

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

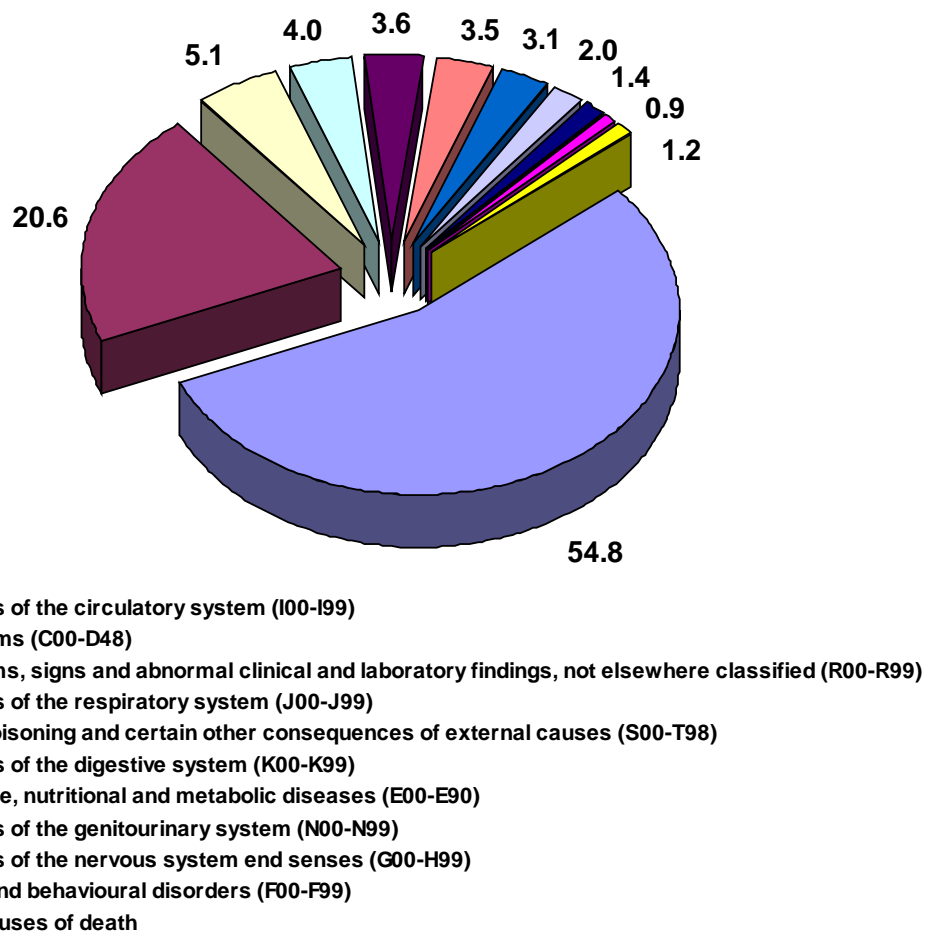
- **According to the National Health Survey 2006:**

- **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**

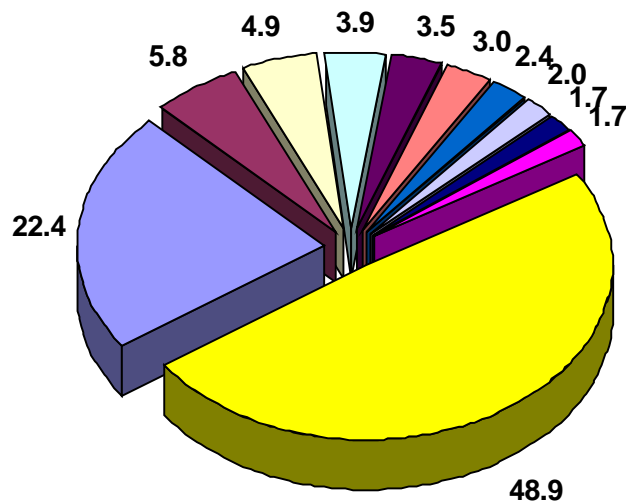
- **LEADING CAUSES OF DEATH (expressed in %)**

