



**WHO Report of the seventh
annual European meeting
of violence and injury prevention
national focal persons
of the Ministries of Health**

**Report of a WHO meeting, hosted by the
Ministry of Health of Turkey**

**Antalya, Turkey
17-18 October 2012**



ABSTRACT

On 17-18 October 2012 the WHO Regional Office for Europe convened in Antalya the 7th network meeting of the violence and injury prevention national focal persons of the Ministries of Health. The meeting, hosted by the Ministry of Health of Turkey, was attended by 67 participants, with focal persons from 40 countries, as well as representatives from WHO, European Commission, nongovernmental organizations and other stakeholders. Key note presentations made on emergency trauma care services in Turkey and on WHO future global directions in violence and injury prevention were much appreciated as were those on the need of a regional action plan to prevent child maltreatment. Progress in the Region on violence and injury prevention was reviewed and ongoing activities discussed. These included lessons learnt from the launches of surveys of adverse childhood experiences in several member states, the on-going activities such as the survey for the *Global status report on road safety 2013*, the launches for the Decade of Action for Road Safety, the Road Safety in 10 countries project, and on promoting violence prevention, in particular through the forthcoming *Global status report on violence prevention*.

The meeting agreed on the following priorities:

- continuing to support Member States in advocating for road safety through activities such as the Decade of Action and the forthcoming launch of the *Global status report on road safety 2013* and the Second United Nations Week on Road Safety;
- giving renewed attention to capacity building using TEACH-VIP 2 with the train the trainer approach both at sub-regional level and national level;
- implementing the survey for the *Global status Report on violence prevention*
- supporting the development of a Regional action plan and resolution on child maltreatment prevention and other adverse childhood experiences;
- conducting a survey on policy development and programming; and
- seeking opportunities to advocate for child maltreatment and other injury-related issues.

WHO wishes to thank the Ministry of Health of Turkey for kindly hosting 7th network meeting of the Ministry of Health Focal Persons for Violence and Injury Prevention. This report has been prepared by Francesco Mitis, Dimitrinka Jordanova Pesevska, Serap Sener and Dinesh Sethi and reviewed by Stefan Enggist.

Keywords

VIOLENCE - prevention and control
 WOUNDS AND INJURIES - prevention and control
 DECISION MAKING; PUBLIC HEALTH - congresses
 EUROPE

Address requests about publications of the WHO Regional Office for Europe to:

Publications
 WHO Regional Office for Europe
 Scherfigsvej 8
 DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (<http://www.euro.who.int/pubrequest>).

© World Health Organization 2012

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters. All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the views of the European Commission; nor is the Commission responsible for any use that may be made of the information contained herein.

TABLE OF CONTENTS

INTRODUCTION	1
AIMS OF THE MEETING.....	1
DAY ONE – 17 OCTOBER 2012.....	2
<i>Plenary session</i>	2
<i>Break out session I</i>	3
<i>Plenary session</i>	5
<i>Break out session II</i>	6
DAY TWO – 18 OCTOBER 2012	8
<i>Plenary session</i>	8
<i>Panel discussion</i>	9
<i>Break out session III</i>	10
<i>Closing</i>	11
ANNEX 1: LIST OF PARTICIPANTS.....	12
ANNEX 2. SCOPE AND PURPOSE.....	15
ANNEX 3. PROGRAMME	17
ANNEX 4. EVALUATION QUESTIONNAIRE RESULTS	19

INTRODUCTION

In spite of estimates from the Global Burden of Disease¹ which suggest that injury deaths (both intentional and unintentional) have fallen in the WHO European Region from 790 000 in 2000, to 660 000 in 2008, they are still the leading cause of death in people aged 5-44 years and their prevention remains a critical public health challenge. Regional Committee resolution EUR/RC55/R9² on the prevention of injuries in the WHO European Region and the European Council recommendation on the prevention of injury and the promotion of safety³ 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.

The violence and injury prevention national focal persons of the Ministries of Health are critical partners in the implementation of European and national policy. Since 2005, there have been six annual meetings of European national focal persons for violence and injury prevention (VIP), hosted, in turn, by the Netherlands, Austria, Portugal, Finland, Germany and Norway. These meetings have been well attended by focal persons from most of the Member States in the WHO European Region, together with representatives of the European Commission (EC), the United Nations Children's Fund, Non Governmental Organizations (NGO) (EuroSafe) and other stakeholders. These meetings have firmly established the network of European national VIP focal persons, and have promoted collaboration with 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 advocacy, national policy development, surveillance, capacity-building, and promoting violence prevention, road safety and child injury prevention.

The seventh network meeting of the violence and injury prevention national health ministry focal persons was convened by the WHO Regional Office for Europe and hosted by the Turkish Ministry of Health in Antalya (Turkey). It was attended by 67 participants, with focal persons from 40 countries, and staff from WHO Headquarters, the WHO Regional Office for Europe, the European Commission and NGOs.

AIMS OF THE MEETING

The main aim of the seventh network meeting is to review progress in implementing the WHO Regional Committee resolution and the European Council recommendation on the prevention of injuries and to discuss next steps in collaborative working.

The specific objectives of the meeting were to:

- review progress achieved in the implementation of the joint activities undertaken by the network as defined in the WHO Resolution RC55/R9 and Council Recommendation;
- discuss lessons learnt from the Road Safety in 10 countries project and how these could be applied to other countries;
- deliberate on progress made since the joint actions for the Decade of Road Safety 2011-2020;

¹ <http://apps.who.int/ghodata/?vid=10011>, last accessed on 24 January 2012.

² WHO Regional Committee for Europe resolution EUR/RC55/R9 on prevention of injuries in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2005.

³ European Council. Council recommendation of 31 May 2007 on the prevention of injury and promotion of safety. Official Journal of the European Union. 2007;200, C 164:1-2.

- receive progress of the second survey of the *Global status report on road safety*;
- seek opportunities for joint working in advocacy and violence prevention following reports by WHO in areas such as youth violence, intimate partner violence and elder abuse;
- discuss the need for policy development in the area of the prevention of adverse childhood experiences (ACE) in Europe;
- stimulate discussion on a major theme related to the prevention of violence and injury through a key note lecture from Turkey; and
- provide focal persons with an opportunity for networking and exchanging country experiences.

