

## SPECIAL REPORT

# ASSESSMENT OF SUICIDE PREVENTATIVE ACTIVITIES IN KAZAKHSTAN: KYZYLORDA AND EAST KAZAKHSTAN REGIONS



2014



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## EXECUTIVE SUMMARY

Kazakhstan is among the countries with the highest suicide rate in the world according to the World Health Organization (WHO). In particular, between 1981 and 2008, while many other countries showed a decrease in suicide rates, in Kazakhstan suicides increased from 22.5 to 25.6/100,000. This increase was particularly important in the male population. The majority of deaths from suicide were young people between 18 to 29 years old, accounting for 80% of the total number of suicides. In fact, suicide is the leading cause of death from external causes of Kazakhstan adolescents. Mortality among children and teenagers in rural areas tends to be higher than those in urban areas.

Suicide is a complex phenomenon, thus, the prevention of it needs to be tailored accordingly. Suicide is shaped by a number of interacting cultural, social, psychological, biological, and situational factors with mental health problems acting as the largest risk factor. Young people are reluctant to look for professional help because of the stigma of mental illness and, for similar reasons, may also be afraid to address the issues of mental pain to their peers. In an effort to make suicide preventive strategies effective for adolescents as well as culturally appropriate, it is important to consider local attitudes toward suicide. Furthermore, it is imperative to take into account the feelings of pain and grief experienced by any community, family or individual that has encountered a suicide. Mental health is inseparable from physical health and both are intrinsically linked to human rights. Poor mental health can affect the wider health and development of children and adolescents. However, the research on suicidal behaviour and its risk factors is growing and in several countries with high suicide rates effective prevention programmes have successfully reduced the incidence of suicide.

The Government of Kazakhstan has increasingly recognized suicide as a serious public health issue especially affecting the young population of the country. In close collaboration with the Ministry of Health <sup>1</sup>, UNICEF provided financial and technical support for the first comprehensive study on suicide in Kazakhstan, namely the “Study on prevalence, underlying causes, risk and protective factors in respect to suicides and attempted suicides in Kazakhstan” (from hereon referred to as the Suicide study). An international research team, in close collaboration with UNICEF, the Ministry of Health and National Mental Health Centre, local authorities and civil society organizations, organized three subprojects as follows: 1) Development of a system for case reporting and analysis of completed suicides based on the psychological autopsy in 5 regions of Kazakhstan; 2) Establishment of an epidemiological observatory on suicide attempts in East Kazakhstan Region; 3) Evaluation of prevalence and risk factors associated with suicidal ideation and attempted suicide in East Kazakhstan Region.

This report describes and evaluates current suicide preventative activities in Kyzylorda and East Kazakhstan Regions, to provide recommendations for enabling further programming of suicide preventative activities in Kazakhstan by UNICEF and its national and local partners. Suicide data and recent suicide preventive work in Kazakhstan was reviewed, and site visits were made in Kyzylorda and East Kazakhstan Regions, visiting institutions and professionals working with adolescents and youth performing informal conversations and short quality control questionnaires with them.

The Suicide study findings point to the similarities between the children and adolescents in Kazakhstan and the rest of the world and recommends focus not only on reducing single risk factors but that a more comprehensive and long-term national preventive plan be created, along with strengthening specialised mental health services, a national suicide prevention plan

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<sup>1</sup> Currently – the Ministry of Health and Social Development of the Republic of Kazakhstan

and a national coordinating centre. Further recommendations based on the study included an observatory for suicidal behaviours, performing preventive actions for adolescents specifically screening and raising awareness and training of mental health professionals. The importance of careful translation and cultural adaptation of all materials was emphasized and a theme of much importance was that stigma may be preventing persons from seeking help.

Risk factors of suicide in Kazakhstan are not much different from those in the rest of world; however, they must be seen in the specific cultural context. The WHO has recently published culturally sensitive strategies for suicide prevention across the globe and we recommend that these guidelines be followed also in Kazakhstan (WHO World Suicide Report: “Preventing Suicide – A Global Imperative” 2014). The WHO underscores that effective preventive interventions should not just be focused on single risk factors but rather be part of a more comprehensive and long-term national preventive plan. Effective suicide prevention strategies should work on three different levels: primary (universal), secondary (selective) and tertiary (indicated) prevention.

Kyzylorda appears to have had great success with the suicide preventative programme, and it is clear that their experience is related to the support of the local government office, and the close collaboration of the school education sectors (within which psychologists work) with the healthcare sector (including regional Mental Health Centre). This is a very important finding that we have seen in many other educational programmes across the world, that people employed in different sectors and working with different educational backgrounds, but also different theoretical frameworks, can learn from and strengthen each other in such work.

