



Serbia

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

Serbia reports implementing 56% 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 all the key areas identified: national policy development, injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care.

National policies

- There are two overall national policies for preventing violence and injuries. There are specific national policies for road safety and preventing falls, poisoning and all types of violence. Both alcohol and socioeconomic inequalities have been identified as risk factors for violence and injuries in national policies.

Implementation of effective interventions

- Serbia reported overall implementation of 47% of selected effective interventions for injury prevention and 65% for violence prevention. This is lower than the median regional scores of 72% for unintentional injury and 81% for violence prevention. Table 2 shows the details of percentages per injury type. The list of interventions implemented for each injury type is available separately from the country questionnaire. With the exception of elder abuse, the proportion of reported implementation was always lower than the median regional score for all the interventions, both for injuries and for violence.
- Serbia reported overall implementation of 59% of selected effective interventions on alcohol, versus a median regional score of 76%. Greater attention needs to be given to: (i) legal and fiscal interventions on alcohol access for which 64% of interventions have been implemented (versus a median regional score of 71%); (ii) health system-based programmes to reduce alcohol-related harm for which only 33% of the intervention have been implemented (versus a regional score of 67%) (Table 2); and (iii) the consumption of illegal home- or informally-produced alcoholic beverages.

Impact of resolution EUR/RC55/R9

- Serbia 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. 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. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: national policy development, surveillance, capacity-building and evidence-based emergency care.

Next steps

- Greater attention needs to be given to implementing evidence-based interventions for preventing injuries, violence and alcohol misuse. Suicide rates are higher than the regional average and attention is needed to address these. Interventions to reduce socioeconomic inequalities were only partially implemented. Several interventions were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Serbia has a population of 9.9 million. The percentage of children 0–14 years old is lower than the European Region average as is the percentage of people 65+ years old.
- Life expectancy at birth is lower than the European Region average both for males and for females.

Indicator (last available year)	Serbia	WHO European Region	European Union (EU27)
Mid-year population	9.9 million	890.9 million	493.8 million
% of population aged 0–14 years	11.6	17.5	15.7
% of population aged 65+ years	12.9	14.0	16.8
Males, life expectancy at birth, in years	70.9	71.4	76.0
Females, life expectancy at birth, in years	76.5	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 are lower than the European Region averages.
- No trend data for injury mortality are available (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by falls, drowning, 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 WHO Regional Office for Europe has been supporting focal people. Serbia 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 Serbia, the WHO European Region and the European Union, 1980–2008

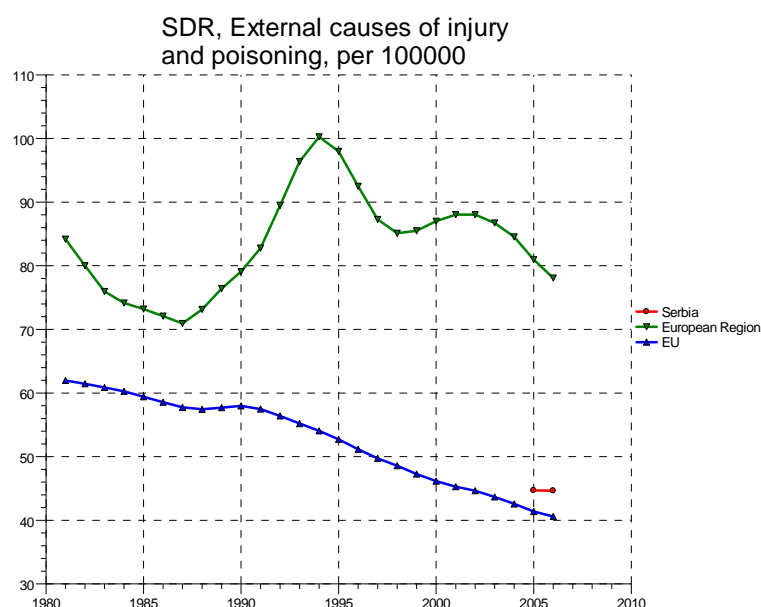















Table 2. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b			National policy?	Intervention effectiveness (%)	
	Serbia	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	45.0	75.8	40.0	NA	56	73
Unintentional injury^f	22.8	45.9	25.9		47	72
Road traffic injuries	8.2	13.3	9.3		75	81
Fires and burns	0.9	2.4	0.7		30	60
Poisoning	1.0	10.7	2.3		60	80
Drowning or submersion	1.5	3.4	1.3		38	63
Falls	3.0	5.6	5.5		25	75
Intentional injury	NA	NA	NA		65	81
Interpersonal violence ^g	2.5	5.2	1.0		NA	NA
Youth violence ^h	3.2	5.3	1.0		57	86
Child maltreatment ⁱ	0.5	0.6	0.3		80	100
Intimate partner violence	-	-	-		50	75
Elder abuse and neglect	-	-	-		67	67
Self-directed violence	15.1	14.0	10.2		63	88
Alcohol^j	NA	NA	NA	NA	59	76
Alcohol-related poisoning	0.1	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	64	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, 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	✓