



## Republic of Moldova

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★☆☆☆

Republic of Moldova reported that 6% of effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions, against a regional median of 56% and a first quartile of 25%.

The country feedback was positive on some of the key areas identified, such as national policies and evidence based emergency care.

#### National policies

- There are overall national policies for injury and violence prevention. There are specific national policies for all causes of unintentional injury and for the prevention of child maltreatment and intimate partner violence.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Republic of Moldova reported overall implementation of 0% of these for injury prevention and 14% for violence prevention. This is lower than the Regional median scores of 65% for unintentional injury prevention and of 55% for violence prevention. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation for the prevention of all types of injuries and violence, except for child maltreatment prevention.

#### Impact of WHO Resolution

- Republic of Moldova acknowledged that adoption of the WHO Resolution helped raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. There are overall national policies for injury and violence prevention with political commitment for implementing these. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy, capacity building and evidence-based emergency care. Some of the elements of the Regional Committee Resolution were successfully achieved: national policies, injury surveillance, capacity building, and evidence-based emergency care.

#### Next steps

- Greater attention needs to be given to preventing this leading cause of premature mortality. The development of injury surveillance would enable access to information for decision making around prevention. Much emphasis needs to be given to implementing evidence based interventions for preventing all types of injuries and violence so as to prevent this cause of premature mortality. A greater understanding of the role of risk factors such as alcohol is needed and interventions against alcohol-related harm.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

## Country profile

**Table 1. Demographics**

- Republic of Moldova has a population of 3.6 million with a high percentage of children (0-14) and a lower percentage of elderly compared to the Region.
- Life expectancy at birth is low for men and lower than the European Region for both males and females.

Indicator (Year=2005 or last available)	Republic of Moldova	WHO European Region	European Union*
Mid-year population	3 585 209	887.5 million	456.9 million
% of population aged 0-14 years	18.2	17.9	15.7
% of population aged 65+ years	10.1	13.8	16.4
Males, life expectancy at birth, in years	64.6	70	75
Females, life expectancy at birth, in years	72.4	76	82

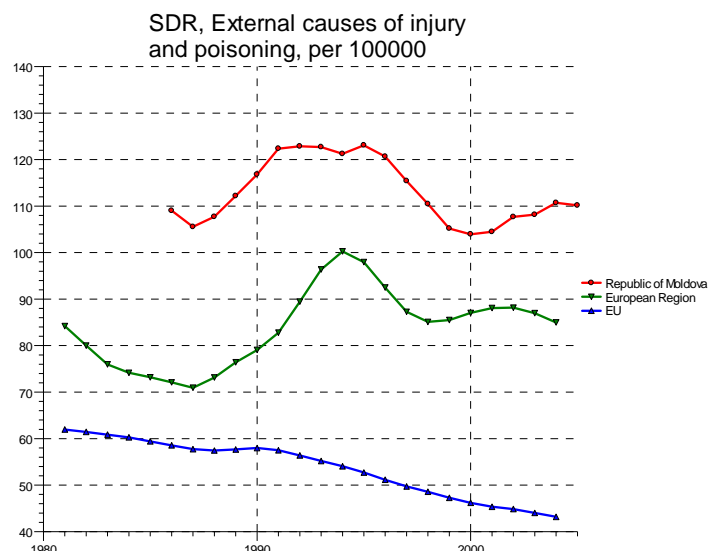
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**

Indicator (Year=2005 or last available year)	Republic of Moldova	WHO European Region	European Union*
SDR, all causes, all ages, per 100 000	1368.9	930.2	678.1
SDR, diseases of circulatory system, all ages per 100 000	786.4	457.6	272.7
SDR, malignant neoplasms, all ages per 100 000	166.2	175	184.1
SDR, external cause injury and poison, all ages per 100 000	109	83.2	42.4




Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad>













- Injuries are the third leading cause of death. The death rate for all injuries, both intentional and unintentional are considerably higher than that of European Region.
- There was a steep rise in injury mortality rates which peaked in the mid-1990s due to the political and socioeconomic transition, followed by a decline. Of concern, there is now an upward trend since 2000.
- The leading causes of unintentional injury death are transport injuries, followed by poisoning, drowning, falls and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Injury death rates due to poisoning, drowning, burns and falls are higher than those of the Region.
- The homicide rate is higher than the regional value.
- WHO/Europe has been engaged in supporting focal persons. Republic of Moldova is taking part in the Global Status Report on Road Safety project.

**Figure 1. Mortality from injuries in Republic of Moldova, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**

 Legend:  Yes  No  ? Not specified/no response N/A Not applicable

CAUSE OF INJURY	MORTALITY (SDR PER 100 000, ALL AGES, 2005 OR LAST AVAILABLE YEAR) +			NATIONAL POLICY?	INTERVENTION EFFECTIVENESS (AS A %)	
	REPUBLIC OF MOLDOVA	WHO EUROPEAN REGION	EUROPEAN UNION*		COUNTRY SCORE <sup>++</sup>	REGIONAL MEDIAN SCORE <sup>+++</sup>
ALL INJURIES	109	83.2	42.4	N/A	6	56
UNINTENTIONAL INJURY#	71.7	46.8	27.1		0	65
Road traffic injuries <sup>^</sup>	13.7	13.9	10		0	80
Fires and burns	5.5	2.6	0.8		0	60
Poisoning	13.2	12	2.2		0	80
Drowning or submersion	7.9	3.8	1.4		0	63
Falls	5.9	6.5	6.5		0	71
INTENTIONAL INJURY					14	55
Interpersonal violence**	7.4	6.3	1.1	N/A	N/A	N/A
Youth violence***	5.1	6.3	1.1		0	60
Child abuse and neglect****	0.7	0.6	0.4		100	100
Intimate partner or domestic violence	N/A	N/A	N/A		0	50
Elder abuse and neglect	N/A	N/A	N/A		0	67
Self-directed violence	18.3	15.1	11.1		0	63

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

+++ For full range of interventions and responses, please consult country questionnaire. Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

^ SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

Legend: ✓ Yes ✗ No ? Not specified/no response

<b>NATIONAL POLICIES</b>	
• Overall national policy on injury prevention	✓
• Overall national policy on violence prevention	✓
• Commitment to develop national policy	✓
<b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</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/stakeholders	✓
• Can WHO help 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>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>	
✓	
<b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b>	
• National policy	✓
• Surveillance	✗
• Multisectoral collaboration	✗
• Capacity building	✓
• Evidence-based emergency care	✓