



Germany

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

Germany 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 some of the key areas identified, such as national policy development and surveillance.

National policies

- There is an overall national policy for preventing injuries but not violence. There are specific national policies for road safety and preventing interpersonal violence, youth violence, child maltreatment, intimate partner violence, elder abuse and sexual violence. Alcohol has not been identified as a risk factor for injuries.

Implementation of effective interventions

- Germany reported overall implementation of 74% of selected effective interventions for injury prevention and 77% for violence prevention. This is higher than the median regional score of 72% for unintentional injury and lower than the median regional score of 81% for violence prevention. Table 2 shows the details of percentages by 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 drowning, youth and intimate partner violence.
- Germany reported overall implementation of 65% 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 64% of interventions have been implemented (versus a median regional score of 71% (Table 2)). Interventions to reduce socioeconomic inequalities were only partially implemented.

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 violence prevention and there is no political commitment for this, there has been positive progress in the past 12 months in national policy development and surveillance system improvement. A situation analysis for child injury prevention has been done in July 2009 and measures have been taken as part of the action plan on child safety 2010, led by the health sector. Some of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, multisectoral collaboration and exchange of best practice.

Next steps

- Greater attention needs to be given to national policy development, multisectoral collaboration, evidence-based emergency trauma care. Further attention is needed to implement evidence-based interventions for preventing drowning, youth and intimate partner violence, and alcohol misuse. Several interventions (for instance, on road safety, child maltreatment and sexual violence) were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Germany has a population of 82.5 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 higher both than the European Region and the European Union (EU) average, both for males and for females.

Indicator (last available year)	Germany	WHO European Region	European Union (EU27)
Mid-year population	82.5 million	890.9 million	493.8 million
% of population aged 0–14 years	14.1	17.5	15.7
% of population aged 65+ years	19.2	14.0	16.8
Males, life expectancy at birth, in years	77.2	71.4	76.0
Females, life expectancy at birth, in years	82.4	79.1	82.2

- Injuries are the fifth leading cause of death. The rates for unintentional injuries and violence are almost lower than the European Region averages.
- Available data show a downward trend in injury mortality rates, at a level lower than the EU average (Fig. 1).
- The leading causes of unintentional injury-related death are falls, followed by road traffic injuries, poisoning, drowning and fires.
- The rate for falls is higher than the regional averages.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The rates for alcoholic liver diseases and for road traffic injuries involving alcohol are higher than the EU average.
- The WHO Regional Office for Europe has been supporting focal people. Germany 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, held a symposium on: "Violence Causes Illness - Challenges to the European Health Care system" and hosted the 5th meeting of European national focal points for violence and injury prevention in 2009.

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

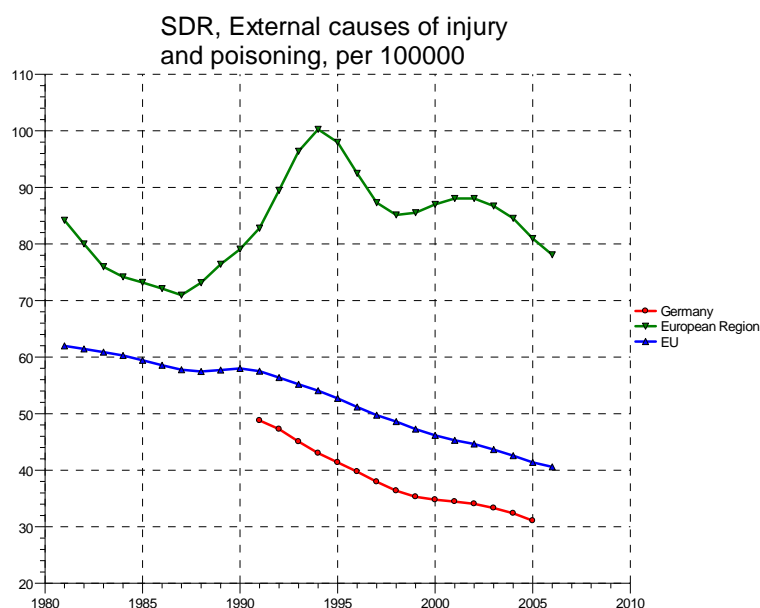
















Table 2. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified or no response NA Not applicable - No data

Cause of injury	Mortality ^a (SDR per 100 000 population, all ages, last available year) ^b			National policy?	Intervention effectiveness (%)	
	Germany	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	29.9	75.8	40.0	NA	73	73
Unintentional injury^f	16.5	45.9	25.9		74	72
Road traffic injuries	5.6	13.3	9.3		94	81
Fires and burns	0.4	2.4	0.7		70	60
Poisoning	0.9	10.7	2.3		100	80
Drowning or submersion	0.5	3.4	1.3		25	63
Falls	6.0	5.6	5.5		75	75
Intentional injury	NA	NA	NA		77	81
Interpersonal violence ^g	0.6	5.2	1.0		NA	NA
Youth violence ^h	0.5	5.3	1.0		57	86
Child maltreatment ⁱ	0.5	0.6	0.3		100	100
Intimate partner violence	-	-	-		25	75
Elder abuse and neglect	-	-	-		100	67
Self-directed violence	9.8	14.0	10.2		88	88
Alcohol^j	NA	NA	NA	NA	65	76
Alcohol-related poisoning	0.2	2.8	0.9	NA	NA	NA
Alcoholic liver diseases ^k	10.5	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	29.4	18.0	19.2	NA	NA	NA
Fiscal and legal measures ^l	NA	NA	NA	NA	64	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, 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	✗