



United Kingdom

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

United Kingdom reports implementing 88% 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 overall national policies for preventing violence and injuries. There are specific national policies for road safety and preventing falls, fires, child maltreatment, suicides, interpersonal, youth, intimate partner and sexual violence.

Implementation of effective interventions

- United Kingdom reported overall implementation of 83% of selected effective interventions for injury prevention and 100% for violence prevention. These figures are 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 lower than the median regional score for road traffic injuries only.
- United Kingdom reported overall implementation of 76% of selected effective alcohol-related interventions, as much as the median regional score (Table 2).

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

- United Kingdom cannot distinguish whether 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 has been strengthened commitment to violence and unintentional injury prevention since this time. For instance the Department for Transport is consulting on a new national strategy for road safety for Great Britain; the Welsh Assembly Government is in the process of developing a child safety strategy and action plan and has mandated a national emergency department dataset to feed into the All Wales Injury Surveillance System, in line with EUR/RC55/R9; and, in England, the Department for Health is developing a framework for violence prevention. 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 and multisectoral collaboration. 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

- The United Kingdom has achieved almost all of the items of the resolution. Greater attention needs to be given to multisectoral collaboration for primary violence prevention and road traffic injuries. Several interventions (above all on falls, elder abuse, youth, sexual and intimate partner violence) were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- United Kingdom has a population of 61 million. The percentage of children 0–14 years old is slightly higher 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 than the European Region average, both for males and for females.

Indicator (last available year)	United Kingdom	WHO European Region	European Union (EU27)
Mid-year population	61 million	890.9 million	493.8 million
% of population aged 0–14 years	17.6	17.5	15.7
% of population aged 65+ years	16.0	14.0	16.8
Males, life expectancy at birth, in years	77.7	71.4	76.0
Females, life expectancy at birth, in years	81.9	79.1	82.2

- Injuries are the fifth leading cause of death. Death rates for all injuries, both intentional and unintentional, are three times lower than that of the European Region
- Rates for all types of unintentional and intentional injuries are much lower than the European Region averages and, with the exception of poisoning also lower than the average of the European Union (EU).
- There has been a gradual downward trend in injury mortality albeit a leveling off in the last 10 years (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by falls, poisoning, drowning and fires.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The WHO Regional Office for Europe has been working with the focal persons. United Kingdom 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, is supporting collaborative working on youth violence with WHO, and is hosting the First High Level Meeting on injury prevention in September 2010 and the 3rd Global VIP Focal Persons meeting.

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

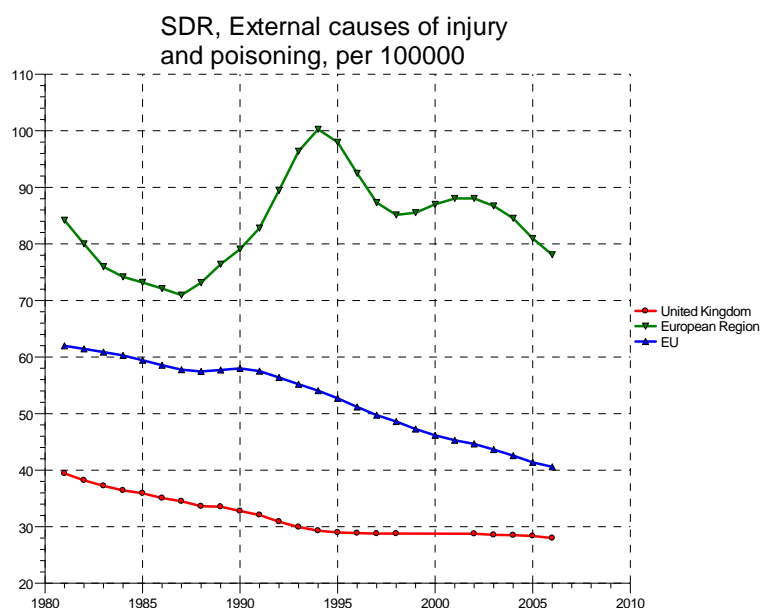















Table 2. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b			National policy?	Intervention effectiveness (%)	
	United Kingdom	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	27.6	75.8	40.0	NA	88	73
Unintentional injury^f	18.0	45.9	25.9		83	72
Road traffic injuries	4.9	13.3	9.3		75	81
Fires and burns	0.4	2.4	0.7		80	60
Poisoning	2.5	10.7	2.3		100	80
Drowning or submersion	0.4	3.4	1.3		75	63
Falls	4.2	5.6	5.5		100	75
Intentional injury	NA	NA	NA		100	81
Interpersonal violence ^g	0.4	5.2	1.0		NA	NA
Youth violence ^h	0.7	5.3	1.0		100	86
Child maltreatment ⁱ	0.1	0.6	0.3		100	100
Intimate partner violence	-	-	-		100	75
Elder abuse and neglect	-	-	-		100	67
Self-directed violence	6.1	14.0	10.2		100	88
Alcohol^j	NA	NA	NA	NA	76	76
Alcohol-related poisoning	0.6	2.8	0.9	NA	NA	NA
Alcoholic liver diseases ^k	8.1	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	11.5	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	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/hfad>, 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	✓