



WHO Reports on

Fifth annual European meeting of violence and injury prevention national focal persons of the Ministries of Health

**Report of a WHO meeting, hosted by the
Federal Ministry of Health, Germany and
supported by the European Commission**

**Bonn (UN Building), Germany
16 and 17 December 2009**

Pre-meeting on capacity-building in violence and injury prevention

**Report of a meeting of the
WHO Regional Office for Europe
supported by the
European Commission**

Bonn (UN Building), Germany, 16 December 2009



ABSTRACT

On 16-17 December 2009 the WHO Regional Office for Europe convened the 5th network meeting of the Ministry of Health Focal Persons for Violence and Injury Prevention in Bonn. The meeting was hosted by the German Federal Ministry of Health and supported by the European Commission (EC) with a co-funded project with the Directorate-General for Health and Consumers (DG SANCO) in the framework of the Public Health Programme (2003–2008). The meeting was attended by 93 participants consisting of 55 focal persons from 44 countries, representatives from WHO Headquarters, the Regional Office for Europe, and Non Governmental Organisations. Progress in the field of violence and injury prevention was reviewed and ongoing activities were discussed. This included the preliminary results of the DG SANCO report on the implementation of Resolution RC55/R9 on the *Prevention of injuries*, the progress achieved in implementation of the Regional Committee resolution and the Council Recommendation, lesson learned related to the launched of the world and European reports on child injury prevention and the presentation of the European status report on road safety.

The meeting agreed on the following priorities:

- Supporting Member States in making better use of advocacy opportunities such as the World and European reports on child injury prevention and the Global Status Report on Road Safety.
- Supporting national policy development and working across sectors.
- Increasing the number of capacity building 'Training the trainers' workshops including at sub-regional level.
- Drafting a ministerial declaration on youth injury and violence prevention to be adopted by the Ministers of Health during the world Safety 2010 conference.

A pre-meeting on capacity-building in violence and injury prevention, during which three new TEACH-VIP lessons were presented, was held on 16 December 2009 in the morning.

WHO wish to thank the German Federal Ministry of Health for kindly hosting 5th network meeting of the Ministry of Health Focal Persons for Violence and Injury Prevention and the European Commission (EC) Directorate-General for Health and Consumers (DG SANCO) for their support. This report has been prepared by F Mitis, F Zambon, E Lapina and D Sethi.

Keywords

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 WOUNDS AND INJURIES - prevention and control
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Fifth annual European meeting of violence and injury prevention national focal persons of the Ministries of Health

INTRODUCTION

Injuries, whether intentional or unintentional, are the third leading cause of death in the WHO European Region and pose a threat to economic and social development. Their prevention is a critical public health challenge in the Region. Resolution EUR/RC55/R9 on the prevention of injuries in the WHO European Region and the European Council Recommendation on the prevention of injury and the promotion of safety provide a public health framework for action to support Member States to address this problem more comprehensively. These have placed injury and violence prevention firmly on the public health agenda.

Since 2005, there have been four annual meetings of European national focal points for violence and injury prevention (VIP), hosted, in turn, by the Netherlands, Austria, Portugal and Finland respectively in November 2005, June 2006, November 2007 and November 2008. They have been well attended by about 60 focal persons from most of the Member States in the WHO European Region, together with representatives of the European Commission, the Council of Europe, the United Nations Children's Fund and civil society (EuroSafe). These meetings have helped to firmly establish the network of European national VIP focal points, promoting collaboration between it and WHO.

Collaborative work has mainly focused on the implementation of the Regional Committee resolution EUR/RC55/R9 and the European Council Recommendation on the prevention of injuries. Activities undertaken jointly have focused around key areas such as national policy development, violence prevention, road safety, surveillance, capacity-building, emergency care and joint advocacy events such as the launch of the *Global and European status report on road safety* and of the *European report on child injury prevention*. This past year has seen much collaborative work in making the final report for the three-year DG SANCO project on the progress achieved in the implementation of RC55/R9 and European Council recommendation.

AIMS OF THE MEETING

The fifth meeting of the network of focal persons aimed:

1. to review progress achieved in the implementation of the joint activities undertaken by the network, as defined in the Regional Committee resolution and the Council Recommendation in areas such as national policy development, improvement of surveillance systems, capacity-building, evidence-based emergency care and multisectoral collaboration;
2. to assess the utility and future use of the web-based tool *Putting policy into practice* for the exchange of information on policy and practice;
3. to discuss lessons learned related to the launches of the *World* and *European reports on child injury prevention*;
4. to consider the results of the *European status report on road safety* and deliberate on lessons learned from the *Global status report on road safety* project;
5. to stimulate discussion on a major theme related to the prevention of violence and injury through a keynote lecture;
6. to provide focal points with an opportunity for networking and exchanging country experiences in the field of surveillance, violence, road safety and capacity-building.

DAY ONE – 16 DECEMBER 2009

The meeting was convened by the WHO Regional Office for Europe. It was hosted by the German Federal Ministry of Health and supported by the European Commission on 16 and 17 December in Bonn (Germany). It was attended by 93 participants, of whom 66 were health ministry focal persons for violence and injury prevention from 44 countries. WHO Headquarters, the WHO Regional Office for Europe, and Non Governmental Organizations were also represented.

Opening of the meeting

Dr Srdan Matic (Head of Unit, Noncommunicable Diseases and Environment, WHO Regional Office for Europe) welcomed participants on behalf of the World Health Organization. He thanked the Federal Ministry of Health of Germany for their support for the meeting. Injury-related morbidity and mortality constitute one of the leading causes of death particularly among the most active population, contributing enormously to the burden of disease in Europe. He acknowledged that much action has been taken and progress made in policy development and in collaboration with Member States and other organizations.

Ms Elke Metz, from the German Federal Ministry of Health (Head of the Unit “Women and Health”) welcomed delegates on behalf of the host country and wished all participants a fruitful meeting. Participants were also welcome by Ms Natacha Grenier on behalf of the European Commission.

Dr Etienne Krug, Director of the WHO Department of Violence and Injury Prevention and Disability at Headquarters, made a key-note speech on future global directions for violence and injury prevention. He congratulated participants on the progress made in the WHO European Region, in terms of the established focal persons network, documents, political momentum, being driven by the EUR/RC55/R9 resolution and European Council Recommendation on the prevention of injuries and promotion of safety. WHO had six strategic priorities: to support national and local programmes through data collection, prevention and treatment interventions, to identify and document national and local successes, to monitor and publicize success in countries, to build capacity, to foster networks and partnerships and to enhance advocacy and communications.

Good progress had been made in the field of road safety with the publication of the *Global status report on road safety*, which advocated successfully for road safety and served as a key document for the First Ministerial Conference on Road Safety held in Moscow in November 2009. The Bloomberg Philanthropies had awarded the largest grant ever in the field of road safety to WHO and partners. WHO will conduct in depth road safety work in 10 countries (Turkey and Russian Federation in Europe) over the next 4 years and will coordinate two more status reports in 2012 and 2014. The following milestones were announced for 2010: the launch of the *World report on disability and rehabilitation*, the initialization of the process for the second world report on violence and health, the commencement of the Decade of Action on Road Safety and the Global focal persons meeting and High Level Meeting of Health Ministers at the 10th World Conference on Injury Prevention and Safety Promotion in London in September 2010. Capacity-building activities will be improved with the release of TEACH-VIP e-learning, webinars on specific topics and specific capacity development programs. The importance of close collaboration with NGOs was emphasised and the key role that they can have for advocacy in the field.

Following introductions by participants, Ms Elke Metz (Germany) was appointed as chairperson for day one (rapporteur: Marija Raleva – the former Yugoslav Republic of Macedonia). The meeting agenda was adopted.

