Georgia

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

Georgia reports implementing 49% 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 all the key areas identified: national policy development, surveillance, capacity-building, multisectoral approach and evidence-based emergency care.

National policies

- There is an overall national policy for preventing injuries but not violence. There are specific national policies for road safety and for preventing intimate partner violence. Alcohol has not been identified as a risk factor for violence or injuries in national policies; although national policies have not highlighted socioeconomic inequality in injuries and violence as a priority, policies targeting socioeconomic differences in health have been developed in the last year.

Implementation of effective interventions

- Georgia reported overall implementation of 51% of selected effective interventions for injury prevention and 55% for violence prevention. This is lower than the median regional score of 72% for unintentional injury and of 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. With the exception of elder abuse, youth violence and intimate partner violence, the proportion of reported implementation was lower than the regional score for all the interventions, for the different causes of injuries and violence.
- Georgia reported overall implementation of 47% of selected effective interventions on alcohol, versus a median regional score of 76%. Greater attention needs to be given to legal and fiscal interventions on alcohol access for which only 57% of interventions have been implemented, versus a median regional score of 71%; health system-based programmes have not been implemented (Table 2).

Impact of resolution EUR/RC55/R9

- Adoption of the WHO resolution did not raise the policy profile of the prevention of violence and injuries as a health priority. There has been positive progress in the past 12 months in all the key elements identified by the resolution. Some of the elements of the resolution were achieved: national policy development, surveillance and multisectoral approach.

Next steps

- Greater attention needs to be given to capacity-building, evidence-based emergency care and implementing most of the evidence–based interventions for preventing unintentional injuries, child maltreatment, suicides and alcohol misuse. Several interventions were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Georgia has a population of 4.4 million. Both the percentage of children 0–14 years old and of people 65+ years old are higher than the European Region average.
- Life expectancy at birth is lower than the European Region average both for males and for females.

Indicator (last available year)	Georgia	WHO European Region	European Union (EU27)
Mid-year population	4.4 million	890.9 million	493.8 million
% of population aged 0–14 years	21.2	17.5	15.7
% of population aged 65+ years	14.7	14.0	16.8
Males, life expectancy at birth, in years	69.3	71.4	76.0
Females, life expectancy at birth, in years	76.7	79.1	82.2

- Injuries are the third leading cause of death. The rates for all injuries combined are lower than the regional average and that of the European Union (EU).
- There was a rise in injury mortality rates at the beginning of the 1990s due to the political and socioeconomic transition, followed by a decline, though data are available only until 2000 (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by fires, poisoning, drowning, poisoning and falls.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The rate for alcohol-related poisoning is lower than the regional average.
- The WHO Regional Office for Europe has been supporting focal people. Georgia 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 Georgia, the WHO European Region and the European Union, 1980–2008

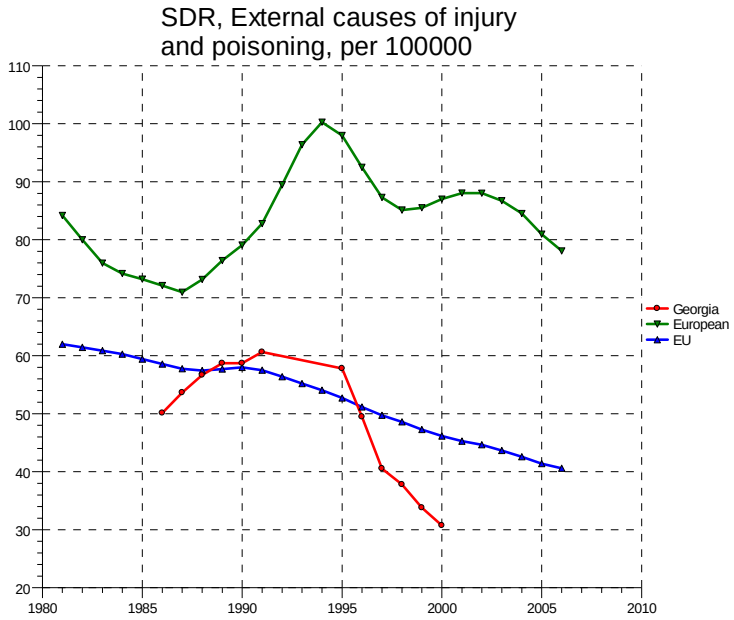

Table 2. Injury burden, policy response and effective prevention measures in place

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 (%)	
	Georgia	WHO European Region	European Union[c]		Country score[d]	Regional median score[e]
All injuries	**27.3**	**75.8**	**40.0**	**NA**	**49**	**73**
Unintentional injury[f]	**13.4**	**45.9**	**25.9**	✓	**51**	**72**
Road traffic injuries	4.0	13.3	9.3	✓	75	81
Fires and burns	1.4	2.4	0.7	✘	20	60
Poisoning	0.6	10.7	2.3	✘	60	80
Drowning or submersion	0.9	3.4	1.3	✘	38	63
Falls	0.4	5.6	5.5	✘	50	75
Intentional injury	**NA**	**NA**	**NA**	✘	**55**	**78**
Interpersonal violence[g]	3.9	5.2	1.0	✘	NA	NA
Youth violence[h]	4.2	5.3	1.0	?	86	86
Child maltreatment[i]	0.1	0.6	0.3	?	40	100
Intimate partner violence	-	-	-	✓	75	75
Elder abuse and neglect	-	-	-	✘	67	67
Self-directed violence	2.1	14.0	10.2	✘	38	88
Alcohol[j]	**NA**	**NA**	**NA**	**NA**	**47**	**76**
Alcohol-related poisoning	0.1	2.8	0.9	NA	NA	NA
Alcoholic liver diseases[k]	0.7	-	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	57	71
Health system-based programmes[m]	NA	NA	NA	NA	0	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/hfadb, 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	✓