Belarus

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

Belarus reports implementing 81% 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 injury surveillance, multisectoral collaboration, capacity-building and evidence-based emergency care.

National policies

- There are two overall national policies for preventing injuries and violence. There are specific national policies for road safety and preventing drowning, fires, poisoning, child maltreatment, elderly abuse, suicides, interpersonal, youth and intimate partner violence. Alcohol has been identified as a risk factor for injuries and violence in national policies National policies have not highlighted socioeconomic inequality in injury and violence as a priority but in the last year there have been policies targeted to reduce socioeconomic differences in health between segments of society.

Implementation of effective interventions

- Belarus reported overall implementation of 85% of selected effective interventions for injury prevention and 65% for violence prevention. This is higher than the median regional scores of 72% for unintentional injury and lower 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 interventions on elder abuse, self-directed and intimate partner violence.
- Belarus implemented all the selected effective interventions on alcohol. However, the consumption of illegal home- or informally-produced alcoholic beverages and the use of alcohol which is not intended for human consumption is problematic.

Impact of resolution EUR/RC55/R9

- Belarus 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. There has been positive progress in the past 12 months in injury surveillance, multisectoral collaboration, capacity-building and evidence-based emergency care. All the elements of resolution EUR/RC55/R9 were successfully achieved.

Next steps

- Greater attention needs to be given to implementing evidence–based interventions for preventing elder abuse, self-directed and domestic violence. Interventions to reduce economic inequalities were only partially implemented. Although all the alcohol-related interventions were implemented, the rates for alcohol-related poisonings are very high and the consumption of illegal and surrogate is a problem. Sustained, intense and widespread action is required in the future. Many interventions were implemented in some areas rather than nationwide and this could be an area of future activity.

This analysis is part of a joint project of the WHO Regional Office for Europe and the European Commission on preventing injuries and promoting safety in Europe

Country profile

Table 1. Demographics

- Belarus has a population of 9.6 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 slightly higher than the regional average.

Life expectancy at birth is lower than the European Region average, both for males and for females, but this deficit is greater for males. There is a large discrepancy in life expectancy between males and females.

Indicator (last available year)	Belarus	WHO European Region	European Union (EU27)
Mid-year population	9.6 million	890.9 million	493.8 million
% of population aged 0–14 years	14.9	17.5	15.7
% of population aged 65+ years	14.6	14.0	16.8
Males, life expectancy at birth, in years	64.6	71.4	76.0
Females, life expectancy at birth, in years	76.3	79.1	82.2

- Injuries are the third leading cause of death. The rates for all the unintentional injuries combined and for most of the intentional injuries are higher than the European Region averages.
- Injury mortality rates rose steeply since the late 1980s due to the political and socioeconomic transition. The trend is falling, though levels are twice higher than the regional average and thrice higher than the European Union (EU) average (Fig. 1).
- The leading causes of unintentional injury–related death are poisoning (thrice higher than the regional average), followed road traffic injuries, falls, drowning and fires.
- The leading causes of intentional injury–related death are suicide followed by homicide.
- The rates for suicides is almost twice the regional average.
- The WHO Regional Office for Europe has been supporting focal people. Belarus 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. There is a biennial collaborative agreement between WHO and the health ministry. This has involved two train the trainer workshops, national workshops on surveillance, workshops on multisectoral collaboration for road safety and advocacy events for the European report on child injury prevention.

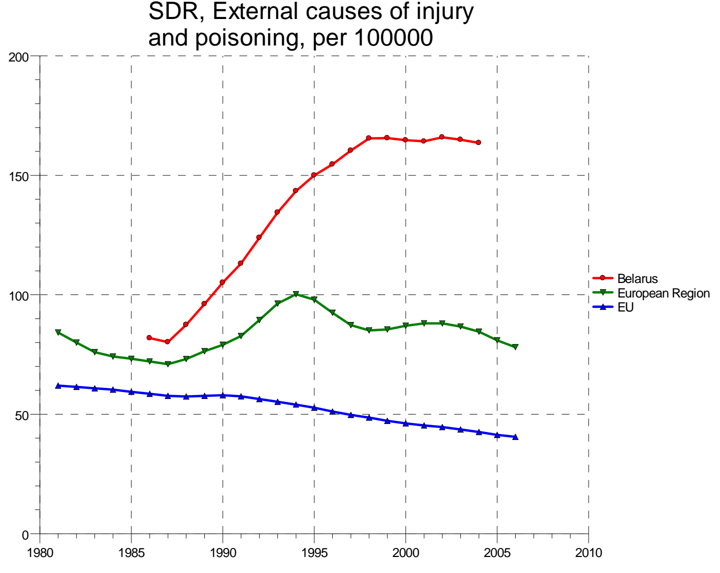

Fig. 1. Standardized death rate (SDR) for external causes of injury and poisoning in Belarus, the WHO European Region and the European Union, 1980–2008

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 (%)	
	Belarus	WHO European Region	European Union[c]		Country score[d]	Regional median score[e]
All injuries	**139.3**	**75.8**	**40.0**	**NA**	**81**	**73**
Unintentional injury[f]	**102.1**	**45.9**	**25.9**	✓	**85**	**72**
Road traffic injuries	14.8	13.3	9.3	✓	94	81
Fires and burns	6.5	2.4	0.7	✓	80	60
Poisoning	32.9	10.7	2.3	✓	100	80
Drowning or submersion	10.4	3.4	1.3	✓	63	63
Falls	10.6	5.6	5.5	✘	88	75
Intentional injury	**NA**	**NA**	**NA**	✓	**65**	**81**
Interpersonal violence[g]	6.3	5.2	1.0	✓	NA	NA
Youth violence[h]	4.0	5.3	1.0	✓	100	86
Child maltreatment[i]	0.6	0.6	0.3	✓	100	100
Intimate partner violence	-	-	-	✓	25	75
Elder abuse and neglect	-	-	-	✓	33	67
Self-directed violence	25.3	14.0	10.2	✓	25	88
Alcohol[j]	**NA**	**NA**	**NA**	**NA**	**100**	**76**
Alcohol-related poisoning	24.5	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	7.7	18.0	19.2	NA	NA	NA
Fiscal and legal measures[l]	NA	NA	NA	NA	100	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/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	✓