Professor Reinhard Urban, from the University of Mainz, gave a key-note lecture on “Violence masked as accidental injury in children”. The presentation commenced with a definition of child maltreatment, its dynamics and the factors that drive it. Violence against children affects all cultures and it is often difficult to detect because much of it takes place in the privacy of domestic life and because the perpetrators most often are caregivers or acquaintances of the child. Consequences of child maltreatment are more wide-ranging than deaths and injury alone and include major harm to the physical and mental health and development of victims. Severe types of child maltreatments such as the Shaken baby syndrome, the Munchausen by proxy syndrome, and sexual violence were discussed. The shaken baby syndrome can lead to fatal and debilitating head injury. Munchausen by proxy syndrome occurs when a caregiver misleads others into thinking that the child has medical problems by reporting a false history to the physician resulting in unnecessary diagnostic procedures. Child abuse is often masked as an ‘accident’; abuse should be suspected whenever the medical history does not match with the child’s injuries, if there is delay in seeking medical help and the presence of injuries at different stages of healing. Even though the parents/caregivers might object to having the child examined by a physician, a comprehensive total-body exam should be performed by the health personnel.

The key-note lecture was followed by a lively discussion that touched upon a variety of issues such as female genital mutilation, the legal requirement to report suspected cases of child abuse, the long-term mental health consequences of abused children, and the need of a multi-sectoral approach in dealing with the prevention of child maltreatment.

Plenary session

Progress made in implementing the WHO resolution and European Council Recommendation and next steps

Dr Dinesh Sethi gave an overview of the progress made in implementing the WHO resolution EUR/RC55/R9 and European Council Recommendation on the prevention of injury and promotion of safety with an update based upon the 2009 survey *Prevention of injuries: from international collaboration to local implementation*. The report will be launched in Parma in March 2010 at the Fifth Ministerial Conference on Environment and Health, where a side event is planned. The document is based on a questionnaire survey reported by focal persons of 47 countries (25 of them from European Union). 75% of responding countries stated that the WHO resolution and the European Council Recommendation had catalyzed change. The report presents progress made since last year in developing national policies on violence and injury prevention and on the implementation of 99 evidence-based interventions to prevent injuries, violence, and to address risk factors of alcohol misuse and socioeconomic risk factors. Country-specific information is compiled in country profiles which are to be uploaded on the WHO website together with an updated version of the European inventory of national policies on injury and violence prevention. Focal persons were thanked for their dedication to the survey. It was reported that there were biennial collaborative agreements with health ministries in 19 countries in 2010/11. Useful suggestions were made by focal persons for future surveys: clearer definitions of national policy and action plans, more specific questions on funding, flexibility to take into account the federal structure, and a revision of the scoring system for country profiles.

European report on child injury prevention- Examples of dissemination activity

Two main messages were delivered on the *World and European reports on child injury prevention*:

1. if all countries reached the same death rates as the lowest in the Region, 3 out of 4 children's lives could potentially be saved
2. health systems should fulfill their role in improving prevention through policy development, capacity-building, exchange of best practice and improvement of surveillance data.

WHO had provided support in national launches of the report in 12 countries. Example of dissemination activities at country level were presented by focal persons from Czech Republic, Hungary, Spain, the former Yugoslav Republic of Macedonia and Kyrgyzstan.

In the Czech Republic a seminar on child injury and violence prevention was organized under the auspices of the Czech presidency of the EU, where the reports were launched and progress being made in the Czech Republic was presented such as sharing good practice, a national plan of child injury prevention and one for child violence prevention, and promoting safe environments for children. Great visibility was given the areas of child injury and violence prevention as a result of the seminar. The European report on child injury prevention and a situation analysis of child injury prevention were presented at a press conference in Hungary which advocated successfully for the area. Hungary will host a European conference on injury prevention in 2011. In Spain the executive summary of the European report has been translated into Spanish and the Ministry of Health hosted a national seminar when the European report presented and a child injury prevention plan was presented. The socioeconomic inequalities of the problem were particularly emphasised; to address the need for capacity building the Spanish Ministry of Health has supported translation of TEACH-VIP in Spanish, has been made available also for the Spanish speaking countries of the Americas. Similarly in the former Yugoslav Republic of Macedonia the executive summary was translated into Macedonian and a parliamentary hearing was held where child injury and violence prevention were presented along with a community survey of injuries and political commitment emphasised. In Kyrgyzstan a policy workshop was held, when the Reports were presented along with an analysis of the child injury situation in the country. These country case studies typified examples of where international collaboration with WHO led to successful advocacy for child injury prevention at a national level.

Example of joint working at country level

Mr Francesco Mitis introduced the session on joint working at country level in collaboration with WHO where activities mainly focused on advocacy, capacity building, surveillance and national policy making in 2009. These included TEACH-VIP workshops, including alcohol modules (in Hungary and Lithuania), TEACH-VIP training the trainer courses (in Belarus, Russian Federation-Northern Caucasus, the former Yugoslav Republic of Macedonia), surveillance and national policy development workshops (in Belarus, Estonia, Kyrgyzstan and Uzbekistan). In some countries the focus was on surveillance or surveys: Malta, Lithuania, Latvia, Romania and the former Yugoslav Republic of Macedonia. In Hungary, Kyrgyzstan and Uzbekistan, situation analyses on injury prevention were developed. Some activities focused on a subregional level. It was announced that a mentoring subregional workshop for countries of southern and central Europe will be held in Rome in February 2010.

A Baltic-Nordic Mentoring workshop supported by the EC was held in Tallinn in October on national policy development, surveillance and advocacy. This resulted in an exchange of experience between countries in the sub-region. The small number of participants and the

common geographical contexts facilitated this and participants resolved to continue exchanging good practice examples and so develop a collective resource.

Examples of successful case studies were then presented by focal persons.

A number of the participants in the meeting provided an update on relevant activities in the field carried out in their country during the last year or planned for 2010:

- *United Kingdom*: the focal person provided an updates on the organization of the World Conference on Injury Prevention and Safety Promotion (www.safety2010.org.uk) that will be held in London in September 2010 and encouraged focal persons to submit abstracts and attend.
- *Latvia*: a national report on violence and health was launched which assessed policies, legislation and prevention programmes and which provided recommendations towards a unified policy approach for action by the different sectors.
- *Norway*: a Nordic Baltic workshop on the prevention of family violence: the role of health sector in a multisectoral response held in Riga in June was presented. 95 participants consisting of policy makers from various sectors, health professionals, activists and young journalists from 13 European countries exchanged examples of good-practice and experiences on implementing evidence-based programmes for preventing intimate partner violence, child maltreatment and elder abuse. This included issues such as policy response, multisectoral stakeholder collaboration, primary prevention, capacity-building and cross-cutting risk factors such as social determinants of health and alcohol misuse.
- *Uzbekistan*: many activities were implemented in the country over the past year including the adaptation of the TEACH-VIP course to the country needs, mass-media campaigns raising awareness on road traffic injuries, seminars and courses on first aid, specific legislative amendments to counteract drink-driving, excessive speed and to promote seat belt and helmet wearing.
- *The former Yugoslav Republic of Macedonia*: progress in implementing a survey on adverse childhood Experiences which studies the link between childhood maltreatment and adult health consequences was presented.
- *Iceland*: the focal person reported that in Iceland increasing the legal driving age from 17 to 18 years old is being discussed at the Parliament along with changes in Traffic Law. Focal persons were encouraged to attend the second European conference on safe communities which will take place in Reykjavik on 19-20 May 2010.
- *Greece*: the focal person presented the national action plan on injury prevention. The plan covers the period 2008-2012 and aims to reduce injury mortality by 20% compared to 2008 baseline values.
- *Bosnia and Herzegovina*: the focal person described a South Eastern Europe Health Network train the trainer workshop on violence prevention held in Salzburg in November convened by WHO in collaboration with the Austrian American Foundaton and Ministry of Health. Focal persons and health professionals from seven countries participated and became familiar with TEACH-VIP violence prevention and alcohol modules and there were small working groups to impart teaching skills. WHO was asked to maintain such activities in the sub-region.
- *EUROSAFE* (European Association for injury prevention and safety promotion): an overview of the organization's work was presented. Activities carried out during 2009 covered topic such as interpersonal violence, alcohol and injuries, child safety action plans, injury data collection, safety in sports and advocacy on injury prevention.

