



**The eighth network meeting of  
national technical focal points on  
violence and injury prevention**

**Chisinau, Republic of Moldova  
11-12 November 2015**

## Abstract

Fifty-nine participants, including experts and Ministry of Health technical focal points for violence and injury prevention from 31 countries, met in Chisinau on 11–12 November 2015 and discussed progress made in Europe in preventing violence and injury, achieving better road safety and reducing child maltreatment. The meeting was co-hosted by the Ministry of Health of the Republic of Moldova and was the eighth in a series of network meetings organized by the WHO Regional Office for Europe. The meeting commenced with an overview of the prevention of violence and injury in the Region, discussed within the policy frameworks of Health 2020 and the Sustainable Development Goals (SDGs). The results of the *European Facts and the Global status report on road safety 2015*, *European Facts and the Global status report on violence prevention 2014* and the *European Report on preventing child maltreatment 2013* were debated and country experience exchanged. There was a particular focus on implementing *Investing in children: the European child maltreatment prevention action plan 2015–2020*. Key action points from the meeting are: work on implementing the European child maltreatment prevention action plan; use the country profiles developed to advocate for and monitor action in road safety and violence prevention; create multisectoral collaborations; sustain efforts to improve injury surveillance; and work together to halve road crash deaths by 2020. WHO/Europe will make tools available to support national policies and actions to prevent child maltreatment. The meeting was rated highly and national focal points were glad to have exchanged experience and lessons.

## Key words

ACCIDENT AND INJURY PREVENTION

CHILD MALTREATMENT

CAPACITY BUILDING

INTERNATIONAL COOPERATION

PREVENTIVE MEASURES

SURVEILLANCE

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## Acknowledgements

The Eighth network meeting of national technical focal points on violence and injury prevention of the health ministries was organized by the WHO Regional Office for Europe and co-hosted by the Ministry of Health of the Republic of Moldova.

The report had been written by Dimitrinka Jordanova Peshevska, Josephine Jackisch and Dinesh Sethi, WHO Regional Office for Europe and reviewed by Rupert Kissler, EUROS SAFE as well as Aigul Kuttumuratova and Jo Jewell, WHO Regional Office for Europe.

## Opening

The Eighth network meeting of national technical focal points on violence and injury prevention of the health ministries was convened in Chisinau by the WHO Regional Office for Europe and co-hosted by the Ministry of Health of the Republic of Moldova. It was attended by 59 participants with focal persons from 28 countries, and staff from WHO Headquarters, the WHO Regional Office for Europe, and civil society.

The main aim of the meeting was to consider how to implement the *Investing in Children: the European Child Maltreatment Prevention Action Plan 2015–2020* and to review progress in implementing the WHO Regional Committee Resolution on the prevention of injuries (see Annex 1 and 2 for the Scope and purpose and Programme and Annex 3 for participants). The specific objectives of the meeting were to:

- discuss how best to implement the European Child Maltreatment Prevention Action Plan and to achieve the targets and indicators set out in the plan;
- debate results from the *European Facts and Global Status Reports on Violence Prevention 2014*
- receive results from the *European Facts and Global Status Report on Road Safety 2015*;
- review progress achieved in the implementation of the joint activities undertaken by the network as defined in the WHO Resolution RC55/R9 and Council Recommendation;
- deliberate on joint actions for the Decade of Road Safety 2011–2020 and to receive updates on the 2nd Ministerial Conference on Road Safety in 2015;
- seek opportunities for joint working in advocacy and maximize the exchange of country experiences by networking.

Participants were welcomed by Dr Gheorghe Turcanu, Deputy Minister of Health of the Republic of Moldova and Dr Larisa Boderscova, WHO Country Office, Republic of Moldova.

## Progress in the WHO European region

Dr Dinesh Sethi, WHO Regional Office for Europe, opened the meeting by thanking the government of the Republic of Moldova for their support and commitment to injury and violence prevention. He highlighted prevention of violence and injuries as a priority in the public health agenda in line with Health 2020: the European health policy for health and well-being, the Sustainable Development Goals, the Minsk Declaration for the Life-Course Approach, and Investing in children: the European Child Maltreatment Prevention Action Plan 2015–2020. Whereas good progress was being made with falling mortality rates, inequalities in child injuries between high-income and low- to middle-income countries had widened. Concerted efforts were needed to address this inequity and to implement the global and European policy agendas.

