Slovenia

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

Slovenia reports implementing 78% 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 injury surveillance and multisectoral collaboration.

National policies

- There are no overall national policies for preventing violence and injuries. There are specific national policies for road safety and preventing drowning, poisoning, falls, child maltreatment, intimate partner violence and elder abuse. National policies have not highlighted socioeconomic inequality in injury and violence as a priority but there are policies targeted to reduce socioeconomic differences in health.

Implementation of effective interventions

- Slovenia reported overall implementation of 68% of selected effective interventions for injury prevention and 97% for violence prevention. This is lower than the median regional scores 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 the median regional score only for drowning.
- The consumption of illegal home- or informally-produced alcoholic beverages is problematic. Slovenia reported overall implementation of 88% of a selection of effective interventions on alcohol, compared to a median regional score of 76% (Table 2).

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

- Adoption of the WHO resolution and of the European Council Recommendation did not raise the policy profile of the prevention of violence and injuries as a health priority. Although there is no overall national policy on violence and injury prevention, there is political commitment for this. A resolution was adopted in 2009 on a national programme on the prevention of family violence for the period 2009-2014. Many of the key steps considered necessary for policy development are in place. There has been positive progress in the past 12 months in injury surveillance and multisectoral collaboration. The elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, multisectoral collaboration, capacity building, exchange of best practice, evidence-based emergency care.

Next steps

- Greater attention needs to be given to national policy development and implementing evidence–based interventions for preventing drowning, poisoning, falls, child maltreatment, intimate partner violence and elder abuse. Alcohol-related harm linked to road traffic injuries and suicides deserves greater attention. Several interventions (on road safety, youth, sexual and intimate partner violence, elder abuse and suicides) were implemented in selected regions rather than nationally, and this could be an area for future expansion.

Country profile

Table 1. Demographics

- Slovenia has a population of 2 million. The percentage of children 0–14 years old is lower than the European Region average, and the percentage of people 65+ years old is higher than the regional average.
- Life expectancy at birth is higher than the European Region average, both for males and for females.

Indicator (last available year)	Slovenia	WHO European Region	European Union (EU27)
Mid-year population	2 million	890.9 million	493.8 million
% of population aged 0–14 years	14.0	17.5	15.7
% of population aged 65+ years	16.2	14.0	16.8
Males, life expectancy at birth, in years	74.8	71.4	76.0
Females, life expectancy at birth, in years	82.1	79.1	82.2

- Injuries are the third leading cause of death. The death rates for all the unintentional injuries combined and for most intentional injuries are lower than the European Region averages.
- There was a peak in injury mortality rates in the early 1990s due to the political and socioeconomic transition and there is now a downward trend (Fig. 1).
- The leading causes of unintentional injury-related death are falls, followed by road traffic injuries, poisoning, drowning and fires. The rate for falls is three times higher than the regional average. The rate for road traffic injuries is higher than regional figures too.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The suicide rate is higher than the regional average and almost the double of the European Union (EU) average.
- The rate for road traffic injuries involving alcohol is more than four times higher than EU average.
- The WHO Regional Office for Europe has been supporting focal persons. Slovenia 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 Slovenia, the WHO European Region and the European Union, 1980–2008

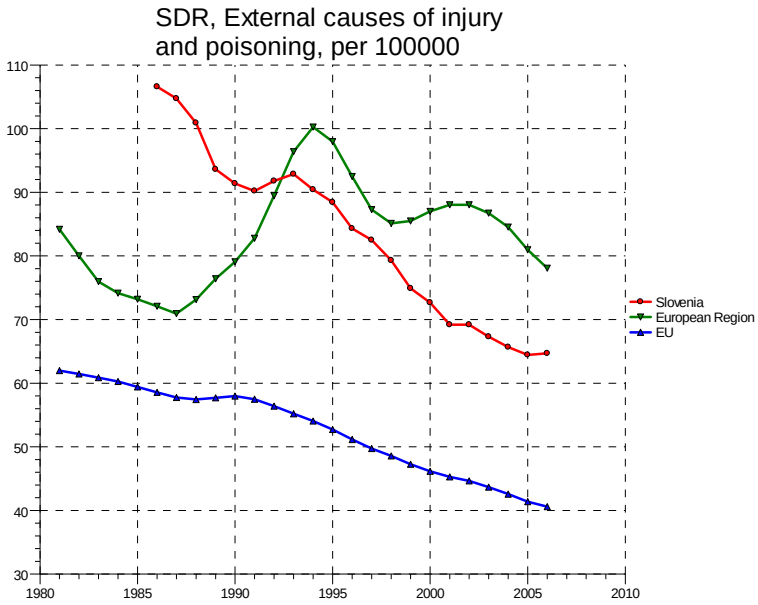

Table 2. Injury burden, policy response and effective prevention measures in place

Legend: ✓ Yes ✘ No ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality[a] (SDR per 100 000 population, all ages, last available year)[b]			National policy?	Intervention effectiveness (%)	
	Slovenia	WHO European Region	European Union[c]		Country score[d]	Regional median score[e]
All injuries	**65.9**	**75.8**	**40.0**	**NA**	**78**	**73**
Unintentional injury[f]	**40.3**	**45.9**	**25.9**	✘	**68**	**72**
Road traffic injuries	14.1	13.3	9.3	✓	88	81
Fires and burns	0.6	2.4	0.7	✘	60	60
Poisoning	1.7	10.7	2.3	✓	80	80
Drowning or submersion	1.2	3.4	1.3	✓	25	63
Falls	17.7	5.6	5.5	✓	75	75
Intentional injury	**NA**	**NA**	**NA**	✘	**97**	**81**
Interpersonal violence[g]	0.9	5.2	1.0	✘	NA	NA
Youth violence[h]	1.0	5.3	1.0	✘	100	86
Child maltreatment[i]	0	0.6	0.3	✓	100	100
Intimate partner violence	-	-	-	✓	100	75
Elder abuse and neglect	-	-	-	✘	67	67
Self-directed violence	18.4	14.0	10.2	✘	100	88
Alcohol[j]	**NA**	**NA**	**NA**	**NA**	**88**	**76**
Alcohol-related poisoning	0.8	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	88.3	18.0	19.2	NA	NA	NA
Fiscal and legal measures[l]	NA	NA	NA	NA	93	71
Health system-based programmes[m]	NA	NA	NA	NA	67	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/hfadb, 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 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	✘