

# **INJURIES AS A PUBLIC HEALTH PROBLEM- SERBIAN EXPERIENCES**

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- **NATIONAL POLICIES**

- There is no overall national policy for injury or violence prevention.
- There are specific national policies for road safety and poisoning prevention.

- **OFFICIAL DATA SOURCES**

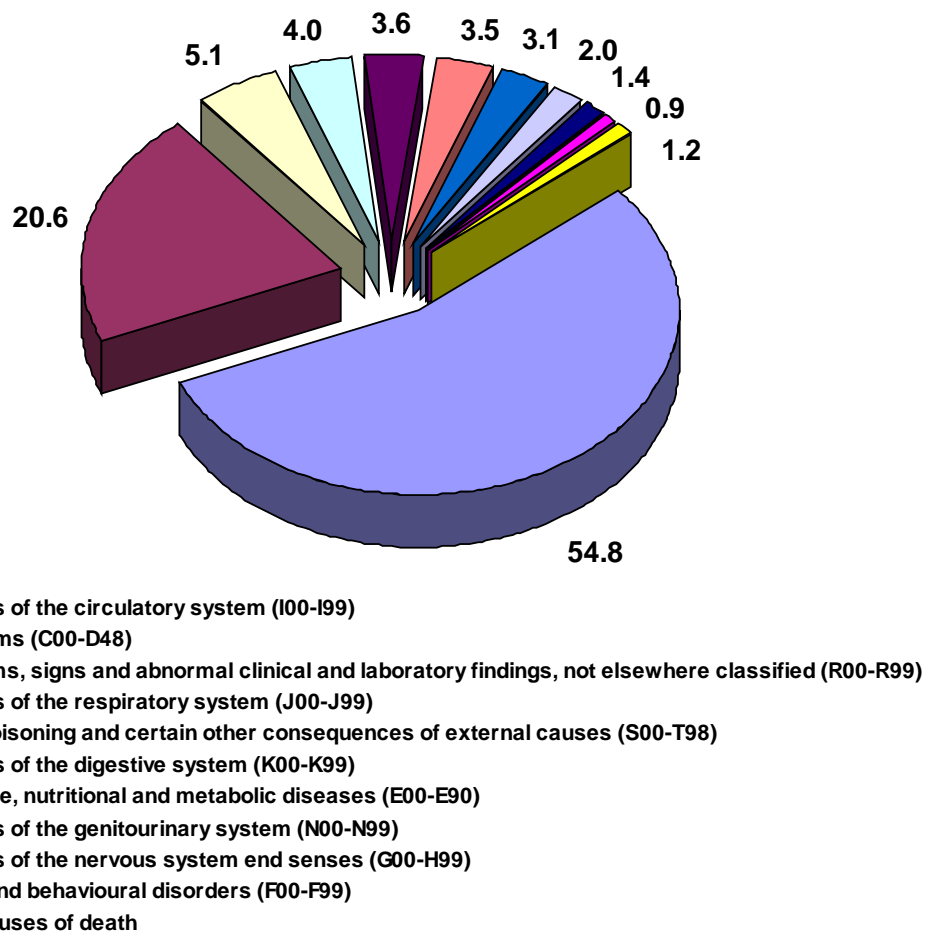
- National Health Survey 2006:
- System of routine health statistics (primary, secondary and tertiary level of health services)
- Mortality statistics

- **According to the National Health Survey 2006:**
  - **8.3% of the adult population in Serbia had at least one injury during the year prior to the Survey**
  - **the incidence of injuries is lower in women (7.2%) than men (9.2%)**
  - **0.5% of adults had his last injury in traffic**
  - **3.3% of the adult population and 4.8% of population aged 65 and over, have been injured in the house**
  - **2.4% of adults had his last injury on the job, and the incidence was significantly higher in men**

- **According to the National Health Survey 2006:**
  - **12.5% of children and adolescents (age 7-19) in Serbia had injury during the year prior to the Survey**
  - **boys were more exposed (17.0%) than girls (8.2%)**
  - **0.6% of children was injured in traffic and 2.7% at school**

