



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**



Strengthening intersectoral collaboration for the prevention of violence against children

**Tallinn, Estonia
14-15 January 2020**

ABSTRACT

The WHO Regional Office for Europe, the Nordic Council of Ministers and the Ministry of Social Affairs of Estonia jointly organized a two-day sub-regional workshop on the prevention of violence against children. The aim of the meeting was to build institutional capacity by promoting the exchange of expertise in the intersectoral response in promoting societal support to end violence against children through intersectoral action and to further develop the foundations for shared experience and ongoing collaboration across the region. Specific objectives included deliberating the burden of violence against children, risk factors such as alcohol, poverty and social exclusion, and the benefits of investing in children and the life-course approach; receiving examples of good practice on the prevention of violence in childhood from across Europe, including Pathfinder countries, with a focus on the Nordic countries; discussing the role of the health, welfare, education and justice sectors in an intersectoral response to preventing violence against children and how this could apply to participating countries; and encouraging the development of regional networks to strengthen the prevention of violence against children and expand the network of Pathfinder Countries; exploring how parliamentarians can lead national campaigns in setting standards to end violence against children and how practitioners can support them in standard setting and monitoring; and exchanging country experience on successful implementation of evidence based and data driven prevention programmes.

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

**Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
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 website (<http://www.euro.who.int/pubrequest>).

© World Health Organization 2020

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 decisions or the stated policy of the World Health Organization.

Text editing: Viv Taylor-Gee
Photos: © WHO

Contents

ABSTRACT	2
Acknowledgement.....	4
Scope and Purpose	5
Day 1	8
<i>Opening session: Official Welcome and Introduction of Participants</i>	<i>8</i>
<i>Panel 1: The roles of parliamentarians in the implementation of INSPIRE – lessons from Pathfinder Countries on setting standards and changing norms.....</i>	<i>10</i>
<i>Panel 2: Strengthening intersectoral collaboration for the prevention of violence against children – reflections from Pathfinder countries</i>	<i>13</i>
DAY 2.....	15
<i>Panel 3: Identification and prioritization of specific sectoral challenges to the safety and wellbeing of children ..</i>	<i>15</i>
<i>Unpacking INSPIRE Lessons learned: implementation and enforcement of laws and norms and values</i>	<i>16</i>
<i>Country deliberations on best practices and lessons learned from implementing INSPIRE: the implementation and enforcement of laws and norms and values.....</i>	<i>17</i>
<i>Unpacking INSPIRE: lessons Learned from strategies, safe environments and parenting and caregiver support ..</i>	<i>17</i>
<i>Country deliberations on best practices and lessons learned from implementing INSPIRE strategies: safe environments and parenting</i>	<i>19</i>
<i>Panel 4: Making an investment case to scale up national programmes.....</i>	<i>19</i>
<i>Unpacking INSPIRE: Lessons learned from implementing strategies: response and support services and education and life skills</i>	<i>22</i>
<i>Country deliberations on best practices and lessons learned on implementing INSPIRE strategies: response and support services and education and life skills</i>	<i>23</i>
<i>What resources are needed for the implementation of INSPIRE? Political and practitioner partnerships</i>	<i>24</i>
Closing remarks and the way forward.....	25
ANNEX 1	26
ANNEX 2	32

Scope and Purpose

Introduction

Violence against children is a hidden form of violence and evidence shows that the prevalence is unacceptably high globally and in the 53 countries of the WHO European Region. Violence against children involves at least one of six main types of interpersonal violence that tend to occur at different stages in a child's development. These six types of violence include: child maltreatment, bullying, youth violence, intimate partner violence, sexual violence and emotional or psychological violence and witnessing violence.

Fatal violence against children thankfully remains rare, but still accounts for approximately 850 homicides each year in children under 15 years of age. The prevalence of non-fatal violence against children is much higher. In the WHO European Region, the prevalence ranges from 9.6% for sexual abuse, 22.9% for physical abuse to 29.1% for mental abuse, suggesting that tens of millions of children are abused before the age of 18 years.

Violence against children is one of the most serious forms of adverse childhood experiences (ACE)¹, though other adversity may also present itself.

The lack of safe and nurturing relationships in childhood are thought to adversely affect neurodevelopmental change, and in turn, the emotional, cognitive and behavioural development of a child. Adverse childhood experiences are linked both to a propensity for increased violence later in life and health harming behaviours, such as alcohol and drug misuse, physical inactivity, depression, or self-harm, leading to poor health outcomes, including those due to increased noncommunicable diseases (NCDs) and psychiatric disorders. The scale, risks, consequences, and evidence-base for preventive action and policy options are summarized in the *European report on preventing child maltreatment*. In view of concern about the scale and consequences of child maltreatment, all 53 Member States of the WHO Regional Committee for Europe gave their unanimous support to resolution RC64/R6 *Investing in children: the European child and adolescent health strategy 2015–2020 and the European child maltreatment prevention action plan 2015–2020*. This calls on leadership by the health sector in coordinating an intersectoral prevention response focusing on improved surveillance, developing a comprehensive national action plan for prevention, and more widespread implementation of prevention programmes. There is a requirement for Member States to report back on progress to the WHO Regional Committee for Europe in September 2018 and countries are preparing for this by taking part in a survey. Furthermore, each ministry of health of the 53 countries in Europe has appointed a focal point for violence prevention to facilitate the implementation of WHO-related policies, following their action plan. The United Nations Convention on the Rights of the Child requires all Member States to offer effective child protection, giving paramount importance to the rights and best interests of children under the age of 18 years. The United Nations Sustainable Development Goal target 16.2 calls for ending abuse, exploitation, trafficking and all forms of violence against and torture of children. In response, international agencies such as WHO and UNICEF and governments have come together to form the Global Partnership to End Violence Against Children. In addition, in 2016 the WHA adopted the *Global plan of action to strengthen the role of the health sector within a multisectoral response to address interpersonal violence, in particular against women and girls, and against children*. The Minsk Declaration on the life-course approach highlights the importance of investing in early childhood development and promoting safe, stable and nurturing relationships to prevent adverse childhood

¹ Adverse childhood experiences (ACE) may be one or more of emotional, physical and or sexual abuse, physical and or emotional neglect, substance misuse and or mental illness amongst family members, violent treatment of mother, separation or divorce of parents, imprisonment of family member

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

experiences and maximize developmental potential to ensure better health and social outcomes as adults. As part of its commitment to achieving the Sustainable Development Goals, WHO has prioritized stopping violence against children in its thirteenth programme of work 2019-2023, with the target of a reducing by 20% the number of children who have experienced violence in the past 12 months.

There is a large evidence base that prevention of violence against children is more cost-effective than dealing with its serious and far-reaching health and social consequences in adults. This evidence has been captured in *Implementing child maltreatment prevention programmes: what the experts say* and *INSPIRE: Seven strategies to end violence against children* which has been produced by WHO and the Global Partnership to End Violence Against Children.

The Nordic and Baltic countries have a long history of collaboration and sharing of experience in a number of areas. Among these, violence prevention was the focus of three workshops in collaboration with WHO in 2009, 2017 and 2018 to stimulate the expansion of good practice, networking, and capacity building in the Nordic and Baltic region. Two were held in Riga and one in Vilnius with an attendance of about 100 stakeholders at each meeting. All Nordic and Baltic countries are committed to ending violence against children and have taken part in the 2017 survey of the *European status report on preventing violence against children* and the 2018 survey for the *Global status report to end violence against children*.

The Global Partnership to End Violence against Children has promoted the concept of pathfinding since its formation in 2016. The purpose is to promote leadership, raise awareness, and stimulate national standards to end violence against children. To date, five European countries (Sweden, Armenia, Georgia, Montenegro and Romania) have been designated as Pathfinding Countries, with the anticipation of enhanced national action and regional leadership and bilateral country engagement.

Purpose

The goal of the meeting is to build institutional capacity by promoting the exchange of expertise in promoting societal support to end violence against children through intersectoral action, and to further develop the foundations for shared experience and ongoing collaboration across the Region.

Objectives

In line with *WHO European strategy Health 2020* which highlights the importance of intersectoral work, the WHO Regional Office for Europe, and the Ministry of Social Affairs of Estonia hosted a two-day sub-regional workshop using international experts from different sectors to deliver state of the art lectures, small group discussions and case studies of best practice country implementation, “unpacking” the details of the INSPIRE technical package on evidence based and data driven interventions for the prevention and response to violence against children. Best practice from other European countries was highlighted, including Pathfinder countries. This workshop will engage a cross section of stakeholders for the prevention of VAC including parliamentarians, national technical focal persons and representatives from civil society organizations (CSO’s) from all Nordic Baltic countries as well as Armenia, Bulgaria, Georgia, Montenegro, Republic of Moldova, Romania and Ukraine.

The specific objectives of the workshop are to:

- a) Consider and identify the burden of violence against children, risk factors such as alcohol, poverty and social exclusion, and the benefits of investing in children and the life-course approach
- b) Receive the latest examples of good practice on the prevention of violence in childhood from across Europe, including Pathfinding countries, with a focus on the Nordic countries;

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

- c) Discuss intersectoral roles of the health, welfare, education and justice sectors under a whole of government approach to preventing and responding to violence against children and how this could apply to participating countries;
- d) explore how parliamentarians can lead national campaigns in setting standards to end violence against children and how practitioners can support them in standard setting and monitoring;
- e) exchange country experience on successful implementation of evidence based and data driven prevention programmes; and
- f) encourage the development of regional networks to strengthen the prevention of violence against children and expand the network of Pathfinder Countries.



Day 1

Opening session: Official Welcome and Introduction of Participants

The meeting was opened by Mr Christer Haglund, Director of the Nordic Council of Ministers' Office in Estonia who said that the Council is committed to make the Nordic region the best place in the world for children. The key objective of the Council is to integrate child rights and youth perspective in the Council's work and to raise the level of participation of children in line with the UN Convention of the Rights of the Child. Next, the participants were welcomed by Mr Jonathon Passmore, Programme Manager for Violence and Injury Prevention, WHO Regional Office for Europe followed by a round of introductions from the participants.



