Opening: Mr Mark Davies, Director, Health Inequalities and Partnership, Department of Health in England, United Kingdom
Dr Etienne Krug, Director of WHO’s Department of Violence and Injury Prevention and Disability, welcomed participants to the meeting, noting that this is the largest gathering of Ministry of Health focal points to date: 115 Ministry of Health focal points from 90 countries, heads of WHO collaborating centres and WHO staff. This reflects the growing attention to the field. He thanked the Department of Health of England for its support to preparations for the meeting. Following his statement, Mr Mark Davies welcomed participants to London. He noted that violence and injuries are major public health concerns in England, and, based on their burden, they have become priorities for the Department of Health in the country. This meeting of Ministry of Health focal points provides an important opportunity for exchanging ideas on a wide range of initiatives. He noted that he and his colleagues look forward to sharing experiences with other Ministry of Health focal points from around the world and learning from their efforts.

Adoption of agenda and election of chairpersons: Dr Etienne Krug, WHO Director
Dr Etienne Krug reviewed the agenda with participants, and nominated three chairs for the meeting. They were Dr Margaret Herbert of Canada, Dr Rupert Kisser of Austria and Dr Jamila Alraiby of Yemen. The agenda was adopted, and the nominations for chairs were accepted by the group.

Introductions by MOH Focal Points, heads of WHO Collaborating Centres and WHO staff and discussion on expectations for the meeting: Introductions
Many of the Ministry of Health focal points know each other, in particular those from the WHO European Region who have convened already as a group on five previous occasions. Participants were given five minutes to meet two other participants who were not already known to them, and then each introduced themselves.

Presentation on Violence and injury prevention - jointly building national programmes: Dr Etienne Krug, WHO Director
In his presentation Dr Etienne Krug highlighted the scale of the problem: more than 5.8 million people die each year due to violence and injuries, accounting for about 10% of all the world’s deaths. Young people across all level of society are particularly affected. To counteract this epidemic, WHO has identified six priority areas of work:

- Support national and local programmes. WHO has developed state-of-the-art guidelines on different violence and injury topics. These are practical tools to provide direct support to countries on how to implement those interventions that have been proven to be effective and cost-efficient.
- Identify and document national and local successes. It is important to reward national and local interventions that have been successful by identifying and documenting them:
this might inspire others to follow these successful models and could help to mobilize resources.

• Monitoring and publicize progress in countries. Publications such as the Global status report on road safety help to make public the progress countries have made and as such help to catalyze action at a national level.

• Build capacity. The new edition of TEACH-VIP together with the software for TEACH-VIP e-learning will help to build capacity in countries.

• Fostering network and partnership. Creating useful networks and partnerships is a pre-requisite to effective knowledge exchange across and within countries. It is important that networks and partnerships are established not only at international level, but also at national and local level.

• Enhance advocacy and communications. The First Global Ministerial Conference on Road Safety can serve as a good example of advocacy: taking advantage of the momentum raised by the conference, a UN General Assembly resolution on road safety was adopted. It is hoped that the same process will occur for violence prevention.

Dr Krug also emphasized the key role of Ministry of Health focal points in further development of violence and injury prevention initiatives at a country level. He proposed ten actions to be taken in every country where these actions have not yet been completed:

• identify a focal point/unit in every Ministry of Health, ideally with a budget available;
• constitute a national multisectoral working group;
• develop national advocacy documents, such as a national report, a booklet with a leading causes of death table and other key graphics, or a website;
• identify a few clear priority areas, based on solid data;
• mainstream and integrate violence and injury into other agendas and processes;
• organize national conferences;
• develop national plans;
• organize/refine data collection system;
• focus on prevention and health services;
• encourage capacity building opportunities.

Dr Krug informed the Ministry of Health focal points about key upcoming events in the next biennium, and encouraged their support and participation: discussion on child injury prevention in the WHO Executive Board (January 2011) and the World Health Assembly (May 2011), launch of the Decade of Action for Road Safety 2011-2020 (11 May 2011), launch of the World report on disability (9 June 2011), launch of the second World report on violence and health (2012), and launch of the second Global status report on road safety (2012).

The role of Ministry of Health Focal Points in injury and violence prevention

Speakers:
Dr Mark Bellis, MOH Focal Point, United Kingdom
Dr Deborah Malta, MOH Focal Point, Brazil
Dr Marija Raleva, MOH Focal Point, The former Yugoslav Republic of Macedonia

In his presentation Dr Mark Bellis reported on the challenges that the Ministry of Health focal point faces in the United Kingdom, namely that there are four governments in the United Kingdom and under each government several departments are dealing with violence and injury prevention. This requires excellent coordination and communication across all parties involved. Dr Bellis emphasized the role of advocacy, presenting the example of a status report on violence in Britain and of a website offering literature reviews with the best available evidence on violence prevention. From the latter, current data are made available which can be used by local authorities and other policy-makers. Such tools help to keep
violence and injuries high on the political agenda and are leading to significant results from the programmes which are put in place to address them.