## **Future global directions on violence and injury prevention**

Dr David Meddings, World Health Organization, presented the forthcoming global focus in the areas of violence and unintentional injury. In the past years, the launch of *The Global Status Report on Violence Prevention, 2014*; the *WHO Global report on drowning, 2014* and the *Global Status Report on Road Safety, 2015* together with the *Bloomberg Initiative for Global Road Safety (BIGRS) 2015–2019* were some of the important global efforts in the prevention of unintentional injuries and violence. Resolution “*Strengthening the role of the health system in addressing violence, in particular against women and girls, and against children*”, adopted at the 67th WHA in May 2014, and the forthcoming Global Plan of Action emphasize the role of the health system in addressing interpersonal violence. Additional strategic attention has been put on capacity building and dissemination of evidence. There is also an initiative to support demonstration projects for child maltreatment prevention through Positive Parenting Programmes. In the future the Sustainable Development Goals that highlight broad risk factors and the specific targets can be used as a platform for joint preventive action.

Dr Dinesh Sethi presented the *European facts and Global Status Report on Violence Prevention (GSRVP) 2014*. He thanked focal points for their contribution to the country profiles. The GSRVP would be an important baseline for monitoring the forthcoming Global Action Plan. Findings from this report informed the following key directions for violence prevention in the Region:

- Data collection should be strengthened with population surveys to monitor the scale of the problem of non-fatal violence;
- Countries should take further steps towards closing gaps in law enforcement and improve quality of existing laws;
- Additional efforts are needed to ensure resources for violence prevention programmes and scale up activities to implement evidence-informed violence prevention programmes and evaluate them;
- Comprehensive and realistic national action plans need to be based on solid evidence to set quantified targets, and to monitor implementation;
- Upgrade the quality of services for victims and health systems capacity for violence prevention.

## **Mobilising societal response through injury surveillance**

Mr Jakob Linhave, Norwegian Directorate of Health, demonstrated through a case study how using data from different sources, such as national statistical offices, police, hospitals and road authorities were triangulated to improve the quality of data for injury surveillance. Reliable injury data were a key factor for mobilising societal response and important for national and local authorities to generate enthusiasm for local injury prevention projects and programmes. Multisectoral collaboration at national and local levels (transport, health, police, education, labour) and collaboration with NGO's, private sector, communities, and individuals are on the political agenda and are key to a whole of society response.

The parallel sessions discussed the theme of injury surveillance further. In the Region, data on deaths and hospitalization are most frequently gathered, while data on injuries treated in emergency department and primary care are less available. Untreated or unreported injuries are only detected in surveys. Different classification systems exist in the Region such as: ICD-10, OIICS, NOMESCO, ICECI, and the AIS for monitoring severe injuries. Multiple sources information from different sectors should be used.

Data on injury are used for: setting priorities, to develop safety action plans, to monitor prevention and safety promotion programmes and safety standards. For example in some countries surveillance was used to develop policy and legal frameworks on child injury prevention. Persisting challenges for injury surveillance were discussed, including capacity, political priority and ignorance about its use for prevention. Country case studies from Estonia, Denmark, Slovakia and Slovenia highlighted efforts to improve injury surveillance through:

- Hospital injury registration systems (e.g. available in Denmark since 1995 countrywide);
- Minimum data sets for injury registration from different levels of the health system, including data on the intent, setting, mechanism, activity while injured, plus other optional elements (e.g. EU Minimum Dataset, Norwegian Minimal Dataset);
- Establishment of trauma and injury registers;
- Combinations of routine data sources and ad hoc in-depth periodic surveys.