Regional Situation on Violence Against Children: Progress and Challenges towards achieving SDG targets: Mr Jonathon Passmore

The countries of the WHO European Region are at a critical tipping point in preventing and responding to violence against children. It is estimated that one billion children experience at least one form of violence globally each year and up to 55 million children experience some form

of violence in the Region in their childhood. The figures are an underestimation and many children are not receiving the care or treatment they need. There are more prevention and response tools that can be utilized to prevent violence. At the global arena, the Sustainable Development Goals (SDGs), for the first time, put violence prevention on the global development agenda. *INSPIRE: Seven Strategies to End Violence Against Children* provides countries with tools to achieve SDG targets on violence prevention. In addition, the Global Partnership to End Violence Against Children was established in 2016 as global network to make the world safer for children and free from violence.

The *Investing in children: the European child maltreatment prevention action plan 2015-2020* calls for the reduction of child maltreatment and homicide by 20% by 2020 through three key objectives: (i) making child violence more visible, (ii) supporting countries in developing national action plans, and (iii) implementing country-specific actions to prevent violence. The mid-term report *European status report on preventing child maltreatment* indicated good progress towards achieving the objectives. Development of national policy for the prevention of child maltreatment has increased across the Region, with three quarters of countries reporting an action plan, however one in four plans have not been informed by robust national data. Surveillance of child maltreatment remains inadequate in many countries, with information systems in low- and middle-income countries most in need of strengthening. Legislation to prevent maltreatment is widespread, but better enforcement is required. The implementation of child maltreatment prevention programmes, including home-visiting, parenting education, school and hospital-based initiatives, has accelerated, but evaluation of their impact is needed.

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Progress in preventing violence against children in Estonia: the role of political leadership and intersectoral collaboration: Ms Hanna Vseviov, Head of Ministry of Social Affairs, Estonia

In Estonia, family policy has always been at the top of the political agenda. The focus has been more on universal family policy measures such as parental leaves however there is not much focus on the prevention of violence against children. Engaging the decision-makers including the politicians can make all the difference in raising the profile of violence against children. It is important to provide the tools and knowledge of what works to empower the politicians to act. The materials developed by WHO have been useful in helping Estonia to raise the issues at national level. The Estonian experience of engaging the politicians involve three key areas:

1. **Using single cases to achieve structural changes.** Single cases offer opportunities to bring about change. When the media covers the case, there is a societal demand for reform and the politicians are often more interested in responding. Ministries should have a good procedure for analysing these cases to understand and expose systemic flaws and errors in the system.
2. **Running pilot projects.** It is difficult to get funding for new projects, but pilots can be funded by structural funds or special grants. Those funds can be utilized to initiate pilot projects, and then later scale up. The Incredible Years scheme and the Barnabus programme both started as pilots and were then scaled up. Additionally, a good communication plan makes it easier for the ministry to ask the government and parliament for extra funding for these programmes, especially if there are evaluation studies showing their cost effectiveness.
3. **Long-term comprehensive strategy.** Politicians tend to come and go, but a long-term strategy with clear aims and evidence-based information makes it easier for new minister to pick up and build on the plan. It is a win-win situation to enable continuity and sustainability.

Overview of INSPIRE: Seven Strategies for Ending Violence Against Children: Alex Butchart, WHO Coordinator Violence Prevention

The INSPIRE package is a programme developed by 10 different agencies committed to ending violence against children. It was developed and launched in 2016 and covers all types of violence. The package consists of three documents: the technical package; implementation handbook; and a monitoring and evaluation framework. INSPIRE is an acronym for seven evidence-based strategies with the greatest potential to prevent violence against children:

- **Implementation and enforcement of Laws**
- **Norms and values**
- **Safe environments**
- **Parent and caregiver support**
- **Income and economic strengthening**
- **Response and support services**
- **Education and life skills**

The *Global status report on ending violence against children* explores the progress that countries have made in implementing the SDG targets on ending violence against children through the lens of the seven INSPIRE evidence-based strategies. The specific aims of the report are to document if governments have in place national plans of action, policies and laws that are consistent with those identified by INSPIRE as being effective, as well as whether there are established quantified baseline and target values against which to monitor progress. The Report will be launched in May 2020. In the European Region, 45 out of

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

53 countries participated in the global assessment. Preliminary findings indicated that the Region is doing well in comparison to the other WHO regions, however there are differences across the Region.

Cassia Carvalho from Global Partnership to End Violence Against Children

The Global Partnership to End Violence Against Children works with partners across the sectors and supports collaborative action from governments, United Nations (UN) agencies, civil society and the secretariat in order to accelerate actions to achieve SDG 16.2 to end violence against children. The Partnership has three objectives to achieve the vision to 2030 and to build political will: 1) grow demand for change; 2) mobilize new resources; 3) equip practitioners.

There is now a total of 26 pathfinder countries. The criteria to become a pathfinder country entails making a formal public commitment and subsequently requesting to become a pathfinder within the global partnership. There are six steps of country-level engagement:

The four steps of readiness:

- 1) political will (which also includes appointing a focal point within government),
- 2) utilising a multisectoral platform for implementation,
- 3) providing proper data collection on violence against children,
- 4) developing a national action plan.

Two steps of engagement:

- 5.) the implementation of a national action plan and
- 6.) monitoring and evaluation.

Panel 1: The roles of parliamentarians in the implementation of INSPIRE – lessons from Pathfinder Countries on setting standards and changing norms

Dinesh Sethi: Violence against children is one of the greatest public health challenges with lifelong consequences across the life-course. The consequences are not only early deaths, but also cost to the society. Studies suggest that the costs are around 3% of Gross Domestic Product. The implementation of INSPIRE requires the engagement of high-level political leadership to: enact laws; change national conventions and norms; approach sectors systematically to endorse policy change and allocation resources to implement evidence informed programmes. Parliamentarians have a critical role to play because they are part of the legislative, national, budgetary and supervisory bodies that protect the rights of children.

Hon. Suad Numanovic – Standing Committee on Health, Labour and Social Welfare, Montenegro

Montenegro has a legal framework, which includes laws on domestic violence, protection of family, child welfare, anti-discrimination, criminal code, law of juveniles and health care law. Developing cross-sectoral cooperation is a priority and should include the following: healthcare, social and child protection, police, internal affairs, justice, finances, NGOs, education, human and minority rights, other relevant sectors and the media sector. A strategy plan for 2017-2021 incorporates multisectoral approach for the prevention of violence in all children in Montenegro. The goal is to protect children, provide care, and to mitigate adverse health impacts.

In 2017, Montenegro became a Pathfinder country. Many initiatives and campaigns were developed to promote the prevention of violence against children. This extended to the work within parliamentary committees; the committee of human rights and freedom, the committee of health labour and social

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

labour, the committee of education, science culture and sports, and the committee of gender equality are among some of the parliamentary groups that have worked towards the prevention of violence against children.

Hon. Signe Riisalo – Social Affairs Committee of the Parliament, Estonia

In Estonia the work on children is intersectoral and parliament has a legislative and budgetary role that is responsible for meeting the needs of children. Next to its legislative role, the Social Affairs Parliamentary Committee runs different hearings of government members on certain areas including hearings on vulnerable groups such as disabled people. The media can also act as an eye-opener by raising the reality of violence and helping to facilitate change. It is important to follow the single case studies and analyse mistakes to understand what is wrong in the system. The role of government and ministries should be to follow up on single cases by acting on them.

Estonia has a very good Child Protection Act. However, law without enforcement is not effective. Currently, the Estonian parliament does not have a children's support group. Child protection is implemented at the level of municipalities, which are independent. Therefore government, ministries, service providers, municipalities and NGOs need to work together to achieve the desired results.

Hon. Florian-Dorel Bodog – The Senate's Public Health Commission, Romania

Violence against those who are unable to protect themselves is the most abhorrent form of violence. All forms of violence leave deep marks on the victims and the consequences will seep into society. In Romania, school bullying between children was recently acknowledged and the education sector has an important role in the elimination of violence.

The Parliament of Romania has taken important legislative steps to combat violence against women and children. However, it is self-evident that more work is needed to enforce the legal frameworks. It is also important to empower the vulnerable to speak up, and to focus on education and prevention. In 2004, Romania became the 14th country to ban corporal punishment by adopting a law on promoting and protecting children's rights. In addition, Romania has signed the Istanbul Convention put forward by the Council of Europe to provide a strong framework for preventing violence against women and children.



Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Hon. Lusine Badalyan - Standing Committee on Health care and Social Affairs, Armenia

In Armenia, parliamentarians are responsible for creating a culture of violence prevention with the aim to allowing children to reach their full potential. This involves the judiciary, police, NGOs, and representatives of civil society organizations as well as other ministries serving on the Committee, such as Labour, Social Affairs, Education, and Science). To achieve this aim, a lot of work is needed, including the development of strategies and evidence-based national guidelines, strengthening data surveillance and training frontline health care providers to identify children who are suffering from violence. Armenia has not yet ratified the Istanbul Convention.

In 2017, Armenia joined the Global Partnership to End Violence Against Children and became a Pathfinder country in 2018. The legislation has been in line with the UN Convention on the Rights of the Child. A multisectoral approach is needed to ensure appropriate implementation of the legislation. A national action plan to end violence against children was developed and adopted in 2019, and this was also incorporated into the human rights legislation for 2020-2022.

Hon. Elena Bacalu, Committee for Social Protection, Healthcare and Family, Republic of Moldova

In the Republic of Moldova, one of the roles of parliamentarians is to develop legislation to prevent violence against children. The committee for social protection, healthcare and family supports children at risk and children separated from their parents by identifying, assessing and assisting them. At a national level, some legislation has been passed on the suppression of domestic violence, a national action plan on combating violence against children, and a national plan for human rights 2018-2022. Some of the key achievements of the Committee include: territorial structures in response to domestic violence, intervention measures of specialists (medical facilities, justice, police, social workers and other experts), investment in data collection and the development of analytical and comprehensive reporting.