European status report on road safety

Dr Francesco Zambon presented the *European status report on road safety* that was launched in November 2009 in Moscow. The report provides a baseline assessment of the road safety situation in 49 countries. In the Region, road crashes result annually in 120 000 deaths, 2.4 million injuries and an economic burden that is up to 3% of a country's gross domestic product. Vulnerable road users such as pedestrians, cyclists and users of motorized two-wheelers constitute 50 000 (or 39%) of all road traffic injury fatalities, with pedestrians being twice at risk in the eastern part of the Region compared to the western. WHO would support national launches of the report as part of the BCA activities in 2010/11 to advocate for greater road safety.

DAY TWO – 17 DECEMBER 2009

The second day's morning session was chaired by Freja Ulvestad Kärki (Norway) and the afternoon was chaired by Merja Soderholm (Finland). The day opened with a resume of Day One presented by the rapporteur Dr Marija Raleva.

Plenary session

Dr Michael Klein (German Institute on Addiction & Prevention Research) gave a key note speech on the evidence of a systematic relationship between alcohol misuse and violence. The positive correlation between alcohol consumption and the rate of assaults and homicide from the landmark Swedish studies was presented. Alcohol is related to being both a perpetrator and victim of violence. Perpetrators were drunk in 86% of homicides and in 60% of sexual offences. The role of alcohol as predisposing factor for violent behaviour was discussed: this is exacerbated if there is a positive history of violence, multiple drug use, co-morbid psychiatric disorder, cultural context where alcohol misuse is not condemned. Examples of successful measures to reduce violence associated to alcohol were presented. The lecture stimulated a lively discussion on the efficacy of alcohol restriction policies, different legislative approaches adopted by some countries, and the need of a concerted response to the problem..

Ms Francesca Racioppi (WHO) presented the future directions in violence and injury prevention for the European Region. She stressed the increasing demand for WHO country work in the next biennium, the increasing demand for capacity-building and tools for implementation, and the importance of working with partners like EC, EUPHA, EuroSafe, UNICEF, European Child Safety Alliance, World Bank and WHO collaborative centres. The High Level Meeting of Health Ministers at *Safety 2010* is a unique opportunity to strengthen political support to and action on violence and injury prevention. The Fifth Ministerial Conference on Environment and Health will renew governments' pledges in an era of new global challenges to strengthen health systems and their collaboration with other sectors to ensure better environments for children's health. Injury prevention will be one of the themes of the Conference as part of session on progress in CEHAPE regional priority II as well as the side event.

Break out session 1

In the second part of the morning participants were divided in four break out sessions respectively on (i) lessons learnt from Global and European status report on road safety, (ii) national examples of best practice in areas of violence prevention, (iii) capacity building and (iv) surveys and surveillance. Facilitators and rapporteurs for each session were nominated.

1. Lessons learnt from Global and European status report on road safety

Short presentations were delivered by the focal persons of Czech Republic, the former Yugoslav Republic of Macedonia, Italy, Portugal, Serbia. Lessons learnt were: i) the training provided to the national data coordinators was satisfactory ii) Formal translation of documents into national languages should be organized for future global surveys iii) some questions needed greater clarifications iv) a delegate from WHO should be present to clarify such questions and to facilitate the consensus meeting iv) future questionnaires should be developed with a “core” section common to all countries (including more questions on post-crash care), and with additional country specific modules. Positive points were that legislative enforcement is a key factor for road safety and that the survey proved a fruitful exercise and useful model for multisectoral working.

2. National examples of best practice in areas of violence prevention

Presentations were given by several focal persons. The Czech Republic and Romania presented national data and strategies. Denmark showed considerable progress in tackling intimate partner violence; Finland presented a national security plan to prevent interpersonal violence; Czech Republic illustrated the national experience in the prevention of child maltreatment; Russian Federation presented train the trainer TEACH-VIP courses with 70% of participants reported using materials on a daily basis; Switzerland shared their experience on screening women who request pregnancy termination; Bosnia and Herzegovina, Romania and Iceland discussed country experiences and national plans to prevent violence. The following recommendations were emphasized: (i) special attention should be paid to injuries prevention and violence among children and young people (ii) for advocacy the term ‘safe environment for children’ should be used (iii) capacity-building should be for different kind of specialists; (iv) alcohol consumption has to be recognized as a major cause of injuries and violence and national plans should tackle this risk factor (v) cultural differences should be taken into account; (vi) improved surveillance data on violence and injuries are needed; and (vii) special attention should be paid to violence in foster homes and other institutions for children.

3. Capacity-building

Several experiences were shared: Spain presented the translation into Spanish of TEACH-VIP material, stressing its local adaptation and making it available for Spanish regions and for other Spanish speaking countries. Albania reported on the developments in capacity-building which included the implementation of TEACH-VIP in an undergraduate and masters programmes in public health, as well as target groups (health specialist from primary health care, specialists in health promotion, school doctors) with some training materials translated into Albanian. The delegate from Kyrgyzstan illustrated how TEACH-VIP has been implemented and used in medical schools and expressed the intention of a further collaboration with WHO in the field of capacity building in the next biennium. In Uzbekistan TEACH-VIP course has been used for the police and from other staff at the Ministry of Internal Affairs. The violence focal person from Norway described the national mental health programme (1999-2008) where capacity and education is part of national, regional and local plans. From the general discussion some elements were raised such as the continuous need for technical support, the need of adapting TEACH-VIP course to different contexts, the financial support for translation, the need of having access to legal and policy documents.

4. Surveys and surveillance

Four presentations were delivered to stimulate the discussion around surveillance issues. The coordinator of the EU-Network of IDB data supplying countries (13 in 2009) illustrated the functioning, the characteristics of the hospital-based monitoring system of external causes of injuries (IDB) and the future developments, which should lead to the incorporation of IDB into the European Statistical System, proving Community health indicators. A comprehensive report on injuries in the European Union, covering main levels of severity, all EU Member States, and

priority areas for prevention, was presented. This was followed by a presentation on the injury surveillance system in Norway with a particular emphasis on the value for money and investment needed for creating and maintaining an 'ideal' injury surveillance system. Characteristics of minimum and expanded datasets were presented. The focal person from the former Yugoslav Republic of Macedonia, the results of the survey of 1200 students, based on the Adverse Childhood Experience Study. The forthcoming survey on this was also presented from Lithuania. During the discussion it was stressed that WHO (i) could help Member States in using sound methodologies, in helping to adapt them, (ii) in promoting standardized surveys for gathering data on violence and (iii) should take the lead in promoting injury surveillance systems that could guarantee high-quality morbidity data and link with EU developments such as the IDB.

Break-out session 2: discuss on the 'Draft Statement for High Level Meeting of European Health Ministers at Safety 2010'

The four small groups were given the task of debating which theme should be selected as a possible statement to be made by ministers at the High Level Meeting of Health Ministers at Safety 2010 in September 2010. The purpose of such a statement would be to keep violence and injury prevention high on the public health agenda, to illicit political support, to build on the momentum that has been developed over past five years and to highlight a priority area for action which will have the support of Ministers. Four potential topics were chosen for preliminary discussions: (i) capacity-building for violence and injury prevention, (ii) tackling inequalities in injuries and violence, (iii) preventing injuries and violence in youth and (iv) tackling alcohol as a risk factor for injuries and violence. Strengths, weaknesses, opportunities, and threats of each area were considered by the four groups and the main points were summarized at the plenary.