Dr Deborah Malta reported on the well organized surveillance information system in Brazil, which included four municipalities in 2001 and now includes more than 450 municipalities. She also emphasized the role of advocacy and how the 2004 World Health Day dedicated to road safety helped to catalyze action in the field. She reported also on the challenges that she faces in her country, which are common to those faced by most Ministry of Health focal points: constituting multisectoral groups, making certain that the health response to violence and injuries is reflected in responses to broader issues such as urban planning and criminal justice, and ensuring that violence and injury prevention remain high on the political agenda.

Dr Marija Raleva reported on progresses in violence prevention in The former Yugoslav Republic of Macedonia. Violence prevention is embedded in a national strategy which is intersectoral and involves many ministries. Such a strategy includes prevention activities as well as the organization of service provision for victims and perpetrators of violence. Good progress has been achieved also in capacity building: TEACH-VIP has been translated into Macedonian and included in the curricula of undergraduate and postgraduate courses. Thanks to these efforts more than 800 medical doctors have been trained in the country. The country is also very active in the field of research, collaborating in projects such as the adverse childhood experiences (ACE) study on the associations between childhood maltreatment and later-life health and well-being.

The presentations were followed by a lively discussion which touched upon:
- the need to address violence and injury prevention through a multisectoral and concerted approach;
- the ways these multisectoral bodies are constituted and coordinated;
- the importance and the cost-effectiveness of primary prevention for violence prevention;
- the importance of having continuous support from political leaders and donors;
- the need to capitalize on policy opportunities such as the 2004 World Health Day and the First Global Ministerial Conference on Road Safety that might arise and to keep them alive;
- the need to empower NGOs and youth associations.

Making multisectoral collaboration work
Speakers:
Dr Robin Ikeda, MOH Focal Point, United States
Dr Tran Thi Ngoc Lan, MOH Focal Point, Viet Nam

In this session both speakers provided concrete examples of multisectoral collaboration in practice. Dr Robin Ikeda highlighted three initiatives in which the United States Centers for Disease Control and Prevention has partnered with multiple actors, including: “Parents are the Key Campaign” - focusing on drinking and driving among adolescents; “Washington Heads Up Campaign” - focusing on brain injury prevention; and “Together for Girls” a childhood sexual abuse prevention initiative. Dr Thi Ngoc Lan described examples of public private partnerships in Viet Nam, including in the areas of helmet production and use, child injury prevention, occupational safety and community development focused on safety.

In their presentations both speakers highlighted that collaboration across sectors is indispensable in the area of violence and injury prevention given the multisectoral nature of responses to these issues. Additionally, presenters stressed that in the current economic climate, organizations are required to accomplish more with less and that partnerships enable an expanded reach, an increased credibility, multiple perspectives and improved
dissemination efforts. Speakers also described some of the barriers to effective partnerships, including administrative constraints, such as fiscal constraints, policies that inhibit inter-agency collaborations, and staff turnover. Defining which agency will take the lead on the collaboration was also mentioned as a potential issue of contention that should be addressed early on. Strategies to address some of these challenges were discussed, including the importance of establishing trust, defining roles and responsibilities from the onset, keeping each other informed, creating ownership, sharing resources and maintaining good communication.

Exploring ways to collaborate on future activities

**Decade of Action for Road Safety: Ms Laura Sminkey, WHO Communications Officer**

Ms Laura Sminkey described the background to the Decade, noting that in March 2010 nearly 100 governments adopted a UN General Assembly resolution proclaiming the Decade. The UN Road Safety Collaboration has developed a draft global Plan for the Decade, with the following categories or "pillars" of activities: building road safety management capacity; upgrading the safety of road infrastructure; further developing the safety of vehicles; enhancing the behaviour of road users; and improving emergency services. Ms Sminkey presented current plans for the launch of the Decade, scheduled for 11 May 2011. There will be a "rolling" series of events across the world's time zones, beginning in New Zealand and ending in Mexico, ideally involving heads of state, other dignitaries, celebrities, victims and their families. A certain number of events will be broadcast live through a social media website, which is to be developed. Ms Sminkey suggested that participants can support preparations for the launch in the following ways:

- advertise Decade through relevant constituencies
- encourage nomination of national focal point
- be part of national multisectoral "Friends" of the Decade
- call for concrete plans to be developed and announced at launch
- support planning of national launch event
- obtain photo of dignitaries wearing the Decade's tag
- obtain video statement of support from dignitaries
- contribute to social media web site
- support relevant policy processes

For more information, please contact Ms Laura Sminkey (sminkeyl@who.int).