DAY ONE – 17 OCTOBER 2012

Plenary session

Participants were welcomed by Dr Fazil Inan, focal person from the Turkish Ministry of Health. The meeting was opened by Dr David Meddings, Department of Violence and Injury Prevention and Disability, WHO HQ, and by Dr Dinesh Sethi, from the WHO Regional Office for Europe, who thanked the Turkish government for their generous support and emphasized the priority given by WHO in overcoming the public health threat of violence and injuries and how this is in line with initiatives such as Health2020, the Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases (NCDs) 2012-2016, the Alcohol Action Plan and the European Strategy for Healthy Ageing.

Emergency trauma services: response to road traffic injuries in Turkey.

Dr Fazil Inan from the Turkish Ministry of Health made a key note presentation on pre-hospital emergency services in Turkey. He outlined progress in Turkey in terms of the number of emergency ambulance stations, population coverage, number and equipment of ambulances (land- including snow - sea and air) and improvement of response times. Emergency medical services are coordinated by the Crises and Emergencies Management Centre of the Ministry of Health. The last part of the lecture was dedicated to the activities carried out in Turkey in the framework of the Decade of Action on Road Safety (launched by the Prime Minister on 31 July 2012): quantified targets include the training of citizens in first aid (750 000 citizens by 2015 and at least 1 600 000 by 2020), an increased number of sea ambulances and an improvement in response time to ensure that 98% of emergency cases would be reached in the first 10 minutes in urban areas and within 30 minutes in rural areas.

Progress made since the last meeting

An update on the progress made since the last meeting in preventing injuries and violence in Europe was presented by Dr Dinesh Sethi, WHO Regional Office for Europe. He gave a brief overview of the burden of injuries in the Region and stressed the important role that the network of national focal persons for VIP played in addressing the difficult challenge of preventing injuries and violence. The main collaborative activities since the annual focal persons meeting held in Oslo in 2011 were summarized: 39 countries in Europe had held launches for the Decade of Action for Road Safety 2011-20, 13 of whom were funded by WHO, and where the Head of State participated in three launches; 51 of the 53 countries participated from the Region in the survey for the *Global status report on road safety 2013*; the Road Safety in 10 countries project was being well implemented in Turkey and the Russian Federation. Thanks to the support of the Norwegian Directorate of Health, three additional workshops were held at a subregional level: two on alcohol and violence prevention (in Latvia for the Nordic and Baltic countries and in the former Yugoslav Republic of Macedonia for the south eastern European countries) and one on surveillance (in Antalya on 16 October, just before the Focal Person meeting). Country collaboration involved increasing demands for advocacy, national policy development, training

courses using TEACH-VIP and adverse childhood experiences (ACE) surveys followed by policy dialogues. An expert meeting for the *European report on preventing child maltreatment* was described. This was envisaged to be one of the main activities of the forthcoming year and as would the development of a proposed European action plan on the prevention child maltreatment, both of which would be presented at the Regional Committee in September 2013. Other forthcoming activities in 2013 will be: the launch in February of the *Global status report on road safety 2013*, which will contain 51 country profiles from Europe and would be accompanied by a European policy briefing, the launch of the Second United Nations Week on Road Safety 6-12 May 2013 which would focus on pedestrian safety, and the scaling up of the implementation of the road safety projects in Russian Federation and Turkey, the start of survey for the *Global status report on violence prevention*, the intensification of country work through biennial collaborative agreements and through the use of TEACH-VIP 2 syllabus and planning the eighth focal persons meeting.

Follow-up of the evaluation of the European Council Recommendation on the prevention of injury and promotion of safety

Ms Natacha Grenier, (Directorate General Health and Consumers, EC) described the evaluation process of the European Council Recommendation made four years after the implementation of the Recommendation in the areas of safety of children and adolescents, safety of elderly citizens, safety of vulnerable road users, prevention of sports injuries, prevention of injuries due to products and services, prevention of self-harm, prevention of interpersonal violence and prevention of workplace injuries. Injuries are still the leading cause of death for children and young people in the EU and still the third leading cause of death in the EU. The evaluation process was by survey using three questionnaires: i) surveillance systems, ii) national policy development and iii) implementation of good practices. Respondents were asked whether the Council Recommendation stimulated changed and provided added value. Thirty countries participated in the surveys. Final results with recommendations will be published in a report in 2012 and country profiles be made available.

Break out session I

The programme of day one included two working group sessions, each comprising four groups. The morning session dealt with the *Global status report on road safety 2013*, ACE surveys, intimate partner violence and capacity building. Participants were asked to provide updates on activities in their countries and to reflect on barriers met and how WHO could help.

Group 1: Survey for *Global status report on road safety 2013*

This session discussed progress in implementing the survey for the *Global status report on road safety (GSRRS) 2013*. Francesco Mitis, as regional data coordinator, reported that the global report will be published in February 2013 and will include 181 member states representing 98.8% of the world population (51 out of 53 countries in the European Region, or 99.4% of its population). Official approval has been obtained for most of the countries, country profiles produced and checked, and data modeled. Final results will be used as a baseline for the Global Burden of Disease project and for the Decade of Action targets. Countries were asked to provide national examples of road safety policies which stimulated change. Examples were presented from Lithuania, Portugal, and the former Yugoslav Republic of Macedonia.

Lithuania has been, together with other Baltic countries, been among the best performers, and has reduced road traffic injury deaths from 2001 to 2010 (-57%), with a large decline observed in the last three years. This was achieved through amendments to legislation dealing with seat-belts and helmets wearing, the protection of pedestrians and cyclists, drink-driving with a tough alcohol control legislation, improved speed control, educational programmes, mass media campaigns and improvement of accessibility and quality of emergency medical services.

The focal person from Portugal stressed how gaps in legislation were identified thanks to the first GSRRS after which multisectoral actions were taken. Two crucial factors were identified to explain the large decline in mortality rates: i) joining the European Union and ii) having established an action plan with changes in legislation and the implementation of evidence-based interventions.

In the former Yugoslav Republic of Macedonia mortality rates started to decline in 2010 (from 162 to 112 in one year) with mortality rates for children already having decreased since 2007. This has been made possible thanks to several activities, including the National Road Safety Strategy for 2009-2014, the launch of the Decade of Action, being a collaborating partner of JAMIE project and a range of multisectoral activities, including participation in the World Day of Remembrance for Road traffic Victims since 2009. The main challenges ahead were the full implementation of the national action plan, strengthening capacity to address injuries, promoting evidence-based approaches for injury prevention and trauma care, promoting road safety and behavioural change to protect vulnerable road users, and monitoring activities for the Decade of Action on Road Safety.

