



## Netherlands

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

The Netherlands reports implementing 83% 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 some of the key areas identified, such as national policy, surveillance, capacity-building and multisectoral collaboration.

#### National policies

- There are two overall national policies for preventing violence and injuries. There are specific national policies for road safety and preventing interpersonal violence, youth violence, child maltreatment, intimate partner violence, elder abuse, sexual violence and self-directed violence. National policies have not highlighted socioeconomic inequality in injury and violence as a priority.

#### Implementation of effective interventions

- The Netherlands reported overall implementation of 72% of selected effective interventions for injury prevention and 97% for violence prevention. This score is as much as 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 median regional score for fires, poisoning and drowning.
- The Netherlands reported overall implementation of 88% of selected effective interventions on alcohol, versus a median regional score of 76% (Table 2).

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

- The Netherlands acknowledged that the adoption of resolution 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. The resolution added weight to a policy process prioritising inter-ministerial action for injury prevention. There has been positive progress in the past 12 months in national policy development, surveillance, capacity-building and multisectoral collaboration. All the elements of the resolution were successfully achieved.

#### Next steps

- Greater attention needs to be given to implementing evidence-based interventions for preventing fires, poisoning and drowning. In view of the decentralized system of government several interventions relating to drugs, alcohol and violence prevention have been applied in some areas rather than nationally and this may be an area for greater attention in the future.

## Country profile

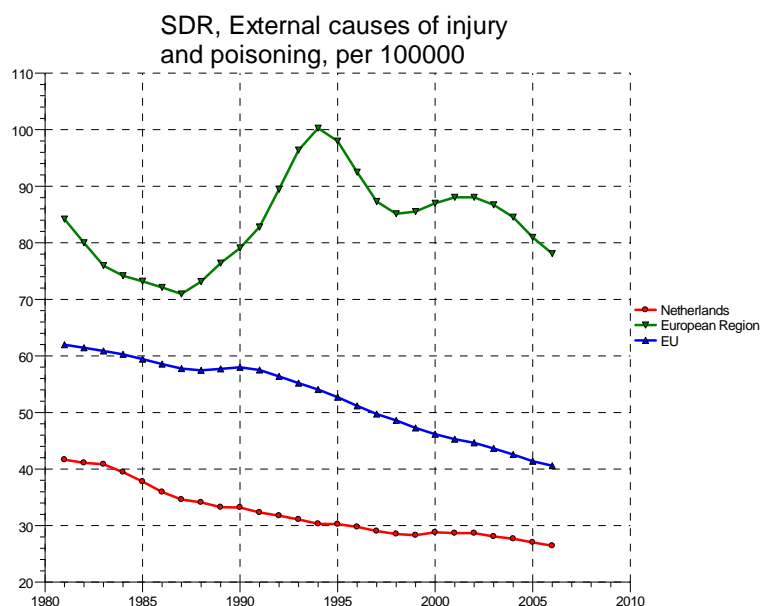
**Table 1. Demographics**

- The Netherlands has a population of 16.5 million. Both the percentage of children 0–14 years and of people 65+ years old are slightly higher than the European Region average.
- Life expectancy at birth is higher than the European Region and the European Union (EU) average, both for males and for females.














Indicator (last available year)	Netherlands	WHO European Region	European Union (EU27)
Mid-year population	16.5 million	890.9 million	493.8 million
% of population aged 0–14 years	17.9	17.5	15.7
% of population aged 65+ years	14.5	14.0	16.8
Males, life expectancy at birth, in years	78.2	71.4	76.0
Females, life expectancy at birth, in years	82.7	79.1	82.2

- Injuries are the fourth leading cause of death. The rates for unintentional injuries are all lower than the European Region and EU averages; rates for deaths from violence are always lower than regional figures.
- There has been a steady downward trend in injury mortality rates which seems to be leveling off (Fig. 1).
- The leading causes of unintentional injury-related death are falls, followed by road traffic injuries, poisoning, drowning and fires.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The homicide rate in youth (15-29 years) is higher than the level in the EU.
- The WHO Regional Office for Europe has been engaged in working collaboratively with focal persons. The 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 also participated 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 the Netherlands, 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 <sup>a</sup> (SDR per 100 000 population, all ages, last available year) <sup>b</sup>			National policy?	Intervention effectiveness (%)	
	Netherlands	WHO European Region	European Union <sup>c</sup>		Country score <sup>d</sup>	Regional median score <sup>e</sup>
<b>All injuries</b>	<b>25.4</b>	<b>75.8</b>	<b>40.0</b>	<b>NA</b>	<b>78</b>	<b>73</b>
<b>Unintentional injury<sup>f</sup></b>	<b>14.9</b>	<b>45.9</b>	<b>25.9</b>		<b>72</b>	<b>72</b>
Road traffic injuries	4.1	13.3	9.3		94	81
Fires and burns	0.2	2.4	0.7		50	60
Poisoning	0.7	10.7	2.3		60	80
Drowning or submersion	0.4	3.4	1.3		38	63
Falls	5.4	5.6	5.5		100	75
<b>Intentional injury</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>		<b>97</b>	<b>81</b>
Interpersonal violence <sup>g</sup>	0.9	5.2	1.0		NA	NA
Youth violence <sup>h</sup>	1.3	5.3	1.0		100	86
Child maltreatment <sup>i</sup>	0.6	0.6	0.3		100	100
Intimate partner violence	-	-	-		100	75
Elder abuse and neglect	-	-	-		100	67
Self-directed violence	7.7	14.0	10.2		88	88
<b>Alcohol<sup>j</sup></b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>88</b>	<b>76</b>
Alcohol-related poisoning	0.1	2.8	0.9	NA	NA	NA
Alcoholic liver diseases <sup>k</sup>	2.7	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	12.8	18.0	19.2	NA	NA	NA
Fiscal and legal measures <sup>l</sup>	NA	NA	NA	NA	86	71
Health system-based programmes <sup>m</sup>	NA	NA	NA	NA	100	67

<sup>a</sup> Unless otherwise specified.<sup>b</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, 2010 (<http://www.euro.who.int/hfaddb>, accessed 15 January 2010).<sup>c</sup> The 27 European Union countries.<sup>d</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 15 January 2010). For the full range of interventions and responses, please consult the country questionnaire.<sup>e</sup> Median of the proportion of effective interventions in place in countries in the WHO European Region.<sup>f</sup> Standardized death rates (SDR) from accidents.<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.<sup>j</sup> This score was calculated from 17 alcohol-related interventions.<sup>k</sup> 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](http://www.euro.who.int/InformationSources/Data/20070615_2), accessed 15 January 2010).<sup>l</sup> This score was calculated from 14 interventions on access to alcohol (availability, restrictions and bans).<sup>m</sup> 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

<b>National policies</b>	
• 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	✗
<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	✗