**Global status report on road safety (2012): Dr Margie Peden, WHO Coordinator**

Dr Margie Peden provided participants with a brief overview of the upcoming commencement of data collection for the second *Global status report on road safety*. A similar methodology will be employed to gather data as was used in the first phase, and many focal points indicated that they had also been the national data collectors. The major differences will be two-fold: DATACOL will not be used as the online database, a more user friendly package will be used; and the report will provide baseline information for the Decade of Action for Road Safety and hence the indicators collected will need to dovetail with those required for the Decade, but retain those from the first status report for which trends can be generated. A technical expert committee will be convened in November 2010 to discuss these indicators. The most pressing activities over the next few weeks will be to identify national data coordinators in all countries and to relook at the training material for regional workshops for national data coordinators. Those focal persons who collected data in the first round will be included as "trainers" where appropriate. For more information, please contact your respective WHO Regional Adviser, Dr Tami Toroyan (toroyant@who.int) or Dr Margie Peden (pedenm@who.int).
Preventing child maltreatment: Dr Chris Mikton, WHO Technical Officer

Dr Chris Mikton gave a brief overview of WHO's child maltreatment prevention activities, highlighting potential areas of collaboration between WHO and the Ministry of Health focal points. The overview primarily focused on WHO's child maltreatment prevention objectives, its technical guideline *Preventing child maltreatment: a guide to taking action and generating evidence*, country work, and participation in the Clinton Global Initiative's "Together for Girls". Topics discussed during the question and answer session following the presentation included WHO's position on corporal punishment, child maltreatment indicators, and combining child maltreatment and intimate partner violence prevention measures within the same programme. For more information, please contact Dr Chris Mikton (miktonc@who.int).

Preventing intimate partner and sexual violence: Dr Alex Butchart, WHO Coordinator

Dr Alex Butchart presented a newly published manual entitled *Preventing intimate partner and sexual violence against women: taking action and generating evidence*. Jointly produced by WHO and the London School of Hygiene and Tropical Medicine, the document describes the nature, magnitude, risks and consequences of intimate partner and sexual violence. It outlines strategies to prevent these forms of violence against women and presents a six-step framework for planning, implementing and evaluating prevention policies and programmes. It also emphasizes the importance of integrating scientific evaluation into all prevention activities in order to expand current knowledge of what works to prevent intimate partner and sexual violence. Dr Butchart described current plans for follow up in terms of implementation in a number of countries, and encouraged Ministry of Health focal points to make use of the document and call upon WHO for technical guidance and support. For more information, please contact Dr Alex Butchart (butcharta@who.int).

World Health Assembly resolution on child injury prevention: Dr Etienne Krug, WHO Director

Dr Etienne Krug informed participants that there will be a discussion on child injury prevention during the next meeting of the WHO Executive Board in January 2011. This discussion could lead to a resolution on the topic during the next World Health Assembly to be held in May 2011. These efforts follow release of the WHO and UNICEF *World report on child injury prevention* released in December 2008. Dr Krug invited Ministry of Health focal points to encourage their governments to engage in discussions on child injury prevention, develop related programmes and seek WHO's guidance when needed. For more information, please contact Dr David Meddings (meddingsd@who.int).

World report on disability: Dr Etienne Krug, WHO Director

Dr Etienne Krug updated on plans for launch of the *World report on disability*. While most of the meeting's participants focus on preventing violence and injuries, it is true that many long-term disabilities result from injury-related causes. The links with improving emergency trauma care in order to lessen the consequences of violence and injuries are also apparent. WHO and the World Bank will release the *World report on disability* on 9 June 2011. Dr Krug called upon Ministry of Health focal points to inform colleagues working on disability about the report and to work with them to plan national launches.

Four working groups:

Four concurrent working groups were held on the following topics relating to injury and violence prevention: developing capacities, improving emergency trauma care services, developing national plans and enhancing the collection of data. In general the objectives of each working group were to briefly review progress to date on the topic; identify current gaps
and discuss how these may best be addressed; propose ways in which collaboration between WHO and Ministry of Health focal points can be increased and made more strategic; and identify priority actions for WHO and Ministries of Health on the topic.