Group 2: adverse childhood experience surveys

The representative of Turkey presented the provisional results of the ACE survey carried out on 500 of the planned 2500 students attending 5 universities across the country (Ankara, Antalya, Izmir, Trabzon and Van). The response rate was very high and maltreatment ranged from 5.8% (sexual abuse) to 30.8% (emotional abuse). With the exception of sexual abuse, prevalence was much higher in men than in women. One of the most frequent ACE suffered was the witnessing of domestic violence. No relation was observed between the number of ACEs and socioeconomic class of parents. Smoking, alcohol and substance misuse were strongly correlated to the number of ACE experienced as were some health problems such as altered bowel habit, ulcers, depression, uncontrolled anger and nervousness. Completion of data collection is planned for February 2013.

The ACE study in the Russian Federation is at an earlier stage. The focal person announced that, after the questionnaire was translated into Russian, a pilot survey has been conducted, a working group of experts established, and the survey has been administered to about 1000 of the planned 1400 respondents aged 19-21 years. Completion of data collection is planned for December 2012. WHO offered to provide support for analysis. Both these ACE surveys are part of biennial collaborative agreements between WHO and Ministries of Health.

The focal person from the Netherlands described a national situation in which, since 2005, the number of cases reported has increased and the prevalence of child maltreatment is higher in families with low education, one-parent families, unemployed parents, families with three or more children, stepfather/mother families. In response to that a first national action plan was developed and implemented and a second one has been planned for 2012-2016. A discussion was had on the importance of using surveys to advocate for national policy and of the benefit of a regional action plan on child maltreatment prevention.

Group 3: intimate partner violence

A short introduction given by Dimitrinka J. Pesevska focused on the key facts on intimate partner violence, with the main spotlight on violence against women. Emphases were put on the health sector role in a comprehensive involvement in violence prevention and victim services and support using a public health approach. Presentations were delivered by three focal persons countries to set the debate on finding solutions for the prevention of intimate partner violence in the European Region. The focal person from Norway described the system for preventing and tackling intimate partner violence in the country. There is a strong emphasis on interministerial collaboration, primary prevention (focusing on intergenerational patterns), and science based policy and action. Examples of good practice were described: safe houses for female, male and

child victims of sexual and domestic violence; perpetrator treatment programmes; homes for abused children; and crises centres (enforced by law since 2010). The Norwegian Centre for Violence and Traumatic Stress Studies is responsible for developing and spreading knowledge and strengthening competence contributing to the reduction of psychological and social impacts of post violence traumatic stress. Five regional centers are in charge of disseminating and implementing actions at regional level. The focal person from Denmark described the national database on violence focusing on intimate partner violence. This used a variety of methods which included surveys using self-report of violence; crime statistics, the National Patient Register; Mortality Register; and shelter statistics from 46 shelters. Data linkage between the different registers and databases from different sectors and surveys could be achieved using the personal identification number. National action plans for intimate partner violence address primary, secondary and tertiary prevention. The focal person from Switzerland presented the current national programmes on: youth violence; intimate partner violence, estimation of direct and indirect costs; and impact evaluation of educational programmes in preventing violence against the elderly. An update was provided on the work of the medico-legal “Violence Medical Unit”, which highlighted a programme on intimate partner violence prevention undertaken in collaboration with pharmacists to develop guidelines. All three focal persons presented innovative and effective ways of using national resources to prevent intimate partner violence. Further actions should focus on: capacity building, improving surveillance, prioritizing research in primary prevention and promoting evidence based practices.

Group 4: capacity building

Dr David Meddings introduced the focal persons to the main materials available at WHO for capacity building. He explained the differences between in the new TEACH-VIP2 syllabus when compared to the old one and described the short courses available in violence and injury prevention, the MENTOR-VIP programme and the new on-line courses that were available on the WHO website.

The focal person from Armenia described the multisectoral activities, involving a network of NGOs, carried out in the country in the field of prevention of intimate partner violence. Training for officers, teachers and members of the mass media was being undertaken.

The focal person from Kazakhstan presented national data on road traffic injuries, describing interventions applied and the work of traumatology centres.

The focal person from Belarus shared national data on injuries and announced that the new syllabus TEACH VIP-2 will be introduced in school and universities.

The focal person of Uzbekistan presented very detailed data at country level on unintentional injuries and violence. TEACH-VIP syllabus has been introduced in the training program for students of higher education institutions and medical colleges. He was looking forward to adapting TEACH VIP-2 for this purpose.

Plenary session

Rapporteurs presented summaries of the working groups at the plenary session. The presentations from the working groups are available on a CD of the meeting.

Future global directions for violence prevention activities

Dr David Meddings emphasized declining injury mortality rates for high-income countries (and success factors for prevention), increasing rates for low- and middle-income countries and the role of WHO in putting injuries high on the public health agenda through normative technical guidance and advocacy. Progress in high income countries was put down to the development of a social contract, economic development, and the efforts of injury prevention practitioners. An example from Diadema, Brazil described how homicide rates were influenced by income inequality and how multisectoral action to control alcohol availability (initiated by the mayor)

led to a successful reduction in homicides rates. Strategic directions for WHO were shared with focal persons and included the more effective use of existing networks and the importance of integration with other agendas, including those of the United Nations such as the NCD Action Plan and the MDGs.

Focal persons were urged to engage with the new developments from WHO : (i) the new syllabus TEACH-VIP 2, a first major update including newer case examples, updated graphics and data and with new content on child injury prevention, alcohol and injury and violence prevention, and national policy development; (ii) the *Global Status Report on Violence Prevention*, modeled on the example of the *Global Status Report on Road Safety* (regional officers, national data coordinators trained via webinars and consensus meeting methodology), which will assess the progress towards the implementation of the recommendations of the *World Report on Violence Prevention*; the survey will assess and report on the achievements and gaps in violence prevention and aims to document national plans, capacity for data collection, evidence-based interventions from the health, social and legal sectors; and; (iii) the WHA resolution on child injury prevention, which calls on member states to prioritize child injury prevention, develop and implement a multisectoral plan of action, establish intersectoral coordination mechanisms, implement recommendations of the *World Report on Child Injury Prevention* and integrate child injury prevention into child development programmes.

Break out session II

Working group of the afternoon sessions dealt with child injury prevention, youth violence prevention, the Decade of Action for Road Safety and Road Safety in 10 countries and falls in elderly and health ageing. Groups were asked to discuss updates on activities and constraints and how WHO could help.