### ***European facts and Global Status Report on Road Safety 2015***

The *European facts and Global Status Report on Road Safety (GSRRS) 2015* showed wide disparities in the rates of road traffic deaths between countries in the Region and pointing to potential for improvement in national laws on risk factors and their enforcement. Both the Sustainable Development Goals and the European Union road safety policy framework 2011–2020 aim at reducing fatalities by 50% by 2020. In the Region, an 8% reduction had been achieved since 2010; whilst better than other global regions, at the present rate of decline, only a 30% reduction would be achieved by 2020. More systematic efforts in countries are needed to achieve the global target.

Key action points included:

- Many countries need to further strengthen their road safety legislation on key risk factors such as regulating speed appropriate to road type, drink–driving, use of seat belts, motorcycle helmets and child restraints and their enforcement in order to protect their populations, improve road user behaviour and reduce the number of crashes.
- The quality of data relating to people who are non-fatally injured and disabled in road crashes must be improved. Harmonizing definitions and linking multiple data sources will improve official data estimates.
- Much can be gained from improving the safety of vehicles, having better road infrastructure and promoting sustainable physically active forms of mobility as alternatives to car use.

Parallel sessions explored developments in national road safety policy and practice further. An Interministerial Council for Road Safety of Moldova was formed and developed a National Road Safety Strategy with a fatality target reduction of 50% (2011–2020). This will be achieved through promoting investments in public transport, walking or cycling, improving vehicle safety, having mandatory assessments for all new road construction projects, and regular inspection of existing road infrastructure. The government has strengthened legal frameworks on safer road users such as: speed limit law, drink–driving law, seat-belt law, child restraint regulations, and the law on prohibiting hand-held mobile phone while driving. A system for providing medical assistance to victims of road crashes through emergency access telephone lines is in place.

Country experiences from Austria, Hungary, Kazakhstan, Serbia, Tajikistan, Belarus, Kyrgyzstan, and Ukraine were also shared. A big challenge for countries in the East of the Region is the rapid increase in vehicles requiring better safety standards including for second hand cars. The development of intersectoral councils in these countries fostered collaboration in road safety. Discussions highlighted that:

- In some countries the multisectoral structures set up for data collection for the *Global Status Report on Road Safety 2015* stimulated debate on the efficacy of law enforcement and data collection in countries;
- The newly published reports including the data on legislation present an opportunity for countries to debate opportunities for strengthening legislation on the main risk factors;
- Intersectoral collaboration was needed at both national and municipal levels;
- The lack of unified databases and information exchange between sectors is a barrier for injury surveillance;
- Social marketing campaigns were more effective if combined with enforcement measures and if risky drivers were effectively reached;
- Effective enforcement need continued attention and focus;
- Decentralized trauma centres particularly in remote areas in some countries presented a challenge.

The Road Safety in 10 countries project 2010–2014 was implemented in the Russian Federation, as one of the 10 countries of highest numbers of death in road traffic, with financial support of Bloomberg Philanthropies. The implementation of the project was and led by an intersectoral collaboration between the regional administrations, Ministry of Internal Affairs, the Ministry of Health and international partners including WHO. Behaviour change was achieved in 2 pilot regions through social marketing campaigns combined with police enforcement and resulted in reduced speeding, and greater seat-belt and child restraint use. The lessons learnt and materials developed may prove useful and are available for other Russian speaking countries

## ***Life –course approach and preventing child maltreatment and other adverse childhood experiences***

Professor Mark Bellis presented results from studies on adverse childhood experiences (ACEs) resulting from child maltreatment and other household dysfunction (where there is parental violence, separation, mental illness, drug or alcohol misuse and or incarceration). ACEs result not only in immediate harm, but may result in health, emotional, learning and social problems throughout the life-course. This may involve the adoption of health harming behaviours such as substance and tobacco misuse, resulting in higher risks of non-communicable disease, disability, social problems, crime, low productivity and early death, low mental wellbeing and life satisfaction. The effects of ACEs seem cyclic, with those with higher exposure to ACEs having higher risks of exposing their own children to ACEs, which means that tackling ACEs could help in reducing inequalities in health and well-being via long-lasting inter-generational benefits.

