Azerbaijan

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

Azerbaijan reports implementing 70% 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 multisectoral collaboration and evidence-based emergency care.

National policies

- There is no overall national policy for preventing violence; no information available on injuries. There is a specific national policy for preventing youth violence. No information was provided on the existence of national policy on unintentional injuries. Alcohol has been highlighted as a risk factor for violence but not for unintentional injuries. National policies have not highlighted socioeconomic inequality in injury and violence as a priority.

Implementation of effective interventions

- Azerbaijan reported overall implementation of 68% of selected effective interventions for injury prevention and 87% for violence prevention. This is slightly lower than the median regional scores of 72% for unintentional injury and higher than the median regional score of 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, fires and intimate partner violence.
- Azerbaijan reported overall implementation of 59% 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 57% of interventions have been implemented (versus a median regional score of 71% (Table 2). The consumption of illegal home- or informally-produced alcoholic beverages is a health risk in the country.

Impact of resolution EUR/RC55/R9

- Azerbaijan 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 is no overall national policy on violence 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 the past 12 months in multisectoral collaboration and evidence-based emergency care. Some of the elements of resolution EUR/RC55/R9 were successfully achieved such as multisectoral collaboration and evidence-based emergency care.

Next steps

- Greater attention needs to be given to national policy development, surveillance (there is easy access to data for road traffic injuries only), capacity building and implementing evidence–based interventions for road traffic injuries, fires, intimate partner violence and alcohol misuse. Interventions to reduce socioeconomic inequalities were not implemented. Most of the interventions were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Azerbaijan has a young population of 8.5 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 for females but is lower than the European Region but the same for males.

Indicator (last available year)	Azerbaijan	WHO European Region	European Union (EU27)
Mid-year population	8.5 million	890.9 million	493.8 million
% of population aged 0–14 years	23.6	17.5	15.7
% of population aged 65+ years	7.1	14.0	16.8
Males, life expectancy at birth, in years	71.3	71.4	76.0
Females, life expectancy at birth, in years	76.3	79.1	82.2

- Injuries are the fifth leading cause of death. The rates for all injuries and for all the unintentional injuries combined are lower than European Region averages.
- Injury mortality rates rose steeply and peaked in the late 1990s due to the political and socioeconomic transition, and the trend has been downward with a levelling off in the last few years (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by fires, drowning, falls and poisoning. The mortality rate for fires is higher than the regional average, and that for road traffic injury rate more than twice lower than the regional figure.
- The leading causes of intentional injury-related death are homicide, followed by suicide.
- The WHO Regional Office for Europe has been supporting focal people. Azerbaijan 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.

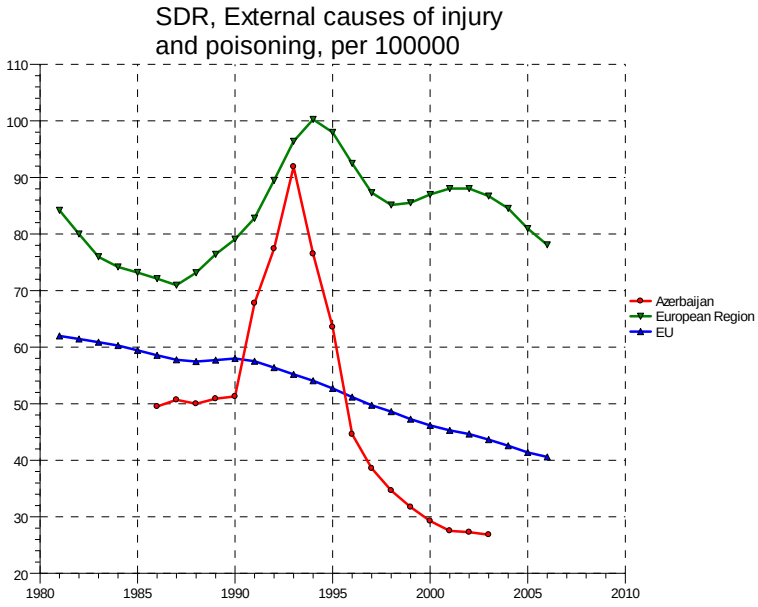

Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Azerbaijan, the WHO European Region and the European Union, 1980–2008

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[a] (SDR per 100 000 population, all ages, last available year)[b]			National policy?	Intervention effectiveness (%)	
	Azerbaijan	WHO European Region	European Union[c]		Country score[d]	Regional median score[e]
All injuries	**26.1**	**75.8**	**40.0**	**NA**	**70**	**73**
Unintentional injury[f]	**22.7**	**45.9**	**25.9**	?	**68**	**72**
Road traffic injuries	5.7	13.3	9.3	?	63	81
Fires and burns	2.9	2.4	0.7	?	40	60
Poisoning	0.7	10.7	2.3	?	100	80
Drowning or submersion	1.8	3.4	1.3	?	63	63
Falls	0.9	5.6	5.5	?	100	75
Intentional injury	**NA**	**NA**	**NA**	✘	**87**	**81**
Interpersonal violence[g]	1.9	5.2	1.0	✘	NA	NA
Youth violence[h]	2.8	5.3	1.0	✓	86	86
Child maltreatment[i]	0.1	0.6	0.3	✘	100	100
Intimate partner violence	-	-	-	✘	50	75
Elder abuse and neglect	-	-	-	✘	67	67
Self-directed violence	1.4	14.0	10.2	✘	100	88
Alcohol[j]	**NA**	**NA**	**NA**	**NA**	**59**	**76**
Alcohol-related poisoning	0.1	2.8	0.9	NA	NA	NA
Alcoholic liver diseases[k]	-	-	8.6	NA	NA	NA
Road traffic injuries (fatal and non-fatal) involving alcohol	1.0	18.0	19.2	NA	NA	NA
Fiscal and legal measures[l]	NA	NA	NA	NA	57	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/hfadb, 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	✓