Although alcohol is undoubtedly an important risk factor for injuries and violence, it was thought that its selection may prove controversial and unpopular, especially among ministries other than health. It was thought that there is still insufficient evidence of a specific nature on inequalities and injuries and that the topic was already getting sufficient coverage by other initiatives. Capacity-building though extremely popular was thought to be rather uninspiring and needed a very long period of investment before results can be seen. Instead the four groups agreed that youth injury and violence prevention should be the topic of the statement because it is a leading cause of death in the age-group 5-29 years, evidence-based measures have already been identified and because it can be considered as an umbrella topic under which the other three topics can be subsumed.

Focal persons were informed that the next steps in developing the statement would be to first produce a draft statement in collaboration with the Department of Health, England who were hosting the Ministerial Meeting. This would include a rationale, followed by a statement of commitment to evidence based actions that needed to be undertaken. On the basis of these developments, a preliminary draft would be circulated among the network of VIP focal people who will be invited to consult with their governments for feedback.

The meeting was closed by Ms Racioppi who thanked the hosts for their generosity, and those present for their lively participation in the two-day meeting and their contribution to the lively debates.

MEETING: ANNEX 1. LIST OF WORKING PAPERS AND BACKGROUND MATERIAL

Working papers

- 5087128-01** Provisional List of Working Papers
- 5087128-02** Scope and Purpose
- 5087128-03** Provisional Programme
- 5087128-04** Provisional List of Participants (English only)

Background material

- 5087128-05** Progress in preventing injuries in the WHO European region (English only)
- 5087128-06** Report of 4th annual meeting of violence and injury prevention focal persons, Helsinki, Finland, 10-11 November 2008 (English only)
- 5087128-07** WHO resolution EUR/RC55/R9 on the prevention of injuries in the WHO European Region (English, Russian and German)
- 5087128-08** European Council recommendation on the prevention of injury and the promotion of safety (English only)
- 5087128-09** Evaluation form

ANNEX 2: LIST OF PARTICIPANTS OF THE FIFTH ANNUAL MEETING

Albania

Maksim Bozo, Ministry of Health of Albania
Gentiana Qirjako, University of Tirana

Armenia

Lilit Avetisyan, Inspectorate of Ministry of Health
Ruzanna Yuzbashyan, Ministry of Health of Armenia

Austria

Kuratorium für Verkehrssicherheit (KfV)

Azerbaijan

Rustam Talishinskiy, Scientific Research Institute of Traumatology and Orthopaedics
Vagif Verdiyev, Scientific Research Institute of Traumatology and Orthopaedics

Belarus

Ivan Pikirenia, Ministry of Health of the Republic of Belarus

Belgium

Christiane Vermeulen-Hauzeur, Directorate General for the organization of health care establishments,
Federal Service of Health, Food Chain, Safety and Environment

Bosnia and Herzegovina

Jasminka Kovacevic, Emergency Medical Service Centre
Jasminka Vuckovic, Ministry of Health and Social Welfare of the Republika Srpska

Bulgaria

Maksim Gaydev, Ministry of Health
Fanka Koycheva, University Hospital 'Ts. Ioanna-ISUL'

Croatia

Ivana Brkic Bilos, Croatian National Institute of Public Health

Cyprus

Myrto Azina-Chronides, Ministry of Health

Czech Republic

Veronika Benesová, University Hospital Motol
Iva Truellova, Ministry of Health of the Czech Republic

Denmark

Karin Helweg-Larsen, National Institute of Public Health

Finland

Helena Ewalds, National Institute for Health and Welfare (THL)
Merja Söderholm, Ministry of Social Affairs and Health

France

Delphine Girard, French Institute of Health Promotion and Health Education - INPES

Georgia

Tea Giorgadze, Ministry of Labour, Health and Social Affairs
Kakha Kheladze, Ministry of Labour, Health and Social Affairs

Germany

Michael Klein, Catholic University of Applied Sciences North-Rhine Westphalia
Elke Metz, Federal Ministry of Health
Horst Peretzki, Federal Ministry of Health
Reinhard Urban, Johannes Gutenberg University Mainz

Greece

Dimitrios Efthymiadis, National Center for Emergency Health Care, Ministry of Health and Social Solidarity of Greece

Hungary

Maria Benyi, National Center for Healthcare Audit and Inspection
Mária Herczog, National Institute of Criminology and National Institute of Family and Social Policy

Iceland

Gunnar A. Olafsson, Ministry of Health
Rosa Thorsteinsdottir, Public Health Institute of Iceland

Italy

M. Giuseppina Lecce, Ministry of Labour, Health and Social Affairs

Kazakhstan

Nurlan Batpenov, Traumatology and orthopaedics scientific research institute
Galina Jaxybekova, Traumatology and orthopaedics scientific research institute

Kyrgyzstan

Elena Ten, Scientific and production centre for preventive medicine
Samatbek Toimatov, Ministry of Health of the Republic of Kyrgyzstan

Latvia

Jana Feldmane, Ministry of Health

Lithuania

Ramune Meziene, Ministry of Health of Lithuania
Robertas Povilaitis, Child Line

Malta

Marianne Massa, Department of Health Promotion and Disease Prevention

Montenegro

Zorica Barac-Otasevic, Medical Clinical Centre of Montenegro
Svetlana Stojanovic, Ministry of Health

Netherlands

Therese Noorlander, Ministry of Health, Welfare and Sport

Norway

Hedvig Bie, Norwegian Directorate of Health
Freja Ulvestad Karki, Norwegian Directorate of Health
Jakob Linhave, Norwegian Directorate of Health

Portugal

Gregoria Paixao von Amann, Ministry of Health

Republic of Moldova

Anatolie Nacu, State Medical and Pharmaceutical University 'Nicolae Testemitanu'
Liviu Vovc, Chisinau Municipal Unit of Emergency

Romania

Corneliu Gavaliugov, National Agency for Family Protection
Daniel Verman, Ministry of Health

Russian Federation

Margarita Kachaeva, Centre for Social and Forensic Psychiatry

San Marino

Andrea Gualtieri, Ministry of Health

Serbia

Milena Paunovic, Institute of Public Health

Slovakia

Markéta Paulusová, Ministry of Health

Hana Rajkovičová, Ministry of Health

Slovenia

Irma Renar, National Institute of Public Health

Spain

María Villar Librada, Ministry of Health and Social Policy

Vicenta Lizarbe, Ministry of Health and Social Policy

Switzerland

Marie-Claude Hofner, University Institute for Legal Medicine

Tajikistan

Abduvali Razzakov, Ministry of Health

The former Yugoslav Republic of Macedonia

Marija Raleva, University Clinic of Psychiatry

Fimka Tozija, Institute of Public Health

Turkey

Fehmi Aydinli, Ministry of Health

Fazil Inan, Ministry of Health

Ukraine

Zhanna Tsenilova, Ministry of Health of the Ukraine

United Kingdom of Great Britain and Northern Ireland

Mark Bellis, Liverpool John Moores University

Uzbekistan

Mirkhakim Azizov, Scientific Research Institute of Traumatology and Orthopaedics

Alisher Iskandarov, Tashkent Paediatric Medical Institute

Observers

Dinara Azizova, Uzbekistan
Birgit Braschoss, Germany
Sandra Dybowski, Germany
Stella Ganieva, Uzbekistan
Angela Kratzer, Germany
Gabriele Stollmann, Germany
Chariklia Tzimas, Germany

Representatives

Consumer Safety Institute

Rob Bijlmer

European Association for Injury Prevention and Safety Promotion (EuroSafe)

Wim Rogmans

European Commission (EC) Directorate-General for Health and Consumers (DG SANCO)

Ms Natacha Grenier

United Nations Children's Fund (UNICEF)

Oya Zeren Afsar

World Health Organization

Headquarters

Etienne Krug

Director, Department of Violence and Injury Prevention and Disability

Regional Office for Europe (Bonn, Rome, Copenhagen)

