 80  | 60   |
| Poisoning                                  | 2.1  | 12                        | 2.2                |    | 100                                       | 80   |
| Drowning or<br>submersion                  | 3.9  | 3.8                       | 1.4                |    | 100                                       | 63   |
| Falls                                      | 2.1  | 6.5                       | 6.5                |    | 86  | 71   |
| INTENTIONAL INJURY                         |  |                           |                    | ?   | 83  | 55   |
| Interpersonal<br>violence <sup>**</sup>    | 3.4  | 6.3                       | 1.0                | N/A   | N/A                                       | N/A  |
| Youth violence <sup>***</sup>              | 3.1  | 6.3                       | 1.1                |  | 80  | 60   |
| Child abuse and<br>neglect <sup>****</sup> | 0.3  | 0.6                       | 0.4                |  | 100                                       | 100  |
| Intimate partner or<br>domestic violence   | N/A  | N/A                       | N/A                |  | 100                                       | 50   |
| Elder abuse and<br>neglect                 | N/A  | N/A                       | N/A                |  | 67  | 67   |
| Self-directed violence                     | 5.5  | 15.1                      | 11.1               |  | 88  | 63   |

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

^ SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

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

|  |   |
|--|---|
| <b>NATIONAL POLICIES</b>   |   |
| • Overall national policy on injury prevention   | ? |
| • Overall national policy on violence prevention                                       | ? |
| • Commitment to develop national policy  | ✓ |
| <b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>                                |   |
| ✓  |   |
| <b>EASY ACCESS TO SURVEILLANCE DATA</b>  |   |
| ✓  |   |
| <b>INTERSECTORAL COLLABORATION</b>   |   |
| • Key stakeholders identified  | ✓ |
| • Secretariat to support the intersectoral committee                                   | ✓ |
| • Questionnaire answered in consensus with other sectors/stakeholders                  | ✗ |
| • Can WHO help achieve intersectoral collaboration in the country?                     | ✓ |
| <b>CAPACITY BUILDING</b>   |   |
| • Process in place   | ✓ |
| • Exchange of evidence-based practice as part of this process                          | ✓ |
| • Promotion of research as part of this process  | ✓ |
| <b>EMERGENCY CARE</b>  |   |
| • Evidence-based approach  | ✓ |
| • Quality assessment programme   | ✓ |
| • Process to build capacity identified   | ✓ |
| <b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>                  |   |
| ✓  |   |
| <b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b> |   |
| • National policy  | ✓ |
| • Surveillance   | ✓ |
| • Multisectoral collaboration  | ✓ |
| • Capacity building  | ? |
| • Evidence-based emergency care  | ? |