



Finland

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

Finland reports implementing 96% 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, injury surveillance, capacity-building, and multisectoral collaboration.

National policies

- There are two overall national policies for preventing violence and injuries. There are specific national policies for road safety and preventing fires, drowning, falls and for all the intentional injury areas. 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

- Finland reported overall implementation of 94% of selected effective interventions for injury prevention and 97% for violence prevention. This is 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 always higher than the median regional score for all the interventions, both for injuries and for violence.
- The use of alcohol which is not intended for human consumption causes violence and injury. Finland reported overall implementation of 100% of selected effective interventions on alcohol, versus a median regional score of 76% (Table 2).

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

- Finland 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. Although there is no overall national policy on injury 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, injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, multisectoral collaboration, exchange of best practice, evidence-based emergency care.

Next steps

- Great progress is being made to reduce injuries and violence. The emphasis being given to controlling alcohol-related harm needs to be continued in view of the high mortality. Several interventions were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Finland has a population of 5.3 million. The percentage of children 0–14 years old is slightly 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 both than the European Region and the European Union (EU) average, both for males and for females.

Indicator (last available year)	Finland	WHO European Region	European Union (EU27)
Mid-year population	5.3 million	890.9 million	493.8 million
% of population aged 0–14 years	17	17.5	15.7
% of population aged 65+ years	16.5	14.0	16.8
Males, life expectancy at birth, in years	76.1	71.4	76.0
Females, life expectancy at birth, in years	83.2	79.1	82.2

- Injuries are the third leading cause of death. The rates for all the unintentional injuries combined and for almost all intentional injuries are lower than the regional values but much higher than the EU figures.
- After a peak in the early 1990s there has been a steady fall in injury mortality rates but which have now leveled off (Fig. 1).
- The leading causes of unintentional injury-related death are poisoning, followed by falls, road traffic injuries, drowning and fires. Rates for poisoning and falls are much higher than both the regional and EU averages.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The suicide rate is higher both than the regional and EU average.
- The rate for alcohol-related poisoning is ten times higher the EU value; the rate for alcoholic liver diseases is almost twice the EU average.
- The WHO Regional Office for Europe has been supporting focal people. Finland participated in the advocacy events of the First United Nations Global Road Safety Week, took part in the project on a global status report on road safety and hosted the 4th Network Meeting of Focal Persons for violence and injury prevention. Collaboration is being planned for youth violence and injury prevention with WHO for 2010/11.

Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Finland, the WHO European Region and the European Union, 1980–2008

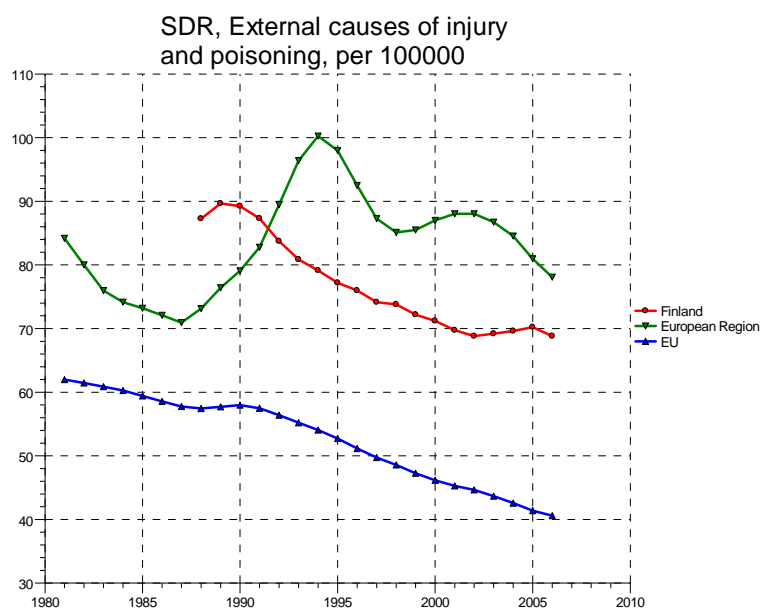
















Table 2. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b			National policy?	Intervention effectiveness (%)	
	Finland	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	67.6	75.8	40.0	NA	96	73
Unintentional injury^f	45.3	45.9	25.9		94	72
Road traffic injuries	6.7	13.3	9.3		100	81
Fires and burns	1.2	2.4	0.7		100	60
Poisoning	15.7	10.7	2.3		100	80
Drowning or submersion	2.4	3.4	1.3		63	63
Falls	13.4	5.6	5.5		100	75
Intentional injury	NA	NA	NA		97	81
Interpersonal violence ^g	2.2	5.2	1.0		NA	NA
Youth violence ^h	2.2	5.3	1.0		100	86
Child maltreatment ⁱ	0.7	0.6	0.3		100	100
Intimate partner violence	-	-	-		100	75
Elder abuse and neglect	-	-	-		100	67
Self-directed violence	17.6	14.0	10.2		88	88
Alcohol^j	NA	NA	NA	NA	100	76
Alcohol-related poisoning	9.8	2.8	0.9	NA	NA	NA
Alcoholic liver diseases ^k	16.2	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	19.3	18.0	19.2	NA	NA	NA
Fiscal and legal measures ^l	NA	NA	NA	NA	100	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/hfaddb>, 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	✗