### ***Way forward for the European child maltreatment action plan***

The *European Report on Child Maltreatment Prevention, 2013* has brought renewed attention to child maltreatment prevention as the prevalence of child maltreatment in Europe is unjustifiably high, ranging from 9.6% for sexual abuse, 22.9% for physical and 29.1% for mental abuse. The adoption of “Investing in children: the European child maltreatment prevention action plan” by 53 Member States provides an opportunity to tackle this public health and societal problem. The action plan 2015–2020 aims to reduce child maltreatment by 20%. Countries are urged to implement the following objectives of the Plan:

1. Make child maltreatment more visible by setting up information systems;
2. Promote governance and intersectoral action for preventing child maltreatment by developing national action plans; and
3. Reduce the risks for child maltreatment and consequences by strengthening health systems to implement prevention programmes.

Sustainable Development Goals (SDGs) with specific targets (targets 3.2, 3.5, 5.2, 5.3, 16.1, 16.2) that address risk factors and violence are aligned with the child maltreatment prevention agenda. Working together across sectors enabling safe physical and social environments, and changing risk behaviours will largely contribute to the well-being of children and adolescents. The three objectives of the action plan were discussed in more detail in parallel sessions.

#### **Objective 1: Child maltreatment surveillance**

National information systems are crucial to make child maltreatment more visible. Only 60% countries have conducted national surveys. In the absence of community surveys and lack of comparable routine information, very little is known about the true burden of violence against children in many countries.

The main areas for improvement of surveillance and information system are: 1) routine information system for data collection and analysis using minimum data sets from different agencies; and 2) surveys conducted periodically to measure the progress made in child maltreatment prevention.



There were challenges faced in data collection for routine information systems, with a reluctance to share data between different sectors and with differences in definitions and indicators used. This could be overcome by adopting successful data collection systems that already exist such as adopting a common minimum data set by all agencies. Good practice examples from countries and projects presented at the meeting could be adopted.

Country experiences were shared. Latvia proposed making greater use of information from trauma registers using information on intent, supplemented by information gained during mandatory assessments in children aged from 1 week to 5 years. Azerbaijan made good experience with the use of a multi-sectoral consensus panel. Lithuania proposed combining routine information from different sources such as child protection agency, medical, educational, police institutions and community surveys. Serbia reported on a new pilot project that registers a minimum data set in health centres and hospitals. This involved a protocol, training, and guidelines for health care workers. Turkey proposed the implementation of intermittent but regular school-based surveys and ACE studies. Croatia also made good experiences with surveys and the results of the BECAN study and Health behaviour in school aged children study could support policy making. National ethical approval would need to be sought, but the need to conduct surveys is supported by the UN Convention of the right of the child which urges that children's views should be sought.

There was a need to harmonize methodology, definitions and instruments used for community surveys. To help countries to improve survey data on child maltreatment, WHO Europe is currently developing a handbook, which presents an opportunity to address this issue.

## **Objective 2: Developing child maltreatment prevention action plans**

National child maltreatment prevention action plans are essential to ensuring that prevention is given adequate attention. They also support that the implementation of intersectoral programmes is coordinated. All countries have protection policies, fewer countries have policies focusing on prevention, however. Plans/policies could either be stand alone or incorporated into existing policies. Political commitment, advocacy, and a governmental coordinating structure to ensure multisectoral collaboration are crucial success factors for developing a national child maltreatment prevention action plan. Advocacy arguments for and linkages to optimal child development should be made. The importance of building alliances, windows of opportunity, entry points, involving the media and different sectors were discussed. Indicators and targets that can be monitored in short and long term should be determined for each action plan.

Participants presented examples from their countries. Albania had held a national policy dialogue prior to developing a plan. There was a Norwegian National Strategy to Combat Violence and Sexual Abuse against children and Youth (2014–2017). This focused on prevention, parenting skills, increased responsibility of the welfare sector, and enabled multisectoral and multidisciplinary collaboration and engaged children, youth and NGOs. The Finnish National Action Programme to Reduce Corporal Punishment of Children 2010–2015 strengthened child dignity and enabled safe and inclusive environment; to diminish regional inequalities in corporal punishment. Romanian policy included child protection in several national documents, including

the National Health Strategy 2014–2020 and the National Strategy for Protection and Promotion of the Children Rights 2014–2020 and aimed to promote social inclusion and combat poverty.