The Committee holds regional forums and public hearings every year to study interpersonal violence. The committee also organised parliamentary hearings for the 16 days of activism on violence against women. One of the recommendations from these hearings was the ratification of the Istanbul Convention. A draft law is being adapted in the Republic of Moldova.

Panel discussion

After each panellist presented their national parliamentary roles, a general discussion followed which focused on the role of the media in raising and educating public on violence prevention. The media also play a role in influencing public opinion, especially when it comes to the ratification of the Istanbul Convention. For countries that have adopted and ratified the Convention, parliamentarians are responsible to ensure that national laws are aligned with the Convention. Finally, panellists discussed the importance of international cooperation to form alliances to share best practice. WHO can provide support to assist regional and sub-regional collaboration.

Welcome Remarks by the Estonian Minister of Social Affairs H.E. Tanel Kilk

Ending violence against children is a priority issue for the Government of Estonia. In 2018, there were 900 cases of child maltreatment. In addition, about 200 people had taken their own lives due to the hardships of violence in schools or homes. Violence against children should never be tolerated and government has a responsibility to protect children from violence. Due to its complexity, a whole-of-government approach with strong collaboration between private and public sectors is needed. The collaboration between WHO and NORDEN is greatly appreciated.

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Panel 2: Strengthening intersectoral collaboration for the prevention of violence against children – reflections from Pathfinder countries

Introduction to the Violence Prevention Multisectoral Collaboration Multiplier: Cassia Carvalho, Global Partnership to End Violence Against Children

To assist intersectoral collaboration, a two-phased multiplier tool for collaboration was developed. Phase 1 focuses on information gathering and sharing between sectors and relevant stakeholders. Phase 2 focuses on the Collaborator Multiplier Analysis which enables the development of joint strategies for sectors to collaborate. The tool helps all sectors to understand their roles, identify gaps and opportunities for collaboration and resource sharing. An example of intersectoral collaboration is the Cardiff Model – which involves locating hotspots through combined analysis of hospital data and police reports to devise specific community interventions.

Reflections from a Pathfinder country on intersectoral collaboration

Svetlana Stojanovic – Ministry of Health, Montenegro: Montenegro has great experience with multisectoral collaboration on national and international level, with UNICEF and WHO. There is an established multisectoral commission to monitor implementation of the strategy for prevention violence against children, which is in line with the European Action Plan for Violence and Injury Prevention and the INSPIRE work package. The chair for the commission rotate each year among the sectors. In addition, strategies are in place for different sector to work together. Protocols on the treatment, prevention a protection against specific type pf the violence, operational multidisciplinary teams, expert teams, case conferences, bilateral coordinations, national SOS lines, are measures of the developed national mechanism for protection against domestic violence and violence against children.

Karin Blomgren – National Board of Health and Welfare, Sweden: reflections, good practices and challenges related to prevention, early intervention and relevant services in Sweden: Sweden has a long tradition of preventing violence against children and ensuring that all children have rights. The ban on corporal punishment was introduced in 1979 and represented a crucial step in Swedish history. However, it was not a one-step reform. There have been information campaigns to promote violence prevention in the upbringing of children and to avoid a criminal response to child behaviour. Nowadays, the broad majority of Swedish parents believe that it is wrong to beat children.

Progress can also be seen in the legislation to investigate murder, homicide and attempted murder, in which severe cases of child abuse have also been included in this legislation since 2019. National Board of Health and Welfare has a duty to conduct these investigations and provides recommendations to the government on what needs to be improved at the national level. Sweden has over 290 municipalities making the coordination of national and subnational initiatives difficult. Due to the large socio-economic differences across the countries a pilot project has been introduced to focus on child health in socio-economic disadvantaged areas. The pilot project consists of six home visits by professionals from both health care and social services. The project will run until 2022.

Gayane Hovakimyan – Ministry of Justice, Armenia: Given the cost benefits of prevention over protection and the lack of measures in the justice sector, a council was established in 2015 to offer legal services and support victims of violence. Since the revolutionary period in Armenia, there is a strong interest in mitigating violence. Active political leadership has helped to bring the agenda forward on preventing violence against children. An action plan incorporating different sectors was developed within the umbrella of the human rights national action plan. To further this work, Armenia decided to join the network of the Global Partnership to End Violence Against Children to seek its international cooperation.

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Armenia has started the implementation of INSPIRE and has collaborated with local NGOs to raise awareness in local communities, cities and rural areas. Some of the challenges facing the implementation of INSPIRE are the lack of training and trauma-informed staff from different sectors such as psychologists, social workers, police and health care workers on violence prevention. There is also a lack of referral mechanisms and data surveillance to effectively respond to violence.

Meri Maghlapheridze – LEPL – State Fund for the Protection and Assistance of Statutory Victims of Human Trafficking, Georgia: The Government of Georgia is about to release an action plan by 1 March 2020. The national action plan will serve as a guide for violence prevention work, with strengthening institutional capacity as one of the key objectives. The main goals of the strategy are the implementation of INSPIRE focusing on prevention. Child consultations will be newly introduced under the strategy. Recently, Georgia has adopted the Children’s Rights Code and introduced a ban on corporal punishment.

Petru Sandu – National Institute of Public Health (NIPH), Romania: Romania became a Pathfinder country to build capacity and strengthen national policy on violence prevention. The National Strategy for the Protection of the Rights of the Child 2014-2020 was developed through multi-stakeholder consultations including civil society and NGOs. Several measures were taken by the education and health sectors, including:

1. creating a network of counsellors at university level who are responsible for addressing violence. There is currently a ratio of one counsellor to 800 students. There is a high need for counsellors in rural areas;
2. strengthening the social and child protection system as well as encouraging greater involvement of the police and the prosecutor;
3. establishing an intersectoral working group for education and health between 2015 and 2016 to develop a national strategy for parental education; and
4. implementing primary prevention programmes in school to promote healthy lifestyles.
5. The Romanian MoH and NIPH, within the National Health Strategy 2014-2020 and National Health Program V – Health Promotion and Evaluation, contribute to violence mitigation and control by collecting data regarding bullying prevalence in school aged children and offering social services for mother and children from vulnerable settings.

Panel discussion

The panellists discussed the benefit of becoming a Pathfinder country in which all shared the increased attention this has engendered, which has resulted in an increase in human resources, time and funds as well as intra-agency cooperation with preventing violence against children. Since becoming part of the Global Network to End Violence Against Children, countries have seen intensified collaboration across the public sector and an increasing recognition of the political importance in adopting legislation to protect children. In addition, the Pathfinder countries have highlighted the importance of conducting surveys to measure and monitor national situations on violence against children. Romania has launched an international initiative to make data compatible in partnership with UNICEF whereas Montenegro has included monitoring in their national strategy. It was mentioned that UNICEF and the Centers for Disease Control and Prevention have developed a comprehensive tool, known as the violence against children (VAC) survey to assess the prevalence of violence. The tool is underused in Europe and the Republic of Moldova is the only country in the Region to have utilized this survey.

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

DAY 2

Panel 3: Identification and prioritization of specific sectoral challenges to the safety and wellbeing of children

Prof Mark Bellis from Bangor University, Public Health Wales, WHO Focal Person for the United Kingdom

Why do we engage other sectors in protecting children from violence? There are moral, economic, and practical reasons but by working on preventing violence against children, sectors can deliver and achieve their own targets.

Retrospective studies on adverse childhood experiences (ACEs) among university students found that one in five people reported being the victim of child maltreatment with 16% experiencing physical abuse, 7% sexual abuse, and 17% emotional abuse. In addition, 25% of the students have had parents separated and 50% have experienced at least one ACE growing up. There is a relationship between child maltreatment, ACEs and the health system: if children experience abuse, they are five times as likely to be in poor health, five times as likely to become drug and alcohol users, four to five times as likely to be depressed, and seven times as likely to be absent from school. The more ACEs a child experiences, the higher the likelihood of poor health and school absence. Educational success is more related to ACEs than poverty. It is important to train professional at all levels - generalists as well as specialists - to respond to trauma and to detect potential cases of child maltreatment. Trauma-informed policing is an early intervention used by the police. Since the introduction of trauma-informed policing in Wales, where over 5 000 police have been trained, there is a reduction of complaints against police – due to a better relationship with the public.

Three different country examples of how to mainstream VAC

Ulla Korpilahti, Finland: Finnish Institute for Health and Welfare (THL) is coordinating in collaboration with Ministry of Social Affairs and Health (MSAH) the national level expert work which includes prevention of unintentional injuries, suicides and violence among children and youth. The aim is to prevent and reduce injuries and violence against children through multisectoral cooperation and emphasize the content of The UN Convention on the Rights of the Child. MSAH in collaboration of four other ministries and other expert agencies like THL, National Police Board of Finland, Finnish National Agency for Education and Ombudsman for Children as well as several NGO organizations has published in November 2019 Non-Violent Childhoods - the National Action Plan for Preventing Violence against Children 2020-2025. It includes targets and 93 national level actions for prevention of emotional, physical and sexual violence and harm minimization for victims targeting 0-17 years old. An evaluation of the implementation of the actions will be undertaken in 2022. Some of the key points from the content of Non-Violent Childhoods Action Plan:

1. Reaching out children who are in a vulnerable position (children who are disabled, from ethnic and language minorities or children in substitute care, as well as sexual and gender minorities);
2. Training of specialists to identify and response to suspected cases of violence; and
3. Awareness raising among children to recognize violence and where they can go for help.

