



Czech Republic

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Czech Republic reported that 77% out of a total of 69 effective interventions have been implemented to prevent a range of injuries; this is against a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as national policy development, capacity building and emergency care.

National policies

- There is an overall national plan for child injury prevention and work is underway to develop a national plan for child maltreatment prevention. There are specific national policies for the causes of unintentional injury and for types of violence, but not for suicide prevention.

Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, the two respondents from the Czech Republic reported overall implementation of 85% of these for injury prevention and 66% for violence prevention. This is higher than the Regional median scores of 65% for unintentional injury and 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. Implementation of effective measures for many types of injury and violence were reported as high. For many however these were implemented in some areas rather than nationally.

Impact of WHO Resolution

- Czech Republic acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. A 10-year national action plan for child injury prevention has been developed (2007-2017) and work is underway to develop one for child maltreatment prevention. There is political commitment for this and many of the key steps considered necessary for policy development are in place. A national child injury register is being developed. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy, surveillance, multisectoral collaboration, capacity building and evidence-based emergency care. Elements of the Regional Committee Resolution are being successfully achieved, except for surveillance and capacity building, though work is underway.

Next steps

- Emphasis needs to be continued on the development of a national plan for child maltreatment, an injury register and capacity building. Greater attention needs to be given to prevention and implementing evidence based interventions for the prevention of falls and suicide. For a number of interventions particularly those for violence prevention, these were implemented in some regions rather than nationally, and expanding their coverage could be an area of future activity.

★ less than 25% (first quartile: 0-25)

★★ 25 to 50% (first quartile to median: 26-55)

★★★ 50 to 75% (median to third quartile: 56-79)

★★★★ 75 to 100% (over third quartile: 80-100)

Country profile

Table 1. Demographics

- Czech Republic has a population of 10.2 million with a lower percentage of children and elderly than the European Union (EU).
- Life expectancy at birth is higher than that of the European Region but lower than of the EU, both for males and females.

Indicator (Year=2005 or last available)	Czech Republic	WHO European Region	European Union*
Mid-year population	10 234 092	887.5 million	456.9 million
% of population aged 0-14 years	14.8	17.9	15.7
% of population aged 65+ years	14.1	13.8	16.4
Males, life expectancy at birth, in years	73	70	75
Females, life expectancy at birth, in years	79.3	76	82

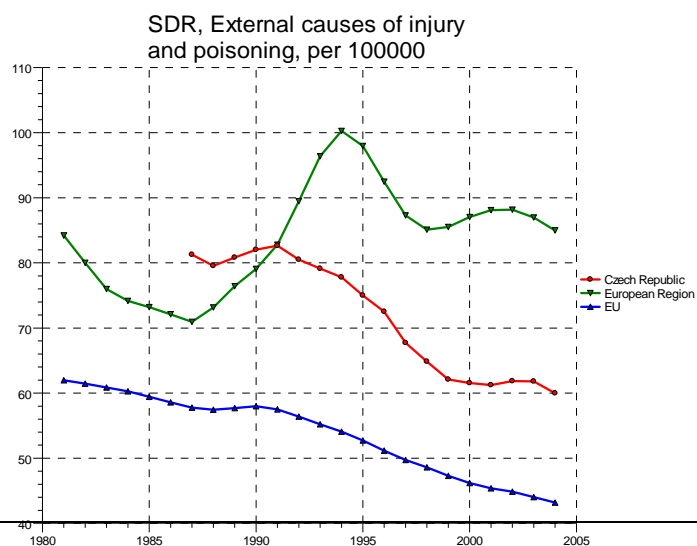
Table 2. Leading causes of death (expressed as standardized death rates (SDR))

Indicator (Year=2005 or last available year)	Czech Republic	WHO European Region	European Union*
SDR, all causes, all ages, per 100 000	837.6	930.2	678.1
SDR, diseases of circulatory system, all ages per 100 000	419	457.6	272.7
SDR, malignant neoplasms, all ages per 100 000	217.5	175	184.1
SDR, external cause injury and poison, all ages per 100 000	55	83.2	42.4

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>




- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's average, but higher than that of the EU.
- There was a slight rise in injury mortality rates in the early 1990s, a fall and then a leveling off in the last few years.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to falls are higher than those of the Region.
- The homicide rate in children (0-14 years) is higher than the regional value.
- WHO/Europe has been engaged in supporting focal persons, and in supporting the development of a national plan on child injury prevention. Czech Republic participated in the advocacy events of the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project.













Figure 1. Mortality from injuries in Czech Republic, the European Union and the WHO European Region. Time trend 1980-2005



This analysis is part of a joint project of WHO/Europe and the European Commission on preventing injuries and promoting safety in Europe

Table 3. Injury burden, policy response and effective prevention measures in place

 Legend:  Yes  No  ? Not specified/no response N/A Not applicable

CAUSE OF INJURY	MORTALITY (SDR PER 100 000, ALL AGES, 2005 OR LAST AVAILABLE YEAR) +			NATIONAL POLICY?	INTERVENTION EFFECTIVENESS (AS A %)	
	CZECH REPUBLIC (2 RESPONDENTS)	WHO EUROPEAN REGION	EUROPEAN UNION*		COUNTRY SCORE ⁺⁺	REGIONAL MEDIAN SCORE ⁺⁺⁺
ALL INJURIES	55	83.2	42.4	N/A	77	56
UNINTENTIONAL INJURY#	36.4	46.8	27.1		85	65
Road traffic injuries [^]	11.6	13.9	10		93	80
Fires and burns	0.5	2.6	0.8		80	60
Poisoning	2.9	12	2.2		100	80
Drowning or submersion	1.9	3.8	1.4		75	63
Falls	11.4	6.5	6.5		71	71
INTENTIONAL INJURY					66	55
Interpersonal violence ^{**}	0.9	6.3	1.1	N/A	N/A	N/A
Youth violence ^{***}	0.6	6.3	1.1		60	60
Child abuse and neglect ^{****}	0.1	0.6	0.4		100	100
Intimate partner or domestic violence	N/A	N/A	N/A		50	50
Elder abuse and neglect	N/A	N/A	N/A		67	67
Self-directed violence	13.8	15.1	11.1		63	63

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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* (2007) available at http://www.who.int/violence_injury_prevention/publications/en/index.html.

For full range of interventions and responses, please consult country questionnaire.
+++ Median of the proportion of effective interventions in place in countries of the Region.

Standardized death rates (SDR) from accidents.

[^] SDR from transport accidents.

* 27 countries belonging to the European Union.

** Proxi for mortality: mortality from homicide and assault, all ages.

*** Proxi for mortality: mortality from homicide and assault 15-29.

**** Proxi for mortality: mortality from homicide and assault 0-14.

Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention

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

NATIONAL POLICIES	
• Overall national policy on injury prevention	✓
• Overall national policy on violence prevention	✗
• Commitment to develop national policy	✓
POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA	
✓	
EASY ACCESS TO SURVEILLANCE DATA	
✗	
INTERSECTORAL COLLABORATION	
• Key stakeholders identified	✓
• Secretariat to support the intersectoral committee	✓
• Questionnaire answered in consensus with other sectors/stakeholders	✓
• Can WHO help 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	✓
RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA	
✓	
RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)	
• National policy	✓
• Surveillance	✓
• Multisectoral collaboration	✓
• Capacity building	✓
• Evidence-based emergency care	✓