



Switzerland

EUROPE

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

Switzerland reports implementing 65% 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, capacity-building, evidence-based emergency care and surveillance.

National policies

- There are no overall national policies for preventing violence and injuries. There are specific national policies for road safety and preventing poisoning, youth violence and legal protection of victims of violence. There are no policies targeted to reduce socioeconomic differences in health.

Implementation of effective interventions

- Switzerland reported overall implementation of 49% of selected effective interventions for injury prevention and 84% for violence prevention. This is lower than the median regional scores of 72% for unintentional injury and higher than the median regional scores 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 drowning. No intervention was implemented for fires and falls.
- Switzerland reported overall implementation of 76% of selected effective interventions on alcohol, as much as the median regional score (Table 2).

Impact of resolution EUR/RC55/R9

- Switzerland claimed that the adoption of resolution EUR/RC55/R9 has had little impact to raise the policy profile of the prevention of violence and injuries as a health priority by the Ministry of Health although recognized that some WHO publications, such as the *World report on violence and health*, have been of great help to promote violence prevention in French speaking part of Switzerland. As Switzerland is a federalist state, few health issues are the object of national policy, strategy or funding. There are no overall national policies on violence and injury prevention and there is political commitment only for road safety while interpersonal violence prevention is not a national policy priority. Unintentional injury prevention, suicide prevention and violence prevention are usually not viewed as common issues. Only unintentional injury prevention (occupational and non-occupational) are dealt with at the national level. There has been positive progress in the past 12 months in injury surveillance, multisectoral collaboration, capacity-building (although there have also been relapses like the reduction of external causes categories in the national hospital discharge database). Some of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance, multisectoral collaboration, evidence-based emergency care and capacity-building (for violence only).

Next steps

- Greater attention needs to be given to implementing evidence-based interventions for preventing falls, drowning and fires. Particular attention should be given to falls: the mortality rate is almost the double the European figure and no interventions are reported as implemented. Interventions to reduce socioeconomic inequalities were only very partially implemented.

Country profile

Table 1. Demographics

- Switzerland has a population of 7.5 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.

Indicator (last available year)	Switzerland	WHO European Region	European Union (EU27)
Mid-year population	7.5 million	890.9 million	493.8 million
% of population aged 0–14 years	15.7	17.5	15.7
% of population aged 65+ years	16.4	14.0	16.8
Males, life expectancy at birth, in years	79.6	71.4	76.0
Females, life expectancy at birth, in years	84.5	79.1	82.2

- Life expectancy at birth is higher both than the European Region and the European Union (EU) average, both for males and for females.

- Injuries are the third leading cause of death. The rates for all unintentional injuries and all intentional injuries are lower than the European Region averages with the exception of falls and suicides which are higher.
- Injury mortality rates follow a decreasing trend at values lower than the regional figures (Fig. 1).
- The leading causes of unintentional injury-related death are falls, followed by road traffic injuries, poisoning, drowning and fires.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The rate for road traffic injuries involving alcohol is higher both than the European Union and the Regional average.
- The WHO Regional Office for Europe has been working with focal persons. Switzerland participated in the advocacy events of the First United Nations Global Road Safety Week and took part in the project on the global status report on road safety.

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

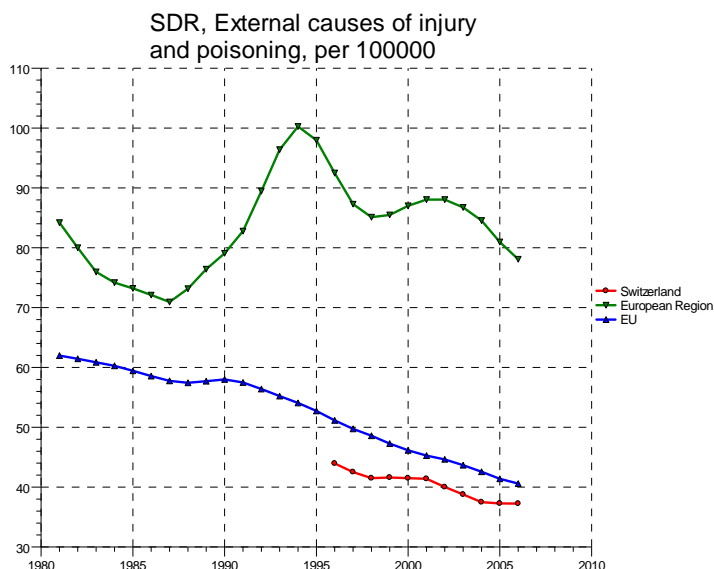


Table 2. Injury burden, policy response and effective prevention measures in place

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 (%)	
	Switzerland	WHO European Region	European Union ^c		Country score ^d	Regional median score ^e
All injuries	37.6	75.8	40.0	NA	65	73
Unintentional injury^f	20.8	45.9	25.9		49	72
Road traffic injuries	4.4	13.3	9.3		88	81
Fires and burns	0.1	2.4	0.7		0	60
Poisoning	2.7	10.7	2.3		100	80
Drowning or submersion	0.6	3.4	1.3		50	63
Falls	9.7	5.6	5.5		0	75
Intentional injury	NA	NA	NA		84	81
Interpersonal violence ^g	0.6	5.2	1.0		NA	NA
Youth violence ^h	0.8	5.3	1.0		86	86
Child maltreatment ⁱ	0.4	0.6	0.3		100	100
Intimate partner violence	-	-	-		100	75
Elder abuse and neglect	-	-	-		67	67
Self-directed violence	15.1	14.0	10.2		100	88
Alcohol^j	NA	NA	NA	NA	76	76
Alcohol-related poisoning	0.2	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	34.4	18.0	19.2	NA	NA	NA
Fiscal and legal measures ^l	NA	NA	NA	NA	80	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	✓