Group 1: Decade of Action on Road Safety and Road Safety in 10 countries

The session was led by Dr Serap Sener and the focal person of Turkey presented the RS10 project implemented in the country addressing two risk factors, seat-belt use and speed. He explained that the project demonstrated that it was possible to make positive changes when high level political commitment goes together with enhanced enforcement and social marketing campaigns targeting the public. He also mentioned that a Road Safety Plan of Action for the Decade was signed by the Prime Minister in July 2012.

The focal person of Uzbekistan presented the recent changes in the road safety laws of the country especially for wearing seat-belt and mobile phone use. He also described road safety training programs and social marketing campaigns.

The focal person of Kyrgyzstan presented the medical services/aid for the road traffic crashes and social marketing campaigns conducted in the country for road safety.

Brief reports from the focal points of Republic of Moldova, Armenia, Russian Federation, Kazakhstan, Georgia, Tajikistan and Azerbaijan mentioned the strategic plans for the Decade, many of which included changes in existing road safety laws addressing main risk factors such as drinking and driving, not using car seat-belts and excessive speeding. All strategic plans for the decade also included training programs and social marketing campaigns that aimed to make people understand that road safety is a shared responsibility for all citizens. Focal persons also underlined the importance of high level political commitment and effective advocacy.

Group 2: child injury prevention

The session lead stressed that the WHA resolution could be used as a powerful advocacy tool and that, whilst many public health programs still prioritize communicable diseases to tackle child mortality, injury is the leading cause of death for people aged 0-19 years in Europe.

The focal person of Spain described the situation for unintentional injuries in children showing that half the deaths are due to road traffic injuries and followed by drowning (13%). Regarding

legislation, a review of the existing national and regional regulations in the areas specific to unintentional injuries has been conducted will be published by the end of the year. WHO's publication, *Preventing injuries and violence: a guide for Ministries of Health* had proven very useful in carrying out this activity. In the area of road safety, close cooperation with the Directorate General of Traffic had led to the development and evaluation of Road Safety action plans, in which children were prioritized. A pilot project to establish a distribution centre for child safety seats for less affluent population was set up. An annual social marketing campaign against drowning was held successfully this summer.

The focal person of Estonia described the National Health Plan for 2013-2016 for children and youth which includes a renewal of the legislative basis for child protection and health, support and counseling for pregnant and new mothers, parental education, evidence based parental programmes, the creation of regional family support centers and children's mental health centres, the introduction of evidence-based programmes, risk analyses and capacity building in educational institutions and improvement of the diagnostic capacities of child abuse. For unintentional injury, specific safety efforts had been made for the prevention of traffic injuries, fires, drowning and poisoning. Two issues were raised: the small size of the country posed a problem in dealing with the analysis of small numbers and there was a need for greater multisectoral working.

The focal person of Serbia described a decreasing child population but with increasing injury rates. Prevention measures were presented such as home visiting, a handbook for parents and caregivers and telephone counseling, with quantified injury-reduction targets included in the children's environment and health action plan. Priorities were stressed: to develop a national strategy, to improve the quality of the injury database and fundraising.

The group concluded by stressing two common points: (i) the need for a reliable surveillance system which could be used to show the size of the problem, to obtain funding, and to direct public health interventions and; (ii) the need for evaluation of interventions and the better sharing of information.

Group 3: Youth violence prevention

An introduction stressed the key facts on those most affected and effective public health policy on preventing violence among young people in Europe. Presentations were received from focal persons from two countries to stimulate debate on preventing violence among young people in Europe. The focal person from Finland explained that there was a national overarching plan for violence prevention and safety which included national and regional plans to prevent youth violence, violence against women and children, local preventive school programmes, the banning of corporal punishment, supportive programmes for early pregnancies, and improved health services for victims of violence. The focal person of Romania presented national legislation for child and youth violence prevention, protection and policy development. The National Strategy for Protection and Promotion of Children's Rights 2008–2013 emphasises resource mobilization, accountability, and effective partnership to protect and respect children's rights and improve the condition of children. Data from Romania, from 2011 on child abuse, neglect and exploitation, and types of services offered to child victims were presented. Violence in school is an increasing problem and there has been national policy development to address this. An active discussion followed in finding effective solutions for youth violence: youth violence prevention measures that targeted health risk behaviors such as alcohol consumption were proposed as were academic enrichment programmes, parenting and preschool enrichment programmes.

Group 4: falls in elderly and health ageing

A short introduction highlighted the importance the WHO Strategy and action plan for healthy ageing in Europe 2012-2020 which emphasized falls prevention and elder maltreatment as key areas. There is a high mortality rates from falls, especially in Western European countries.

The focal person of Austria, who also represented EuroSafe, discussed the importance of more precise and complete health coding to guide better prevention. Routine mortality and hospital statistics provide insufficient information on products and the circumstances of injuries. Better data are needed to raise awareness, and to evaluate targeted programmes. In this respect the benefits of the EU's Injury Database were explained.

The focal person from Serbia presented a study, carried out by the Belgrade Institute of Public Health, on falls-related hip fractures, which were increasing rapidly in the country and were the leading cause of hospitalization in people over 60 years. Through a case-control study, risk factors have been identified and preventive strategies developed. The focal person from Portugal presented the problem of increased fractures of the femur in the ageing population. Non fatal falls are responsible of 80-90% of all domestic and leisure injuries and their cost has been quantified. An eight-steps national project ("Be more careful") for the prevention of domestic injuries in the elderly was presented. The focal person from Italy presented a low-budget intervention dealing with walking groups, as a means of reducing the risk of falls by improving leg muscle length, balance, posture, coordination and which contributed to increased bone strength, mobility and self-esteem. The focal person from Croatia stressed that in the country mortality rates due to falls are among the highest in the WHO European Region. It was stressed that 89% of falls fatalities are observed in people older than 65 years old. Non-fatal falls represent 41% of injury-related hospital admissions and 44% for the elderly population. National programmes exist but they are not sufficiently implemented, and there needs to be a greater emphasis on improved infrastructure as part of falls prevention initiatives. Additional data are needed to improve surveillance systems since surveys are lacking. Part of these challenges is addressed in a project proposal by the Croatian National Institute of Public Health which focuses on the education of community nurses and the elderly. A systematic literature search on falls prevention for the elderly was presented by the focal person from Germany. The review, covering the period 2003-2010, dealt with potential effectiveness of exercise training (37 randomized controlled trials), home modification (6), hip protectors (14) and multifactorial interventions (30). The results suggest that the effectiveness of most interventions applied for fall prevention remains unclear, often due to the heterogeneity of studies and methodological problems. The empirical evidence suggests that two types of interventions (training and home modification) might be effective in reducing the fall risk for specific subpopulation of senior citizens. These presentations were followed by a debate on the need for greater attention to this area in view of the demographic changes in Europe.

