



Romania

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

Romania reports implementing 60% 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 injury surveillance, multisectoral approach and capacity-building.

National policies

- There is an overall national policy for preventing violence but not injuries. There are specific national policies for road safety and preventing falls and all the specific types of violence. Both alcohol and socioeconomic inequalities have been identified as risk factors for violence and injuries in national policies.

Implementation of effective interventions

- Romania reported overall implementation of 60% of selected effective interventions for injury prevention and 68% for violence prevention. This is lower 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 lower than the median regional score for road traffic injuries, poisoning, drowning, intimate partner violence and suicides.
- Romania reported overall implementation of 35% of selected effective interventions on alcohol, versus a median regional score of 76%. Greater attention needs to be given both to legal and fiscal interventions on alcohol access and on health systems based programmes to reduce alcohol-related harm (Table 2). The consumption of illegal home- or informally-produced alcoholic beverages and of alcohol which is not intended for human consumption is a problem.

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

- Adoption of the WHO resolution and of the European Council recommendation did not raise the policy profile of the prevention of violence and injuries as a health priority. Although there is no overall national policy on injury prevention, there is political commitment for this and some of the key steps considered necessary for policy development are in place. There has been positive progress in the past 12 months in surveillance, multisectoral approach and capacity-building. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: multisectoral collaboration, exchange of best practice and evidence-based emergency care.

Next steps

- Greater attention needs to be given to national policy development and surveillance. Although data are from different sources are easily accessible these need to be collated centrally. More interventions for preventing road traffic injuries, poisoning, drowning, intimate partner violence and suicides should be implemented as well as those to control alcohol-related harm. Several interventions were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Romania has a population of 21.5 million. The percentage of children 0–14 years old is 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 lower than the European Region average, both for males and for females.

Indicator (last available year)	Romania	WHO European Region	European Union (EU27)
Mid-year population	21.5 million	890.9 million	493.8 million
% of population aged 0–14 years	15.2	17.5	15.7
% of population aged 65+ years	14.9	14.0	16.8
Males, life expectancy at birth, in years	69.8	71.4	76.0
Females, life expectancy at birth, in years	77.3	79.1	82.2

- Injuries are the fourth leading cause of death. The rates for unintentional injuries and for all the intentional injuries are lower than the regional averages but higher than the European Union (EU) values.
- Injury mortality rates rose steeply and peaked in the mid-1990s due to the political and socioeconomic transition, and the trend is now downward (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by falls, poisoning, drowning and fires. Rates for road traffic injuries, drowning and falls are higher than the regional average.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The WHO Regional Office for Europe has been supporting focal persons. Romania 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 collaboration with WHO to develop a national report on violence and health and capacity building using TEACH-VIP which has been translated into Romanian.

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

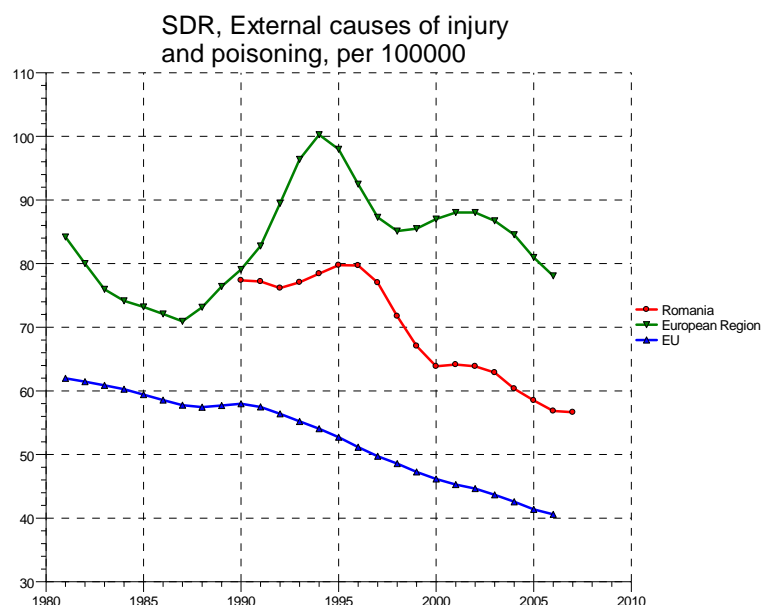
















Table 2. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b			National policy?	Intervention effectiveness (%)	
	Romania	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	57.2	75.8	40.0	NA	62	73
Unintentional injury^f	42.6	45.9	25.9	✗	60	72
Road traffic injuries	14.4	13.3	9.3		69	81
Fires and burns	1.7	2.4	0.7		70	60
Poisoning	4.7	10.7	2.3		20	80
Drowning or submersion	4.3	3.4	1.3		25	63
Falls	6.0	5.6	5.5		88	75
Intentional injury	NA	NA	NA		68	81
Interpersonal violence ^g	2.3	5.2	1.0		NA	NA
Youth violence ^h	1.7	5.3	1.0		86	86
Child maltreatment ⁱ	0.6	0.6	0.3		100	100
Intimate partner violence	-	-	-		50	75
Elder abuse and neglect	-	-	-		67	67
Self-directed violence	10.6	14.0	10.2		50	88
Alcohol^j	NA	NA	NA	NA	35	76
Alcohol-related poisoning	2.1	2.8	0.9	NA	NA	NA
Alcoholic liver diseases ^k	4.7	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	1.4	18.0	19.2	NA	NA	NA
Fiscal and legal measures ^l	NA	NA	NA	NA	36	71
Health system-based programmes ^m	NA	NA	NA	NA	33	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	✗