Freja Ulvestad Kärki – Directorate of Health, Norway: Norway follows the WHO “ecological” model to tackle violence prevention in which interpersonal violence is viewed as the outcome of a complex interaction among many factors at the individual, relationship, community, and societal levels. Each level

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

requires different interventions and information exchange both at the horizontal and vertical level. Research on the prevalence of violence against children and youth is conducted across five regional research centres. Data are used to respond to the consequences of violence and to develop prevention programmes. The 2017 national action plan has 88 measures across different sectors targeting the municipal level to address violence against children. As of 1 January 2020, there has been a legal framework in place to ensure that a clinical psychologist is present in every municipality to address violence prevention.

Jana Feldmane – Ministry of Health, Latvia: In Latvia, there is no common strategy to tackle violence against children. Instead, there is a seven-year development plan which includes children's rights and preventing violence against children as well as promoting children's mental health. Currently, the prevention of violence against children is mentioned in several policy documents.

In Latvia, the responsibilities for children's rights are fragmented among different sectors and municipalities. Therefore, collaboration among different sectors is very important when it comes to tackling violence against children. There are regulations, agreed by cabinet ministers, on inter-ministerial coordination and institutional cooperation to protect children's rights. These regulations specify that each local municipality must have an inter-institutional group of specialists from different sectors (health, police, education, social sectors) to ensure that children's rights are protected.

One of the challenges for Latvia is the coordination between health care practitioners and social workers. To address this, seminars were organised in the biggest regions of Latvia by bringing professionals together to improve personal collaboration and connection between the two groups. The Ministry of Health created a common information exchange platform (e-health system) between institutions. In addition, the Ministry of Health has implemented guidelines and held training seminars to help health professionals to identify violence and how to respond to suspected cases of violence.

Unpacking INSPIRE Lessons learned: implementation and enforcement of laws and norms and values

Anna Henry, Director of the Global Initiative to end all Corporal Punishment of Children

The Global Initiative to End all Corporal Punishment works with a global network of nearly 2 000 national agencies on law reform to develop guidance to challenge the legality of corporal punishment. Law reforms play an important role in changing attitudes and contribute to shaping the norms and values of society. Corporal punishment is highly prevalent especially among children under four years old, and it is one of the most "socially accepted" forms of violence amongst children. It is often a precursor of child homicide cases. Evidence shows that children exposed to violence can continue the cycle of violence. Hence having a law to ban corporal punishment sends a message that no forms of violence are acceptable.

In drafting law reforms to prohibit corporal punishment, the law must be expressed in clear, uncompromising language and it should aim to prohibit all corporal punishment and all settings (home, school, day care, alternative care settings, and penal institutions). The law needs to also reflect the language in article 37 and general comment no. 8 of the Convention on the Rights of the Child. In general, the adoption of a piece of legislation needs to bring about a change in norms, and subsequently a change in behaviour. Sustained interventions, clear communication and readily accessible services for parents in the community without stigma are needed in order to change norms and behaviours. Parents need to be provided with sufficient support and they need to be informed about the alternatives to corporal punishment.

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Country deliberations on best practices and lessons learned from implementing INSPIRE: the implementation and enforcement of laws and norms and values

Montenegro has an evidence-based strategy for the prevention of violence against children as well as another strategy for exercising the rights of the child, which is closely connected with the recommendations from the Convention on the Rights of the Child. Montenegro is looking into establishing a “child house- Barnahus” to provide protection and psychosocial support to victims and their families. In Montenegro, a national multisectoral and multidisciplinary team is currently responsible for the protection of the rights of the child. The team is composed of 9 ministers, with either the deputy minister taking the lead, or another ministry. The ministries rotate between themselves to assume responsibility for the strategy about child protection. It is highlighted as example of good practice that ensures ownership of all on the Strategy and full participation, culture of responsibility.

Estonia has one strategy, the Strategy of families and children, that specifically addresses violence against children as well as a comprehensive intersectoral policy which engages all ministries: social affairs, education, justice, and health. Estonia is also looking into pilot projects using the “Barnahus model” to provide services for children up to age two. Estonia is drafting a new child well-being strategy with long-term goals towards 2030 and beyond.

Unpacking INSPIRE: lessons Learned from strategies, safe environments and parenting and caregiver support

Introduction to the Cardiff model on violence prevention- Jonathon Sheppard from Cardiff University, Violence Research Group

Through studies, it was discovered that the police are unaware of much of the violence which results in emergency hospital treatment. Information from emergency department data has been found to be more comprehensive than police records. Data from both police and the emergency department can be used to prevent violence by identifying violence hotspots. This discovery has led to the development of the Cardiff model. There are implications – violence can be measured more effectively with emergency department data, which it can in turn be used to prevent violence. The Cardiff model was used to identify hotspots in the United States and the United Kingdom and many other countries. Results revealed interventions to interrupt drug markets and gang violence.

The Cardiff model is based on:

- Continuous anonymised data collection by a receptionist at the emergency department to identify the precise violence location, time and weapon;
- Anonymized data shared and combined with police data;
- Analysis of combined data to identify hotspots; and
- Multiagency meeting with the Violence Prevention Board to translate data into practical prevention interventions.

The need for intersectoral collaboration is important. The Cardiff Violence Prevention Board includes representatives of the police commissioner, city government, nurse manager, public health specialist, chief analyst, police patrol, street pastor, licensing officer, police manager, group chair, and bar manager. Many evaluation studies on the Cardiff model have been conducted with cost-benefit analysis showing that for every £1 invested, there is a return of £152. To ensure the effect implementation of Cardiff model, good senior leadership is essential and that partnerships are important to collect and to act upon data.

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

There was a question regarding mandatory reporting by emergency departments to the authorities, however there is no legislation preventing anonymity because hospitals need to be a haven for victims without fear of prosecution. The success of the Cardiff model depends on data sharing between hospital and the police.

Caroline White, Head of CAPS Early Intervention, Central Manchester University Hospitals NHS Foundation Trust

The Children and Parenting Service (CAPS) is a combined organization of seven partners which helps 1000 families per year in Manchester through successful implementation of parenting and caregiver programmes. Why is parenting a key part of the strategy of INSPIRE? A child with a behaviour problem is likely to face challenges in adulthood such as long-term unemployment and difficulties with relationships. There is also a good financial argument to foster better child-parent relationships. Good and responsive caregiving by parents enables proper stimulation and growth of the brain mass, reduces aggression and allows better self-regulation, as well as better school performance for children. NICE (National Institute of Health & Care Excellence) devised guidelines for the most effective intervention for parenting programmes, which are:

- Group based interventions
- Programmes based on social learning theory
- Relationship-enhancing strategies
- Minimum 8-12 sessions
- Manualized programmes
- Consideration of parents' individual goals

For the implementation to be successful there needs to be skills-based training, practice-based coaching and implementation of fidelity measures as well as regular evaluation of the practitioner and the programme. Successful implementation of parenting programmes can be summarized into eight steps:

1. Step 1: ensuring adequate resources (budget and equipment)
2. Step 2: high quality training (accredited quality training, carefully selected staff, time - the length of training is crucial, it takes approximately 2-3 years rather than a 3-day training course)
3. Step 3: high quality supervision –accredited supervisors and trainers. Again, the length of training is crucial. The supervisor needs to be someone accredited by the programme.
4. Step 4: develop peer support
5. Step 5: programme fidelity
6. Step 6: leader accreditation
7. Step 7: agency infrastructure (external supervision)
8. Step 8: evaluation (weekly evaluation by parents, the data is important for outcome reports).

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Country deliberations on best practices and lessons learned from implementing INSPIRE strategies: safe environments and parenting



Finland: Both the Ministry of Health and Ministry of Justice have action plans for the identification of hotspots. Guidelines on regional and local safety planning are available from the Ministry of Interior, and action plans focusing on safety in workplaces (Ministry of Employment) as well as in school and early children education (Ministry of Education) have been developed. There are also guidelines for the 300 municipalities on safety planning in Finland.

Estonia: The Incredible Years and other parenting programmes have been implemented in Estonia for parents and caregivers. Incredible years is offered at no cost across the country where a third of the participants have been referred by social services and the rest participated voluntarily. Evaluation studies have been conducted on the benefit of the parenting programme. Estonia is implementing a national wide system on prenatal and postnatal programmes for families and their babies.

Romania: The government established a methodology for those who work with children to identify and record all cases of violence against children. To do so, a multisectoral approach was used to coordinate data collection between police, hospitals and emergency departments. The data was then shared with social workers. While the Cardiff model is not implemented in Romania, the national strategy identifies the Ministry of Internal Affairs to collect data in order to identify hotspots around schools and to interrupt violence. Legislation on anti-bullying in school has been adopted and is one of the priorities for violence prevention.

Republic of Moldova: The hotspots are a priority for the Ministry of Interior Affairs, which collects data, but unfortunately information is not shared across sectors. Communication and coordination between different levels in government is lacking. To date, there is no national strategy to create safer environments. At a national level, schools are perceived to be a safer place because there are many guidelines on how to protect children there.

Bulgaria: The Ministry of Interior takes care of hotspots where data is collected but not shared across sectors. Information exchange only takes place at individual cases currently, there is no mechanism for such an exchange at the national level. Communication at horizontal levels across government and between multidisciplinary teams is difficult to organize. There is no national strategy on safe environments, however guidelines exist in schools at the municipal level.

Panel 4: Making an investment case to scale up national programmes

Mark Bellis Public Health Wales, WHO Focal Person for the UK

Child maltreatment and ACEs have life-long costs to society as well as to individuals, and they add up over the life course. The human capital model allows the calculation of the cost of child maltreatment and ACEs to society.

