Hungary

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

Summary of country assessment

Hungary reports implementing 68% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a European Region median score of 73% and a first quartile of 64%.

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

National policies

- There are no overall national policies for preventing violence and injuries. There is a specific national policy for road safety. National policies have not highlighted socioeconomic inequality in injury and violence as a priority but there are policies targeted to reduce socioeconomic differences in health, above all for poor children and Roma population.

Implementation of effective interventions

- Hungary reported overall implementation of 79% of selected effective interventions for injury prevention and 55% for violence prevention. This is higher than the median regional scores of 72% for unintentional injury and lower than the regional median score of 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 road traffic injuries, poisoning, drowning, child maltreatment, youth and intimate partner violence.
- The consumption of illegal home-, or informally-produced alcoholic beverages and the use of alcohol which is not intended for human consumption is problematic. Hungary reported overall implementation of 76% of a selection of effective interventions on alcohol as much as the median regional score. Greater attention needs to be given to health system-based programmes to reduce alcohol-related harm: only 33% of these have been implemented (versus a median regional score of 67% (Table 2)).

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

- Hungary acknowledged that the adoption of resolution EUR/RC55/R9 and of the European Council Recommendation helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Ministry of Health facilitated the work on injury prevention and gave financial support in year 2009. Violence prevention is considered mainly as crime prevention therefore there are no programmes in the health sector. Although there is no overall national policy on injury and 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 past 12 months in national policy development, injury surveillance, capacity-building, and multisectoral collaboration. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, capacity-building, multisectoral collaboration and exchange of best practice.

Next steps

- Greater attention needs to be given to national policy development, evidence-based emergency care, and implementing evidence–based interventions for preventing road traffic injuries, poisoning, drowning, child maltreatment, youth and intimate partner violence, alcohol misuse. Alcohol is an important risk factor. Most of the interventions were implemented in selected regions rather than nationally, and expanding these could be an area for future activity.

Country profile

Table 1. Demographics

- Hungary has a population of 10 million. The percentage of children 0–14 years old is the same as the European Region average, and the percentage of people 65+ years old is lower than the regional average.
- Life expectancy at birth is lower than the European Region average, both for males and for females. There is a large discrepancy in life expectancy between males and females.

Indicator (last available year)	Hungary	WHO European Region	European Union (EU27)
Mid-year population	10 million	890.9 million	493.8 million
% of population aged 0–14 years	15.7	17.5	15.7
% of population aged 65+ years	15.8	14.0	16.8
Males, life expectancy at birth, in years	68.8	71.4	76.0
Females, life expectancy at birth, in years	77.2	79.1	82.2

- Injuries are the fourth leading cause of death. The rates for almost all unintentional and intentional injuries are lower than the European Region averages.
- 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 (Fig. 1).
- The leading causes of unintentional injury-related death are falls, followed by road traffic injuries, followed by poisoning, drowning, fires and poisoning. The rate for falls is three times higher than the European Region average.
- The leading causes of intentional injury-related death are suicide followed by homicide. The suicide rate is almost the double of the European Region average.
- The rate for alcoholic liver diseases is three times higher than the European Union (EU) average; the rate for road traffic injuries involving alcohol is higher than EU value.
- The WHO Regional Office for Europe has been supporting focal people. Hungary participated in the advocacy events of the First United Nations Global Road Safety Week and took part in the project on the global status report on road safety. There is collaboration with WHO on capacity building using TEACH-VIP which has been translated into Hungarian and on developing national policy.

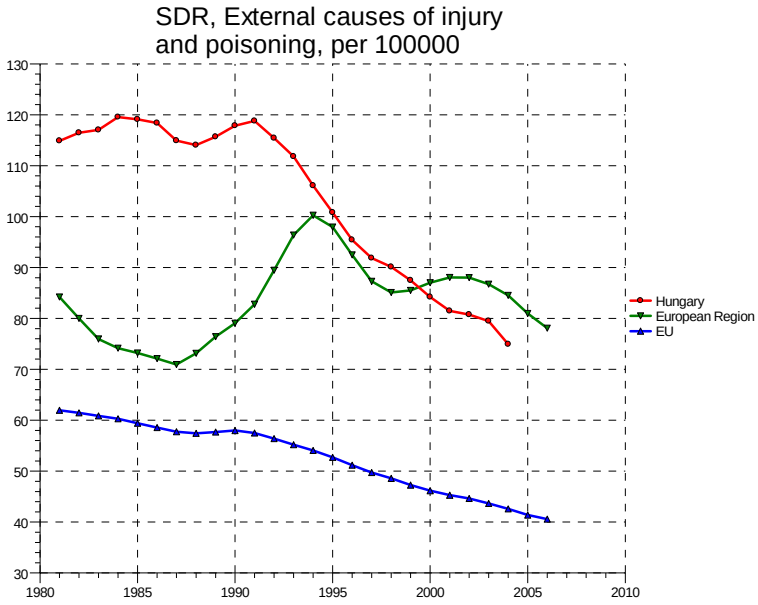

Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Hungary, the WHO European Region and the European Union, 1980–2008

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

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

Cause of injury	Mortality[a] (SDR per 100 000 population, all ages, last available year)[b]			National policy?	Intervention effectiveness (%)	
	Hungary	WHO European Region	European Union[c]		Country score[d]	Regional median score[e]
All injuries	**67.9**	**75.8**	**40.0**	**NA**	**68**	**73**
Unintentional injury[f]	**41. 9**	**45.9**	**25.9**	✘	**79**	**72**
Road traffic injuries	12.1	13.3	9.3	✓	75	81
Fires and burns	1.5	2.4	0.7	?	100	60
Poisoning	1.4	10.7	2.3	?	60	80
Drowning or submersion	1.8	3.4	1.3	?	50	63
Falls	15.3	5.6	5.5	?	100	75
Intentional injury	**NA**	**NA**	**NA**	✘	**55**	**81**
Interpersonal violence[g]	1.8	5.2	1.0	✘	NA	NA
Youth violence[h]	0.8	5.3	1.0	✘	29	86
Child maltreatment[i]	0.7	0.6	0.3	✘	60	100
Intimate partner violence	-	-	-	✘	50	75
Elder abuse and neglect	-	-	-	✘	67	67
Self-directed violence	23.2	14.0	10.2	✘	100	88
Alcohol[j]	**NA**	**NA**	**NA**	**NA**	**76**	**76**
Alcohol-related poisoning	0.2	2.8	0.9	NA	NA	NA
Alcoholic liver diseases[k]	26.8	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	28.8	18.0	19.2	NA	NA	NA
Fiscal and legal measures[l]	NA	NA	NA	NA	86	71
Health system-based programmes[m]	NA	NA	NA	NA	33	67

[a] Unless otherwise specified.

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

[c] The 27 European Union countries.

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

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

[f] Standardized death rates (SDR) from accidents.

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

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

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

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

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

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

[m] This score was calculated from three interventions on health system-based programmes to reduce alcohol-related harm.

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

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

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