Srdan Matic

Unit Head, Non-Communicable Diseases and Environment
Copenhagen

Francesca Racioppi

Head, a.i., European Centre for Environment and Health, Rome

Dinesh Sethi

Technical Officer, European Centre for Environment and Health, Rome

Francesco Mitis

Technical Officer, European Centre for Environment and Health, Rome

WHO Country office, Latvia

Egija Lapina, National Professional Officer

WHO Country office, Moscow

Tatiana Kolpakova, WHO Liaison Officer

Francesco Zambon, Technical Officer

WHO Country office, The former Yugoslav Republic of Macedonia

Dimitrinka Jordanova-Pesevska, National Professional Officer

Meeting Secretariat

Philip Baumann

ICT System Coordinator, European Centre for Environment and Health, Bonn

Cristina Fumo

Secretary, European Centre for Environment and Health, Rome

Wendy Williams

Programme Assistant, European Centre for Environment and Health, Bonn

Interpreters

Britta Groeger

Cornelia Grohmann

Ulrike Hügler-Peiseler

Antoinette Janko

ANNEX 3. SCOPE AND PURPOSE OF THE FIFTH ANNUAL MEETING

Since 2005, there have been four annual meetings of European national focal points for violence and injury prevention, hosted, in turn, by the Netherlands, Austria, Portugal and Finland. They have been well attended by between 50 and 60 focal persons from most of the Member States in the WHO European Region, together with representatives of the European Commission, the Council of Europe, the United Nations Children's Fund and civil society (EuroSafe). The meetings have helped to firmly establish the Network of European national violence and injury prevention focal points, promoting collaboration between it and WHO. The Network has adopted a vision called "LIVE" or "Life without injuries and violence in Europe". Collaborative work has focused mainly on the implementation of resolution EUR/RC55/R9 of the WHO Regional Committee for Europe, and the European Council Recommendation on injury prevention. Joint activities have focused on key areas such as national policy development, violence prevention, road safety, surveillance, capacity building and joint advocacy events. The past year has seen much collaborative work towards the launch of the *European report on child injury prevention* and the development of the global and European status reports on road safety. The focal points have continued to work collaboratively with WHO in monitoring the implementation of the Regional Committee resolution and the European Council Recommendation by participating in a survey.

The main aim of the Fifth meeting of European national focal points for violence and injury prevention, kindly hosted by the Federal Ministry of Health of Germany and supported by the European Commission, is to review the progress made in implementing the WHO Regional Committee resolution and the European Council Recommendation on injury prevention, and to discuss next steps in collaborative work. Its other aims include:

- to review progress achieved in implementation of the joint activities undertaken by the Network, as defined in the Regional Committee resolution and the Council Recommendation in areas such as national policy, surveillance and capacity building;
- to assess the utility and future use of the web-based tool, Putting policy into practice, for the exchange of information on policy and practice;
- to discuss lessons learned related to the launches of the world and European reports on child injury prevention;
- to consider the results of the European status report on road safety and deliberate on lessons learned from the Global status report on road safety project;
- to stimulate discussion on a major theme related to the prevention of violence and injury through a keynote lecture;
- to provide focal points with an opportunity for networking and exchanging country experiences.

Expected outcomes of the meeting

By the end of the meeting, it is expected that participants will be informed about recent developments in the area of violence and injury prevention, understand the goals achieved through joint working, and have a clearer picture of future areas for collaborative action in implementing Regional Committee resolution EUR/RC55/R9 and the European Council Recommendation on injury prevention.

ANNEX 4: PROGRAMME OF THE FIFTH ANNUAL MEETING

Wednesday, 16 December 2009

12:00-13:00

Registration (with lunch)

13:00-15:00 Opening session - Plenary: Coming together again

Welcome of participants by WHO (10 min)

Dr Srdan Matic, Head of Unit, Noncommunicable Diseases and Environment, WHO Regional Office for Europe

Welcome of participants by Host (10 min)

Mr Stefan Kapferer, State Secretary, Federal Ministry of Health, Germany

Welcome of participants by European Commission (10 min)

Ms Natacha Grenier, Policy Officer, European Commission, DG SANCO

Key note speech – Future global directions for violence and injury prevention (20 min)

Dr Etienne Krug, Director, Department of Violence and Injury Prevention and Disability, WHO Headquarters

Introduction by participants (1 hour)

All participants

Appointment of rapporteurs and chairpersons and adoption of the agenda

15:00-15:30

Coffee break

15:30-16:00

Key note speech - Violence masked as accidental injury in children

Dr Reinhard Urban, University of Mainz

16:00-18:30 Plenary: Updates since last meeting

16:00-16:30

Progress made in implementing the WHO resolution and European Council Recommendation and next steps

Dr Dinesh Sethi, WHO Regional Office for Europe

16:30-17:00

European report on child injury prevention- Examples of dissemination activity

Introduced by Dr Dinesh Sethi, WHO Regional Office for Europe and focal persons

17:00-17:20

Example of joint working at country level

Introduced by Mr Francesco Mitis, WHO Regional Office for Europe and focal persons