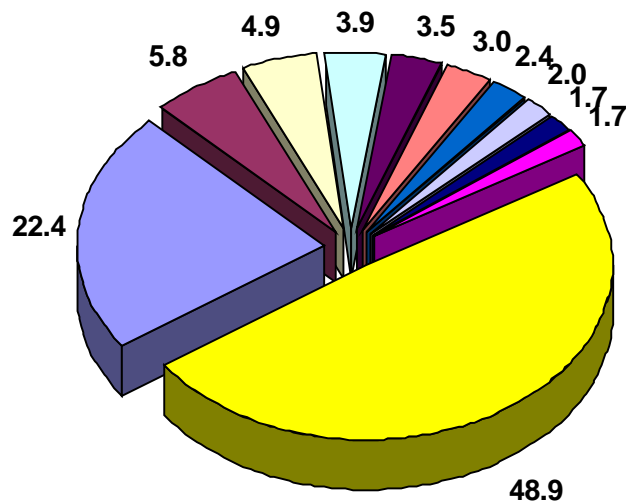
- LEADING CAUSES OF DEATH (expressed in % )

Most common causes of death (%) in Republic of Serbia, 2009



- **LEADING CAUSES OF DEATH (expressed in % )**

Most common external causes of death (%) in Republic of Serbia, 2009



- Intentional self-harm by hanging, strangulation and suffocation (X70)
- Exposure to unspecified factor (X59)
- Unspecified event, undetermined Intent (Y34)
- Motor- or nonmotor-vehicle accident, type of vehicle unspecified (V89)
- Intentional self-harm by handgun discharge (X72)
- Unspecified fall (W19)
- Pedestrian Injured In collision with car, pick-up truck or van (V03)
- Car occupant Injured In other and unspecified transport accidents (V49)
- Intentional self-poisoning by and exposure to other and unspecified chemicals and noxious substances (X69)
- Poisoning by and exposure to narcotics and psychodysleptics [hallucinogens], not elsewhere classified, undetermined Intent (Y12)
- Other external causes of death

**Figure 1. Number of diagnosed injuries (per 1000 inhabitants) within primary health care, adults, pre-school, and school children, Serbia, 2006-2009**

