



# Denmark

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

Denmark reports implementing 67% 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 all the key areas identified, such as national policy development, injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care.

### National policies

- There are two overall national policies for preventing injuries and violence. There are specific national policies for road safety and preventing fires, youth violence, intimate partner violence, suicides, child maltreatment and sexual violence. Both alcohol and socioeconomic factors have been identified as risk factors for injuries and violence in national policies.

### Implementation of effective interventions

- Denmark reported overall implementation of 60% of selected effective interventions for injury prevention and 81% for violence prevention. This is lower than the median regional scores of 72% for unintentional injury and equal to the median regional score 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 for fires, falls, poisoning, youth violence, elder abuse and suicides.
- Denmark reported overall implementation of 82% of selected effective interventions on alcohol, more than the 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. Violence is mostly seen as a judicial problem. There has been positive progress in the past 12 months in national policy development, injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care. All the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, multisectoral collaboration, exchange of best practice and evidence-based emergency care.

### Next steps

- Greater attention needs to be given to implementing evidence-based interventions for preventing fires, falls, poisoning, youth violence, elder abuse and suicides. Interventions to reduce socioeconomic inequalities were not implemented. Several interventions (on road safety, drowning, youth violence, child maltreatment, sexual and intimate partner violence) were implemented in selected regions rather than nationally, and this could be an area for future activity.

## Country profile

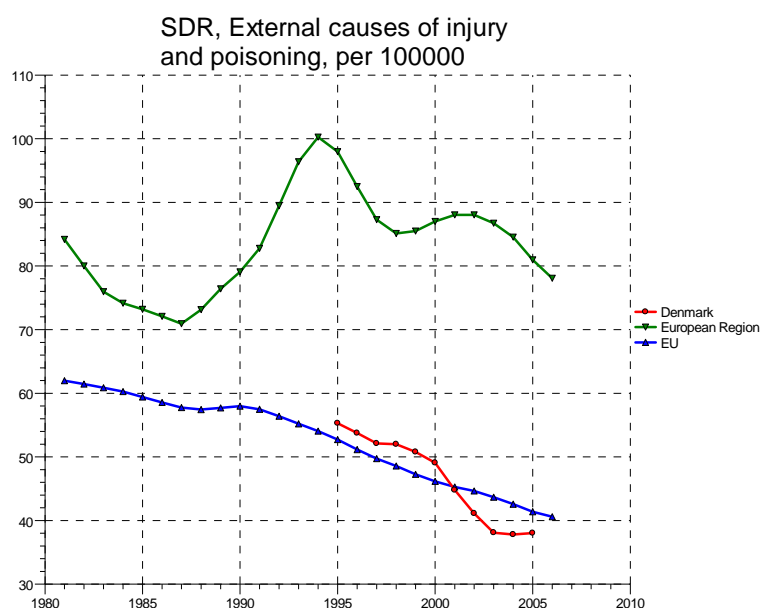
**Table 1. Demographics**

- Denmark has a population of 5.5 million. Both the percentage of children 0–14 years old and of people 65+ years old is 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)	Denmark	WHO European Region	European Union (EU27)
Mid-year population	5.5 million	890.9 million	493.8 million
% of population aged 0–14 years	18.6	17.5	15.7
% of population aged 65+ years	15.2	14.0	16.8
Males, life expectancy at birth, in years	76.2	71.4	76.0
Females, life expectancy at birth, in years	80.8	79.1	82.2

- Injuries are the fourth leading cause of death. The rates for all the unintentional injuries combined and for all intentional injuries are lower than the European Region averages.
- Data available for 1995–2005 show that the injury mortality rate trend was downward and is now levelling off (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by falls, poisoning, fires and drowning.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The rates for youth violence and suicides are lower than regional averages but higher than the European Union (EU) value.
- The rates for road traffic injuries involving alcohol and alcoholic liver diseases are higher than the EU average.
- The WHO Regional Office for Europe has been supporting focal people. Denmark 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 Denmark, 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 (%)	
	Denmark	WHO European Region	European Union <sup>c</sup>		Country score <sup>d</sup>	Regional median score <sup>e</sup>
<b>All injuries</b>	<b>39.0</b>	<b>75.8</b>	<b>40.0</b>	<b>NA</b>	<b>67</b>	<b>73</b>
<b>Unintentional injury<sup>f</sup></b>	<b>24.5</b>	<b>45.9</b>	<b>25.9</b>		<b>60</b>	<b>72</b>
Road traffic injuries	5.5	13.3	9.3		81	81
Fires and burns	1.0	2.4	0.7		30	60
Poisoning	3.5	10.7	2.3		60	80
Drowning or submersion	0.8	3.4	1.3		63	63
Falls	3.7	5.6	5.5		50	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>	0.7	5.2	1.0		NA	NA
Youth violence <sup>h</sup>	1.4	5.3	1.0		71	86
Child maltreatment <sup>i</sup>	0	0.6	0.3		100	100
Intimate partner violence	-	-	-		100	75
Elder abuse and neglect	-	-	-		33	67
Self-directed violence	10.6	14.0	10.2		75	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	0.3	2.8	0.9	NA	NA	NA
Alcoholic liver diseases <sup>k</sup>	12.1	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	20.1	18.0	19.2	NA	NA	NA
Fiscal and legal measures <sup>l</sup>	NA	NA	NA	NA	79	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/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	✓