



Montenegro

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

Montenegro reports implementing 64% 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, surveillance, capacity-building and evidence-based emergency care.

National policies

- There is an overall national policy for preventing injuries but not violence. There are specific national policies for preventing youth, sexual and intimate partner violence, child maltreatment and elder abuse. Alcohol has been identified as a risk factor for violence but not for injuries in national policies; national policies have highlighted socioeconomic inequality in injuries and violence as a priority but no policies targeted socioeconomic differences in health are in place.

Implementation of effective interventions

- Montenegro reported overall implementation of 60% of selected effective interventions for injury prevention and 87% for violence prevention. This is lower than the median regional score of 72% for unintentional injury and higher than the median regional 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 regional score for the interventions on poisoning, drowning, falls and youth violence.
- Montenegro reported overall implementation of 41% of selected effective interventions on alcohol, versus a median regional score of 76%. Greater attention needs to be given to legal and fiscal interventions on alcohol access for which only 29% of interventions have been implemented (versus a median regional score of 71%) (Table 2). The consumption of illegal-home or informally-produced alcoholic beverages are risk factors for alcohol-related harm.

Impact of resolution EUR/RC55/R9

- Montenegro acknowledged that the adoption of the resolution helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. There has been positive progress in the past 12 months in national policy, surveillance, capacity-building and evidence-based emergency care. Most of the elements of the resolution were achieved.

Next steps

- Greater attention needs to be given to development of national policy for interpersonal and self-directed violence and multisectoral approaches to prevention. More evidence-based interventions for preventing poisoning, drowning, falls, youth violence and alcohol misuse need to be implementing. Interventions to reduce socioeconomic inequalities were only partially implemented. Several interventions (for example, on youth violence) were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Montenegro has a population of 0.6 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 lower than the regional average.
- Life expectancy at birth is lower than the European Region average for females. Life expectancy for males is as high as the regional one.

| Indicator (last available year) | Montenegro | WHO European Region | European Union (EU27) |
|---|-------------|---------------------|-----------------------|
| Mid-year population | 0.6 million | 890.9 million | 493.8 million |
| % of population aged 0–14 years | 21.2 | 17.5 | 15.7 |
| % of population aged 65+ years | 13.1 | 14.0 | 16.8 |
| Males, life expectancy at birth, in years | 71.4 | 71.4 | 76.0 |
| Females, life expectancy at birth, in years | 76.9 | 79.1 | 82.2 |

- Health data are not available from official statistical sources yet.
- The WHO Regional Office for Europe has been supporting focal people. Montenegro took part in the project on a global and European status report on road safety. There will be collaboration between the Ministry of Health and WHO in 2010/11 and areas which have been prioritized include strengthening the health systems response to injury and violence prevention and capacity-building.

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

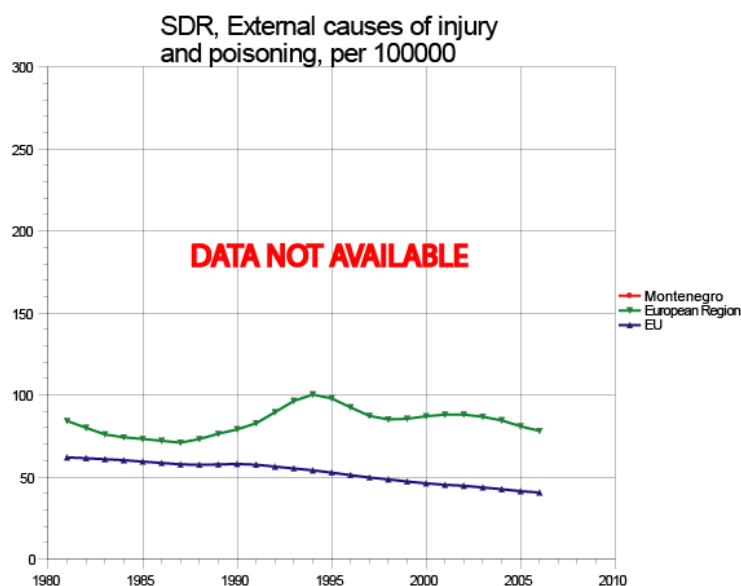

















Table 2. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified or no response NA Not applicable - No data

| Cause of injury | Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b | | | National policy? | Intervention effectiveness (%) | |
|---|--|---------------------|-----------------------------|---|--------------------------------|------------------------------------|
| | Montenegro | WHO European Region | European Union ^c | | Country score ^d | Regional median score ^e |
| All injuries | - | 75.8 | 40.0 | NA | 64 | 73 |
| Unintentional injury^f | - | 45.9 | 25.9 |  | 60 | 72 |
| Road traffic injuries | - | 13.3 | 9.3 |  | 94 | 81 |
| Fires and burns | - | 2.4 | 0.7 |  | 60 | 60 |
| Poisoning | - | 10.7 | 2.3 |  | 20 | 80 |
| Drowning or submersion | - | 3.4 | 1.3 |  | 13 | 63 |
| Falls | - | 5.6 | 5.5 |  | 63 | 75 |
| Intentional injury | NA | NA | NA |  | 87 | 81 |
| Interpersonal violence ^g | - | 5.2 | 1.0 |  | NA | NA |
| Youth violence ^h | - | 5.3 | 1.0 |  | 57 | 86 |
| Child maltreatment ⁱ | - | 0.6 | 0.3 |  | 100 | 100 |
| Intimate partner violence | - | - | - |  | 100 | 75 |
| Elder abuse and neglect | - | - | - |  | 100 | 67 |
| Self-directed violence | - | 14.0 | 10.2 |  | 88 | 88 |
| Alcohol^j | NA | NA | NA | NA | 41 | 76 |
| Alcohol-related poisoning | - | 2.8 | 0.9 | NA | NA | NA |
| Alcoholic liver diseases ^k | - | - | 8.6 | NA | NA | NA |
| Road traffic injuries (fatal and non-fatal) involving alcohol | - | 18.0 | 19.2 | NA | NA | NA |
| Fiscal and legal measures ^l | NA | NA | NA | NA | 29 | 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/hfadb>, accessed 3 September 2009).^c The 27 European Union countries.^d Calculated as the proportion of effective interventions in place in the country. This is based on WHO list of effective interventions published in: *Preventing injuries and violence: a guide for ministries of health*. Geneva, World Health Organization, 2007 (http://www.who.int/violence_injury_prevention/publications/injury_policy_planning/prevention_moh/en, accessed 22 August 2008). For the full range of interventions and responses, please consult the country questionnaire.^e Median of the proportion of effective interventions in place in countries in the WHO European Region.^f Standardized death rates (SDR) from accidents.^g Proxy for mortality: mortality from homicide and assault, all ages.^h Proxy for mortality: mortality from homicide and assault, 15–29 years.ⁱ Proxy for mortality: mortality from homicide and assault 0–14 years.^j Score calculated from 17 alcohol-related interventions.^k EU average calculated on 20 countries. Data retrieved from the European detailed mortality database (http://www.euro.who.int/InformationSources/Data/20070615_2, accessed 3 September 2009).^l Score calculated from 14 interventions on access to alcohol (availability, restrictions, banning).^m Score calculated from 3 interventions on health system-based programmes to reduce alcohol-related harm.

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

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

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