17:20-18:00

Major updates from participants

All participants

18:00-18:30

European status report on road safety

Dr Francesco Zambon, WHO Moscow

19:30

Buffet reception at the Town Hall

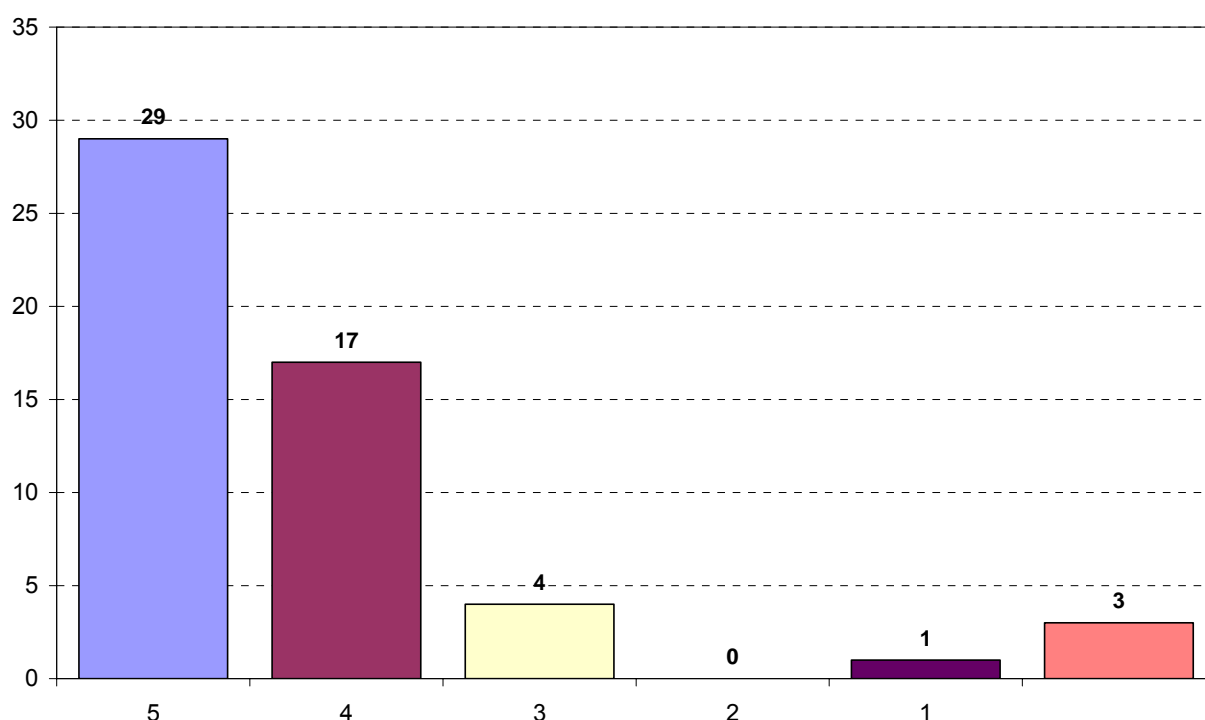
Thursday, 17 December 2009

- 09:00-09:10 Review of Day 1
- 09:10-09:40 Key note speech - Alcohol and violence- evidence for a systemic relationship
Dr Michael Klein, German Institute on Addiction & Prevention Research
- 09:40-09:55 Future directions for the European Region
Ms Francesca Racioppi, Head of Rome Office ad interim, WHO Regional Office for Europe
- 09:55-10:00 Introduction to Break-out session 1
- 10:00-11:00 Break-out session 1 – with facilitators**
4 small groups on sharing national examples of best practice in 1) Lessons learnt from the Global and European status report on road safety; 2) National examples of best practice in areas of violence prevention; 3) Capacity building; 4) Surveys and surveillance.
Participants and facilitators
- 11:00-11:30
Coffee break
- 11:30-12:30 Plenary – Reporting back from break-out session 1
Chairperson and participants
- 12:30-13:30
Lunch break
- 13:30-13:40 Introduction to Break-out session 2
- 13:40-15:00 Break-out session 2 – with facilitators**
4 small groups to each discuss 'Draft Statement for High Level Meeting of European Health Ministers at Safety 2010'
Participants and facilitators
- 15:00-16:00 Plenary – Reporting back from discussion on Draft Statement for High Level Meeting at Safety 2010
Chairperson and participants
- 16:00-16:20
Coffee break
- 16:20-16:35 The way ahead – Programme of work to be undertaken jointly by the Network of Focal Persons and WHO
Ms Francesca Racioppi, Head of Office ad interim, WHO Regional Office for Europe
- 16:35-16:40 Any other business
- 16:40-16:50 Review of Day 2
- 16:50-16:55 Conclusions and closing remarks
- 16:55-17:00 Evaluation forms and close

ANNEX 5. EVALUATION QUESTIONNAIRE RESULTS OF THE FIFTH ANNUAL MEETING

The evaluation is based on questionnaires received from 54 respondents. This showed that over 85% of participants assessed the meeting to be either good or excellent (they assessed the meeting 4 or above). Of the 54 respondents to this question, 29 thought the meeting excellent (score 5) and 17 as very good (score 4). One participant was not satisfied at all. Three participants did not answer (Fig. 1).

Fig. 1. What is your overall assessment of this meeting? (from 1=insufficient to 5=excellent)



Almost all the respondents (53 out of 54) declared that the meeting achieved the programme objectives. 91% of respondents declared that presentations met their expectations; 4% expected something different, 5% did not answer. A total of 81% of respondents felt that the presentations will be useful for their work (37% said “definitely” and 44% “mostly”). 15% of respondents said that these could be somewhat useful; 2% did not find them useful; 2% did not answer.

Participants also provided comments. Most found the keynote lectures very interesting, but some thought that them too long and that more time for discussion was needed. Discussion and debate in the break-out sessions were appreciated a lot. There was an overall comment that more time should be dedicated to discussion and the exchange of national experiences and good practices with greater opportunity for more discussion and statements by focal persons. A few commented that the dense agenda did not leave enough time for discussion. Participants felt that the meeting could be further improved by: (i) distributing materials for lectures before the meeting, (ii) dedicating more time was to workgroup, (iii) devoting more time to examples of intersectoral collaboration and (iv) making more reference to the competencies and needs of ministries of health. One participant suggested that a common agenda for collective work by WHO and focal persons could be the production of a report on local success stories on violence prevention building on the case studies presented during the break out session. Some participants asked more clarity and a greater participatory process in selecting and defining some items of the questionnaire.

Pre-meeting on capacity-building in violence and injury prevention

BACKGROUND

The prevention of injuries and violence in Europe is a public health priority. Both the WHO Regional Committee for Europe resolution EUR/RC55/R9 on prevention of injuries and the European Union Council Recommendation on the prevention of injury and the promotion of safety emphasise that public health action needs to be taken to tackle this leading cause of death and disability.

This report documents one of the deliverables of a three year collaborative project between WHO and the European Commission funded by SANCO in the framework of the Public Health Programme (2003-2008) (2006WHO02 Prevention of injuries): Implementation of the European Council Recommendation on the prevention of injury and the promotion of safety and WHO Regional Committee resolution EUR/RC55/R9 on prevention of injuries in the WHO European Region. This project aims at supporting the development of national policies for violence and injury prevention, catalyzing action at national level and building capacity. During the second meeting of national focal persons, held in Salzburg in June 2006, focal persons prioritized national policy making, advocacy and surveillance as areas for joint working with WHO in order to build institutional capacity. This is consistent with European policy and three approaches were set out in the joint DG SANCO and WHO project:

- organizing capacity building national workshops on these three areas;
- adapting TEACH-VIP content to the European context, by creating three new modules on surveillance, national policy and advocacy; and
- organizing subregional workshops to strengthen capacity to prevent violence and injury in those areas.

THE MEETING

This short report summarizes the results of a half day meeting that was held in Bonn, just before the fifth meeting of national focal persons on 16 December 2009. Three new draft TEACH-VIP lessons on surveillance, national policy and advocacy which had been adapted to the European context were presented to 60 focal persons for violence and injury prevention from 39 countries and 12 observers.

A welcome speech was delivered by Francesca Racioppi. The purpose of the meeting was presented by Dinesh Sethi who also delivered a presentation on the TEACH-VIP modular curriculum illustrating its structure, the target audience, its translation in several European languages and progress in the uptake of the curriculum in several countries. The rationale of the meeting was to share the new materials with focal persons and receive feedback on how these could be improved and identify local examples for inclusion. The session was interactive and focal persons were asked to present examples of national policies, share case studies of successful advocacy campaigns, and communicate examples of national and European injury surveillance systems.

The new lectures were shared in an interactive fashion at three parallel sessions led by WHO staff: Dinesh Sethi for advocacy, Francesco Mitis for surveillance and Francesco Zambon for national policy. The results of the three break-out parallel sessions were reported in the plenary by rapporteurs. It was agreed that comments received (see below) would be incorporated into the

new material. Focal persons volunteered to peer review lesson material. Lectures would be finalized after receiving the comments of the peer reviewers.

LECTURE ON SURVEILLANCE

On the whole the lecture was found to be very comprehensive and was much appreciated. The following suggestions were made on how this could be improved.

1. That a few slides on the scope and purpose of surveillance should be inserted.
2. A more recent map on injury distribution in European was needed.
3. Complicated and detailed slides needed to be simplified.
4. Focal persons from Norway and Austria offered to provide slides on: (i) the potential trade off in a surveillance system between the number of cases collected and the number of variables under study; (ii) the components of an injury surveillance system; and (iii) the structure needed to build core and expanded datasets Austria iv) on the Injury Data Base
5. It was proposed that examples from other countries should also be included to form a more representative picture, including those from Eastern Europe and that information on national databases that are available on the internet should also be provided.
6. Whereas clinical information was important to include, it was acknowledged that information useful for prevention such as on risk factors should also be included.
7. Missing databases for international comparison such as the detailed hospital admission database from WHO were not cited and should be
8. There were offers for external peer review.

LECTURE ON NATIONAL POLICY

Participants in the breakout sessions reported that the lesson was well structured and clear. The following suggestions were made.

1. The questions suggested in the tutor notes were particularly appreciated as they helped a lively discussion.
2. A section on economic costs should be included as highlighting the high economic burden to society might serve to raise the political commitment.
3. Participants also suggested that more emphasis be given to cost effective interventions and the need for their implementation.
4. It was suggested that an additional guiding principle for health policies should be the obligation of the State to protect its citizens (Slide 5).
5. On slide 12 “Identify leadership and foster political commitment” it was suggested that the institution of an interministerial body is proposed. It was also suggested that there might be a rotating leadership of the different ministries involved; this would ensure that all ministry are engaged and accountable for the implementation of the policy.
6. On slide 17 “Set objectives and select interventions” it was emphasized that the objectives should be modest and set to be achieved in a period no longer than 5 years. This would allow politicians to use the achievements to better promote the implementation of the policy.