DAY TWO – 18 OCTOBER 2012

Plenary session

The Adverse Childhood Experiences study in Albania

The survey aimed to determine the burden of ACE and its impact on health behaviours among a representative sample of university students in Albania. The main objectives were to assess the prevalence of adverse childhood events (during the first 18 years of life), the prevalence of household dysfunction, the association of ACE with socio-demographic and socioeconomic characteristics and the associations between ACE and health risk behaviours and outcomes. Four public universities were chosen as settings of the cross-sectional study, conducted in 2011/2012 among 1437 participants (67.6% females and 32.4% men) with an overall response rate of 96%, using the ACE study *Family Health History questionnaires*. High prevalence of emotional abuse (around 51% in both sexes) and physical abuse (44.4% in males and 40.1% in females) were observed. Sexual abuse was 8.8% in males and 4.7% in females. Neglect (both physical and emotional) was always higher in females than in males. The number of ACEs was significantly and positively correlated with the following health risk behaviours: smoking, alcohol use, illicit

drug use, multiple partners and suicide attempts. The next steps are a policy dialogue in order to improve the legal framework, to implement preventive programmes, to increase capacity and to propose a nationwide population survey.

The need for a Regional action plan on child maltreatment

The presentation started with definitions of child maltreatment and ACE followed by the scale of the problem in the WHO European Region. There are 2700 lives lost each year in children aged 0-14, equivalent to 200 000 years of life lost. Rates are much higher in the Eastern part of the Region and in infants. Routine information underestimates the problem by a factor of 100. Child maltreatment is, however, perceived as a big or very big problem by almost half of the member states. Information from surveys is rich: occurrence of sexual abuse in childhood is as high as 18% in women and 8% in men, for emotional abuse this is as high as 36% and for physical abuse this is 23% and for severe physical punishment this is 5–8 %. Emotional neglect has been reported in 18% of the population and physical neglect in 16%. However, these results are difficult to compare between countries and interpret in Europe. To overcome these difficulties, national ACE surveys have been carried out or are in progress in ten countries of the Region using standard methodologies. The consequences of ACE are severe and do not include only death but also the adoption of health-risk behaviours, social, emotional and cognitive impairment. It was reported that the *European report on child maltreatment prevention* would be presented at the WHO Regional Committee in September 2013 and if approval from the governing bodies was obtained, so would a European Action Plan for child maltreatment prevention.

Panel discussion

The focal persons from Denmark, Lithuania, Norway, Russian Federation and United Kingdom participated in the panel discussion on child maltreatment together with Dr Dinesh Sethi and Dimitrinka Jordanova-Pesevska.

In Lithuania an ACE study was conducted and a high prevalence of child maltreatment, strongly associated with health risk behaviours and above all suicides, was found. The focal person sustained that evidence- based programmes can help to prevent this to happen and that an European action plan will be useful for policy makers and to stimulate implementation of evidence based programs since there still a gap to be filled between knowledge and implementation.

The government of the former Yugoslav Republic of Macedonia has endorsed the National action plan on prevention of sexual abuse and paedophilia in 2008. Later in year 2008 a parliamentary debate on “Prevention of children from violence and injury” has increased public attention on the issue of child maltreatment. An ACE study was conducted in 2010, followed by a national stakeholders meeting with presentation of the preliminary findings of the ACE study. The findings from the ACE study have convinced the government to establish national commission on the prevention of child abuse and neglect in May 2012. A national action plan on prevention child abuse and neglect is currently in preparation which should be ready for December 2012. A regional plan will be useful as a guidance for evidence based practices at the country level.

In the Russian Federation child maltreatment is extremely high on the agenda and the connection between ACE and health risk behaviour are well known. In Soviet times paedophilia was considered as a ‘light injury’ and was hidden while it is now more openly spoken about. There is support at the highest political level, including the President who declared that child maltreatment is a priority of the Government. The ACE study being undertaken and any policy and technical guidance provided by WHO would be very timely in developing a policy response in the country. The importance of the ACE study being conducted was stressed as well as the

need for more resources and of a multidisciplinary approach. The issue of human rights should be stressed.

In Denmark, since 2000 there is a national action plan on child abuse and neglect, focused on sexual abuse with the participation of the Ministry of Justice and Ministry of Social Affairs. Strong associations have been found between child abuse and neglect and sexual and serious health problems. Risk factors have been identified risk and as have indicators to follow trends. The need of long-term follow-up to evaluate interventions over time should be a recommendation of the report. The focal person from United Kingdom said that, in times of economic crisis, knowing that the consequences of child maltreatment have impacts resulting in increased economic costs for the health system and society at large, it would be preferable to focus on primary prevention strategies. There is a real opportunity to embed child abuse and neglect in public health systems and the report and action plan can be very useful above all for emphasising health benefits and costs savings from prevention policies.

From Norway, the focal person stressed the importance of the cost of domestic violence and that in Norway activities on preventing domestic violence in families with pregnant women are in progress. They are developing a handbook on the prevention of child abuse and neglect as well as new strategies on preventing violence among youth and children. The value of the European report and European Action Plan was strongly supported by all panellists and there was unanimous agreement from the floor.

Break out session III

Lessons learnt from evaluation of implementation of WHO Resolution EUR/RC55/R9 and European Council Recommendation on the Prevention of injuries

The WHO resolution and European Council Recommendation were presented as were the results evaluating their implementation as published in *Preventing injuries in Europe: from international collaboration to local implementation*. Focal persons were asked whether these policies had helped to put injuries higher on the policy agenda. The focal person of the Czech Republic affirmed that it led to improvement of the data collection system for childhood injuries, and in capacity building with the translation of TEACH-VIP syllabus. The focal person from Serbia said the documents stimulated legislative changes in the field of road safety and child maltreatment, both of which were now high on the policy agenda. From Croatia, the focal person stressed good progress in the fields of road safety and on domestic violence prevention but stresses that more needed to be done for other unintentional injuries. The focal person from Uzbekistan described educational courses being run in all the eight universities of the countries using the TEACH-VIP syllabus and a train the trainer approach, stressing that with the Resolution, the interest shifted from trauma care and tertiary prevention to primary prevention and education and improvements in surveillance systems. Focal persons were also asked to debate whether and when the implementation of the resolution should be re-evaluated. There was a lively discussion with participants concluding that country and regional assessments would help to keep injuries high on the public health agenda. However compiling the questionnaire was labour intensive and it would be best deferred to 2014 in view of the survey for the Global status report on violence prevention scheduled for 2013. Improvements in questionnaire design were also suggested.