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

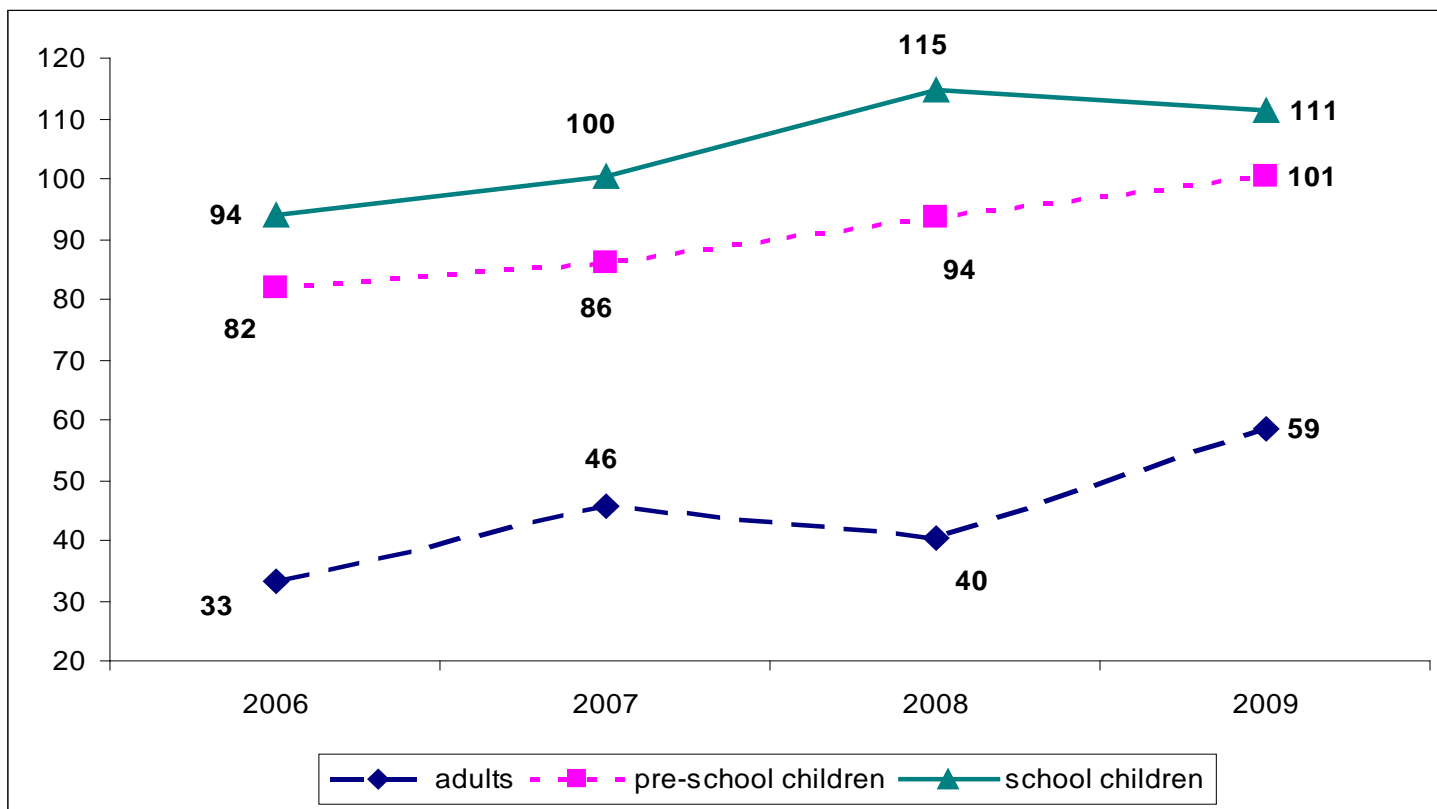


Figure 2. Number of hospital admissions (per 1000 inhabitants) due to injuries, Serbia, 2006-2009

