



Slovakia

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

Slovakia reports implementing 53% 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, multisectoral approach 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, fires, child maltreatment, youth and intimate partner violence. Both alcohol and socioeconomic inequalities have been identified as risk factors in national policies.

Implementation of effective interventions

- Slovakia reported overall implementation of 49% of selected effective interventions for injury prevention and 48% 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. The proportions of reported implementation were equal or lower than the median regional score for all the interventions, both for injuries and for violence.
- The consumption of illegally or informally produced alcoholic beverages causes problems. Slovakia reported overall implementation of 71% of selected effective interventions on alcohol, almost equivalent to the median regional score of 76%. Greater attention needs to be given to legal and fiscal interventions to restrict alcohol access - 64% of the selected interventions have been implemented versus a median regional score of 71% (Table 2).

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

- Slovakia 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. There are no overall national policies on violence and injury prevention but there is growing political commitment for this. There was positive progress in the past 12 months in key areas such as national policy development, multisectoral collaboration and evidence-based emergency care. Some of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, multisectoral approach and evidence-based emergency care.

Next steps

- Greater attention needs to be given to some of the key areas stressed by the resolution such as capacity-building and national policy development. Evidence-based interventions for preventing road traffic injuries, fires, poisoning, child maltreatment, suicides, youth and intimate partner violence, alcohol-related interventions and interventions to reduce socioeconomic inequalities should be implemented more intensely. Several interventions were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Slovakia has a population of 5.4 million. Both the percentage of children 0–14 years old and of people 65+ years old is lower than the European Region average.
- Life expectancy at birth is lower than the European Region average, both for males and for females.

Indicator (last available year)	Slovakia	WHO European Region	European Union (EU27)
Mid-year population	5.4 million	890.9 million	493.8 million
% of population aged 0–14 years	16.6	17.5	15.7
% of population aged 65+ years	11.7	14.0	16.8
Males, life expectancy at birth, in years	70.3	71.4	76.0
Females, life expectancy at birth, in years	78.2	79.1	82.2

- Injuries are the third leading cause of death. The rates for all unintentional injuries combined and for almost all intentional injuries are lower than the European Region averages.
- There was a downward trend in injury rates in the 1990s that now is levelling off (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by falls, poisoning, drowning and fires.
- The rate for falls is higher than the regional average.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The rates for road traffic injuries involving alcohol and for deaths from alcohol-related poisonings and for alcoholic liver diseases are higher than the European Union average.
- The WHO Regional Office for Europe has been supporting focal people. Slovakia 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. There is a biennial collaborative agreement with WHO which in the past has focused on advocacy but which in the future will focus on capacity building using TEACH-VIP and national policy development.

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

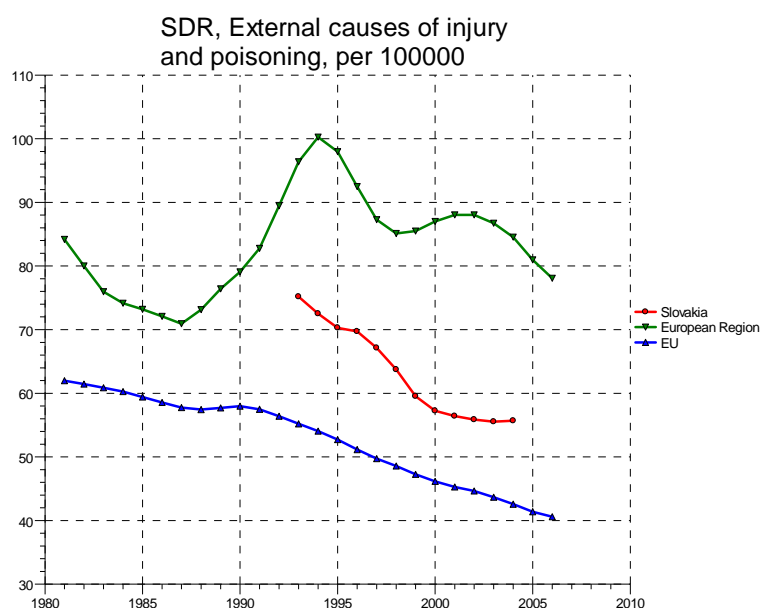
































Table 2. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b			National policy?	Intervention effectiveness (%)	
	Slovakia	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	55.8	75.8	40.0	NA	52	73
Unintentional injury^f	37.5	45.9	25.9	✗	49	72
Road traffic injuries	10.9	13.3	9.3		50	81
Fires and burns	0.9	2.4	0.7		30	60
Poisoning	2.9	10.7	2.3	✗	20	80
Drowning or submersion	2.6	3.4	1.3	✗	63	63
Falls	8.4	5.6	5.5	✗	75	75
Intentional injury	NA	NA	NA	✗	48	81
Interpersonal violence ^g	1.6	5.2	1.0	✗	NA	NA
Youth violence ^h	1.3	5.3	1.0		14	86
Child maltreatment ⁱ	0.4	0.6	0.3		60	100
Intimate partner violence	-	-	-		50	75
Elder abuse and neglect	-	-	-	✗	67	67
Self-directed violence	11.9	14.0	10.2	✗	63	88
Alcohol^j	NA	NA	NA	NA	71	76
Alcohol-related poisoning	2.1	2.8	0.9	NA	NA	NA
Alcoholic liver diseases ^k	10.5	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	20.9	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	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, 2010 (<http://www.euro.who.int/hfadp>, 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 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	