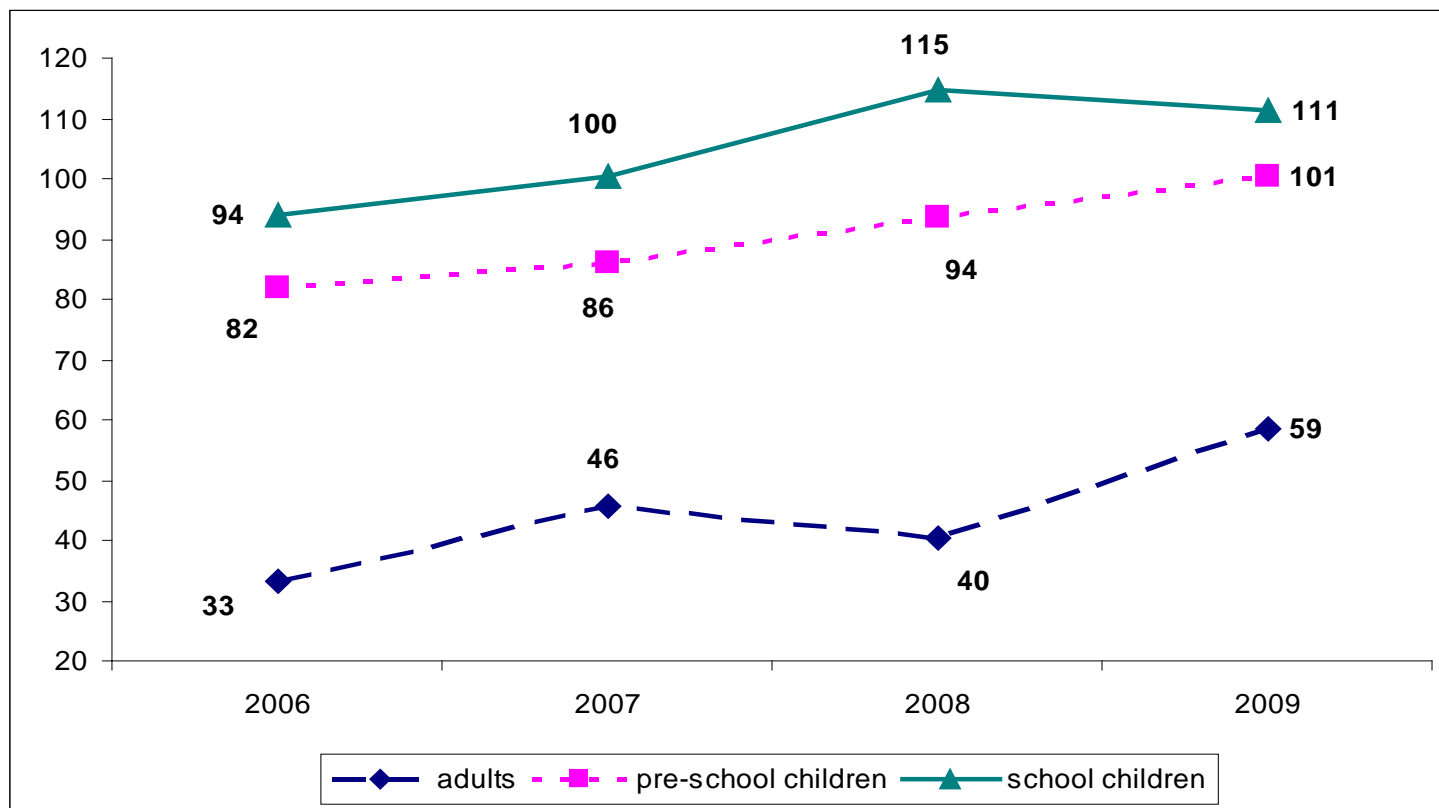
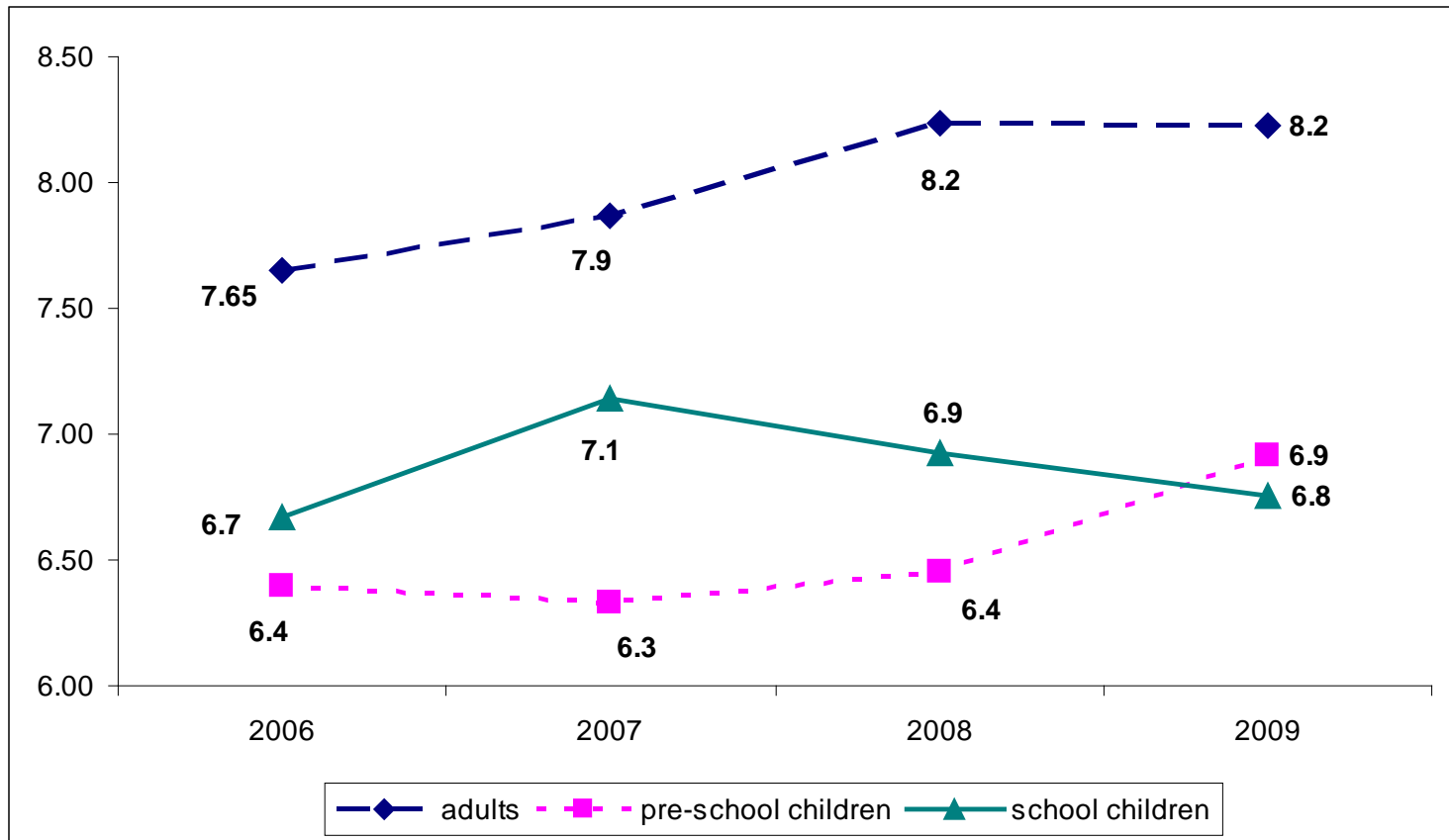
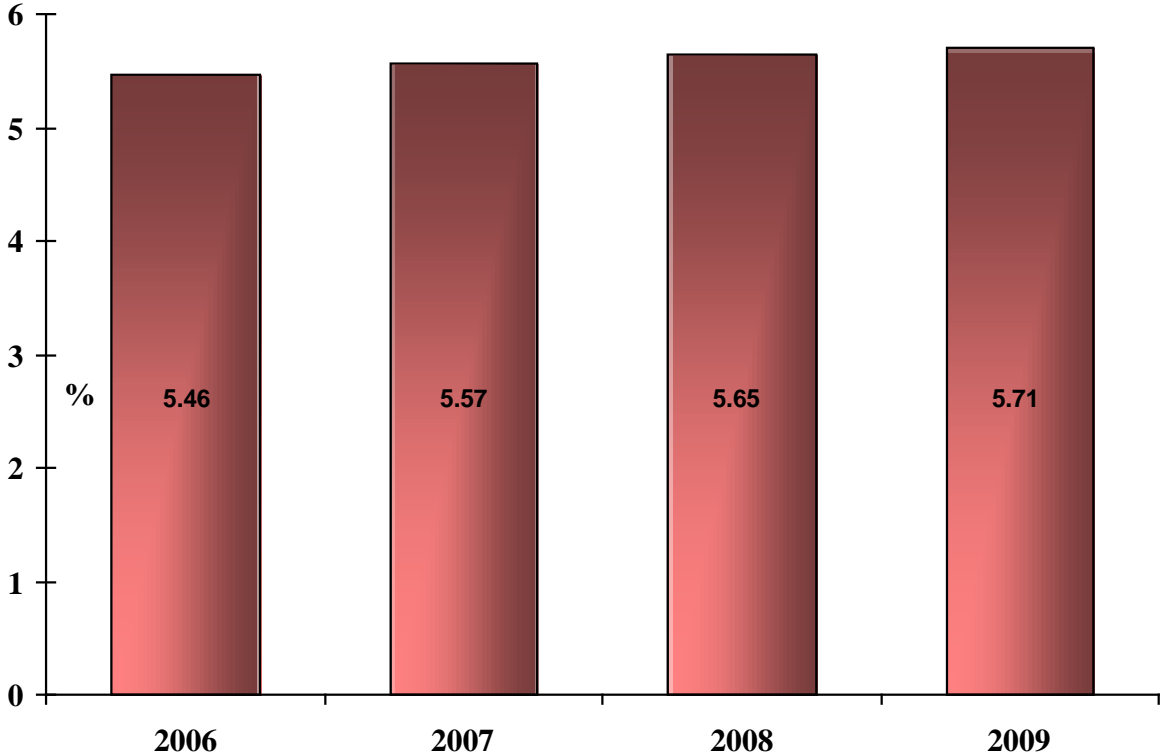