Acting on suicide prevention in Kazakhstan would mean enhancing the awareness of mental health in general and increase treatment possibilities. This implies that specialised health and mental health services should be provided all over the country. Suicidal behaviours can only be reduced if efforts are coordinated and both a public health and a health care perspective are adopted. Effective preventive interventions should not just be focused on single risk factors but rather be part of a comprehensive and long-term national preventive plan. It appears that members of Kazakh society, including psychiatrists, psychologists, school personnel, police, first responders, medical personnel and members of the public, including adolescents, are in need of more information about mental health in general and suicide in specific. An effective action to reduce suicide rates in Kazakhstan would require the synergistic effects of a range of preventative programmes. It is likely that utilizing only one approach would limit the effectiveness of the overall effect.

The following preventative programmes are recommended for Kazakhstan: 1) An awareness increasing programme, that is of the universal approach targeting the general population directly, in this case adolescents. An awareness programme would contribute to mental health promotion and limit the emergence of new cases of suicidality. Awareness programmes have shown effectiveness in reducing incident suicide attempts and severe suicide ideation/plans by nearly 50% in comparison with a control group (Wasserman et al. 2014 Lancet). 2) The improvement of identification and treatment is one of the key strategies in suicide prevention. Gatekeeper<sup>2</sup> training, including teachers and other school staff, such as school psychologists and nurses, members of the public, as well as health workers and mental health professionals, would allow for adolescents currently at risk to be identified and referred to healthcare

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<sup>2</sup> a “gatekeeper” is anyone who is in a position to identify whether someone may be contemplating suicide. Key potential gatekeepers include primary, mental and emergency health providers; teachers and other school staff; community leaders; police officers, firefighters and other first responders; military officers; social welfare workers; spiritual and religious leaders or traditional healers; human resource staff and managers.

services that are able to provide adequate treatment. 3) Actions to increase accessibility to mental health care should be taken alongside the collaboration between different sectors and professions.

In summary an integrated approach to suicide prevention is needed in Kazakhstan: a universal approach to increase awareness amongst children and adolescents; a selective approach looking at risk-groups, which requires the training of gatekeepers including psychologists and social workers; and an indicated approach in which both psychiatrists from the healthcare sector and psychologists from the education and health sector collaborate. For successful suicide prevention all sectors have to work together on a national and regional level.

## **SUICIDE PREVENTATIVE WORK IN KAZAKHSTAN**

The Government of Kazakhstan has increasingly recognized suicide as a serious public health issue especially affecting the young population of the country. In close collaboration with the Ministry of Health of the Republic of Kazakhstan UNICEF provided financial and technical support for the following study: “Study on prevalence, underlying causes, risk and protective factors in respect to suicides and attempted suicides in Kazakhstan” (Sarchiapone 2013).

The study aimed to analyse the prevalence, underlying causes, risk and protective factors of suicidal behaviour in Kazakhstan. Suicidal behaviour was investigated in all its dimensions including suicidal ideation, suicide attempts and completed suicide, in order to identify the socio-demographic and psychopathological variables associated with these behaviours as well as the presence of risk and protective factors on which to address preventive interventions.

An international research team was established and in close collaboration with UNICEF, the Ministry of Health and the National Mental Health Centre, local authorities and civil society organizations a local research team was formed. This team was involved in finalizing the research methodology and tools, identifying the catchment area and the local resources, performing all the activities included in each subproject (e.g., contacting families and schools, performing interviews, administering questionnaires, etc.). The three subprojects were as follows: 1) Development of a system for case reporting and analysis of completed suicides based on the psychological autopsy in 4-5 regions of Kazakhstan; 2) Establishment of an epidemiological observatory on suicide attempts in East Kazakhstan Region and; 3) Evaluation of prevalence and risk factors associated with suicidal ideation and attempted suicide in East Kazakhstan Region. Details about the results can be found in the UNICEF report (<http://www.unicef.kz/en/news/item/652>).

## **ANALYSIS: NEXT STEPS FOR EFFECTIVE SUICIDE PREVENTION IN KAZAKHSTAN**

Due to the high suicide rates in Kazakhstan, the Ministry of Health and UNICEF decided to take action by funding a major project for Suicide Prevention, which was performed in 2012 in the five most affected regions of Kazakhstan. The project included a component on analysing suicidal behaviour and other psychological indicators on a sample of approximately 3000 adolescents in East Kazakhstan Region. The study provided valuable epidemiological information and provided a number of recommendations. In particular the recommendations included the establishment of coordination centres for suicide prevention, development of a national suicide prevention plan and a national mental health plan, establishment of an observatory for suicidal behaviours, performing preventive actions for adolescents (specifically screening and raising awareness) and training of mental health professionals.