LECTURE ON ADVOCACY

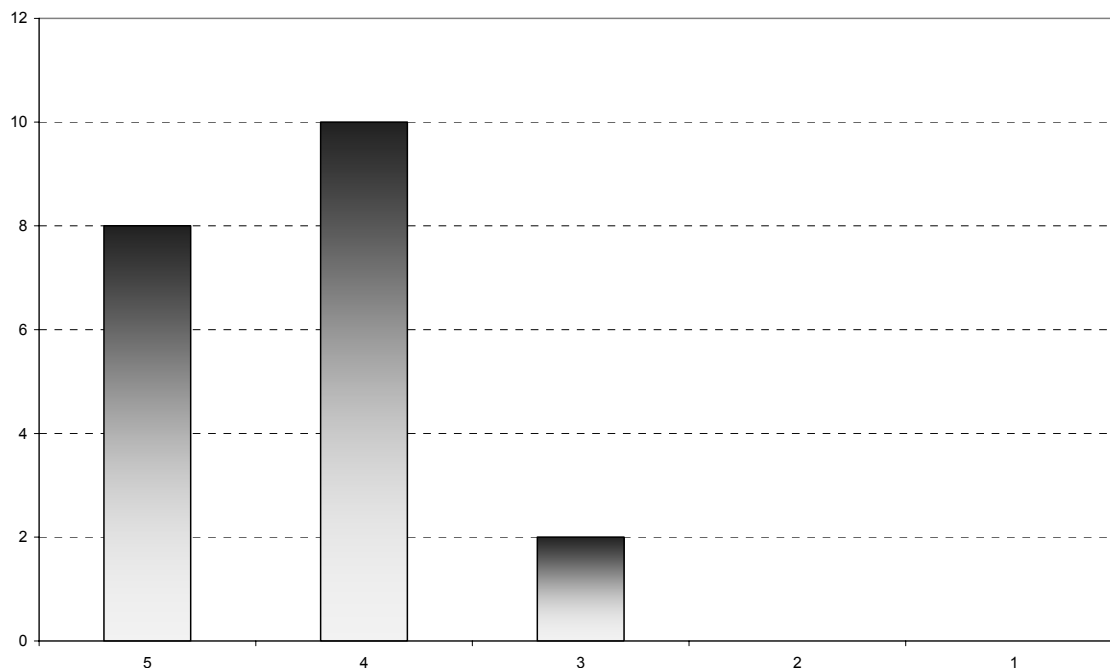
Participants thought the lecture was comprehensive and focused on an important area of unmet need. The following suggestions were made for improvements.

1. More European examples of recent case studies.
2. More recent advocacy campaigns.
3. More information on working with the media.
4. Participants offered to send successful case studies through to WHO for inclusion in the lecture.

ANNEX 1. RATING OF THE PRE-MEETING

The rating of the meeting from the participants was quite high. Comments and results received back from the 20 evaluation forms are summarized below.

1. Which is the overall assessment of this meeting? (from 1 = insufficient to 5 = excellent)



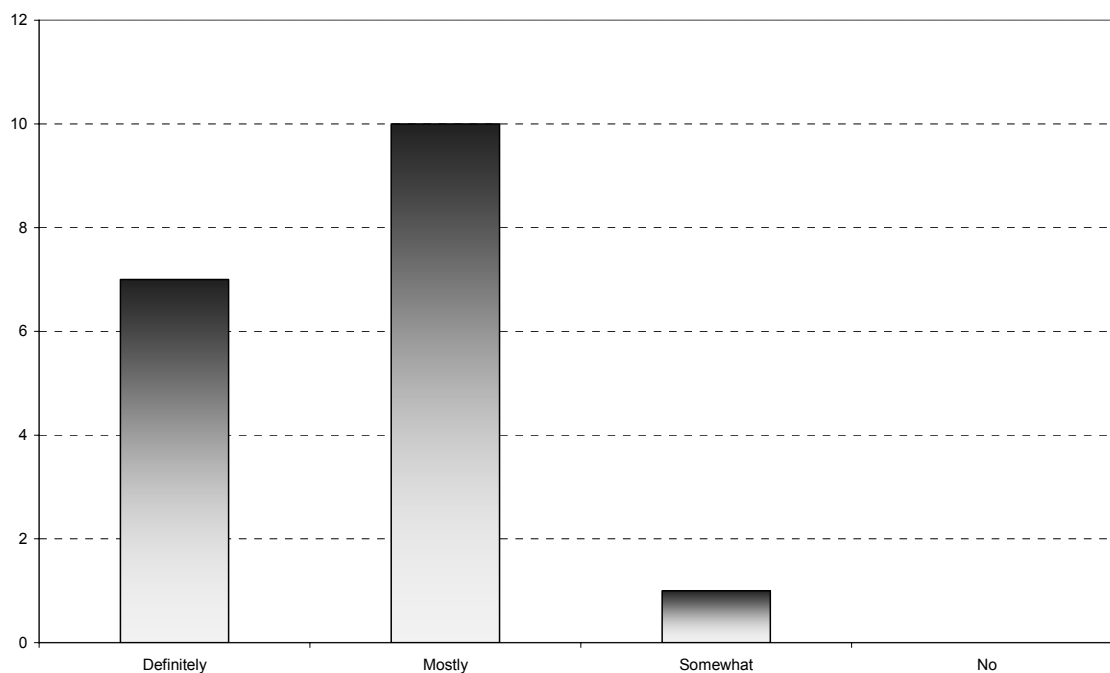
2. Did the workshop achieve the programme objectives?

All the respondents answered "yes".

3. Did the presentations meet your expectations?

Almost all the participants (95%) answered "yes"

4. Will the presentations be useful in my work?



5. How do you think this meeting could have been more effective?

Three general comments were received:

1. Although the participants were well aware of time constraints and although the rapporteurs in the plenary did a good and informative job, some of the participants would have liked to assist to all the sessions, so that they could have been participate more actively to all the discussions
2. Participants could have been informed in advance of the way in which the meeting was structured so that it was possible for them to bring more examples for discussion
3. Presentations that were discussed could have been delivered in advance to stimulate more the discussion. One participant said that the audience was quite inactive during his session

A general comment received on the lecture on surveillance was that participants felt to participate very actively to the discussion and that the meeting was a good opportunity to comment and make proposal on the forthcoming TEACH-VIP module.

ANNEX 2. SCOPE AND PURPOSE OF THE PRE-MEETING

Injuries caused by both unintentional and intentional violence are a public health threat with almost 800 000 lives lost annually in the 53 Member States of the World Health Organization European Region. In particular they are the leading causes of death in young people aged 5 to 29 years. For each death there are 30 hospital admissions and 300 emergency department attendances, and thousands who seek help from general practitioners or self treat. The costs to health systems and to society as a whole are enormous. For road traffic injuries alone societal costs are estimated to be 2% of the national gross domestic product of the European countries. It is estimated that there is a potential to save nearly half a million lives in Europe, if all countries had the same injury death rates or were as safe as the safest countries. In fact, evidence shows that there are many cost effective interventions which could be used to turn back the unnecessary daily loss of life and human suffering.

The prevention of injuries and violence in Europe is a public health priority. Both the WHO Regional Committee for Europe resolution EUR/RC55/R9 on prevention of injuries and the European Union Council Recommendation on the prevention of injury and the promotion of safety emphasize that public health action needs to be taken to tackle this leading cause of death and disability.