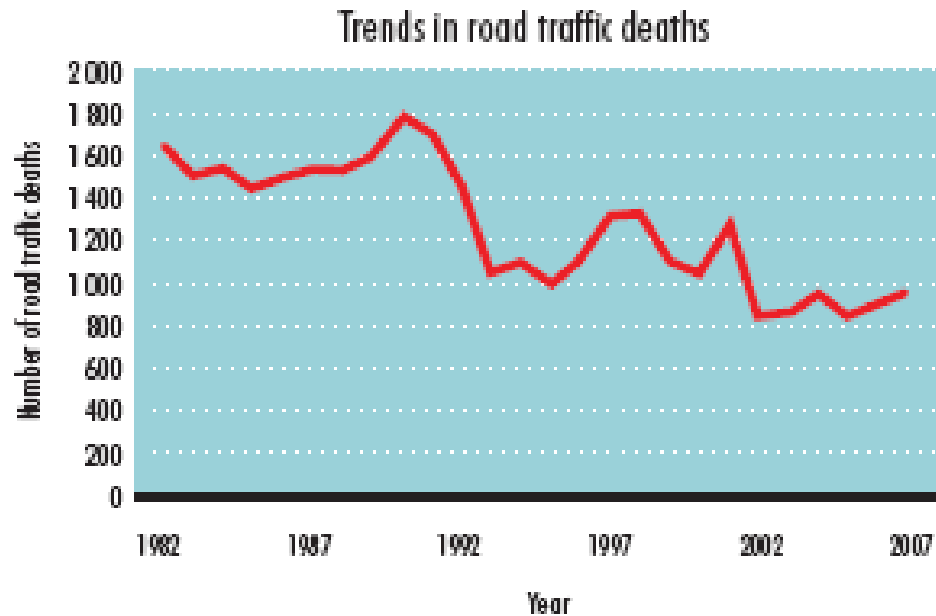
Figure 2. Number of hospital admissions (per 1000 inhabitants) due to injuries, Serbia, 2006-2009