Proposed Regional action plan on child maltreatment prevention

The session started with a discussion on the rationale for developing a regional action plan on child maltreatment prevention. The high burden, costs and far reaching consequences of child maltreatment were discussed and it was agreed that a regional plan would stimulate national action in this neglected area of public health. Guidance provided in the plan would be scientifically underpinned by the proposed *European report on child maltreatment prevention*

which focal persons were contributing to. The session then went on to specifically discuss the 'Best Buys' that Member States and the secretariat would be asked to implement.

The difficulty of using routine information was discussed: there were differences in operational definitions of child maltreatment, and clinical and child protection practice which led to incomplete data on most hospital and child protection service registers, making monitoring difficult. Whereas these needed to be improved, it was concluded that periodic surveys to monitor child maltreatment would be useful. Linkages with domestic violence and the intergenerational transmission of violence were also discussed. Policy synergies with the Action plan for the implementation of the European strategy for the prevention and control of noncommunicable diseases 2012-2016 and Health 2020: a European policy framework supporting action across government and society for health and wellbeing were emphasised. Overall focal persons were very supportive of a regional action plan to prevent child maltreatment.

Closing

The meeting agreed on the following joint priorities for WHO, Member States and the network:

- continuing to support Member States in advocating for road safety through activities such as the Decade of Action for Road Safety, the launch of the *Global status report on road safety 2013* in February 2013 and the Second UN Week on Road Safety (6-12 May 2013)
- commence work on the survey for the *Global status report on violence prevention*;
- respond to the demands by focal persons to improve injury surveillance, especially in the East of the Region;
- give renewed attention to capacity building using TEACH-VIP 2 with the train the trainer approach both at a sub-regional level and national level;
- contribute to the drafting of the *European report on preventing child maltreatment* and support the development of a WHO European Region action plan on the prevention of maltreatment and other adverse experiences in childhood;
- plan a re-evaluation of progress in implementing the WHO resolution by measuring policy development and programming in Member States;
- seek opportunities to advocate for evidence based programming in areas such as child maltreatment, child injuries and other injury and violence related issues;
- maximise policy gains by linking the injury and violence agenda to other global and regional policies such as Health 2020, the NCD action plan and the European action plan to reduce the harmful use of alcohol; and
- continue to support the network of focal persons and identify potential hosts for the 8th network meeting in 2013.

WHO thanked the hosts for their excellent support and warm hospitality. The meeting was closed by the Turkish Ministry of Health, who thanked the focal persons for their lively participation and contribution to the discussions.

ANNEX 1: LIST OF PARTICIPANTS**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

Austria

Rupert Kisser, Kuratorium für Verkehrssicherheit

Azerbaijan

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

Belarus

Leonid Lomat, Republican Scientific and Practical Centre for Traumatology and Orthopedics

Bulgaria

Rumyana Dinolova, National Centre of Public Health and Analyses
Pavlina Tsenova, Ministry of Health

Croatia

Ivana Brkic Bilos, Croatian National Institute of Public Health

Czech Republic

Veronika Benesová, University Hospital Motol

Denmark

Karin Helweg-Larsen, National Institute of Public Health

Estonia

Triinu Täht, Ministry of Social Affairs of Estonia

Finland

Heidi Manns-Haatanen, Ministry of Social Affairs and Health

Georgia

Kakha Kheladze, Ministry of Labour, Health and Social Affairs

Germany

Wiebke Flor, Federal Ministry of Health

Hungary

Jozsef Vitrai, National Institute for Health Development

Italy

Maria Giuseppina Lecce, Ministry of Labour, Health and Social Affairs

Kazakhstan

Nurlan Batpenov, Ministry of Health
Nurlan Kidirbaev, Ministry of Health
Galina Jaxybekova, Ministry of Health

Kyrgyzstan

Bektur Anarkulov, Bishkek Scientific Research Centre of Trauma and Orthopaedics

Latvia

Jana Feldmane, Ministry of Health

Lithuania

Robertas Povilaitis, Child Line
Audronė Astrauskienė, Ministry of Health

Luxembourg

Serge Kippler, Direction de la Santé

Montenegro

Svetlana Stojanovic, Ministry of Health
Aleksandra Pirnat, Institute for Public Health

The Netherlands

Margreet Hofstede, Ministry of Health, Welfare and Sport

Norway

Jakob Linhave, Norwegian Directorate of Health
Johan Lund, Norwegian Directorate of Health
Tone F.Sandvik, Norwegian Directorate of Health
Freja Ulvestad Karki, Norwegian Directorate of Health

Poland

Wojciech Klosinski, Ministry of Health

Portugal

Gregoria Paixao von Amann, Ministry of Health

Republic of Moldova

Luminita Avornic, Ministry of Health
Galina Morari, Ministry of Health

Romania

Daniel Verman, Ministry of Health

Russian Federation

Margarita Kachaeva, Centre for Social and Forensic Psychiatry

San Marino

Andrea Gualtieri, Authority of Public Health

Serbia

Milena Paunovic, Institute of Public Health
Marija Markovic, Institute of Public Health

Slovakia

Martin Smrek, University Children's Hospital

Slovenia

Sonja Tomšič, Institute of Public Health

Spain

María Villar Librada, 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

Fimka Tozija, Institute of Public Health

Turkey

Tuba Atila, Ministry of Health

Fazil Inan, Ministry of Health

Ugur Sahin, Ministry of Health

Ukraine

Volodymyr Yurchenko, Ministry of Health

Mykhaylo Komarov, Board of tertiary treatment

United Kingdom of Great Britain and Northern Ireland

Mark Bellis, Liverpool John Moores University

Uzbekistan

Alisher Iskandarov, Tashkent Paediatric Medical Institute

REPRESENTATIVES FROM OTHER INTERNATIONAL ORGANIZATIONS

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

Natacha Grenier

WORLD HEALTH ORGANIZATION

Regional Office for Europe

Dinesh Sethi, Programme Manager

Francesco Mitis, Technical Officer

Irina Eriksen, Programme Assistant

WHO Country office, The former Yugoslav Republic of Macedonia

Dimitrinka Jordanova-Pesevska, National Professional Officer

WHO Country office, Turkey

Serap Sener, National Professional Officer

Engin Uçar

Headquarters

David Meddings, Department of Violence and Injury Prevention and Disability

ANNEX 2. SCOPE AND PURPOSE

Introduction

Unintentional injuries and violence are the third leading cause of death in the European Region, accounting for approximately 700,000 deaths in 2008. The burden is unequally distributed across the Region, being much higher in the low- and middle-income countries of the Region. Within countries the burden is borne to a larger extent by economically and socially vulnerable groups, as well as by children and young people under 45 years old. Injuries and violence have a very significant effect on health, on health systems and on the economic and social development of Europe.