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

1. How many people have ACEs? At least 23% of individuals in North America and Europe have experienced at least one type of childhood adversity by the age of 15. And about 35% have experienced two or more ACEs.
2. What proportion of illnesses are associated with ACEs? There is an increased risk of ill health outcomes by ACE count – the risks are consistently higher as ACE counts increase. Similar increases are seen between continents.
3. Convert health into DALYs (disability adjusted life years): DALYs are available for almost every country on the world. We lost 5403 DALYs due to child maltreatment and ACEs.
4. Cost of ACEs: in Europe, treatment for child maltreatment costs at least \$581 billion per year and combined with North America, the cost is \$1.3 trillion as a result of child maltreatment. Multiple ACEs account for around $\frac{3}{4}$ of the costs. Those are the costs we are paying annually because we are not tackling child maltreatment and ACEs. Those costs can be prevented by implementing INSPIRE and other cost-effective models.

Bjorn Brunborg- Incredible Years, Norway

The success factors of implementing Incredible Years on the national level in Norway are:

- Success factor 1: Finding the proper evidence-based programme: in 1997, the government decided to invest in addressing the problem of how children with behavioural issues are handled by their parents. An expert committee researched the appropriate programmes and chose Incredible Years. Over the last 20 years, the programme has been adapted, revised, expanded and scaled up.
- Ungsinn is an evidence-based database with research question that can help municipality managers to find effective programmes for specific problems. It is a database which provides an evaluation of the effectiveness of programmes.
- Success factor 2: the purveyor - the importance of building a national structure and having a long-term implementation plan. Building an infrastructure of human resources (trainer, mentor, peer coach and group leader) helps with the implementation of the programme and is also cost-effective. The programme was financed by the Norwegian Directorate of Health, which provided a team of leaders to help with national implementation. For the organization it means free training, access to resources, supervision and consultation. Predictable financing is important and the ability it provides to plan for the purveyor and services. Municipalities don't need to be placed under additional pressure to implement it.
- Success factor 3: collaboration with the government: collaboration is crucial for financing implementation. Due to sufficient funding, Incredible Years has been implemented at national scale with free training, access to materials, counselling sessions, and supervision and this enabled equal access in all municipalities.
- Success factor 4: The network and support: The Incredible Years European Network includes over 20 countries that have implemented the programme. The annual mentor meetings of the network are very useful for support, to share lessons learnt, collaborate on research and to discuss implementation questions.

Some of the challenges in the implementation of Incredible Years have been identified:

- finding time and resources to deliver the programme with fidelity;
- how to make group leaders attend consultation/supervision to ensure consistency in the programme;
- changes in leadership and group leader turnover;
- translation of materials, which is expensive and time consuming;
- resistance to the programme from professionals who value their freedom; and

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

- finding predictable financing.

Ms Joanna Karu – Ministry of Social Affairs, Estonia

There are five important landmarks for Estonia on parenting programmes: (1) governmental approval for a national strategy focusing on positive parenting; (2) conducting a study on parenting knowledge and competencies which informed the action plan; (3) launch of the new child protection act and banning corporal punishment; (4) evidence-based study to evaluate the parenting programme for Incredible Years; and (5) receiving the Norwegian grants for the pilot parenting programme for at risk families.

In 2016 the cost-benefit study for the parenting programme found that for every 1 euro spent on the programme, there is an investment return of 14 euros. After the end of the Norwegian funds in 2018, the state budget funded the parenting programme. The programme is offered to 1 000 families per year, which is far from covering the entire target group. A strategy is in place to scale up the programme by encouraging local municipalities to adopt a 50-50% funding scheme, where half of the project costs are funded by the municipalities and the other half is funded by the state.

Igor Chisca - Ministry of Health, Labour and Social Protection, Republic of Moldova

In the Republic of Moldova, about 76% of children aged 2-14 are exposed to some forms of violence. This is likely to be an underestimate as certain forms of violence are not recognized as a problem and the fear of reporting cases is great. Law reforms took place in 2014 which aimed to regulate the rights of children and to protect children against violence. Since then, the Ministry of Health, Labour and Social Protection has worked on data collection involving other ministries: the Ministries of Interior and Education.

An inter-ministerial decree describes the duties and actions that needed to be taken in this field. This decree has a clause to notify violence against children to certain authorities. The Ministry developed methods for intervention on abuse, neglect, trafficking and exploitation, as well as providing training for specialists and the guardianship authorities. A helpline, the Phone of the Child, offers a free service where children can call for help and support.

The government is looking into setting up a national automated database on violence against children, improving the reporting mechanisms; and initiating the analysis of hotspot. The partnerships with civil society and donors are important for the Republic of Moldova. Currently there is a lack of personnel, which affects the country's response to violence and there is an insufficient training of experts such as psychologists to effectively respond to the needs of the children who are victims.

Nune Pashayan, Ministry of Health, Armenia

Steps have been taken place to establish a council of justice for children in order to advocate for and make the investment case on the prevention of violence against children. Further guidance is needed from WHO to provide an investment case for Armenia. There is a strong need for prevalence estimates to be conducted. These estimates are important for the public and government. There is also a strong need for multisectoral collaboration between police, healthcare, education and social affairs. Law reforms are being made to include violence prevention in the human rights legislation. Furthermore, violence against children is being included into the strategy on human rights as well as the child and adolescent strategy. Support from WHO is needed to implement activities to end violence against children.

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Unpacking INSPIRE: Lessons learned from implementing strategies: response and support services and education and life skills

Karen Hughes Public Health Wales, WHO Collaborating Centre on Investment for Health and Well-being

Schools are a critical setting for violence prevention as they provide opportunities to engage with children from early childhood through adolescence. Schooldays are an important stage in children's development, which may shape children's behaviours and challenge harmful social norms. The WHO School-based violence prevention handbook served as a guidance on how schools can become a safe and enabling environment. The following three evidence-based strategies can be incorporated into routine teaching activities:

1. concentrating on developing life skills
2. teaching children about safe behaviours, how to avoid situations and seek support
3. challenging harmful social and cultural norms.

These life skills can help children to manage their emotions, deal with conflict and communicate effectively as well as to deal with peer pressure. Schools play an important role in supporting children who are affected by violence and adverse childhood experiences. In terms of school performance, adverse childhood experiences can result in learning difficulties and aggression. A response to this is often punishment, which can cause more harm. In Wales, 75% of schools have received training to support children with adverse childhood experiences and evidence is emerging which reduces absenteeism and aggression, as well as improves social and academic competence.

Global WHO Guidelines for the health sector response to child maltreatment- Alex Butchart, WHO Coordinator Violence Prevention

Health professionals are among the least equipped to respond to children who may have been exposed to violence. There is a huge potential for health care workers to do something and to provide immediate psychosocial and medical support. The WHO Clinical Guidelines for the health sector response to child maltreatment provides guidelines on:

- how to interact with caregivers if abuse is suspected;
- addressing a child's support;
- what to do with psychosocial support;
- how to perform a medical history and conduct a physical examination;
- how to document the finding; and
- how to provide immediate medical and psychosocial support.

The guidelines provide evidence on what to do:

- evidence-based psychological interventions, such as cognitive behavioural therapy (CBT) and interpersonal psychotherapy (IPT), may be offered to children and adolescents who have been exposed to maltreatment and are experiencing emotional disorders, and behavioural disorders.
- CBT including with a trauma focus may be offered for children and adolescents who have been exposed to maltreatment and are diagnosed with PTSD
- caregiver interventions that promote nurturing caregiver-child relationships, including through improved communication skills and direct coaching of parents while they are interacting with their children, may be considered.

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

as well as what not to do:

- Psychological debriefing is not recommended to reduce the risk of post-traumatic stress, anxiety or depressive symptoms. Critical incidence debriefing can cause more harm than good.
- Pharmacological interventions should not be considered in children and adolescents exposed to child maltreatment with anxiety disorders, depressive episodes/disorders or behavioural disorders in non-specialist settings; and
- Mandatory reporting is not recommended. Research is needed on the effectiveness of mandatory reporting for children. So far, there is no quantitative evidence on its benefit.

A WHO training package for implementation of those recommendation is still being developed and will be available soon.

The bumpy road from a citizen initiative towards an actual policy: Triin Toomesaar, CEO; KiVa Estonia

The KiVa programme is an anti-bullying programme with a mission to make Estonian schools free of bullying by making it a political priority. Estonia has done very well in school achievement, but not in bullying. Every fifth child suffers from bullying, which affects their mental and physical health, education and their whole life. Using the whole-school-approach, KiVa has three core pillars: prevention, intervention and impact measurement.

Annual surveys and evaluation to assess the effectiveness of the programme show that the rate of bullying victims has decreased year after year: the rate of school bullying has decreased steadily from 21.5 % in 2013 to 14.1 % in 2019. Currently only 18% (90 schools in Estonia) are covered by the KiVa programmes. To achieve the goal of implementing KiVa into 90% of schools in Estonia, KiVa is reaching out to civil society, different ministries, and public institutions as well as local government for support.

Country deliberations on best practices and lessons learned on implementing INSPIRE strategies: response and support services and education and life skills

Romania: There are several initiatives on education for example, civic education related to violence as well as the introduction of the new anti-bullying law, which includes education for teachers on anti-bullying measures. The education programme is an adaptation of international programmes and in-house innovations. In addition, for life and social skills training, the national anti-drug agency initiated several national campaigns to raise awareness on intimate partner violence by informing young students on human rights as well as adolescent intimate partner-violence prevention. Romania signed Istanbul convention in 2016 and plans to open centres for victims of sexual assault.

Latvia: social rehabilitation services for victims and perpetrators have been established for both children and adults. In addition, a consultative unit was established three years ago to work on difficult cases of children with behavioural problems. This consultative team consists of a multi-disciplinary team of social workers, psychologists and others who do a holistic evaluation of the child's situation and provide recommendations for the family, the school and the municipality (social service). An annual evaluation and interviews with the families shows the effectiveness of the programme.