When compiling the findings from the suicide study, UNICEF documentation, our site visit, the focus groups as well as the quality control questionnaire a few issues come to the surface. It appears that risk factors of suicide in Kazakhstan do not seem to be different from other regions of the world however, they must be seen in their specific cultural context and hence preventative efforts here should follow according to guidelines followed elsewhere (WHO World Suicide Report: “Preventing Suicide. A Global Imperative” 2014). Effective preventive interventions should not just be focused on single risk factors but rather be part of a comprehensive and long-term national preventive plan. It appears that members of society, including psychiatrists, psychologists, school personnel, police, first responders, medical personnel and members of the public, including adolescents, are in need of more information about mental health in general and suicide in specific. By informing the public and encouraging a general awareness of mental health problems including suicide, an increased alertness and responsiveness to suicidal individuals will follow (Hoven et al. 2009). In an effort to make suicide preventive strategies effective and culturally appropriate, it is important to consider local attitudes toward suicide, and how to target suicide prevention and mental health interventions. Furthermore, it is imperative to take into account the feelings of pain and grief experienced by any community, family or individual that has encountered a suicide. Mental health is inseparable from physical health and both are intrinsically linked to human rights. Poor mental health can affect the wider health and development of children and adolescents. In a report about the prevention of mental disorders, the WHO draws attention to the stigma, discrimination and human rights violations that individuals and affected families suffer. It is important to be aware that acting on suicide prevention means enhancing the demand for treatment. This implies that specialised health and mental health services should be provided all over the country. Suicidal behaviours can only be reduced if efforts are coordinated and both public health and a health care perspective are adopted.

## **THE CASE OF EAST KAZAKHSTAN – THE FIRST COMPREHENSIVE STUDY ON SUICIDE IN KAZAKHSTAN**

The suicide study on prevalence, underlying causes, risk and protective causes was conducted in its entirety in East Kazakhstan. All three subprojects were conducted and since this was the first study of this kind in Kazakhstan, it can be considered a pilot study and an important one as such, with many lessons learned. East Kazakhstan was the first place to test these preventative approaches and to conduct such research and it is probable that the next time suicide preventive activities are conducted they will be even more successful due to former experience. In Kyzylorda, the experiences of East Kazakhstan were taken into consideration as described here below. It is clear that future work in the whole region needs to be carefully translated and culturally adapted in collaboration with local mental health workers and the general public. Specifically, the needs of the school psychologists needs to be taken into account and they need to be given outside support alongside training to identify and help adolescents at risk.

It appears that the school psychologists at the time of the suicide study were left to tackle adolescents at risk without almost any support from other sectors. Mental health workers outside the school system claimed to have no time or authority to support the school psychologists in these situations. This, of course, is not effective or helpful for the adolescents at risk and the Kyzylorda experience shows to what effect collaboration between sectors and guidance from the regional government benefits everyone involved. Efforts need to be made to destigmatize suicide not only among the general public, parents, adolescents, school staff, public sector workers, but also among those who work directly with adolescents with mental

health problems, namely psychiatrists and psychologists in the health sector. Awareness about mental health issues and suicide specifically should be provided alongside gatekeeper training, all described in the recommendations below.

## **THE CASE OF KYZYLORDA – LEARNING FROM EXPERIENCE**

When analysing the different types of data it became apparent that Kyzylorda had lower suicide figures than the other regions and general acceptance of suicide among school personnel, psychologists and psychiatrists was higher in this region. This raises the question of what is particular to this region, and the answer is probably not that simple. Of course, the leadership and support on the regional level by the deputy governor was of great importance. But, other factors could be influential as well and augmented by the framework given by leadership in the region. Moreover, collaboration between sectors, namely the department of education, health, the police and the former department of child protective rights rendered the work more effective. Psychologists from the health and education system worked together in subregional working groups in all eight administrative districts of the region. This collaborative effort came about at the incentive and oversight of the local government and a regional council for the prevention of suicides in minors established and chaired by the deputy governor. A training programme was created for educational psychologists and a system of early recording of suicide attempts was established. Each case of suicidal behaviour was closely monitored to gain experience and learn lessons from each individual case.