The WHO and European Commission collaborative project on the implementation of the above mentioned European Council Recommendation and WHO Resolution EUR/RC/55/R9 on the prevention of injuries aims at supporting the development of national policies for violence and injury prevention and catalyzing action at national level. One of the objectives of the collaborative project is disseminating and discussing emerging experiences in developing national action plans, advocacy and surveillance to facilitate injury prevention experiences across the European Union and its neighbouring countries.

To strengthen the capacity of national focal persons to prevent violence and unintentional injury, a new module of the TEACH-VIP course, developed by WHO, have been adapted to a European context, by using local data, experiences and examples to support the exchange of information. As requested by the national focal persons, the updated TEACH-VIP lectures on the issues of national policy, advocacy and surveillance will be presented to the audience. Successful outcomes of the meeting would be to have a better understanding between participants of the key advances being made in these areas and on how new course materials, adapted to local context, could be developed and presented.

ANNEX 3. PROGRAMME OF THE PRE-MEETING

<i>WEDNESDAY, 16 DECEMBER 2009</i>		
08:15-09:00	Registration	
09:00-09:40	Welcome by WHO Introduction by participants Introduction to TEACH-VIP and why adapt it	MS F RACIOPPI DR D SETHI
09:40-10:30	3 parallel sessions on new modules on TEACH VIP for the European context on: Group 1) Injury surveillance introduced by F. Mitis Group 2) Advocacy introduced by D. Sethi Group 3) National policy making introduced by F. Zambon	FACULTY AND PARTICIPANTS
10:30- 10:50	Coffee Break	
10:50-11:20	Group work as above	FACULTY AND PARTICIPANTS
11:40- 12:00	Plenary to discuss how to improve training materials and identify unmet training needs	PARTICIPANTS

ANNEX 4. LIST OF PARTICIPANTS OF THE PRE-MEETING

Austria

Kuratorium für Verkehrssicherheit (KfV)

Azerbaijan

Rustam Talishinskiy, Scientific Research Institute of Traumatology and Orthopaedics

Vagif Verdiyev, Scientific Research Institute of Traumatology and Orthopaedics

Belgium

Christiane Vermeulen-Hauzeur, Directorate General for the organization of health care establishments,
Federal Service of Health, Food Chain, Safety and Environment

Bosnia and Herzegovina

Jasminka Kovacevic, Emergency Medical Service Centre

Jasminka Vuckovic, Ministry of Health and Social Welfare of the Republika Srpska

Bulgaria

Fanka Koycheva, University Hospital 'Ts. Ioanna-ISUL'

Croatia

Ivana Brkic Bilos, Croatian National Institute of Public Health

Czech Republic

Veronika Benesová, University Hospital Motol

Iva Truellova, Ministry of Health of the Czech Republic

Finland

Helena Ewalds, National Institute for Health and Welfare (THL)

Merja Söderholm, Ministry of Social Affairs and Health

Germany

Elke Metz, Federal Ministry of Health

Horst Peretzki, Federal Ministry of Health

Greece

Dimitrios Efthymiadis, National Center for Emergency Health Care, Ministry of Health and Social
Solidarity of Greece

Hungary

Maria Benyi, National Center for Healthcare Audit and Inspection

Iceland

Gunnar A. Olafsson, Ministry of Health

Rosa Thorsteinsdottir, Public Health Institute of Iceland

Italy

M. Giuseppina Lecce, Ministry of Labour, Health and Social Affairs

Latvia

Jana Feldmane, Ministry of Health

Lithuania

Ramune Meiziene, Ministry of Health of Lithuania

Robertas Povilaitis, Child Line

Malta

Marianne Massa, Department of Health Promotion and Disease Prevention

Montenegro

Zorica Barac-Otasevic, Medical Clinical Centre of Montenegro
Svetlana Stojanovic, Ministry of Health

Norway

Hedvig Bie, Norwegian Directorate of Health
Freja Ulvestad Karki, Norwegian Directorate of Health
Jakob Linhave, Norwegian Directorate of Health

Portugal

Gregoria Paixao von Amann, Ministry of Health

Republic of Moldova

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Liviu Vovc, Chisinau Municipal Unit of Emergency

Romania

Corneliu Gavaliugov, National Agency for Family Protection
Daniel Verman, Ministry of Health

Russian Federation

Margarita Kachaeva, Centre for Social and Forensic Psychiatry

Serbia

Milena Paunovic, Institute of Public Health

Spain

Maria Villar Librada, Ministry of Health and Social Policy
Vicenta Lizarbe, Ministry of Health and Social Policy

Switzerland

Marie-Claude Hofner, University Institute for Legal Medicine

United Kingdom of Great Britain and Northern Ireland

Mark Bellis, Liverpool John Moores University

Uzbekistan

Mirkhakim Azizov, Scientific Research Institute of Traumatology and Orthopaedics
Alisher Iskandarov, Tashkent Paediatric Medical Institute

Observers

Dinara Azizova, Uzbekistan
Ms Stella Ganieva, Uzbekistan
Ms Angela Kratzer, Germany

Representative

United Nations Children's Fund (UNICEF)

Oya Zeren Afsar

World Health Organization

Regional Office for Europe (Bonn, Rome, Copenhagen)

Srdan Matic
Unit Head, Non-Communicable Diseases and Environment
Copenhagen

Francesca Racioppi
Head, a.i., European Centre for Environment and Health, Rome

Dinesh Sethi
Technical Officer, European Centre for Environment and Health, Rome

Francesco Mitis
Technical Officer, European Centre for Environment and Health, Rome

WHO Country office, Latvia

Egija Lapina, National Professional Officer

WHO Country office, Moscow

Tatiana Kolpakova, WHO Liaison Officer
Francesco Zambon, Technical Officer

WHO Country office, The former Yugoslav Republic of Macedonia

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Programme Assistant, European Centre for Environment and Health, Bonn

Interpreters

Britta Groeger
Cornelia Grohmann
Ulrike Hügler-Peiseler
Antoinette Janko



The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States:

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Ukraine
United Kingdom
Uzbekistan

On 16-17 December 2009 the WHO Regional Office for Europe convened the 5th network meeting of the Ministry of Health Focal Persons for Violence and Injury Prevention in Bonn. The meeting was hosted by the German Federal Ministry of Health and supported by the European Commission (EC) with a co-funded project with the Directorate-General for Health and Consumers (DG SANCO) in the framework of the Public Health Programme (2003–2008). The meeting was attended by 93 participants consisting of 55 focal persons from 44 countries, representatives from WHO Headquarters, the Regional Office for Europe, and Non Governmental Organisations. Progress in the field of violence and injury prevention was reviewed and ongoing activities were discussed. This included the preliminary results of the DG SANCO report on the implementation of Resolution RC55/R9 on the *Prevention of injuries*, the progress achieved in implementation of the Regional Committee resolution and the Council Recommendation, lesson learned related to the launched of the world and European reports on child injury prevention and the presentation of the European status report on road safety.

The meeting agreed on the following priorities:

- Supporting Member States in making better use of advocacy opportunities such as the World and European reports on child injury prevention and the Global Status Report on Road Safety.
- Supporting national policy development and working across sectors.
- Increasing the number of capacity building 'Training the trainers' workshops including at sub-regional level.
- Drafting a ministerial declaration on youth injury and violence prevention to be adopted by the Ministers of Health during the world Safety 2010 conference.

A pre-meeting on capacity-building in violence and injury prevention, during which three new TEACH-VIP lessons were presented, was held on 16 December 2009 in the morning.

WHO wish to thank the German Federal Ministry of Health for kindly hosting 5th network meeting of the Ministry of Health Focal Persons for Violence and Injury Prevention and the European Commission (EC) Directorate-General for Health and Consumers (DG SANCO) for their support. This report has been prepared by F Mitis, F Zambon, E Lapina and D Sethi.

World Health Organization Regional Office for Europe

Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark

Tel.: +45 39 17 17 17. Fax: +45 39 17 18 18. E-mail: postmaster@euro.who.int

Web site: www.euro.who.int

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