



Israel

EUROPE

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

Israel 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 first quartile of 64%.

The country feedback was positive on some of the key areas identified, such as national policy development, injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care.

National policies

- There are no overall national policies for preventing violence and injuries. There are specific national policies for road safety and preventing fires, drowning, interpersonal violence, youth violence, child maltreatment, intimate partner violence, elder abuse, sexual violence and self-directed violence. Alcohol has been identified as a risk factor for violence and injuries in national policies. Although there were policies targeted to reduce socioeconomic differences in health, national policies have not highlighted socioeconomic inequality in injury and violence as a priority.

Implementation of effective interventions

- Israel reported overall implementation of 72% of selected effective interventions for injury prevention and 87% for violence prevention. This is as much as the median regional scores for unintentional injury and higher than 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 drowning, falls and suicides.
- Israel reported overall implementation of 82% of selected effective interventions on alcohol, versus a median regional score of 76% (Table 2).

Impact of resolution EUR/RC55/R9

- Israel 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. Although there is no overall national policy on violence prevention, there is political commitment for this: the Prime Minister's Office is responsible for creating a national programme to fight violence of all kinds. There has been positive progress in the past 12 months in national policy development, injury surveillance, capacity-building and evidence-based emergency care. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: development of national policies, multisectoral collaboration, exchange of best practice, evidence-based emergency care.

Next steps

- Greater attention needs to be given to national policy development, improvement of surveillance systems and implementing evidence-based interventions to prevent drowning, falls, suicides and those targeted at reducing economic inequalities. Several interventions (on youth violence and suicides) were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Israel has a very young population of 7 million. The percentage of children 0–14 years old is higher than the European Region average, and the percentage of people 65+ years old is lower 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)	Israel	WHO European Region	European Union (EU27)
Mid-year population	7 million	890.9 million	493.8 million
% of population aged 0–14 years	28.4	17.5	15.7
% of population aged 65+ years	9.9	14.0	16.8
Males, life expectancy at birth, in years	78.7	71.4	76.0
Females, life expectancy at birth, in years	82.5	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 regional averages.
- There was a steep rise in injury mortality rates which peaked in the mid-1980s, after which there has been an overall downward trend (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by falls, drowning and fires.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The homicide rate among youth (15–29 years old) is almost four times higher than the EU average, though lower than the Regional average.
- The WHO Regional Office for Europe has been working with focal persons. Israel 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 Israel, the WHO European Region and the European Union, 1980–2008

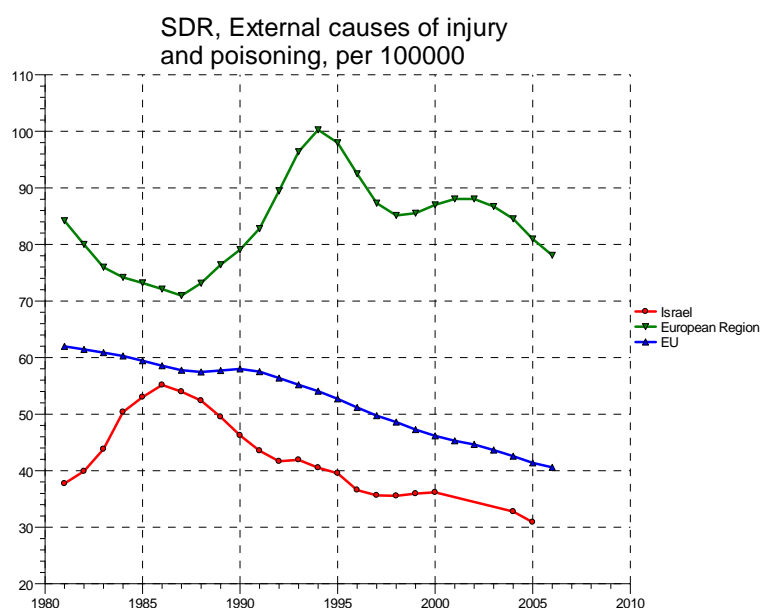













Table 2. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b			National policy?	Intervention effectiveness (%)	
	Israel	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	28.5	75.8	40.0	NA	78	73
Unintentional injury^f	17.3	45.9	25.9	✗	72	72
Road traffic injuries	6.5	13.3	9.3		88	81
Fires and burns	0.4	2.4	0.7		70	60
Poisoning	0	10.7	2.3		100	80
Drowning or submersion	0.6	3.4	1.3		50	63
Falls	1.1	5.6	5.5		50	75
Intentional injury	NA	NA	NA	✗	87	81
Interpersonal violence ^g	2.9	5.2	1.0		NA	NA
Youth violence ^h	3.7	5.3	1.0		100	86
Child maltreatment ⁱ	0.5	0.6	0.3		100	100
Intimate partner violence	-	-	-		100	75
Elder abuse and neglect	-	-	-		67	67
Self-directed violence	5.7	14.0	10.2		63	88
Alcohol^j	NA	NA	NA	NA	82	76
Alcohol-related poisoning	0	2.8	0.9	NA	NA	NA
Alcoholic liver diseases ^k	0.8	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	4.8	18.0	19.2	NA	NA	NA
Fiscal and legal measures	NA	NA	NA	NA	79	71
Health system-based programmes ^m	NA	NA	NA	NA	100	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/hfad>, 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	✓