Following World Health Assembly (WHA) Resolutions, violence and road traffic injury prevention have been given increased priority in the European Region. In line with these WHA Resolutions, Member States were invited to appoint national focal persons for violence and injury prevention, with a view of facilitating the exchange of relevant information and experiences across the Region, strengthening the regional and national capacity to advocate for injury and violence prevention, promoting evidence-based preventive strategies and developing cross-sectoral partnerships. In response to the WHO invitation, national focal persons have been appointed by fifty Member States, confirming the increasing interest and commitment to address this important public health issue.

European policy developments include the WHO European Regional Committee Resolution RC55/R9 on the prevention of injuries and the European Council Recommendation on the prevention of injuries and promotion of safety. These underpin the importance of the leadership role that the health sector should take in engaging other sectors through national policy development, advocacy, surveillance and evidence based practice.

Scope of the meeting

There have been six previous meetings of the European Network of Ministry of Health Focal Persons for Violence and Injury Prevention (VIP) that have been held annually. Since 2005 these have been hosted consecutively by the Netherlands, Austria, Portugal, Finland, Germany and Norway. These have been well attended, with 60-80 focal persons from most of the European Member States, together with representatives of the European Commission, the Council of Europe, UNICEF and civil society (EuroSafe). These meetings have contributed to firmly establishing the network of European national VIP focal persons with increased collaboration between them and WHO. The network has adopted a vision called LIVE or "Life without Injuries and Violence in Europe". Collaborative working 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 on key areas such as national policy development, violence prevention, road safety, surveillance, capacity building and joint advocacy events. These past two years have seen much collaborative work for the development of reports such as *Preventing injuries in Europe: from international collaboration to local implementation*, *European report on preventing violence and knife crime among young people* and the *European report on preventing elder maltreatment*. This has been achieved by the active collaboration of Focal Persons by participating in surveys and technical meetings. Collaborative working is being planned to develop a European report on the prevention of maltreatment and ACE in children.

The main aim of the **seventh network meeting**, which may be hosted by the Turkish Ministry of Health, is to review progress in implementing the WHO Regional Committee Resolution and the European Council Recommendation on the prevention of injuries and to discuss next steps in collaborative working. The specific objectives of the meeting are:

- to review progress achieved in the implementation of the joint activities undertaken by the network as defined in the WHO Resolution RC55/R9 and Council Recommendation;

- to discuss lessons learnt from the Road Safety in 10 countries project and how these could be applied to other countries;
- to deliberate on progress made since the joint actions for the Decade of Road Safety 2011-2020;
- to receive results of the second survey of the *Global status report on road safety*;
- to seek opportunities for joint working in advocacy and violence prevention following reports by WHO in areas such as youth violence, intimate partner violence and elder abuse;
- to discuss the need for policy development in the area of the prevention of ACE in Europe;
- to stimulate discussion on a major theme related to the prevention of violence and injury through a key note lecture from Turkey;
- to provide focal persons with an opportunity for networking and exchanging country experiences.

Format of the meeting

The meeting will consist of plenary and break out sessions to allow in-depth discussions about the implementation of policy developments for the prevention of violence and injuries in the European Region and to allow the exchange of country experience.

Preparations prior the meeting

All focal persons will be asked to develop brief mini-papers to report national initiatives prior to the meeting. These will be used as a basis of exchanging best practices and will provide the background information for breakout sessions.

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 directions for collaborative action in the prevention of injuries and violence.

Meeting report

A meeting report will be developed and the best practice examples received from focal persons will be documented and also entered onto the WHO website.

ANNEX 3. PROGRAMME

DAY 1

8:30-9:00	Registration
OPENING SESSION	
Plenary: coming together again	
9:00-9:45	Welcome of participants by WHO
	Welcome address by Minister of Health
	Appointment of rapporteur, chairperson and adoption of the agenda
	Introduction of participants
	Logistics
9:45-10:15	Key-note: Emergency trauma services: response for road traffic injuries in Turkey (Inan)
10:15-10:30	Discussion
10:30-11:00	<i>Coffee break</i>
UPDATES SINCE LAST MEETING	
Plenary: achievements	
11:00-11:20	Progress made in Europe since 2011 (Sethi)
11:20-11:30	Evaluation of EC Recommendation (Grenier)
Break out sessions 1 - with updates from Focal Persons on:	
11:30-12:30	Capacity Building (Interpretation to Russian available)
	Adverse childhood experience surveys
	Global status report on road safety
	Intimate partner violence

12:30-13:10	Feedback from groups
13:10-14:10	<i>Lunch</i>
14:10-14:40	Key note presentation on future global directions in VIP (Meddings)
14:40-14:50	Discussion
Break out session 2 - small group working with facilitators sharing national examples of good practice in areas of:	
14:50-15:50	Advocacy and the Decade of Action on Road Safety/RS10 (Interpretation to Russian available)
	Child injury prevention
	Healthy ageing and falls prevention
	Youth violence prevention
15:50-16:20	<i>Coffee break</i>
16:20-16:50	Feedback from groups
16:50-17:10	Discussion
17:10	End of day 1
19:00	<i>Lets get together – Welcome drinks and Social dinner</i>
DAY 2	
9:00-9:10	Debriefing of day 1
9:10-9:40	Key note presentation. The need for a Regional action plan on child maltreatment (Qirjako, Sethi)
9:40-10:10	Debate on the case for and the case against
Break-out session 3 – policy and practice with discussions on:	
10:10-10:40	Lessons learnt from evaluation of implementation of WHO Resolution EUR/RC55/R9 and European Council Recommendation on the Prevention of injuries
	Proposed Regional action plan on child maltreatment prevention
10:40-11:10	<i>Coffee break</i>
11:10-11:40	Feedback from groups
11:40-12:10	Panel discussion on the way ahead
12:10-12:30	Any other business
12:30-12:40	Closing remarks
12:40	End of day 2
13:00	<i>Lunch</i>

ANNEX 4. EVALUATION QUESTIONNAIRE RESULTS

The 26 evaluation forms returned showed that all the participants assessed the meeting to be either good or excellent (assessed as 4 or above, on a scale of 5) (fig. 1). All the respondents said that both the objective of the meeting and the personal expectations were met. Two thirds of the respondents said that the presentations delivered will be “useful in their work at all”, one fourth that the “will be definitely useful” while only three respondents (12%) said that they will be “mostly useful” (fig. 2). All the issues treated were appreciated but particular preference was given to child maltreatment. Break out sessions and country presentations were appreciated too and more dedicated time was asked for this so to allow for a greater exchange of experience between network members. Suggestions were also made on how to improve future meetings such as a longer duration for the meeting, to receive materials for the break out sessions sooner and to have improved audio facilities.