Lithuania: Lithuania has an action plan to prevent maltreatment and violence and it covers different aspects of violence. The implementation of this plan started in 2014 and some positive steps are already being implemented including: guidelines and training for professionals from different sectors to identify

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

violence against children; mandatory reporting of suspected cases of violence to police and child protection services. On education and life skills, the Education Act was changed in 2017 for every school to implement a prevention programme and to teach social and emotional skills to students. The curriculum is being reviewed to include an education programme on health, family development and gender norms, emotional, social and practical skills development,

Sweden: Sweden has introduced a four-year programme on trauma-based cognitive behavioural therapy call the Trauma on the Map programme This is a digital based programme on violence against children targeted to professionals to screen children suspected of abused. There are big regional differences within Sweden in the levels of knowledge on violence against children. Sexual education in Sweden has been changed to teach children about the “rights of their bodies”, to help to prevent violence.

What resources are needed for the implementation of INSPIRE? Political and practitioner partnerships

Prevention of violence against children: recent developments and challenges in Georgia: Meri Maghlapheridze, State Fund for the Protection and Assistance of (Statutory) Victims of Human Trafficking, Georgia

Georgia has adopted the Children’s Rights Code which will enters into force in the Summer of 2020. This is an important step forward and the challenge remains in its implementation. Georgia follows a multisectoral approach with the prime minister heading several working groups which involve all ministries. Georgia is trying to implement all seven strategies of INSPIRE. Parenting programmes and a safe environment are new for Georgia and a greater focus will be placed on those programmes. Over 15 agencies are trained in INSPIRE with over 100 participants in the process.

Challenges in Georgia are:

- A lack of human resources and expertise. There is a strong need to invest in human resources and expertise, workforce preparedness and training. There is a need to increase the number of social workers and psychologists to work on children’s rights; there are also needs to:
 - improve child protection referral procedures;
 - implement rehabilitation programmes;
 - implement risk prevention, screening and evaluation tools; and
 - implement reporting systems, case detection, monitoring, care and support. There is a strong need to acquire expertise and best practices from countries who already have mechanisms in place on reporting and data surveillance.

Alex Butchart, WHO Coordinator Violence Prevention

There are different categories of resources which are likely to be needed to implement INSPIRE.

1. **Programme development resources:** manuals, training materials and examples of effective programmes that can be adapted for country situations. INSPIRE materials and resources are available at low or no cost. For example, the INSPIRE handbook has two exercises for each INSPIRE strategy, and it includes a focus exercise which is intended to find the type of resources available in the country and to identify existing initiatives that can be implemented. It also includes an implementation worksheet to identify risk factors;
2. **Professional resources:** public health experts and evidence-based interventionists on a variety of topics from crime and justice, academia, and education;
3. **Political resources:** leaders who can advocate at local and national level; and

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

4. **Coordination and leadership resources:** a strong coordinating entity is needed to avoid a diffusion of responsibility and to make sure that all partners work together towards the common goal.

Freja Ulvestad Kärki - Directorate of Health, Norway:

Norway has extensive experience on intersectoral work to tackle violence against children. There are some rules to follow on working with other sectors and to attract attention from other sectors:

1. When you try to engage and attract experts from another sector, it is essential to highlight the benefits for the Ministry in question to engage in the collaboration;
2. Changing minds doesn't cost anything. The power of persuasion! If you are good at persuading, the power of negotiating is crucial; and
3. Use the media and local politicians who can advocate and draw attention to the cause on the local level.

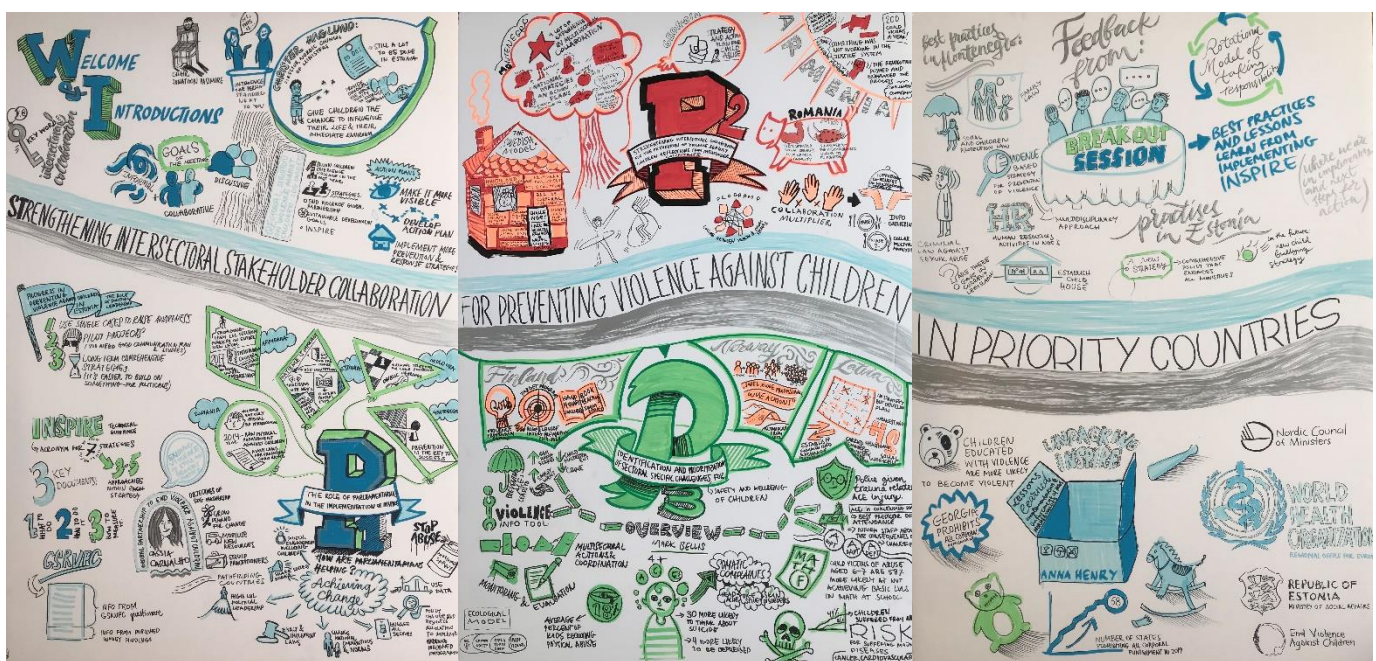
Closing remarks and the way forward

Closing remarks on behalf of Estonia: Ms Joanna Karu, Ministry of Social Affairs, Estonia

The workshop concluded with remarks from Ms Joanna Karu, Ministry of Social Affairs, Estonia who spoke on three values that would guide future progress in ending violence against children:

1. Humanism – we are here because everybody wants to make a change for the better and we want to help children and families.
2. Progress – we are here for a reason and we need to move forward.
3. Science – we must make our decision based on evidence and science.

Jonathon Passmore, WHO Regional Office for Europe, closed the workshop reminding participants that violence against children is an unfinished agenda with over 55 billion children still being affected by the problem. However, the future looks promising with more countries focusing on prevention.



ANNEX 1

Strengthening intersectoral stakeholder collaboration for the prevention of violence against children in priority countries

Tallinn, Estonia

14-15 January 2020

13 January 2020

Programme

DAY ONE: TUESDAY, 14 January 2020		
Day 1 Chair: Jonathon Passmore, WHO Regional Office for Europe		
08:15 - 09:00	Registration	
09:00 - 10:00	Official welcome and introduction of participants	Christer Haglund , Director, Nordic Council of Ministers' Office (Estonia)
10:00 - 10:15	Regional situation on violence against children: progress and challenges towards achieving SDG targets	Jonathon Passmore , WHO Regional Office for Europe <ul style="list-style-type: none"> • 10 mins presentation 5 mins questions
10:15 - 10:30	Progress in preventing violence against children in Estonia: the role of political leadership and intersectoral collaboration	Hanna Vseviiov , Ministry of Social Affairs, Estonia <ul style="list-style-type: none"> • 10 mins presentation 5 mins questions
10:30 - 10:40	Overview of INSPIRE: Seven Strategies for Ending Violence Against Children	Alex Butchart , WHO Coordinator Violence Prevention (WHO Headquarters) <ul style="list-style-type: none"> • 10 mins presentation
10:40 - 11:10	<i>Coffee break + briefing to the press</i>	

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

<p>11:10 - 11:20</p>	<p>Global Partnership to End Violence Against Children</p>	<p>Cassia Carvalho, Global Partnership to End Violence Against Children</p> <ul style="list-style-type: none"> • 10 mins presentation
<p>11:20 - 12:00</p>	<p>Panel 1: The roles of parliamentarians in the implementation of INSPIRE-lessons from Pathfinder Countries on setting standards and changing norms</p> <p>Moderator: Jonathon Passmore, WHO Regional Office for Europe</p>	<p>Dinesh Sethi, WHO consultant</p> <ul style="list-style-type: none"> • Introduction (10 mins) <p>Hon. Suad Numanović, Standing Committee on Health, Labour and Social Welfare, Montenegro</p> <p>Hon. Florian-Dorel Bodog, Senate Public Health Commission, Romania</p> <p>Hon. Lusine Badalyan, Standing committee on health care and social affairs, Armenia</p> <p>Hon. Signe Riisalo, Social Affairs Committee Parliament, Estonia</p> <p>Hon. Elena Bacalu, Committee for Social Protection, Healthcare and Family, Republic of Moldova</p> <ul style="list-style-type: none"> • 5 mins intervention • Panel discussion
<p>12:00 - 12:40</p>	<p>Panel 2: Strengthening intersectoral collaboration for the prevention of violence against children- reflections from Pathfinder countries</p> <p>Moderator: Jonathon Passmore, WHO Regional Office for Europe</p>	<p>Cassia Carvalho, Global Partnership to End Violence Against Children</p> <ul style="list-style-type: none"> • Introduction to the “Violence Prevention Multisectoral Collaboration Multiplier Tool” (10 mins) <p>Reflections from a Pathfinder country on intersectoral collaboration</p> <p>Discussants:</p> <p>TBC, (Sweden)</p> <p>Gayane Hovakimyan, Ministry of Justice, Armenia</p>

