



Armenia

This country assessment is based on the responses to a WHO/Europe questionnaire designed to gather information on key elements of the Council Recommendation of 31.5.2007 and of the WHO Regional Committee for Europe Resolution RC55/R9, and on WHO/Europe data and information.

Summary of country assessment

Overall assessment (based on effectiveness of interventions): ★☆☆☆

Armenia reported that 10% of the effective interventions to prevent a range of injuries were implemented out of a total of 69 interventions, against a regional median of 56% and a first quartile of 25%.

The country feedback was positive on some of the key areas identified, such as injury surveillance and political support for violence and injury prevention.

National policies

- There is no overall national policy for injuries or violence prevention. There are specific national policies for road safety and child maltreatment prevention and intimate partner violence prevention.

Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Armenia reported overall implementation of 0% of these for injury prevention and 24% for violence prevention. This is lower than the regional median scores of 65% for unintentional injury and that for violence prevention (55%). Many of the responses were not answered for unintentional injuries, so the true rate of implementation may be higher. Details of percentages per injury type are reported in Table 3. The list of interventions implemented for each injury type is available separately, from the country questionnaire. For violence, there was lower proportion of implementation of interventions to prevent youth violence.

Impact of WHO Resolution

- Armenia acknowledged that adoption of the WHO Resolution helped 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 and many of the key steps considered necessary for policy development are in place, such as easy access to surveillance information, and political support. Some of the elements of the Regional Committee Resolution are being achieved: injury surveillance, capacity building, and quality emergency care.

Next steps

- Greater attention needs to be given to national policy development and implementing evidence-based interventions for areas of injury prevention and for the prevention of youth violence and elder abuse. A starting point would be an assessment of current implementation. For a number of interventions, these were implemented in some regions rather than nationally, and this could be an area of future activity.

★ *less than 25% (first quartile: 0-25)*

★★ *25 to 50% (first quartile to median: 26-55)*

★★★ *50 to 75% (median to third quartile: 56-79)*

★★★★ *75 to 100% (over third quartile: 80-100)*

Country profile

Table 1. Demographics

- Armenia has a population of 3.2 million with a high percentage of children (0-14 years) and a lower percentage of elderly.
- Life expectancy at birth is equivalent to that of the European Region for both males and females.

Indicator (Year=2005 or last available)	Armenia	WHO European Region	European Union*
Mid-year population	3 217 534	887.5 million	456.9 million
% of population aged 0-14 years	21.1	17.9	15.7
% of population aged 65+ years	10.6	13.8	16.4
Males, life expectancy at birth, in years	70.0	70	75
Females, life expectancy at birth, in years	75.9	76	82

Table 2. Leading causes of death (expressed as standardized death rates (SDR))

Indicator (Year=2005 or last available year)	Armenia	WHO European Region	European Union*
SDR, all causes, all ages, per 100 000	1083.26	930.2	678.1
SDR, diseases of circulatory system, all ages per 100 000	626.7	457.6	272.7
SDR, malignant neoplasms, all ages per 100 000	159.2	175	184.1
SDR, external cause injury and poison, all ages per 100 000	36.1	83.2	42.4

Source: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfadb>

- Injuries are the third leading cause of death. Rates for all injuries, both intentional and unintentional are lower than the European Region's as a whole.
- There was a steep rise in injury mortality rates which peaked in the late 1980s due to the earthquake and due to the political and socioeconomic transition common to countries of the CIS Economies. There is now a downward trend.
- The leading causes of unintentional injury death are transport injuries, followed by poisoning, falls, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicide.
- Injury death rates whatever the cause are lower than those of the Region.
- WHO/Europe has been engaged in supporting focal persons, including in training workshops. Armenia took part in the advocacy activities around the First UN Global Road Safety Week and is taking part in the Global Status Report on Road Safety project.

