



Turkey

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

Turkey reports implementing 73% 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 all the key areas identified: national policy development, injury surveillance, capacity-building, multisectoral collaboration and evidence-based emergency care.

National policies

- There are two overall national policies for preventing violence and injuries. There are specific national policies for road safety and preventing fires, falls, drowning, poisoning, child maltreatment, sexual, intimate partner, youth and interpersonal violence. There are no national policies for the prevention of suicide or elder abuse. Neither alcohol nor socioeconomic inequalities have been identified as risk factors for violence and injuries in national policies.

Implementation of effective interventions

- Turkey reported overall implementation of 74% of selected effective interventions for injury prevention and 81% for violence prevention. This is higher than the median regional scores of 72% for unintentional injury and equal to the regional average 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 road traffic injuries and intimate partner violence.
- Turkey reported overall implementation of 71% of selected effective interventions on alcohol, just below the median regional score of 76% (Table 2). Both the consumption of illegal home- or informally-produced alcoholic beverages and of alcohol which is not intended for human consumption have been identified as risk factors in the country. Alcohol-related poisoning data are not available.

Impact of resolution EUR/RC55/R9

- Turkey 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. There is a strategic plan for decreasing by 30% the deaths and injuries caused by road traffic crashes and a national plan for preventing intimate partner violence had been developed. 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. Some of the elements of resolution EUR/RC55/R9 were successfully achieved, such as national policy development and multisectoral collaboration.

Next steps

- Greater attention needs to be given to the improvement of vital registration and injury surveillance systems to make these more reliable and accessible. The steps being taken to invest in capacity-building activities need to be reinforced as does quality control for emergency care. Evidence-based interventions for preventing road traffic injuries and intimate partner violence need to be more widely implemented. Interventions to reduce socioeconomic inequalities were not implemented. Several interventions (on fires, poisoning, drowning, youth violence, child maltreatment, elder abuse and suicides) were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Turkey has a very young population of 71.5 million. The percentage of children 0–14 years old is much higher than the European Region average, and the percentage of people 65+ years old is much lower than the regional average.
- Life expectancy at birth is lower than the European Region average for females and in line with the regional figures for males.

Indicator (last available year)	Turkey	WHO European Region	European Union (EU27)
Mid-year population	71.5 million	890.9 million	493.8 million
% of population aged 0–14 years	34.9	17.5	15.7
% of population aged 65+ years	4.3	14.0	16.8
Males, life expectancy at birth, in years	71.5	71.4	76.0
Females, life expectancy at birth, in years	76.1	79.1	82.2

- Reliable vital registration and injury health data are not routinely available from official statistical sources yet.
- Injuries are the fourth leading cause of death.
- The leading causes of unintentional injury-related death are road traffic injuries, followed by falls, drowning, fires and poisoning.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The rate for alcohol-related road traffic injuries is higher than the regional average.
- The WHO Regional Office for Europe has been supporting focal people. Turkey 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. There is an ongoing collaboration with WHO to strengthen the health systems response to road traffic injuries and to build capacity for violence and injury prevention.

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

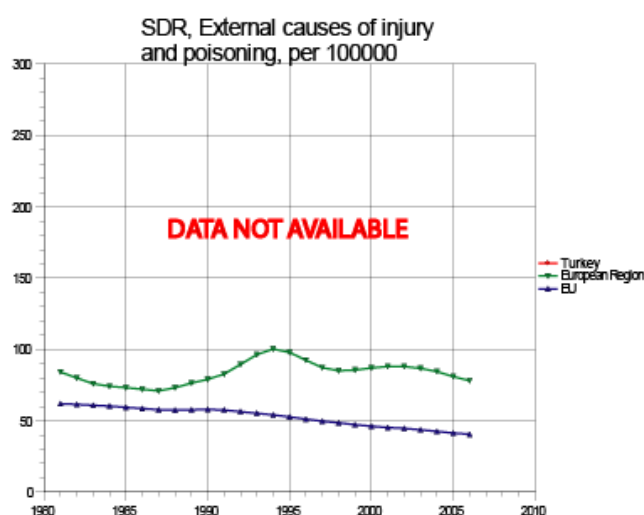















Table 2. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b			National policy?	Intervention effectiveness (%)	
	Turkey	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	-	75.8	40.0	NA	73	73
Unintentional injury^f	-	45.9	25.9		74	72
Road traffic injuries	-	13.3	9.3		63	81
Fires and burns	-	2.4	0.7		70	60
Poisoning	-	10.7	2.3		100	80
Drowning or submersion	-	3.4	1.3		63	63
Falls	-	5.6	5.5		100	75
Intentional injury	NA	NA	NA		81	81
Interpersonal violence ^g	-	5.2	1.0		NA	NA
Youth violence ^h	-	5.3	1.0		100	86
Child maltreatment ⁱ	-	0.6	0.3		100	100
Intimate partner violence	-	-	-		25	75
Elder abuse and neglect	-	-	-		67	67
Self-directed violence	-	14.0	10.2		100	88
Alcohol^j	NA	NA	NA	NA	71	76
Alcohol-related poisoning	-	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	-	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	67	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, 2009 (<http://www.euro.who.int/hfaddb>, accessed 3 September 2009).^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 22 August 2008). 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 Score calculated from 17 alcohol-related interventions.^k EU average calculated on 20 countries. Data retrieved from the European detailed mortality database (http://www.euro.who.int/InformationSources/Data/20070615_2, accessed 3 September 2009).^l Score calculated from 14 interventions on access to alcohol (availability, restrictions, banning).^m Score calculated from 3 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	✓