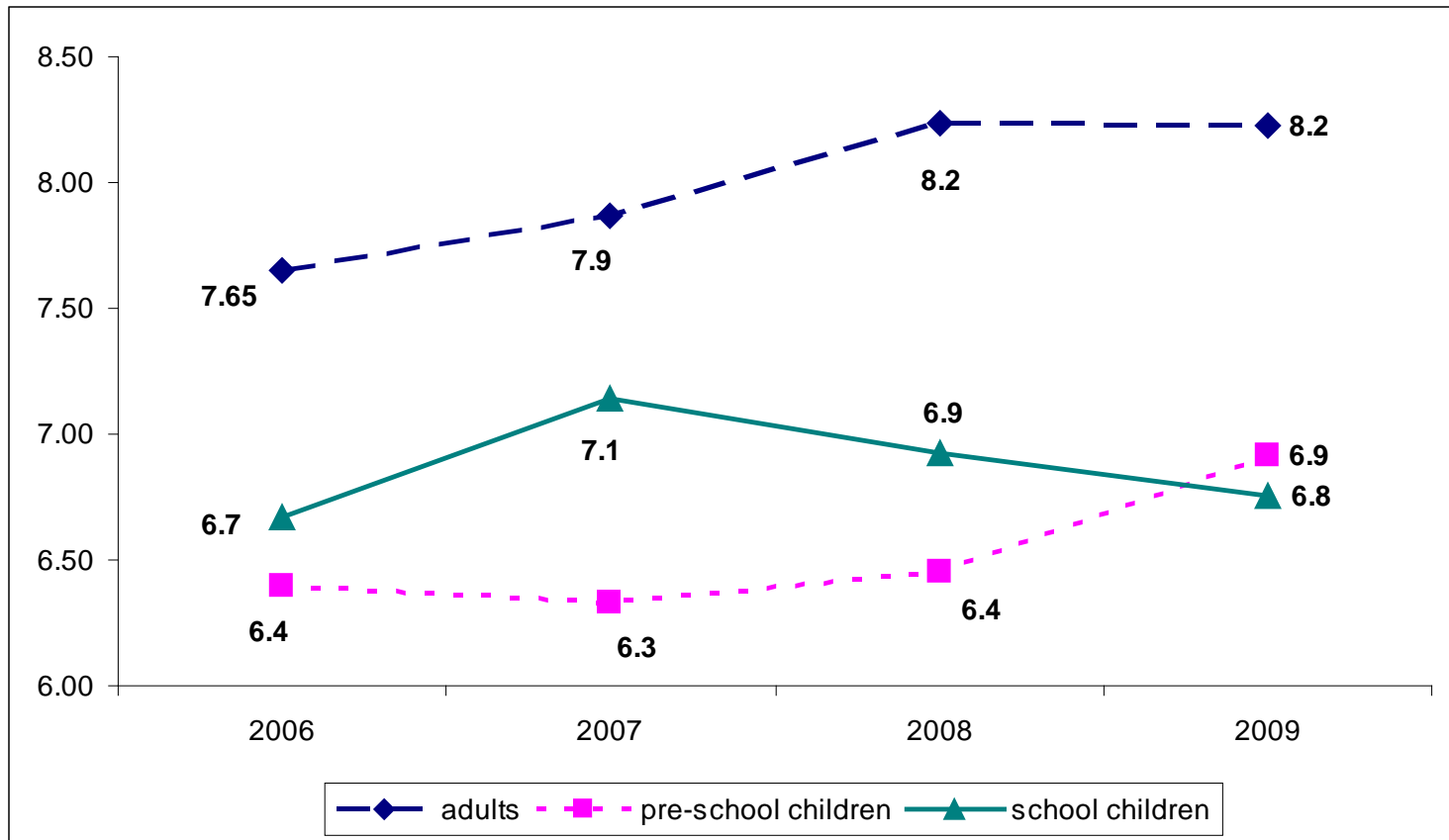
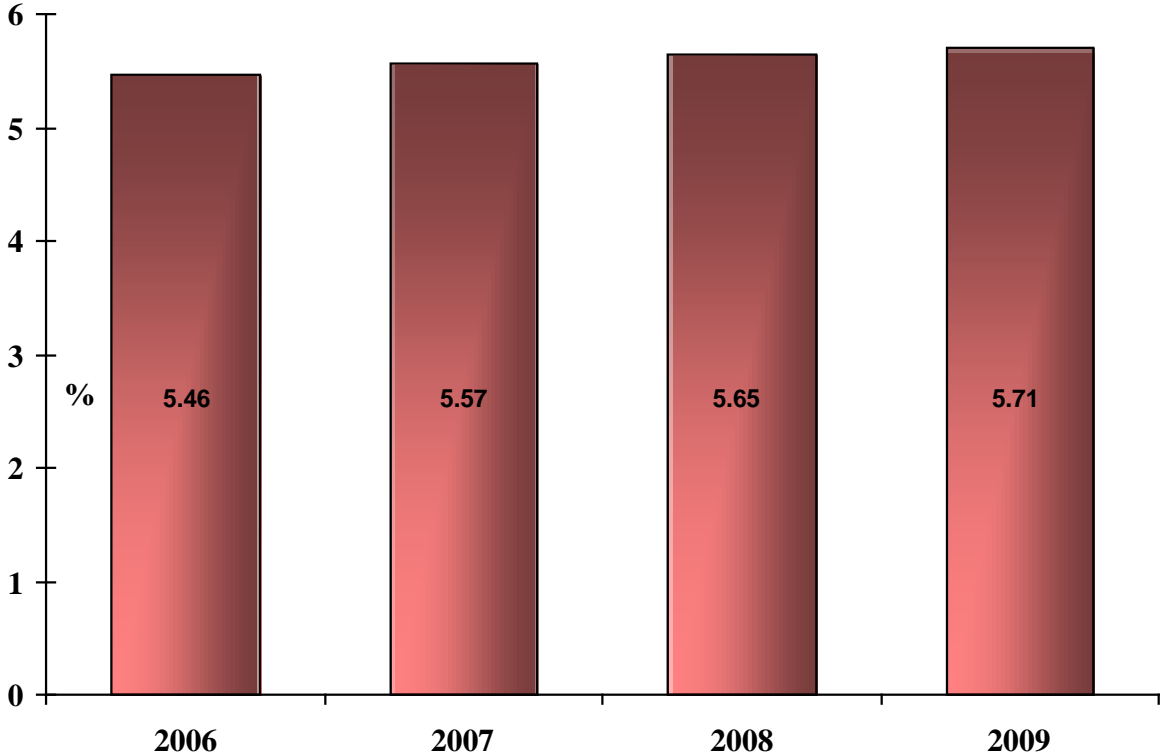
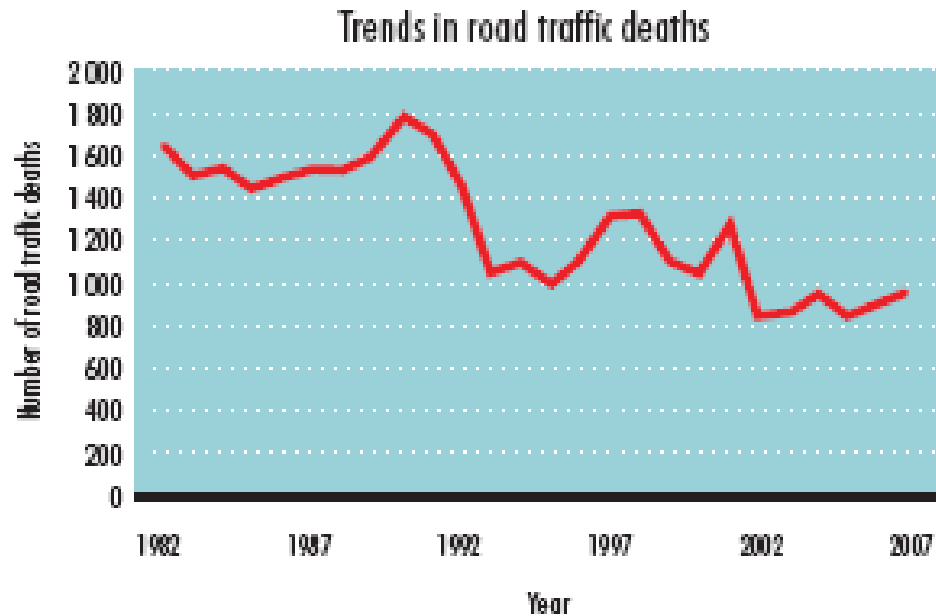


