



Croatia

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

Croatia reports implementing 86% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a third quartile of 81%.

The country feedback was positive on all the key areas identified: national policy development, injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care.

National policies

- There are no overall national policies for preventing violence and injuries. There are specific national policies for road safety and preventing fires, child maltreatment, interpersonal, youth, sexual and intimate partner violence. Alcohol has been identified as a risk factor for violence and injuries in national policies. Although national policies have not highlighted socioeconomic inequality in injuries and violence as a priority, there are policies targeted to reduce socioeconomic differences in health.

Implementation of effective interventions

- Croatia reported overall implementation of 79% of selected effective interventions for injury prevention and 100% for violence prevention. This is higher than the median regional scores of 72% for unintentional injury and 81% for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. The proportion of reported implementation was lower than the median regional score for interventions to prevent fires and poisoning.
- Croatia reported overall implementation of 82% of selected effective interventions to control alcohol-related harm, more than the median regional score of 76% (Table 2).

Impact of resolution EUR/RC55/R9

- Croatia 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. Croatia acknowledged that the resolution is a strong basis for developing national strategy, to improve advocacy and surveillance systems for injuries and violence. Although there are no overall national policies on violence and 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 national policy development, injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care. With the exception of national policy development, all the elements of resolution EUR/RC55/R9 were successfully achieved.

Next steps

- Greater attention needs to be given to national policy development and implementing evidence-based interventions for preventing fires and poisoning. Sustained action is needed to reduce alcohol-related harm, particularly in relation to drink-driving. Most of the interventions were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Croatia has a population of 4.6 million. The percentage of children 0–14 years old is lower than the European Region average, and the percentage of people 65+ years old is higher than the regional average.
- Life expectancy at birth is higher than the European Region average, both for males and females.

Indicator (last available year)	Croatia	WHO European Region	European Union (EU27)
Mid-year population	4.6 million	890.9 million	493.8 million
% of population aged 0–14 years	15.3	17.5	15.7
% of population aged 65+ years	16.6	14.0	16.8
Males, life expectancy at birth, in years	72.6	71.4	76.0
Females, life expectancy at birth, in years	79.4	79.1	82.2

- Injuries are the third leading cause of death. The rates for all the unintentional injuries combined and for almost all intentional injuries except for self-directed violence are lower than the European Region averages.
- 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 (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by falls (twice higher than the regional average), poisoning, drowning and fires.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The suicide rate is higher than the regional average.
- The rate for alcohol-related road traffic injuries is 4.5 times higher than the European Union average.
- The WHO Regional Office for Europe has been supporting focal people. Croatia participated in the advocacy events of the First United Nations Global Road Safety Week and took part in the project on a global status report on road safety.

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

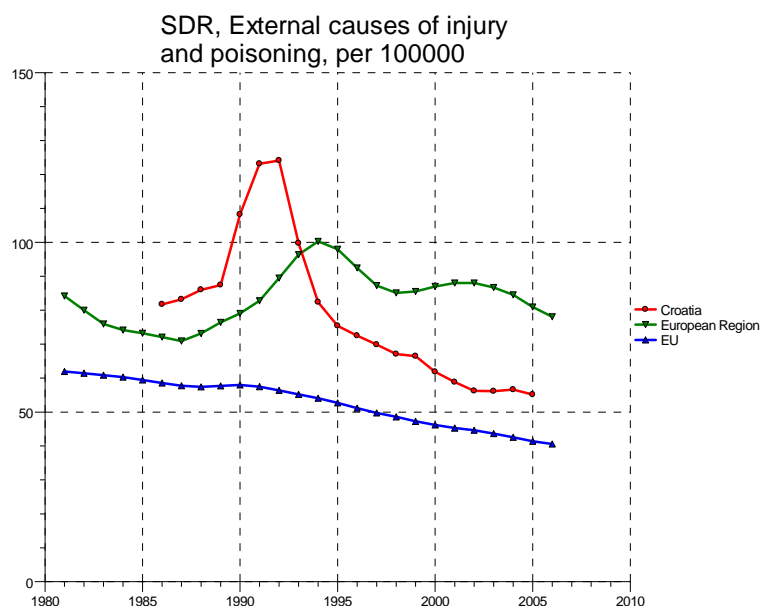








Table 2. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b			National policy?	Intervention effectiveness (%)	
	Croatia	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	53.3	75.8	40.0	NA	87	73
Unintentional injury^f	35.4	45.9	25.9	✗	79	72
Road traffic injuries	13.1	13.3	9.3		94	81
Fires and burns	0.7	2.4	0.7		50	60
Poisoning	2.4	10.7	2.3	✗	60	80
Drowning or submersion	1.5	3.4	1.3	✗	75	63
Falls	12.6	5.6	5.5	✗	100	75
Intentional injury	NA	NA	NA	✗	100	81
Interpersonal violence ^g	1.8	5.2	1.0		NA	NA
Youth violence ^h	1.9	5.3	1.0		100	86
Child maltreatment ⁱ	0.2	0.6	0.3		100	100
Intimate partner violence	-	-	-		100	75
Elder abuse and neglect	-	-	-	✗	100	67
Self-directed violence	15.6	14.0	10.2	✗	100	88
Alcohol^j	NA	NA	NA	NA	82	76
Alcohol-related poisoning	0.4	2.8	0.9	NA	NA	NA
Alcoholic liver diseases ^k	6.1	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	88.0	18.0	19.2	NA	NA	NA
Fiscal and legal measures ^l	NA	NA	NA	NA	79	71
Health system-based programmes ^m	NA	NA	NA	NA	100	67

^a Unless otherwise specified.

^b Sources for mortality data: European Health for All database and European Health for All mortality database [online databases]. Copenhagen, WHO Regional Office for Europe, 2009 (<http://www.euro.who.int/hfaddb>, accessed 3 September 2009).

^c The 27 European Union countries.

^d Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 (http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en, accessed 22 August 2008). For the full range of interventions and responses, please consult the country questionnaire.

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

^f Standardized death rates (SDR) from accidents.

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

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

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

























^j Score calculated from 17 alcohol-related interventions.

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

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

^m Score calculated from 3 interventions on health system-based programmes to reduce alcohol-related harm.

Table 3. Key elements of policy development in preventing injury and violenceLegend:  Yes  No  Not specified or no response

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