Figure 1. Mortality from injuries in Armenia, the European Union and the WHO European Region. Time trend 1980-2005

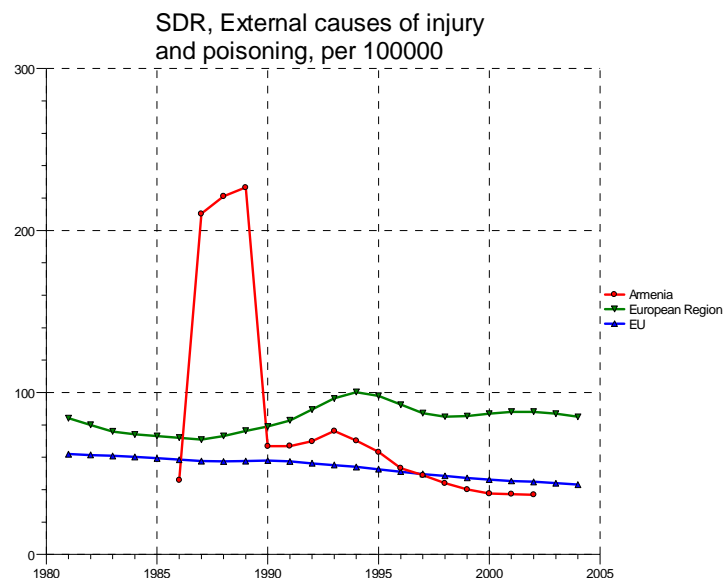

















Table 3. Injury burden, policy response and effective prevention measures in placeLegend:  Yes  No  ? Not specified/no response N/A Not applicable

CAUSE OF INJURY	MORTALITY (SDR PER 100 000, ALL AGES, 2005 OR LAST AVAILABLE YEAR) +			NATIONAL POLICY?	INTERVENTION EFFECTIVENESS (AS A %)	
	ARMENIA	WHO EUROPEAN REGION	EUROPEAN UNION*		COUNTRY SCORE ⁺⁺	REGIONAL MEDIAN SCORE ⁺⁺⁺
ALL INJURIES	36.1	83.2	42.4	N/A	10	56
UNINTENTIONAL INJURY#	20	46.8	27.1		?	65
Road traffic injuries [^]	6.5	13.9	10		?	80
Fires and burns	0.8	2.6	0.8		?	60
Poisoning	1.4	12	2.2		?	80
Drowning or submersion	0.9	3.8	1.4		?	63
Falls	0.9	6.5	6.5		?	71
INTENTIONAL INJURY					24	55
Interpersonal violence ^{**}	1.8	6.3	1.1	N/A	N/A	N/A
Youth violence ^{***}	2.1	6.3	1.1		40	60
Child abuse and neglect ^{****}	0.5	0.6	0.4		100	100
Intimate partner or domestic violence	N/A	N/A	N/A		50	50
Elder abuse and neglect	N/A	N/A	N/A		?	67
Self-directed violence	2.1	15.1	11.1		?	63

+ Source for mortality data: WHO Regional Office for Europe, Health for All database <http://www.euro.who.int/hfad> and Health for All Mortality DataBase.

++ 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' (2007) available at http://www.who.int/violence_injury_prevention/publications/en/index.html.

For full range of interventions and responses, please consult country questionnaire.

+++ Median of the proportion of effective interventions in place in countries of the Region.

Standardized death rates (SDR) from accidents.

[^] SDR from transport accidents.

* 27 countries belonging to the European Union.

** Proxi for mortality: mortality from homicide and assault, all ages.

*** Proxi for mortality: mortality from homicide and assault 15-29.

**** Proxi for mortality: mortality from homicide and assault 0-14.

Table 4. Responding to the WHO Europe Resolution on the prevention of injuries: key elements of policy development in injury and violence prevention

Legend: ✓ Yes ✗ No ? Not specified/no response

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	?
• Can WHO help 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	✓
RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA	
	✓
RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)	
• National policy	?
• Surveillance	?
• Multisectoral collaboration	?
• Capacity building	?
• Evidence-based emergency care	?