Figure 3. Percentage of all deaths related to injuries, Serbia, 2006-2009



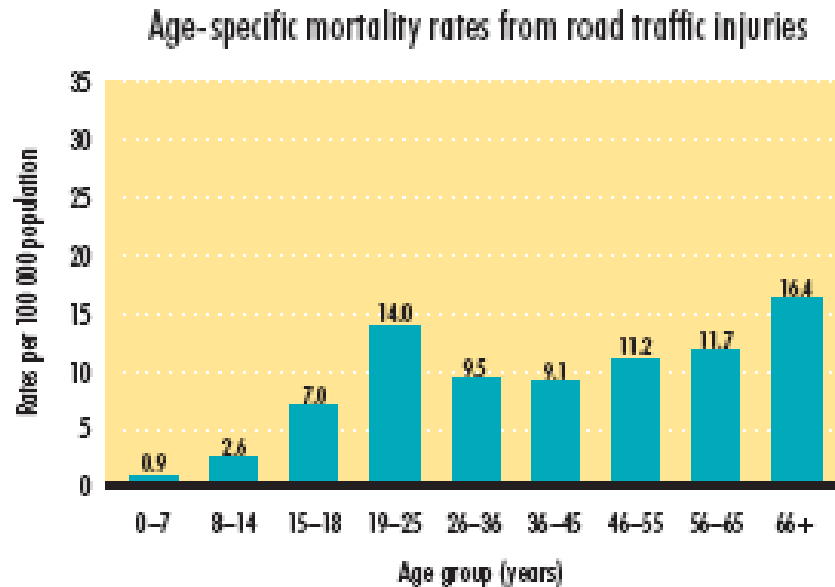
Road traffic deaths - situation in Serbia



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.