Moreover, the experience of already having worked on the field in East Kazakhstan for the Suicide study possibly led to a more effective and well-informed effort in Kyzylorda. Other factors which were not elucidated (due to the short assessment timeframe) and may play an important role, such as religious and cultural mores as regards health care, mental health, suicide, as well as economic factors, known to contribute to suicide rates. Finally perhaps there are differences in the availability of healthcare facilities, in the training of healthcare and mental healthcare professionals before the further implementation of the programme? All these issues are important to consider when evaluating the suicide preventive action plans in Kyzylorda and for the best result, we recommend to talk further at length with those responsible in the field who implemented these activities, and the reflections should be used wisely when moving forward with such work to other regions throughout Kazakhstan.

It appears that despite the mutually reinforcing work in the health and education sector, psychiatric assistance and treatment was severely lacking. The psychiatric community in Kazakhstan are very reluctant to treat suicidal patients and they are in great need to improve their skills and increase their knowledge about suicide and how to help a suicidal patient.

## **RECOMMENDATIONS FOR SUICIDE PREVENTATIVE WORK IN KAZAKHSTAN**

The recommendations that came of the suicide study and preventive project in 2012-2013, stated above in brief, are all important and scientifically sound. It is our opinion that the previous suicide project was more oriented towards an analysis of the current situation than towards taking action against suicide. Due to the high rates in Kazakhstan taking urgent action along with the evaluation of the preventive efforts seems to be an absolute priority. Consequently, we will here describe a few recommendations for immediate actions to prevent suicide, taking into account which preventive programmes appear more adequate for Kazakhstan, according to the current evidence base and also in the light of the cultural context

and general feasibility. All recommended strategies could be implemented at the local and regional level and eventually scaled up to the national level.

The recommendations are organized according to the Universal, Selective, Indicated prevention model, widely used in the field of suicide prevention and the theoretical model utilised by the WHO in categorising suicide preventive strategies (WHO World Suicide Report: “Preventing Suicide. A Global Imperative” 2014).

## **UNIVERSAL PREVENTATIVE ACTIVITIES**

### ***Raising Awareness of adolescents***

An awareness programme for adolescents was evaluated in a large-scale multi-centre suicide prevention randomized controlled trial including a long-term evaluation follow-up of 12-months (Wasserman 2014), namely the Saving and Empowering Young Lives in Europe (SEYLE) research project. The study found that the Youth Aware of Mental Health (YAM) programme was effective in reducing incident suicide attempts and severe suicide ideation/plans by nearly 50%, in comparison with a control group (Wasserman et al. 2014 Lancet). The programme is five hours long and could be implemented in Kazakhstan after cultural adaptation and proper translation. This programme seems particularly adequate because it is evidence-based and could be inserted in the school curricula. Beyond preventing suicide attempts, the YAM programme has the added value of improving coping strategies, encouraging healthy life-style choices, nurturing empathy and peer-support, augmenting help-seeking behaviour and destigmatizing mental health problems and suicide. Implementation of the programme in the school setting would require training a number of instructors who could afterwards deliver the programme to adolescents in their regions. These could be school psychologists or other health professionals already working in the school system. This method targets children and adolescents by raising their awareness about mental health and suicide, and training their coping skills to manage crisis situations leading to a decrease in suicidal behaviours and deeper understanding of different kinds of mental health problems and risk factors that may lead to such behaviours. The YAM programme comprises an important component of involving the local health sector to which adolescents in need of clinical help are advised to turn. The programme has been shown to significantly decrease new cases of suicide attempt.

It is advisable to combine the programme with a screening programme to identify those at high risk for suicide. The implementation of the screening programme requires additional support by the health sector that should be able for intake of adolescents at risk referred by the screening programme. It is therefore recommended that working relationships are established with healthcare facilities so that they are prepared to receive an increased amount of potential patients due to screening activities in schools.

## **SELECTIVE PREVENTATIVE ACTIVITIES**

### ***Gatekeeper training***

Individuals at risk of suicide rarely seek help, however these individuals may exhibit risk factors and behaviours that identify them. Gatekeeper training programmes aim to develop the knowledge, attitudes and skills to identify individuals at risk, determine the level of risk, and then refer at-risk individuals for treatment. A “gatekeeper” is anyone in a position to recognize a crisis and warning signs that someone may be contemplating suicide. In relation to

adolescents, key potential gatekeepers include teachers and other school staff, such as school psychologists and nurses, but it also extends to other members of society such as healthcare workers, psychiatrists, policemen, firemen, emergency personnel and anyone else in the position to work with or engage with adolescents. Gatekeeper training has been shown to positively affect the knowledge, skills, and attitudes of trainees regarding suicide prevention. A large number of suicide victims have had contact with primary care providers within the month prior to the suicide. Educating primary health care workers in recognizing depression and performing detailed evaluations of suicide risk is therefore important for preventing suicide (du Roscoat & Beck 2013). However, it should be kept in mind that a functioning and effective health care system is important for successful gatekeeper referrals. For this reason, gatekeeper training should be coupled with training of health workers and mental health professionals. Actions to increase accessibility to mental health care should be taken as well.