To support Member States, a handbook on developing national action plans is forthcoming from WHO Europe.

### **Objective 3: Implementing child maltreatment prevention programmes**

The *European report on preventing child maltreatment* outlines many programmes that support prevention. Evidenced-based programmes that have been identified in the report include among others:

- home-visiting programmes;
- positive parenting programme;
- training to recognize/avoid abusive situations, mentoring;
- preschool and school enrichment programmes;
- life skills and social development programmes;
- school anti-bullying;
- after-school supervision;
- social and cultural norms-change.

*Implementing child maltreatment prevention programmes: what the experts say, 2015* summarizes experiences of global experts and provides practical information along steps and key questions to consider when designing, implementing and sustaining effective programmes and overcoming barriers and challenges in implementation. Countries are encouraged to implement suggested evidence-based programmes adapting them according to the national context and ensuring proper evaluation.

Countries shared their experiences. In Albania, home visiting programmes are part of routine maternal and child health services, promoting healthy child development and improving parenting skills. Health-care workers and other professionals working with children or families are trained for gender-based violence focused on general skills such as recognizing and responding to signs of child maltreatment. School based life skills programmes and curricula for teenagers include child maltreatment. The implementation of preventive programmes in Albania could be facilitated by developing an action plan. In Estonia, several policy documents have enabled a strategic framework for child abuse and neglect. The Strategy for Preventing Violence discusses violence prevention at three prevention levels encompassing universal prevention, victim protection and work with consequences of violence. Preschool parenting programme have been developed and piloted since 2014. Evaluation has been integral part of the development of the programme. A case study from Sweden, showed that the long ban on corporal punishment (since 1979) along with legislation and information brought a dramatic fall in numbers, but there are still cases of child maltreatment. There are increasing efforts to improve the system for identification of victims by improving knowledge (handbook on domestic violence; guidance for staff on the duty of notification; e-learning materials), the promotion of good family relations based on multiagency work; primary prevention and promotion of gender equality.

## **Conclusions and points for action**

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

- support the implementation of Investing in children: the European child maltreatment prevention action plan by using tools such as the handbook on implementing child maltreatment prevention programmes and the forthcoming handbooks on surveillance and developing national action plans;
- continue to support Member States in advocating for road safety through activities such as the Decade of Action for Road Safety, and national launches of the *Global status report on road safety 2015*;
- renew efforts to advocate for violence prevention by using the country profiles of the *Global status report on violence prevention*;
- respond to the demands by focal persons to improve injury surveillance, especially in the East of the Region;
- strengthen the multisectoral collaborations that have been started in many countries in order to sustain the health in all policies approach;
- regenerate attention to capacity building using TEACH-VIP 2 with the train the trainer approach in order to boost health systems capacity;
- seek opportunities to advocate for evidence based programming in areas such as child maltreatment, child injuries, road safety and other injury and violence related issues;
- maximise policy gains by linking the injury and violence agenda to other global and regional policies such as the Sustainable Development Goals, Health 2020, the NCD action plan and the European action plan to reduce the harmful use of alcohol; and
- continue to invest in the network of focal persons and identify potential hosts for the 9<sup>th</sup> network meeting in 2016.

WHO thanked the hosts for their excellent support and warm hospitality.

The meeting was closed by the Ministry of Health, Republic of Moldova, who thanked the focal persons for their lively participation and contribution to the discussions.

## **ANNEX 1 – Scope and Purpose of the meeting**

### **Introduction**

Unintentional injuries and violence are the third leading cause of death in the European Region, accounting for approximately 551 000 deaths annually. The burden is unequally distributed across the Region, being much higher in the low- and middle-income countries of the Region, targeting the most vulnerable groups such as children and young people under 45 years old. European policy developments include the WHO European Regional Committee Resolution RC55/R9 on the prevention of injuries and the European Council Recommendation on the prevention of injuries and promotion of safety. More recently the WHO Regional Committee for Europe has adopted 'Investing in Children: the European Child Maltreatment Prevention Action Plan' at its 64<sup>th</sup> session in September 2014. These approaches are in synergy with *Health 2020: the European health policy for health and well-being*.