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

		<p>Svetlana Stojanovic, Ministry of Health, Montenegro</p> <p>TBC, (Georgia)</p> <p>Mirela Franciug, Ministry of Labour and Social, Romania</p>
12:40 - 13:30	Lunch break	
13:30 - 13:40	Welcome Remarks	H.E. Tanel Kiik , Minister of Social Affairs (Estonia)
13:40 - 14:35	<p>Panel 3: Identification and prioritization of sectoral specific challenges for safety and wellbeing of children</p> <p>Moderator: Jonathon Passmore, WHO Regional Office for Europe</p>	<p>Mark Bellis, Public Health Wales, WHO Focal Person for the United Kingdom</p> <ul style="list-style-type: none"> • Introduction (10 mins) <p>Discussants:</p> <p>Freja Ulvestad Kärki, Directorate of Health, Norway</p> <p>TBC, (Finland)</p> <p>Kristina Stepanova, Ministry of Social Security and Labour, Lithuania</p> <p>Jana Feldmane, Ministry of Health, Latvia</p>
14:35 - 15:00	<p>Unpacking INSPIRE: Lessons Learned:</p> <ol style="list-style-type: none"> 1. Implementation and enforcement of laws 2. Norms and values 	Anna Henry , Director, Global Initiative to End All Corporal Punishment of Children
15:00 – 15:20	Coffee break	
15:20 – 16:10	Break out session 1: Best practices and lessons learn from implementing INSPIRE	Country deliberations of Implementation and enforcement of laws and Norms and values
16:10 – 17:15	Plenary 1: feedback from breakout Session 1- where we are in implementing this INSPIRE strategy and next steps for	<ol style="list-style-type: none"> 1. Implementation and enforcement of laws <ol style="list-style-type: none"> a. Sweden b. Lithuania

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

	action (Each 7 minutes + 2 minutes questions)	<ul style="list-style-type: none"> c. Armenia <p>2. Norms and values</p> <ul style="list-style-type: none"> a. Iceland b. Denmark c. Norway
17:15 Close		

DAY TWO: WEDNESDAY, 15 JANUARY 2020		
Day 2 Chair: Yongjie Yon, WHO Regional Office for Europe		
09:00 – 09:10	Recap/debrief	Rapporteur (TBC)
09:10 - 09:40	Unpacking INSPIRE: Lessons Learned from strategies: <ul style="list-style-type: none"> 3. Safe environments 4. Parenting and caregiver support 	Jonathan Sheppard , Director, Violence Research Group, Cardiff University Caroline White , Head of CAPS Early Intervention, Central Manchester University Hospitals NHS Foundation Trust
09:40 - 10:40	Break out session 2: Best practices and lessons learn on implementing INSPIRE strategies	Country deliberations of Safe environments and Parenting
10:40 - 11:00	<i>Coffee break</i>	
11:00 - 12:15	Plenary 2: feedback from the breakout session 2- where we are in implementing this INSPIRE strategy and next steps for action (Each 5 minutes + 2 minutes questions)	<ul style="list-style-type: none"> 3. Safe environment <ul style="list-style-type: none"> a. Latvia b. Finland c. Romania

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

		<p>4. Parenting and caregiver support</p> <ol style="list-style-type: none"> a. Norway b. Estonia c. Lithuania d. Bulgaria
12:15 - 13:15	Lunch break	
13:15 - 13:45	<p>Panel 4: Making an investment case to scale up national programmes</p> <p>Moderated by Jonathon Passmore, WHO Regional Office for Europe</p>	<p>Mark Bellis, Public Health Wales, WHO Focal Person for the United Kingdom</p> <ul style="list-style-type: none"> • 10 mins presentation <p>Bjorn Brunborg, Incredible Years (Norway)</p> <ul style="list-style-type: none"> • 10 mins presentation <p>Discussants:</p> <p>TBC, (Armenia)</p> <p>Ms Joanna Karu, Ministry of Social Affairs, Estonia</p> <p>Igor Chisca, Ministry of Health, Labour and Social Protection, Republic of Moldova</p>
13:45 - 14:15	<p>Unpacking INSPIRE: Lessons learned from implementing strategies:</p> <ol style="list-style-type: none"> 5. Response and support services 6. Education and life skills 	<p>Alex Butchart, WHO Coordinator Violence Prevention (WHO Headquarters) on the Global Guidelines</p> <p>Karen Hughes, Public Health Wales, WHO Collaborating Centre on Investment for Health and Well-being</p> <p>Triin Toomesaar, CEO, KiVa (Estonia)</p>
14:15 – 15:15	<p>Break out session 3: Best practices and lessons learn on implementing INSPIRE strategies 5 and 6</p>	<p>Country deliberations of Response and support services and Education and life skills</p>

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

15:15 - 15:30	<i>Coffee break</i>	
15:30 - 16:15	<p>Plenary 3: feedback from breakout session 3- where we are in implementing this INSPIRE strategy and next steps for action (Each 5 minutes + 2 minutes questions)</p>	<ul style="list-style-type: none"> 5. Response and support services <ul style="list-style-type: none"> a. Montenegro b. Latvia c. Georgia d. Republic of Moldova 6. Education and life skills <ul style="list-style-type: none"> a. Finland b. Lithuania c. Romania
16:15 - 16:45	<p>Panel 5: What resources are needed for the implementation of INSPIRE? Political and practitioner partnerships</p> <p>Moderated by Jonathon Passmore, WHO Regional Office for Europe</p>	<p>Alex Butchart, WHO Coordinator Violence Prevention (WHO Headquarters)</p> <p>Dinesh Sethi, WHO consultant</p> <p>Brit Tammiste, Ministry of Justice, Estonia</p> <p>Meri Maghlapheridze, State Fund for the Protection and Assistance of (Statutory) Victims of Human Trafficking, Georgia</p> <p>Freja Ulvestad Kärki, Directorate of Health, Norway</p> <p>TBC, Sweden</p>
16:45 - 17:00	Closing remarks and Way Forward	<p>Ms Joanna Karu, Ministry of Social Affairs, Estonia</p>
17:00	CLOSE	

ANNEX 2

List of participants

Armenia

Lusine Badalyan
Member
Standing Committee on Health Care and Social Affairs
Parliament of Armenia
l_badalyan@yahoo.com
lusine.badalyan@parliament.am

Arpine Davoyan
Standing Committee on Health Care and Social Affairs
Member
Parliament of Armenia
arpine.davoyan@parliament.am

Karine Gabrielyan
Head
Division of Public Health
Ministry of Health
kgabrielyan@moh.am

Gayane Hovakimyan
Deputy Head
Center of Legal Education and Implementation of Rehabilitation
Programmes under the Ministry of Justice
gayane.havakimyan@justice.am

Anahit Kalantaryan
Head
Children's Department
Department on Family, Women and Child Protection
Ministry of Labour and Social Affairs
anahit.kalantaryan@mlsa.am

Nune Pashayan
Head
Department of Maternal and Child Health Protection
Ministry of Health
nunpashayan@gmail.com

Narek Zeynalyan
Chair
Standing Committee on Health Care and Social Affairs

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Parliament of Armenia
zeinalyan@gmail.com
narek.zeinalyan@parliament.am

Bulgaria

Sofia Kandilarova
Chief Expert
Child and Adolescent Health Department
Health Promotion and Disease Prevention
Directorate of the National Center for Public Health
sophia@ncpha.government.bg

Rumyana Dinolova
Chief Specialist
Department of Mental Health
National Center of Public Health and Analyses
rdinolova@abv.bg

Vaska Stancheva-Popkostadinova
Head
Department of Medical-Social Sciences
Faculty of Public Health, Health Care and Sports
South-West University "Neofit Rilski", Blagoevgrad
v_stancheva@abv.bg

Estonia

Kadri-Ann Lee
Adviser
Public Order and Criminal Policy Department
Ministry of the Interior
kadri-ann.lee@siseministeerium.ee

Maarja Kärson
Adviser
Department of Child Well-Being
Ministry of Social Affairs
maarja.karson@sm.ee

Joanna Karu
Adviser
Children's Welfare Department
Ministry of Social Affairs
joanna.karu@sm.ee

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Liina Kersna
Member
Social Affairs Committee
Parliament of Estonia
liina.kersna@riigikogu.ee

Tanel Kiik
Minister
Ministry of Social Affairs

Helmen Kütt
Deputy Chairman
Social Affairs Committee
Parliament of Estonia
helmen.kytt@riigikogu.ee

Eve Liblik
Head
Child Protection Department
Social Insurance Board
Eve.Liblik@sotsiaalkindlustusamet.ee

Tõnis Mölder
Chairman
Social Affairs Committee
Parliament of Estonia
tonis.molder@riigikogu.ee

Eve-Mai Rao
Senior Specialist
Family and Parenting Unit
Centre for Health and Welfare Promotion
National Institute of Health Development
eve-mai.rao@tai.ee

Signe Riisalo
Member
Social Affairs Committee
Parliament of Estonia
signe.riisalo@riigikogu.ee

Brit Tammiste
Adviser
Criminal Policy Department, Analysis Division
Ministry of Justice
Brit.Tammiste@just.ee

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Hanna Vseviiov
Head
Department of Children and Families
Ministry of Social Affairs
Hanna.vseviiov@sm.ee

Finland

Ulla Korpilahti
Development Manager
Finnish National Action Plan for Safety
Promotion among Children and Youth
Finnish Institute for Health and Welfare
ulla.korpilahti@thl.fi

Pirjo Lillsunde
Ministerial Adviser
Ministry of Social Affairs and Health
pirjo.lillsunde@stm.fi

Georgia

Irma Aladashvili
Head
Legal Provision
Public and Donor Relations
Department of the State Fund
ialadashvili@moh.gov.ge
aladashvili_irma@yahoo.com