## **INDICATED PREVENTATIVE ACTIVITIES**

### ***Treatment of adolescents with mental health problems and suicide risk***

Mental health disorders represent one of the most important risk factors for suicide and attempted suicide (Nock et al., 2009). They are however frequently unrecognized and/or untreated. The improvement of identification and treatment is therefore one of the key strategy in suicide prevention.

Research shows that psychological treatment and if necessary combined with pharmacological treatments is highly effective in the treatment of adolescent depression and childhood anxiety disorders (Butler et al., 2006). It is however important to take into consideration that multiple factors are related to poor identification and treatment of mental health disorders, such as low mental health literacy and experience, stigma, lack of cooperation with and between psychiatrists and poor interview skills. Addressing these issues may therefore be important for improved diagnosis and treatment.

In order to improve treatment of children and adolescents with mental health disorders and suicide risk in Kazakhstan, it is recommended that specific training programmes for mental health professionals are developed and implemented. It is suggested to develop written materials and guidelines, created locally with an understanding of local sociocultural factors, which could be used as terms of reference by psychiatrists and other mental health professionals. It is also recommended that actions with the objective of reducing stigma around suicidal patients are undertaken. However, it is important to try to understand what the stigma is grounded in and discuss the issue with respect and care for local customs.

## **A COLLABORATIVE EFFORT OF PREVENTIVE MODELS AND NATIONAL COORDINATION**

An effective action to reduce suicide rates in Kazakhstan would require the synergistic effects of the above-mentioned preventative programmes. It is likely that utilizing only one of these approaches would limit the effectiveness of the overall effect. An awareness-increasing programme is a universal approach targeting the adolescents directly, which would contribute to mental health promotion and would significantly limit the emergence of new cases of suicidality. Gatekeeper training, coupled with training of school staff couple with the continued education of health workers and mental health professionals, would allow for adolescents currently at risk to be identified and referred to healthcare services that are able to provide

adequate treatment. All three programmes would greatly and synergistically contribute towards reducing mental health and suicide related stigma in Kazakhstan.

For such a synergistic effort to be possible, it is of utmost importance that the Ministry of Health and Social Development support these strategies on a national and regional level. As was recommended in the Suicide study report, it is important that suicide prevention focus not only on reducing single risk factors but that a more comprehensive and long-term national preventive plan is needed. In order for the preventative programmes mentioned above to work effectively they should be applied across the country, across sectors, targeting schools, the healthcare system, police, firemen and other public sector workers as well as psychologists and psychiatrists working with adolescents and suicidal patients. A national coordinating centre for suicide prevention including qualified professionals in the field of suicidology, public health, psychology, psychiatry, sociology and community health would greatly facilitate such work. Such a coordinating centre would make sure that the different sectors and services across Kazakhstan effectively communicate and collaborate. In conclusion, Kazakhstan authorities need to make suicide prevention a priority and provide the management structure on a national, regional (oblast) and local level.

## **EVALUATION OF THE SUGGESTED SUICIDE PREVENTIVE STRATEGIES IN KAZAKHSTAN**

It is strongly suggested to proceed according to the public health model, which prescribes that any preventative effort should be scientifically evaluated in order to identify strengths and weaknesses and on a regular basis to update the implemented preventive strategies accordingly to the results of the evaluation. Programmes must also be evaluated to allow decision-makers to understand obstacles and positive aspects of the interventions and consequently use the context dependent strategies for continued suicide prevention.

It is important to plan for the evaluation and implement it at the same time the suicide preventative intervention starts. Sampling procedures, use of standardised and validated instruments, clearly selected operationalised outcome measures and questions for the process evaluations should be decided before interventions start and culturally adapted and translated to the local context. Although randomized controlled trials are the preferred method for evaluation studies, this design, which is expensive and unfeasible in many situations, can be replaced by quasi-experimental designs (see Shadish et al, 2002 for a comprehensive review).

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