



## Norway

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

Norway reports implementing 84% of effective interventions reported as implemented of a total of 99 interventions to prevent a range of injuries, versus a median regional score of 73% and a third quartile of 81%.

The country feedback was positive on all the key areas identified: national policy development, surveillance system, 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, fires, poisoning, falls, and for preventing child maltreatment, interpersonal violence, intimate partner violence, sexual violence and self-directed violence. Both alcohol and socioeconomic factors have been highlighted as risk factors in national policies.

#### Implementation of effective interventions

- Norway reported overall implementation of 87% of selected effective interventions for injury prevention and 81% for violence prevention. This is higher than the median regional score of 72% for unintentional injury and as much as 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 only for road traffic injuries, intimate partner violence and elder abuse.
- The consumption of illegal home- or informally-produced alcoholic beverages causes problems; the use of alcohol which is not intended for human consumption causes violence and injury. Norway reported overall implementation of 82% of selected effective interventions on alcohol, versus a median regional score of 76%. Greater attention needs to be given to health system-based programmes to reduce alcohol-related harm for which only 33% of the interventions have been implemented (Table 2).

#### Impact of resolution EUR/RC55/R9

- Norway 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. There is a very strong interministerial commitment to developing national plans as a joint effort - further to implement agreed actions in the different sectors. National strategy plan for prevention of unintentional injuries for the period 2009-2014 will be released during 2009. For violence prevention five action plans have been developed addressing different areas of action. 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, surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care. All the elements of resolution were successfully achieved.

#### Next steps

- Greater attention needs to be given to implementing evidence-based interventions for preventing road traffic injuries, intimate partner violence and elder abuse. Several interventions (on fires, poisoning, falls and sexual violence) were implemented in selected regions rather than nationally, and this could be an area for future activity. Health system-based programmes to reduce alcohol-related harm and interventions to reduce socioeconomic inequalities could be more fully implemented.

## Country profile

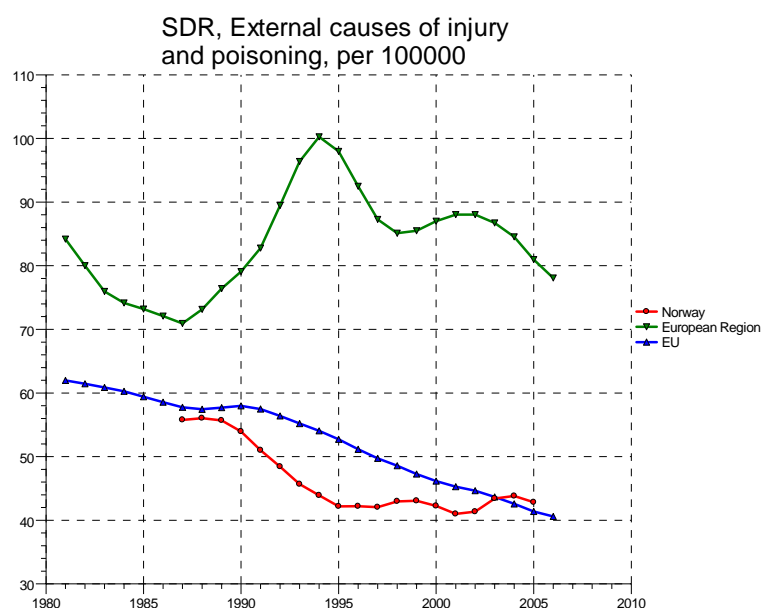
Table 1. Demographics

- Norway has a population of 4.7 million. Both the percentages of children 0–14 years old and of people 65+ years old are higher than the European Region average.
- Life expectancy at birth is higher than the European Region average, both for males and for females.

Indicator (last available year)	Norway	WHO European Region	European Union (EU27)
Mid-year population	4.7 million	890.9 million	493.8 million
% of population aged 0–14 years	19.2	17.5	15.7
% of population aged 65+ years	14.5	14.0	16.8
Males, life expectancy at birth, in years	78.3	71.4	76.0
Females, life expectancy at birth, in years	83.0	79.1	82.2

- Injuries are the fourth leading cause of death. The rates unintentional injuries and for almost all intentional injuries are lower than the European Region averages. The only exception is the rate for child abuse.
- Injury mortality rates have fallen since the 1990s but have risen again in the past few years. (Fig. 1).
- The leading causes of unintentional injury-related death are poisoning, followed by road traffic injuries, falls, drowning and fires.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The rate for child abuse (0–14 years old) is higher than the European Union (EU) average.
- The WHO Regional Office for Europe has been working closely with focal persons. Support has been provided by Norway in the area of violence prevention to enable WHO/Europe to undertake collaborative working in other Member States. Norway took part in the project on a global status report on road safety, participated in subregional workshops for the Nordic and Baltic countries dealing with both violence and injury prevention.

Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Norway, 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 (%)	
	Norway	WHO European Region	European Union <sup>c</sup>		Country score <sup>d</sup>	Regional median score <sup>e</sup>
<b>All injuries</b>	<b>40.8</b>	<b>75.8</b>	<b>40.0</b>	<b>NA</b>	<b>84</b>	<b>73</b>
<b>Unintentional injury<sup>f</sup></b>	<b>28</b>	<b>45.9</b>	<b>25.9</b>		<b>87</b>	<b>72</b>
Road traffic injuries	4.7	13.3	9.3		75	81
Fires and burns	1.0	2.4	0.7		80	60
Poisoning	7.3	10.7	2.3		100	80
Drowning or submersion	1.3	3.4	1.3		100	63
Falls	4.4	5.6	5.5		100	75
<b>Intentional injury</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>		<b>81</b>	<b>81</b>
Interpersonal violence <sup>g</sup>	1.0	5.2	1.0		NA	NA
Youth violence <sup>h</sup>	0.8	5.3	1.0		86	86
Child maltreatment <sup>i</sup>	0.7	0.6	0.3		100	100
Intimate partner violence	-	-	-		50	75
Elder abuse and neglect	-	-	-		0	67
Self-directed violence	11.2	14.0	10.2		100	88
<b>Alcohol<sup>j</sup></b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>82</b>	<b>76</b>
Alcohol-related poisoning	0.8	2.8	0.9	NA	NA	NA
Alcoholic liver diseases <sup>k</sup>	4.3	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	NA	18.0	19.2	NA	NA	NA
Fiscal and legal measures <sup>l</sup>	NA	NA	NA	NA	93	71
Health system-based programmes <sup>m</sup>	NA	NA	NA	NA	33	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/hfadb>, 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	✓