Sophio Barbakadze
Senior Specialist
Social Protection Policy Division
Ministry of Internally Displaced Persons
From the Occupied Territories, Labour
Health and Social Affairs
sbarbakadze@moh.gov.ge

Tea Gvaramadze
Head
Social Protection Policy Division
Ministry of Internally Displaced Persons
From the Occupied Territories, Labour
Health and Social Affairs
tgvaramadze@moh.gov.ge

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Tamar Kepuladze
Head
Shelter and Crisis Center in Kutaisi
Department of the State Fund
tkepuladze@moh.gov.ge
tamuna.kepuladze@gmail.com

Meri Maghlapheridze
Director
LEPL-State Fund for the Protection and Assistance
of Statutory Victims of Human Trafficking
mmaghlapheridze@moh.gov.ge
meromag@gmail.com

Latvia

Viktorija Boļšakova
Senior Expert
Children and Family Policy Department
Ministry of Welfare
viktorija.bolsakova@lm.gov.lv

Dace Daugule
Lawyer
Civil Law Department
Ministry of Justice
dace.daugule@tm.gov.lv

Jana Feldmane
Head
Environmental Health Division
Ministry of Health
jana.feldmane@vm.gov.lv

Dzintars Mozgis
Deputy Director
Centre for Diseases Prevention and Control
Ministry of Health
dzintars.mozgis@spkc.gov.lv

Lauma Zariņa
Chief Specialist
Prevention Management Division
State Police

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

lauma.zarina@vp.gov.lv

Lithuania

Audronė Astrauskienė
Advisor
Health Promotion Division
Public Health Department
Ministry of Health
audrone.astrauskiene@sam.lt

Asta Dilytė
Senior specialist
Education Support Division
Department of General Education
Ministry of Education, Science and Sport
asta.dilyte@smm.lt

Robertas Povilaitis
Head
Child Line
robertas@vaikulinija.lt

Laura Purine
Senior Adviser
Family and Child Rights Protection Group
Ministry of Social Security and Labour
laura.purine@socmin.lt

Kristina Stepanova
Head
Family and Child Rights Protection Group
Ministry of Social Security and Labour
kristina.stepanova@socmin.lt

Montenegro

Svetlana Stojanović
Focal Point
Violence and Injury Prevention
Ministry of Health
svetlana.stojanovic@mzd.gov.me

Nervija Dedeic
Pediatrician
Primary Health Care Center Rozaje

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

medingsn@hotmail.com

Nikola Divanovic
Member
Committee for health, labor and social care
Parliament of Montenegro
dividenda77@gmail.com

Halil Dukovic
Chair
Committee for human rights and liberties
Parliament of Montenegro
halil.dukovic@skupstina.me

Milena Kruščić
[Interpreter](#)

Tamara Milić
Head
Department for Preschool Education and
Inclusive Education
Ministry of Education
tmilic@mps.gov.me

Suad Numanovic
Chair
Committee for health, labor and social care
Parliament of Montenegro
suadnumanovic@hotmail.com
suad.numanovic@skupstina.me

Svetlana Sovilj
Head
Directorate for Protection of
Children and youth
Ministry of Labor and Social Welfare
Directorate for Social Welfare and
Children's Protection
svetlana.sovilj@mrs.gov.me

Andja Stanisic
Advisor
Committee for health, labor and social care
Parliament of Montenegro
andja.stanisic@skupstina.me

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Snežana Vujović
Police Inspector
Head
Group for Finding and Suppression of
Juvenile Delinquency and
Domestic Violence
Ministry of the Interior
Police Administration
snezana.vujovic@mup.gov.me

Norway

Freja Ulvestad Kärki
Project Manager
Directorate of Health
Department of Mental Health and Substance Abuse
Freja.Ulvestad.Karki@helsedir.no

Republic of Moldova

Elena Bacalu
Chairwoman
Committee for Social Protection
Healthcare and Family
elenabacalu@yahoo.com

Igor Chisca
Main Consultant
Department of Policies for the Protection of
the Rights of Children and Families with Children
Ministry of Health Labour and Social Protection
igor.chisca@msmps.gov.md

Efrosinia Grețu
Member
[Committee for culture, education, research
youth, sport and mass-media
otr.leova.pdm@gmail.com](mailto:otr.leova.pdm@gmail.com)
efrosinia.gretu@parlament.md

Vladimir Odnostalco
Deputy Chairman
Committee for Social Protection
Healthcare and Family
vladimirodnostalko@gmail.com
vladimir.odnostalco@parlament.md

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Lilia Oleinic
Main consultant
Department of Hospital Healthcare Policies
Ministry of Health Labour and Social Protection
Republic of Moldova
lilia.oleinic@msmps.gov.md

Tatiana Zatic
Head
Primary Health, Emergency and
Community Health Care Policy Department
Ministry of Health Labour and Social Protection
tatiana.zatic@msmps.gov.md

Romania

Ioana Beldean-Galea
Senior psychologist
Cluj Regional Centre of Public Health
National Institute of Public Health
galeaioana@yahoo.com

Emanuel Gabriel Botnariu
Member
Committee for Public Health
Romanian Senate
botnariu_emanuelgabriel@yahoo.com

Renică Diaconescu
Senator
Vice-President
Senate Public Health Commission
Member
Subcommittee for Population and Development
Romanian Senate
renicadiaconescu@yahoo.com

Florian-Dorel Bodog
Senator
Secretary
Public Health Commission
Secretary
Senate Commission on Work
Family and Social Protection
President

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Subcommittee for Population and Development
Romanian Senate
fbodog@gmail.com

Mirela Franciug
Counselor
National Authority for the Rights of Persons
with Disabilities, Children and Adoptions
Ministry of Labor and Social Protection
mirela.franciug@anpdca.ro

Petru Sandu
Medical specialist
Cluj Regional Centre of Public Health
National Institute of Public Health
petru.sandu@insp.gov.ro

Petronela Stoian
Counselor
General Department of
Healthcare and Public Health
Ministry of Health
spetronela@ms.ro

Sweden

Karin Blomgren
Coordinator
Children and Youth Department
National Board of Health and Welfare
Karin.Blomgren@socialstyrelsen.se

Anna-ChuChu Schindele
Analyst
Unit for Sexual Health and HIV Prevention
Department of Communicable Disease
Control and Health Protection
Public Health Agency
anna-chuchu.schindele@folkhalsomyndigheten.se

Åsa Heimer
Programme Officer
Social Services Department
National Board of Health and Welfare
Asa.Heimer@socialstyrelsen.se

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Maria Schillaci
Program Director
Barnafrid
National Centre on Violence Against Children
Maria.schillaci@liv.se

Helena Stålhammar
Programme officer
social services Department
National Board of Health and Welfare
Helena.Stalhammar@socialstyrelsen.se

Ukraine

Olena Lebid
State Expert
Expert Group on Development of
Medical Service of the Directorate of
Medical Services
Olenalebid.moh@gmail.com

Marta Melnyk
Chief Specialist
Expert Group of the Development of
Public Health System of the Directorate of
Public Health
marta.melnyk.moz@gmail.com

REPRESENTATIVES OF OTHER ORGANIZATIONS

Mark Bellis
Public Health Wales
WHO Focal Person for the United Kingdom
m.a.bellis@ljmu.ac.uk
Mark.Bellis@wales.nhs.ukk

Bjorn Brunborg
Adviser
Incredible Years (Norway)
bjorn.brunborg@helse-bergen.no
bjbr@norcereasearch.no

Cassia Carvalho
Global Partnership to End Violence
Against Children

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

cassia.carvalho@end-violence.org

Christer Haglund

Director

Nordic Council of Ministers Estonia

Christer.Haglund@norden.ee

Anna Henry

Director

Global Initiative to End All Corporal
Punishment of Children

anna@endcorporalpunishment.org

Karen Hughes

Public Health Wales

WHO Collaborating Centre on Investment for Health and Well-being

Karen.Hughes98ab3@wales.nhs.uk

Jonathan Sheppard

Director

Violence Research Group

Cardiff University

ShepherdJP@cardiff.ac.uk

Triin Toomesaar

CEO

KiVa (Estonia)

triin.toomesaar@kiusamisvaba.ee

Caroline White

Head

CAPS Early Intervention

Central Manchester University

Hospitals NHS Foundation Trust

carolinewhite500@gmail.com

WORLD HEALTH ORGANIZATION

WHO Headquarters

Alexander Butchart

Coordinator

Prevention of Violence

butcharta@who.int

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

Regional Office for Europe

Bente Mikkelsen
Director
NCDs and Promoting Health through the Life-course
WHO Regional Office for Europe
mikkelsenb@who.int

Jonathon Passmore
Programme Manager
Violence and Injury Prevention
WHO Regional Office for Europe
passmorej@who.int

Yongjie Yon
Technical Officer
Violence and Injury Prevention
WHO Regional office for Europe
yony@who.int

Jesus Castro
Secretary
Violence and Injury Prevention
WHO Regional office for Europe
castroj@who.int

Dinesh Sethi
Consultant
Violence and Injury Prevention
WHO Regional office for Europe
dsethi1956@gmail.com

Gabriella Sutton
Intern
Violence and Injury Prevention
WHO Regional office for Europe
suttong@who.int

Julia Mutevelli
Intern
Violence and Injury Prevention
WHO Regional office for Europe
mutevellij@who.int

Strengthening stakeholder collaboration for the prevention of violence against children in priority countries

WHO Country Office Estonia

Gerli Sirk
Administrative Assistant
sirkg@who.int

OTHERS

Viv Taylor Gee
Journalist
viv@europe.com

Tatjana Suurkask
Interpreter
tsuurkask@gmail.com

Deniss Mironov
Interpreter
dragondenn@gmail.com

Dana Tilevaa
Graphic Rapporteur
Danaa.tilevaa@gmail.com
500markers@gmail.com

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
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

World Health Organization Regional Office for Europe

UN City, Marmorvej 51,
DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01
Email: eurocontact@who.int
Website: www.euro.who.int