



## Russian Federation

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

### Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★★☆☆

Russian Federation reported that 46% of the effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions; this is compared to a regional median of 56% and a third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as capacity building and road safety.

#### National policies

- There is no overall national policy for injuries or violence prevention. There is a specific national policy for road safety.

#### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Russian Federation reported overall implementation of 33% of these for injury prevention and 66% for violence prevention. This is lower than the Regional median scores of 65% for unintentional injury but higher than that for violence prevention (55%). Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. There was a lower proportion of reported implementation in the areas of road safety, fires, drowning, poisoning and falls for unintentional injuries. For violence, there was lower proportion of implementation for the prevention of youth violence and self-directed violence.

#### Impact of WHO Resolution

- Russian Federation acknowledged that adoption of the WHO Resolution helped 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 many of the key steps considered necessary for policy development are in place. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy development, multisectoral collaboration and capacity building. Some of the elements of the Regional Committee Resolution were successfully achieved: intersectoral collaboration, capacity building.

#### Next steps

- Greater action is needed to combat this leading cause of premature mortality and to correct the decline in life expectancy in the Russian male population. Alcohol has a strong role to play in this excess mortality in the Russian Federation and interventions are needed against harmful alcohol use. Attention needs to be given to national policy development and injury surveillance. Implementing evidence-based interventions should be a priority for preventing poisoning, road traffic injury, falls, drowning and fires. In the area of violence better implementation is needed for the prevention of youth violence and self-directed violence. For a number of interventions, these were implemented in some regions rather than nationally, and increasing coverage could be an area of future activity.

★ less than 25% (first quartile: 0-25)

★★ 25 to 50% (first quartile to median: 26-55)

★★★ 50 to 75% (median to third quartile: 56-79)

★★★★ 75 to 100% (over third quartile: 80-100)

## Country profile

**Table 1. Demographics**

- Russian Federation has a population of 143.1 million with a low percentage of children and a percentage of elderly similar to the Region.
- For males, life expectancy at birth is the lowest in the European Region. Female life expectancy is also lower than the regional value.

Indicator (Year=2005 or last available)	Russian Federation	WHO European Region	European Union*
Mid-year population	143 113 888	887.5 million	456.9 million
% of population aged 0-14 years	15.1	17.9	15.7
% of population aged 65+ years	13.8	13.8	16.4
Males, life expectancy at birth, in years	59	70	75
Females, life expectancy at birth, in years	72.4	76	82

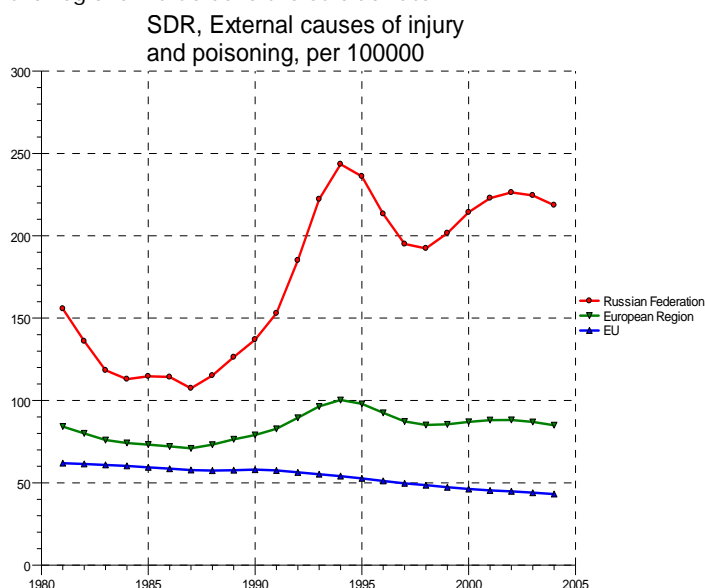
**Table 2. Leading causes of death (Expressed as standardized death rates (SDR))**




Indicator (Year=2005 or last available year)	Russian Federation	WHO European Region	European Union*
SDR, all causes, all ages, per 100 000	1509.9	930.2	678.1
SDR, diseases of circulatory system, all ages per 100 000	837.3	457.6	272.7
SDR, malignant neoplasms, all ages per 100 000	182.1	175	184.1
SDR, external cause injury and poison, all ages per 100 000	211.2	83.2	42.4







Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the second leading cause of death. The death rate for all injuries, both intentional and unintentional is five times higher than the European Union and nearly thrice higher than the Region.
- There was a steep rise in injury mortality rates which peaked in the mid-1990s due to the political and socioeconomic transition. There was a second peak in 2002 and there is now a slight downward trend.
- The leading causes of unintentional injury death are poisoning, followed by transport injuries, drowning, falls and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Alcohol is a leading risk factor.
- Injury death rates irrespective of the cause are higher than those of the Region.
- Homicide rates irrespective of age group are higher than the regional value as is the suicide rate.
- WHO/Europe has been engaged in supporting focal persons and working with the Ministry of Health in the areas of surveillance, alcohol and violence, capacity building and developing national policy. Russian Federation participated in the advocacy events of the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project. The First Interministerial Conference on Road Safety will be hosted in the Russian Federation in 2009.

**Figure 1. Mortality from injuries in Russian Federation, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**Legend:  Yes  No  Not specified/no response N/A Not applicable

CAUSE OF INJURY	MORTALITY (SDR PER 100 000, ALL AGES, 2005 OR LAST AVAILABLE YEAR) +			NATIONAL POLICY?	INTERVENTION EFFECTIVENESS (AS A %)	
	RUSSIAN FEDERATION	WHO EUROPEAN REGION	EUROPEAN UNION*		COUNTRY SCORE <sup>++</sup>	REGIONAL MEDIAN SCORE <sup>+++</sup>
ALL INJURIES	211.2	83.2	42.4	N/A	46	56
UNINTENTIONAL INJURY#	100.4	46.8	27.1	?	33	65
Road traffic injuries <sup>^</sup>	26.4	13.9	10	?	47	80
Fires and burns	8.2	2.6	0.8	?	20	60
Poisoning	42.3	12	2.2	?	40	80
Drowning or submersion	9.9	3.8	1.4	?	38	63
Falls	8.6	6.5	6.5	?	0	71
INTENTIONAL INJURY					66	55
Interpersonal violence**	23.7	6.3	1.1	N/A	N/A	N/A
Youth violence***	21.1	6.3	1.1		40	60
Child abuse and neglect****	1.7	0.6	0.4		100	100
Intimate partner or domestic violence	N/A	N/A	N/A		0	50
Elder abuse and neglect	N/A	N/A	N/A		67	67
Self-directed violence	29.8	15.1	11.1		50	63

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad/b> and Health for All Mortality DataBase.

++ 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' (2007) available at [http://www.who.int/violence\\_injury\\_prevention/publications/en/index.html](http://www.who.int/violence_injury_prevention/publications/en/index.html).

+++ Median of the proportion of effective interventions in place in countries of the Region.

# Standardized death rates (SDR) from accidents.

^ SDR from transport accidents.

\* 27 countries belonging to the European Union.

\*\* Proxi for mortality: mortality from homicide and assault, all ages.

\*\*\* Proxi for mortality: mortality from homicide and assault 15-29.

\*\*\*\* Proxi for mortality: mortality from homicide and assault 0-14.

**Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention**

Legend: ✓ Yes ✗ No ? Not specified/no response

<b>NATIONAL POLICIES</b>	
• Overall national policy on injury prevention	?
• Overall national policy on violence prevention	✗
• Commitment to develop national policy	✓
<b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>	
✓	
<b>EASY ACCESS TO SURVEILLANCE DATA</b>	
✗	
<b>INTERSECTORAL COLLABORATION</b>	
• Key stakeholders identified	✗
• Secretariat to support the intersectoral committee	✓
• Questionnaire answered in consensus with other sectors/stakeholders	✓
• Can WHO help achieve intersectoral collaboration in the country?	✓
<b>CAPACITY BUILDING</b>	
• Process in place	✓
• Exchange of evidence-based practice as part of this process	✓
• Promotion of research as part of this process	✓
<b>EMERGENCY CARE</b>	
• Evidence-based approach	?
• Quality assessment programme	?
• Process to build capacity identified	✓
<b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>	
✓	
<b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b>	
• National policy	✓
• Surveillance	✗
• Multisectoral collaboration	✓
• Capacity building	✓
• Evidence-based emergency care	?