



## Uzbekistan

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

Uzbekistan reports implementing 64% 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 national policy development, injury surveillance, capacity-building and evidence-based emergency care.

#### National policies

- There are no overall national policies for preventing violence and injuries. There are specific national policies for road safety and preventing fires and sexual violence. Alcohol has been identified as a risk factor both for violence and injuries. National policies have not highlighted socioeconomic inequality in injuries and violence as a priority.

#### Implementation of effective interventions

- Uzbekistan reported overall implementation of 64% of selected effective interventions for injury prevention and 52% 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 interventions on road safety, fires, youth violence, child maltreatment, elder abuse and suicides.
- Uzbekistan reported overall implementation of 82% of selected effective interventions on alcohol, versus a median regional score of 76% (Table 2). Both the consumption of illegal-home or informally-produced alcoholic beverages and of alcohol which is not intended for human consumption lead to alcohol-related harm.

#### Impact of resolution EUR/RC55/R9

- Uzbekistan acknowledged that the adoption of resolution EUR/RC55/R9 helped to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health. Although there are no overall national policies on injuries and violence prevention, there is political commitment for this and the Ministry of Health has recognized violence and injury prevention as a priority. Many of the key steps considered necessary for policy development are in place. An extensive emergency medicine network has been set up although there is still not universal access to emergency prehospital care. There has been positive progress in the past 12 months in national policy development, injury surveillance, capacity-building and evidence-based emergency care. Many of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, multisectoral collaboration, capacity-building and evidence-based emergency care.

#### Next steps

- Greater attention needs to be given to national policy development and implementing evidence-based interventions for preventing road traffic injuries, fires, youth violence, child maltreatment, elder abuse and suicides. Most of the interventions were implemented in selected regions rather than nationally, and this could be an area for future activity. Particular attention needs to be paid to drowning, where mortality rates are higher than the regional average. Better control of illegal and surrogate alcohol consumption is needed.

## Country profile

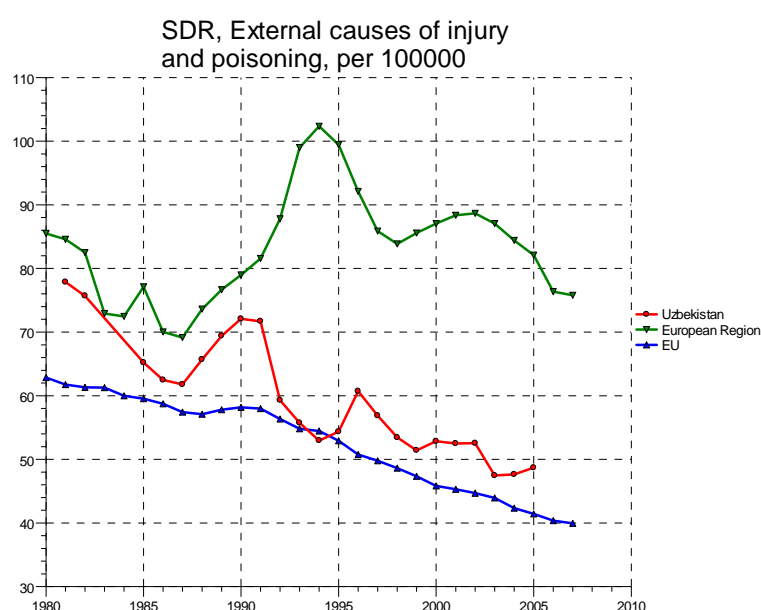
Table 1. Demographics


- Uzbekistan has a very young population of 27.8 million. The percentage of children 0–14 years old is higher than the European Region average, and the percentage of people 65+ years old is lower 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)	Uzbekistan	WHO European Region	European Union (EU27)
Mid-year population	27.8 million	890.9 million	493.8 million
% of population aged 0–14 years	31.1	17.5	15.7
% of population aged 65+ years	4.2	14.0	16.8
Males, life expectancy at birth, in years	68.2	71.4	76.0
Females, life expectancy at birth, in years	73.0	79.1	82.2

- Injuries are the fifth leading cause of death. The rates for all injuries combined are lower than the European Region averages.
- There was a steep rise in injury mortality rates which peaked in the early 1990s due to the political and socioeconomic transition and there is now a downward trend. (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by drowning, poisoning, falls and fires.
- The rate for drowning is 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 people. Uzbekistan 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. Biennial collaborative agreements on the prevention of injuries between Uzbekistan and WHO are in place for 2008/9 and 2010/11. A situation analysis report on injuries and violence has been written and there is collaborative work to mainstream the WHO syllabus TEACH-VIP into undergraduate and postgraduate medical curricula.

**Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Uzbekistan, 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 <sup>a</sup> (SDR per 100 000 population, all ages, last available year) <sup>b</sup>			National policy?	Intervention effectiveness (%)	
	Uzbekistan	WHO European Region	European Union <sup>c</sup>		Country score <sup>d</sup>	Regional median score <sup>e</sup>
<b>All injuries</b>	<b>48.7</b>	<b>75.8</b>	<b>40.0</b>	<b>NA</b>	<b>64</b>	<b>73</b>
<b>Unintentional injury<sup>f</sup></b>	<b>28.7</b>	<b>45.9</b>	<b>25.9</b>	<b>X</b>	<b>68</b>	<b>72</b>
Road traffic injuries	10.6	13.3	9.3		69	81
Fires and burns	1.4	2.4	0.7		50	60
Poisoning	2.1	10.7	2.3	<b>X</b>	100	80
Drowning or submersion	3.9	3.4	1.3	<b>X</b>	63	63
Falls	2.1	5.6	5.5	<b>X</b>	75	75
<b>Intentional injury</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>X</b>	<b>52</b>	<b>81</b>
Interpersonal violence <sup>g</sup>	3.4	5.2	1.0	<b>X</b>	NA	NA
Youth violence <sup>h</sup>	3.1	5.3	1.0	<b>X</b>	43	86
Child maltreatment <sup>i</sup>	0.3	0.6	0.3	<b>X</b>	80	100
Intimate partner violence	-	-	-	<b>X</b>	0	75
Elder abuse and neglect	-	-	-	<b>X</b>	33	67
Self-directed violence	5.5	14.0	10.2	<b>X</b>	75	88
<b>Alcohol<sup>j</sup></b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>NA</b>	<b>82</b>	<b>76</b>
Alcohol-related poisoning	0.3	2.8	0.9	NA	NA	NA
Alcoholic liver diseases <sup>k</sup>	0.4	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	2.2	18.0	19.2	NA	NA	NA
Fiscal and legal measures <sup>l</sup>	NA	NA	NA	NA	86	71
Health system-based programmes <sup>m</sup>	NA	NA	NA	NA	67	67

<sup>a</sup> Unless otherwise specified.<sup>b</sup> 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/hfaddb>, accessed 3 September 2009).<sup>c</sup> The 27 European Union countries.<sup>d</sup> 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](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.<sup>e</sup> Median of the proportion of effective interventions in place in countries in the WHO European Region.<sup>f</sup> Standardized death rates (SDR) from accidents.<sup>g</sup> Proxy for mortality: mortality from homicide and assault, all ages.<sup>h</sup> Proxy for mortality: mortality from homicide and assault, 15–29 years.<sup>i</sup> Proxy for mortality: mortality from homicide and assault 0–14 years.<sup>j</sup> Score calculated from 17 alcohol-related interventions.<sup>k</sup> EU average calculated on 20 countries. Data retrieved from the European detailed mortality database ([http://www.euro.who.int/InformationSources/Data/20070615\\_2](http://www.euro.who.int/InformationSources/Data/20070615_2), accessed 3 September 2009).<sup>l</sup> Score calculated from 14 interventions on access to alcohol (availability, restrictions, banning).<sup>m</sup> 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

<b>National policies</b>	
• 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	✗
<b>Political support for the agenda for injury and violence prevention</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 and stakeholders	✓
• Can WHO help to 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>EUR/RC55/R9 influenced the agenda for injury and violence prevention</b>	✓
<b>Recent developments in injury and violence prevention (during the past 12 months)</b>	
• National policy	✓
• Surveillance	✓
• Multisectoral collaboration	✗
• Capacity-building	✓
• Evidence-based emergency care	✓