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

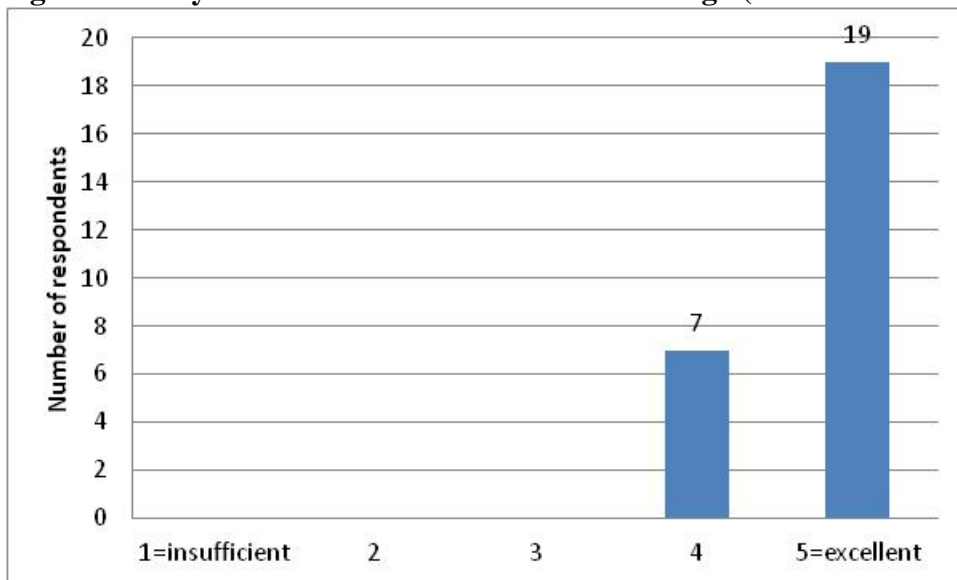
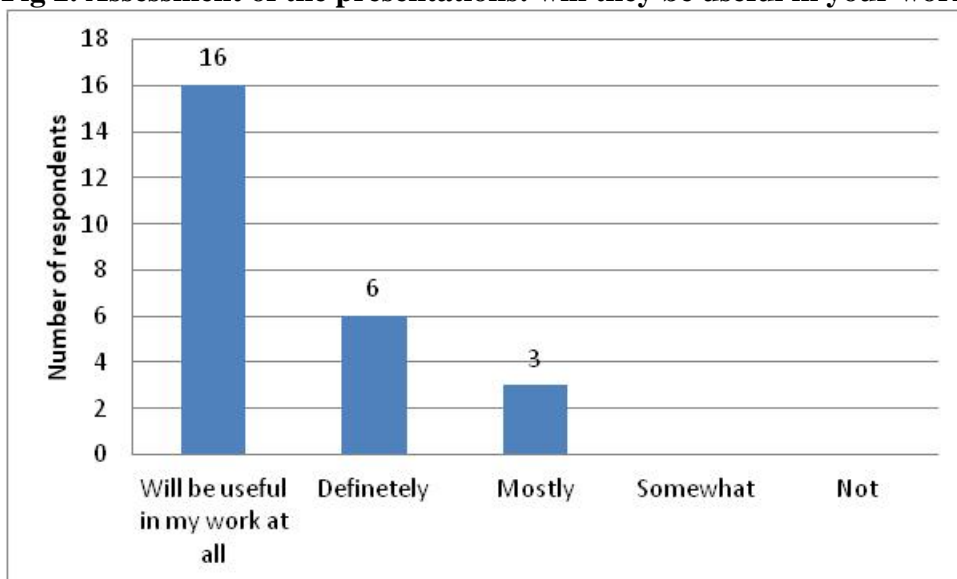


Fig 2. Assessment of the presentations: will they be useful in your work?



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:

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

Original: English

On 17-18 October 2012 the WHO Regional Office for Europe convened in Antalya the 7th network meeting of the violence and injury prevention national focal persons of the Ministries of Health. The meeting, hosted by the Ministry of Health of Turkey, was attended by 67 participants, with focal persons from 40 countries, as well as representatives from WHO, European Commission, nongovernmental organizations and other stakeholders. Key note presentations made on emergency trauma care services in Turkey and on WHO future global directions in violence and injury prevention were much appreciated as were those on the need of a regional action plan to prevent child maltreatment. Progress in the Region on violence and injury prevention was reviewed and ongoing activities discussed. These included lessons learnt from the launches of surveys of adverse childhood experiences in several member states, the on-going activities such as the survey for the *Global status report on road safety 2013*, the launches for the Decade of Action for Road Safety, the Road Safety in 10 countries project, and on promoting violence prevention, in particular through the forthcoming *Global status report on violence prevention*.

The meeting agreed on the following priorities:

- continuing to support Member States in advocating for road safety through activities such as the Decade of Action and the forthcoming launch of the *Global status report on road safety 2013* and the Second United Nations Week on Road Safety;
- giving renewed attention to capacity building using TEACH-VIP 2 with the train the trainer approach both at sub-regional level and national level;
- implementing the survey for the *Global status Report on violence prevention*
- supporting the development of a Regional action plan and resolution on child maltreatment prevention and other adverse childhood experiences;
- conducting a survey on policy development and programming; and
- seeking opportunities to advocate for child maltreatment and other injury-related issues.

WHO wishes to thank the Ministry of Health of Turkey for kindly hosting 7th network meeting of the Ministry of Health Focal Persons for Violence and Injury Prevention. This report has been prepared by Francesco Mitis, Dimitrinka Jordanova Pesevska, Serap Sener and Dinesh Sethi and reviewed by Stefan Enggist.