Italy

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

Italy reports implementing 83% 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 national policy development, multisectoral collaboration and capacity-building.

National policies

- There is an overall national policy for preventing injury but not violence. There are specific national policies for all unintentional injury areas, for child maltreatment, elder abuse, youth, intimate partner and sexual violence. While alcohol has been identified as a risk factor for violence and injuries in national policies, national policies have not highlighted socioeconomic inequality in injury and violence as a priority.

Implementation of effective interventions

- Italy reported overall implementation of 85% of selected effective interventions for injury prevention and 100% for violence prevention. These figures are higher 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 proportion of reported implementation was lower than the median regional score only for poisoning.
- Italy reported overall implementation of 65% of selected effective interventions on alcohol, versus a median regional score of 76%. Greater attention needs to health system-based programmes to reduce alcohol-related harm for which only 33% of interventions have been implemented (versus a median regional score of 67% (Table 2)).

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

- Italy 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. A greater emphasis has been given to a public health approach and the problem has been more firmly brought to the attention of the public and policy makers. Although there is no overall national policy on violence prevention, there is political commitment for this and 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, multisectoral collaboration and capacity-building. All the elements of resolution were successfully achieved.

Next steps

- Greater attention needs to be given to national policy development for violence prevention, implementing health system-based programmes to reduce alcohol-related harm, interventions to reduce poisoning and to reduce socioeconomic inequalities. Several interventions (on drowning, youth violence, child maltreatment, intimate partner violence, elder abuse, sexual violence and suicides) were implemented in selected regions rather than nationally, and these areas could be expanded in the future. Road traffic injuries stand out as an area where greater progress could be made.

Country profile

Table 1. Demographics

- Italy has a population of 58.9 million. The percentage of children 0–14 years old is lower than the European Region average while the percentage of people 65+ years old is higher than the regional average.
- Life expectancy at birth is higher both than the European Region and European Union (EU) average, both for males and for females.

Indicator (last available year)	Italy	WHO European Region	European Union (EU27)
Mid-year population	58.9 million	890.9 million	493.8 million
% of population aged 0–14 years	14.1	17.5	15.7
% of population aged 65+ years	19.8	14.0	16.8
Males, life expectancy at birth, in years	78.6	71.4	76.0
Females, life expectancy at birth, in years	84.3	79.1	82.2

- Injuries are the third leading cause of death. The rates for all unintentional and intentional injuries are lower than the European Region averages.
- Injury mortality rates followed a downward trend, being always below the EU levels (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by falls, poisoning, drowning and fires.
- The leading causes of unintentional injury-related death are suicide followed by homicide.
- The suicide rate is half the rate observed in EU.
- The WHO Regional Office for Europe has been supporting focal people. Italy 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 Italy, the WHO European Region and the European Union, 1980–2008

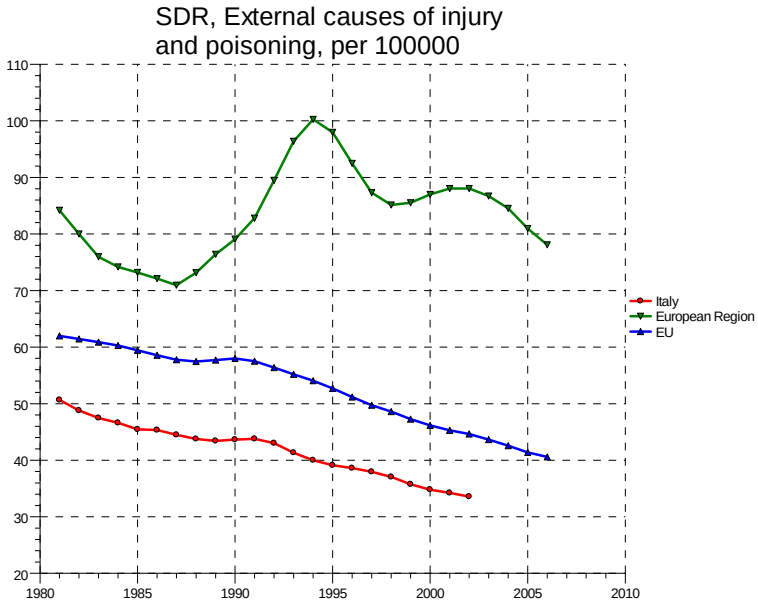

Table 2. Injury burden, policy response and effective prevention measures in place

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 (%)	
	Italy	WHO European Region	European Union[c]		Country score[d]	Regional median score[e]
All injuries	**29.1**	**75.8**	**40.0**	**NA**	**83**	**73**
Unintentional injury[f]	**22.1**	**45.9**	**25.9**	✓	**85**	**72**
Road traffic injuries	9.3	13.3	9.3	✓	88	81
Fires and burns	0.3	2.4	0.7	✓	80	60
Poisoning	0.6	10.7	2.3	✓	60	80
Drowning or submersion	0.6	3.4	1.3	✓	88	63
Falls	2.9	5.6	5.5	✓	100	75
Intentional injury	**NA**	**NA**	**NA**	✘	**100**	**81**
Interpersonal violence[g]	0.9	5.2	1.0	?	NA	NA
Youth violence[h]	1.2	5.3	1.0	✓	100	86
Child maltreatment[i]	0.2	0.6	0.3	✓	100	100
Intimate partner violence	-	-	-	✓	100	75
Elder abuse and neglect	-	-	-	✓	100	67
Self-directed violence	5.2	14.0	10.2	?	100	88
Alcohol[j]	**NA**	**NA**	**NA**	**NA**	**65**	**76**
Alcohol-related poisoning	0	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	5.1	18.0	19.2	NA	NA	NA
Fiscal and legal measures[l]	NA	NA	NA	NA	71	71
Health system-based programmes[m]	NA	NA	NA	NA	33	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	✘