



Austria

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 WHO Regional Committee for Europe resolution EUR/RC55/R9 and of the European Council Recommendation on the prevention of injury and promotion of safety and (2) Regional Office data and information.

Summary of country assessment

Austria 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.

National policies

- There are no overall national policies for preventing violence and injuries. There are specific national policies for road safety and preventing child maltreatment and intimate partner violence. National policies have not highlighted socioeconomic inequality in injury and violence as a priority.

Implementation of effective interventions

- Austria reported overall implementation of 83% of selected effective interventions for injury prevention and 90% for violence prevention. These figures are higher 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 is either equal or higher than the median regional score, both for injuries and for violence.
- Austria reported overall implementation of 76% of a selection of effective interventions on alcohol, as much as the median regional score. Greater attention needs to be given to health system-based programmes to reduce alcohol-related harm: 33% of them have been implemented, versus a regional average of 67% (Table 2).

Impact of resolution EUR/RC55/R9 and of the European Council Recommendation

- Austria acknowledged that the adoption of resolution EUR/RC55/R9 and of the European Council Recommendation 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 injury prevention, there is political commitment for this. There is a national road safety action plan 2002-2010 (adopted by the government) and a follow-up programme 2010-2020 is under discussion; there is a Ministry of Health proposal for a national action plan on all unintentional injuries (2006) which has not yet been adopted by the government. There has been positive progress in the past 12 months in the field of injury surveillance. Some of the elements of resolution EUR/RC55/R9 were successfully achieved: injury surveillance and evidence-based emergency care.

Next steps

- Greater attention needs to be given to national policy development, capacity building and multisectoral approaches. Although almost all interventions on falls are implemented, the mortality rate is higher than the European average. Several evidence-based interventions (on road safety, falls, drowning, suicides, youth and intimate partner violence) were implemented in selected regions rather than nationally, and this could be an area for future activity.

Country profile

Table 1. Demographics

- Austria has a population of 8.3 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.
- Life expectancy at birth is higher both than the European Region and the European Union (EU) average, both for males and for females.

| Indicator (last available year) | Austria | WHO European Region | European Union (EU27) |
|---|-------------|---------------------|-----------------------|
| Mid-year population | 8.3 million | 890.9 million | 493.8 million |
| % of population aged 0–14 years | 15.2 | 17.5 | 15.7 |
| % of population aged 65+ years | 17.2 | 14.0 | 16.8 |
| Males, life expectancy at birth, in years | 77.9 | 71.4 | 76.0 |
| Females, life expectancy at birth, in years | 83.4 | 79.1 | 82.2 |

- Injuries are the fifth leading cause of death. The rates for almost all the unintentional injuries and for all the intentional injuries are lower than the European Region averages.
- There has been a steady downward trend in injury mortality rates which are lower than that of the Region and similar to that of the EU (Fig. 1).
- The leading causes of unintentional injury-related death are road traffic injuries, followed by falls, drowning, fires and poisoning.
- The leading causes of intentional injury-related death are suicide followed by homicide.
- The rates for alcoholic liver diseases and for road traffic injuries involving alcohol are higher than the EU average.
- The WHO Regional Office for Europe has been supporting focal people. Austria hosted the second network meeting of violence and injury prevention focal persons and has 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 Austria, the WHO European Region and the European Union, 1980–2008

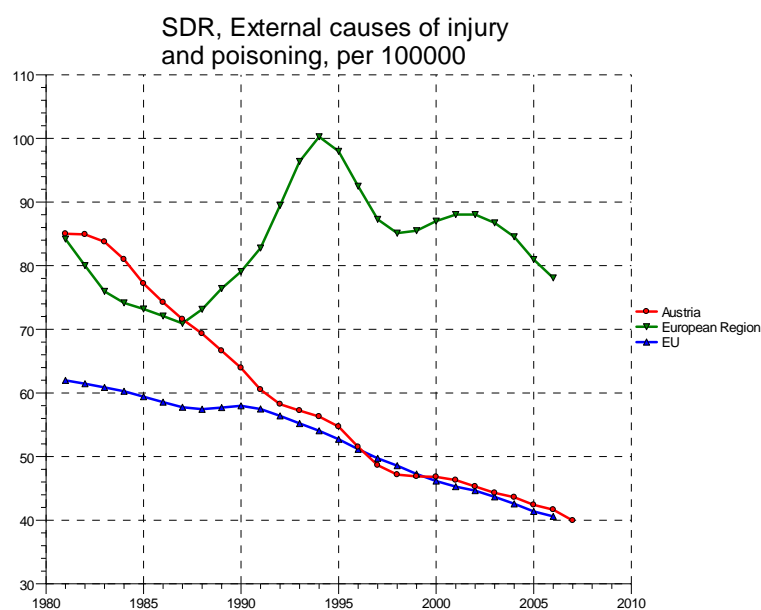













Table 2. Injury burden, policy response and effective prevention measures in place

 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 (%) | |
|---|--|---------------------|-----------------------------|---|--------------------------------|------------------------------------|
| | Austria | WHO European Region | European Union ^c | | Country score ^d | Regional median score ^e |
| All injuries | 38.8 | 75.8 | 40.0 | NA | 81 | 73 |
| Unintentional injury^f | 22.3 | 45.9 | 25.9 | ✗ | 83 | 72 |
| Road traffic injuries | 6.8 | 13.3 | 9.3 |  | 88 | 81 |
| Fires and burns | 0.4 | 2.4 | 0.7 |  | 80 | 60 |
| Poisoning | 0.2 | 10.7 | 2.3 |  | 80 | 80 |
| Drowning or submersion | 0.8 | 3.4 | 1.3 |  | 63 | 63 |
| Falls | 6.6 | 5.6 | 5.5 |  | 100 | 75 |
| Intentional injury | NA | NA | NA | ✗ | 90 | 81 |
| Interpersonal violence ^g | 0.6 | 5.2 | 1.0 |  | NA | NA |
| Youth violence ^h | 0.4 | 5.3 | 1.0 |  | 100 | 86 |
| Child maltreatment ⁱ | 0.3 | 0.6 | 0.3 |  | 100 | 100 |
| Intimate partner violence | - | - | - |  | 100 | 75 |
| Elder abuse and neglect | - | - | - |  | 67 | 67 |
| Self-directed violence | 12.7 | 14.0 | 10.2 |  | 100 | 88 |
| Alcohol^j | NA | NA | NA | NA | 76 | 76 |
| Alcohol-related poisoning | 0 | 2.8 | 0.9 | NA | NA | NA |
| Alcoholic liver diseases ^k | 10.0 | - | 8.6 | NA | NA | NA |
| Road traffic injuries (fatal and non-fatal) involving alcohol | 34.7 | 18.0 | 19.2 | NA | NA | NA |
| Fiscal and legal measures ^l | NA | NA | NA | NA | 86 | 71 |
| Health system-based programmes ^m | NA | NA | NA | NA | 33 | 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 | ✗ |