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

Since 2005 seven meetings of the European Network of Ministry of Health Focal Persons for Violence and Injury Prevention (VIP) have been held, hosted consecutively by the Netherlands, Austria, Portugal, Finland, Germany, Norway and Turkey. Collaborative work has mainly focused on the implementation of the Regional Committee resolution EUR/RC55/R9 and the European Council Recommendation on the prevention of injuries, participating in surveys and technical meetings that resulted in the development of the reports such as *Global status report on road safety*, *Global status report on violence prevention* and the *European report on preventing child maltreatment*. At the last meeting in 2012, focal persons for violence and injury prevention prioritised the area of child maltreatment.

### **Aims of the meeting**

The main aim of the eighth network meeting, which will be co-hosted by the Ministry of Health of Republic of Moldova, is to consider how to implement the WHO European Child Maltreatment Prevention Action Plan 2015-2020 and to review progress in implementing the WHO Regional Committee Resolution on the prevention of injuries. The specific objectives of the meeting are to:

- discuss how best to implement the European Child Maltreatment Prevention Action Plan and to achieve the targets and indicators set out in the plan;
- debate results from the European Facts and Global Status Reports on Violence Prevention 2014
- receive results from the European Facts and Global Status Report on Road Safety 2015;
- review progress achieved in the implementation of the joint activities undertaken by the network as defined in the WHO Resolution RC55/R9 and Council Recommendation;
- deliberate on joint actions for the Decade of Road Safety 2011-2020 and to receive updates on the 2nd Ministerial Conference on Road Safety in 2015;
- seek opportunities for joint working in advocacy and maximize the exchange of country experiences by networking.

## ANNEX 2 – Programme

<b>DAY 1:</b>	<b>Wednesday, 11 November 2015</b>
8:30-9:00	Registration
<b>OPENING SESSION:</b>	
9:00-9:45	Welcome of participants by WHO Regional Office for Europe/ Division of Noncommunicable Diseases and Promoting Health through the Life-course
	Welcome address by Deputy Minister of Health, Republic of Moldova (Gheorghe Turcanu)
	Appointment of rapporteur, chairperson and adoption of the agenda
	Introduction of participants
	Logistics
9:45-10:10	Key-note: The Life-course approach and preventing child maltreatment and other adverse childhood (Mark Bellis)
10:10-10:30	Key-note: European facts and Global status report on road safety 2015 (Dinesh Sethi)
<b>10:30-11:00</b>	<b>Coffee break</b>
<b>UPDATES SINCE LAST MEETING</b>	
<b>Plenary: achievements</b>	
11:00-11:20	Key note: Whole of society approach to injury prevention: progress in Republic of Moldova (Tatiana Zatic)
11:20-11:40	Progress made in Europe since 2012 and European child maltreatment prevention action plan (Dinesh Sethi)
<b>Breakout sessions 1 - with updates from national technical focal points on:</b>	
11:40-13:00	Group A) Global status report on road safety- country experiences (Russian available- Josephine Jackisch)
	Group B) Global status report on violence prevention: country experience (Dinesh Sethi)
	Group C) Injury surveillance and child injury prevention (Rupert Kisser, Dimitrinka Jordanova)
<b>13:00-14:00</b>	<b>Lunch</b>
14:00-14:40	Feedback from groups
14:40-15:00	Key Note: Future global directions on violence and injury prevention (David Meddings)
<b>Break out session 2 - small group working with facilitators sharing national</b>	