**Figure 3. Percentage of all deaths related to injuries, Serbia, 2006-2009**



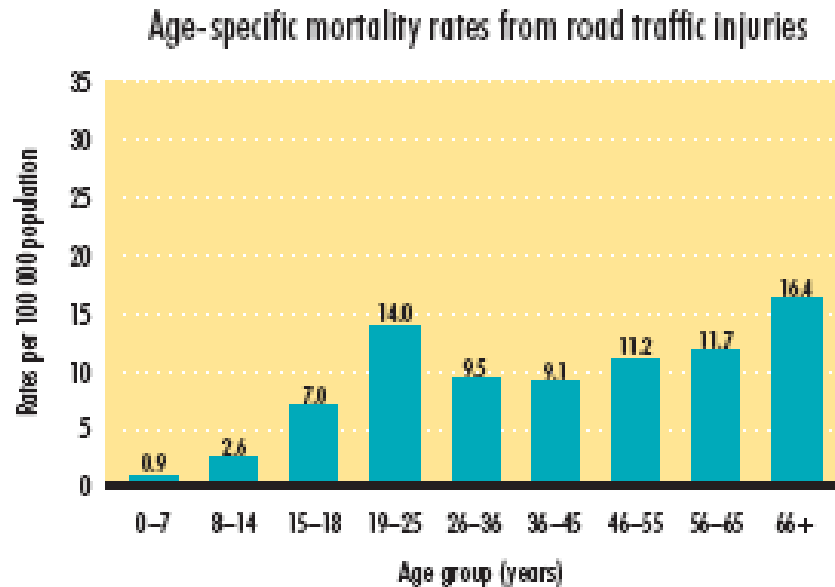
# Road traffic deaths - situation in Serbia



Source: Statistics of the Serbian Ministry of the Interior  
(data from 1999 to 2007 exclude Kosovo)

Serbia, trend in road traffic deaths – crude number (data after 1990 do not include data for Kosovo)

- **Age specific mortality due to road traffic injuries in Serbia**



Source: 2007, Statistics of the Serbian Ministry of the Interior

## **Conclusion related to the road traffic injuries**

- **Road traffic injuries are a major public health (and economic, and safety, and security and development) problem**
- **WHO role as the lead coordinating agency for actions aimed at preventing the deaths disabilities**
- **Ministry of Health role to call on other sectors**
- **Action is still a challenge for many countries**

# Key elements of policy development in injury and violence prevention in Serbia

Legend:  Yes  No

## NATIONAL POLICIES

- Overall national policy on injury prevention 
- Overall national policy on violence prevention 
- Commitment to develop national policy 




## POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA






## EASY ACCESS TO SURVEILLANCE DATA



## INTERSECTORAL COLLABORATION

- Key stakeholders identified 
- Secretariat to support the intersectoral committee 
- Questionnaire answered in consensus with other sectors/stakeholders 

## 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 

According to the The Burden of Disease and Injury Study in Serbia, an EU-funded project held in 2003

**For the entire Serbian population Injuries were the third ranked cause of premature mortality. Unintentional injuries and intentional injuries (mainly suicide) accounted for over 8% of the mortality burden.**

**Cardiovascular disease, cancers and injuries make up over  $\frac{3}{4}$  of total burden of premature mortality.**