



# Israel

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): ★★☆☆

Israel reported 58% of 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 third quartile of 80%.

The country feedback was positive on some of the key areas identified, such as intersectoral collaboration, capacity building and evidence based emergency care.

### National policies

- There is no overall national policy for injuries or violence prevention. There are specific national policies for road safety, and the prevention of burns and drowning.

### Implementation of effective interventions

- In terms of whether a range of selected effective interventions were implemented, Israel reported overall implementation of 65% of these for injury prevention and 48% for violence prevention. This is same as the Regional median scores of 65% for unintentional injury but lower than that for violence prevention (55%). 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. There was a lower proportion of reported implementation in the areas of drowning and falls prevention for unintentional injuries. For violence, there was lower proportion of implementation for preventing child maltreatment and elder abuse.

### Impact of WHO Resolution

- The resolution had no impact on raising injury and violence prevention as a policy priority. Although there is no overall national policy on injury or violence prevention, there is political commitment for this and many of the key steps considered necessary for policy development are in place, such as an intersectoral committee formation and stakeholder identification. There has been positive progress in a twelve-month period 2007 to 2008 in the areas of national policy development, surveillance, capacity building and evidence-based emergency care. Many of the elements of the Regional Committee Resolution were successfully achieved: intersectoral collaboration, capacity building, exchange of best practice and quality emergency care.

### Next steps

- Greater attention needs to be given to national policy development and implementing evidence-based interventions for falls prevention and drowning and for the prevention of child maltreatment, youth violence and elder abuse. 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**

- Israel has a population of 6.9 million with a large percentage of children (0-14 years) and a low percentage of elderly.
- Life expectancy at birth is higher than that of the European Region, both for males and females.

Indicator (Year=2005 or last available)	Israel	WHO European Region	European Union*
Mid-year population	6 930 100	887.5 million	456.9 million
% of population aged 0-14 years	27.4	17.9	15.7
% of population aged 65+ years	9.6	13.8	16.4
Males, life expectancy at birth, in years	77.6	70	75
Females, life expectancy at birth, in years	81.7	76	82

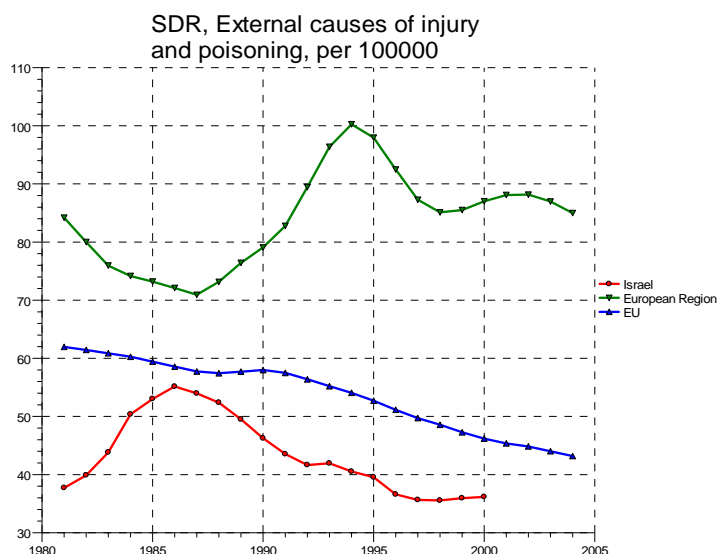
**Table 2. Leading causes of death (expressed as standardized death rates (SDR))**




Indicator (Year=2005 or last available year)	Israel	WHO European Region	European Union*
SDR, all causes, all ages, per 100 0	606.5	930.2	678.1
SDR, diseases of circulatory system, all ages per 100 000	174.5	457.6	272.7
SDR, malignant neoplasms, all ages per 100 000	160.5	175	184.1
SDR, external cause injury and poison, all ages per 100 000	34.2	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 average.
- There was a steep rise in injury mortality rates which peaked in the mid-1980s and there was then a downward trend with a leveling off in the late 1990s.
- The leading causes of unintentional injury death are transport injuries, followed by falls, poisoning, drowning and fires.
- The leading causes of intentional injury death are suicide followed by homicides.
- Unintentional injury death rates are lower than those of the Region.
- The homicide rate in youth (15-29 years) and children (0-14) are higher than the regional value.
- WHO/Europe has been engaged in working with focal persons. Israel participated in the advocacy events of 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 Israel, the European Union and the WHO European Region. Time trend 1980-2005**



**Table 3. Injury burden, policy response and effective prevention measures in place**Legend:  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 %)	
	ISRAEL	WHO EUROPEAN REGION	EUROPEAN UNION*		COUNTRY SCORE**	REGIONAL MEDIAN SCORE***
ALL INJURIES	34.2	83.2	42.4	N/A	58	56
UNINTENTIONAL INJURY#	19.5	46.8	27.1		65	65
Road traffic injuries^	7.8	13.9	10		80	80
Fires and burns	0.3	2.6	0.8		60	60
Poisoning	1.4	12	2.2		80	80
Drowning or submersion	0.5	3.8	1.4		50	63
Falls	1.5	6.5	6.5		43	71
INTENTIONAL INJURY					48	55
Interpersonal violence**	5.2	6.3	1.1	N/A	N/A	N/A
Youth violence***	7.7	6.3	1.1		60	60
Child abuse and neglect****	0.8	0.6	0.4		75	100
Intimate partner or domestic violence	N/A	N/A	N/A		100	50
Elder abuse and neglect	N/A	N/A	N/A		67	67
Self-directed violence	7.1	15.1	11.1		25	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](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

<b>NATIONAL POLICIES</b>	
• Overall national policy on injury prevention	✗
• Overall national policy on violence prevention	?
• Commitment to develop national policy	✓
<b>POLITICAL SUPPORT FOR INJURY AND VIOLENCE AGENDA</b>	
✓	
<b>EASY ACCESS TO SURVEILLANCE DATA</b>	
✗	
<b>INTERSECTORAL COLLABORATION</b>	
• 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?	✓
<b>CAPACITY BUILDING</b>	
• Process in place	✓
• Exchange of evidence-based practice as part of this process	✓
• Promotion of research as part of this process	✓
<b>EMERGENCY CARE</b>	
• Evidence-based approach	✓
• Quality assessment programme	✓
• Process to build capacity identified	✓
<b>RC55/R9 HAD AN EFFECT ON INJURY AND VIOLENCE PREVENTION AGENDA</b>	
?	
<b>RECENT DEVELOPMENTS IN VIOLENCE AND INJURY PREVENTION (OVER THE PAST 12 MONTHS)</b>	
• National policy	✓
• Surveillance	✓
• Multisectoral collaboration	✗
• Capacity building	✓
• Evidence-based emergency care	✓