<b>examples of good practice in areas of:</b>	
15:00-16:00	Group A) Capacity building in child injury prevention (Russian available- Elena Yurasova/ Larisa Boderscova)
	Group B) Drowning prevention (David Meddings)
	Group C) Developing child maltreatment prevention action plans (Dinesh Sethi/ Dimitrinka Jordanova)
<b>16:00-16:20</b>	<b>Coffee break</b>
16:20-17:00	Feedback from groups
17:00-17:15	Discussion
17:15	End of day 1
19:00	<b>Welcome dinner</b>
<b>DAY 2</b>	<b>Thursday, 12 November 2015</b>
9:00-9:15	Debriefing of day 1
9:15-9:45	Keynote: Mobilising societal response through injury surveillance (Jakob Linhave)
<b>Break-out session 3 – Implementing policy and practice with discussions on:</b>	
9:45-11:00	Group A) Lessons from road safety in modifying risk factors (Russian available) (Elena Yurasova/ Josephine Jackisch)
	Group B) Routine information sources and child maltreatment surveillance (Dinesh Sethi)
	Group C) Handbook for child maltreatment prevention (Mark Bellis/ Freja Kärki)
<b>11:00-11:20</b>	<b>Coffee break</b>
11:20- 11:45	Feedback from groups and discussion
11:45 – 12:40	Panel discussion: way ahead for European child maltreatment prevention action plan (Dinesh Sethi/Mark Bellis/ Freja Kärki/ Dimitrinka Jordanova)
12:40-13:00	Way ahead for network and closing remarks
<b>13:00-14:00</b>	<b>Lunch and closure</b>

## **ANNEX 3 – List of participants**

### **Albania**

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## ANNEX 4 – Evaluation of the workshop

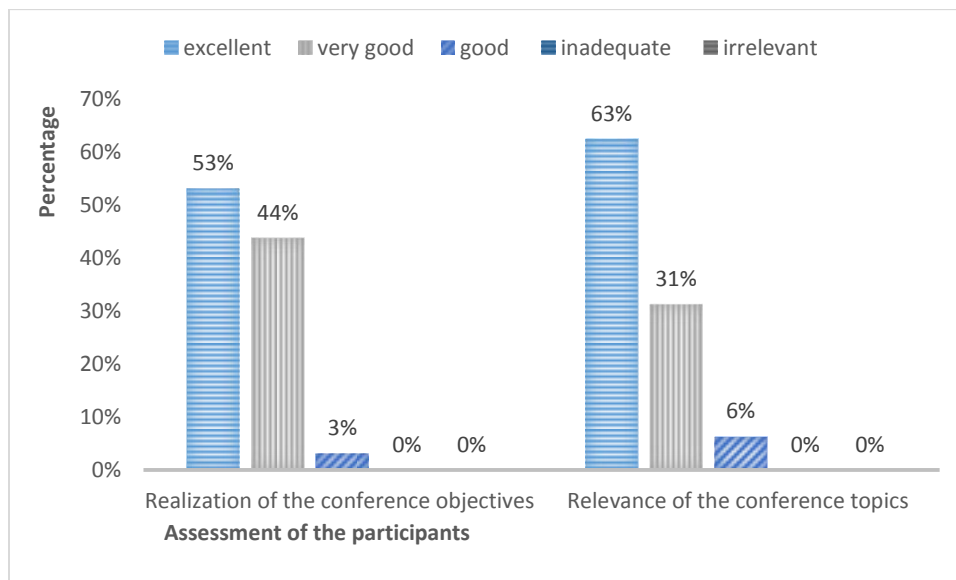
Workshop participants were asked to fill out an evaluation form, and 32 forms were received. The form assessed whether the meeting objectives were fulfilled and whether the contents were relevant for Ministry of Health Focal Points.

The assessment was evaluated on a scale from 5=excellent to 1=insufficient. Figure 1 shows that the majority of participants evaluated the realization of the conference objectives as excellent (53%) or very good (44%). Similarly, the majority of the participants found the content to be relevant: excellent (63%) and very good (31%).

Additionally, all participants agreed that the presentations delivered during the workshop met their expectations. The exchange of experience and common challenges was much appreciated. The content was found to be relevant for their future work and rated as excellent and very good (94%).

Suggestions for future meetings included to have more time allocated to the breakout sessions, shorter presentations, more time for discussion and time for country-based examples.

**Figure 1: What is your assessment of the: 1) conference objectives and 2) the relevance of the conference topics (from 5=excellent to 1=insufficient)?**



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