**Developing capacities for injury and violence prevention**

Speakers:
Dr Amber Mehmood, MOH Focal Point, Pakistan (delivered by Dr Junaid Razzak)
Moderator:
Dr David Meddings, WHO Medical Officer

The working group on capacity development showcased capacity building efforts in Pakistan and Mozambique. In the presentation from Pakistan, the following issues were noted: the need to generate a demand for capacity building; the importance of offering both short-term and long-term training; the need to build the capacities of institutions as well as individuals; and the value of integrating into broader agendas. In both settings it was notable that comprehensive efforts had been taken to approach capacity building, aimed at human resource, institutional and infrastructural change, and the development of networks across civil society and government. Some capacity building resources targeting low-income and middle-income settings were identified as key to success, including: WHO, the Fogarty International Collaborative Trauma and Injury Research Training Program, and institutional accords involving Karolinska Institutet and Johns Hopkins University. Some key outcomes of the discussion were consensus among Ministry of Health focal points to: initiate or expand efforts to carry out TEACH-VIP trainings and training of trainers; target training across a wider variety of training audiences, including communities and within government sectors outside of health; and to systematically target opportunities to increase the institutional and infrastructural domain of capacity building.

**Improving emergency trauma care services for victims of injuries and violence**

Speakers:
Dr R. K. Srivastava, MOH Focal Point, India
Dr Witaya Chadbunchachai, MOH Focal Point, Thailand
Moderator:
Dr Martin Ekeke Monono, WHO Regional Adviser

The working group on emergency trauma care featured efforts in India and Thailand. Based on the presentations, the group determined that success factors include: a good pre-hospital system with patient transport facilities adapted to the geography of the location; a designated trauma centre within the hospital with a full-time director and team; a master plan for human resource development in trauma care; a good quality improvement programme; and explicit legal provisions for emergency trauma care. The challenges are the very slow pace of change; inadequate human, financial and infrastructural resources; poor public awareness of injury problems and a lack of emphasis on prevention. Priority needs were defined as training more health workers on emergency care including in-service training with an emphasis on teams rather than individuals; providing designated facilities for a more holistic approach to emergency care; offering more financial support to trauma care; and improving data collection. WHO assistance is sought to increase technical support to countries in terms of making available technical guidelines through WHO country offices; assisting in the development of locally relevant tools adapted from WHO material; organizing more training for staff; assisting the Ministry of Health to engage higher authorities in countries; and improving communication between Ministry of Health focal points and WHO staff across all three levels of the Organization, including through teleconferences.
Developing national plans for injury and violence prevention
Speakers:
Dr Melvyn Freeman, MOH Focal Point, South Africa
Dr Merja Solderholm, MOH Focal Point, Finland
Moderator:
Dr Dinesh Sethi, WHO Regional Adviser

The working group on developing national plans for injury and violence prevention featured efforts from South Africa and Finland. The session commenced with a presentation outlining some guiding principles for developing health policy. The resources available from WHO were highlighted such as guidelines, global and regional resolutions, and the inventory of national policies hosted on both the WHO global web site and the WHO Regional Office for Europe web site. It was noted that whereas most countries have policies for road traffic injuries and intimate partner violence, fewer countries have policies on drowning, burns, elder abuse and youth violence. A presentation on the Internal Security Programme of Finland was made. The Government of Finland has adopted a vision to make Finland the safest country in Europe by 2015 and has developed a comprehensive, multisectoral action plan which includes activities at local and national level. It was noted that the health sector has a key role to play in fostering partnerships, but also ensuring a prevention focus around key risks such as alcohol and social exclusion. The presentation from South Africa described how injury surveillance has been key in highlighting the problem of violence and injuries in South Africa. This is particularly important given competing health priorities such as HIV/AIDS. The ongoing process for development of a national plan for violence and injury prevention in the country was described. Some funding has been identified by piggybacking on projects that are well funded for HIV/AIDS prevention, by looking at areas of overlap in particular risks like alcohol. A discussion was had which reported that the regional action and evaluations had provided opportunity for Ministry of Health focal points and other stakeholders to push for the development of policies. WHO has a role to play by developing global legal and policy frameworks, stimulating regional and national action, advocating for national political commitment and resources, building the capacity of institutions and contributing to the training of motivated professionals.

Enhancing the collection of data on injuries and violence
Speakers:
Dr Silvia Moran de Garcia, MOH Focal Point, El Salvador
Dr Yan Jun, MOH Focal Point, China
Moderator:
Dr Margie Peden, WHO Coordinator

Participants agreed that data are essential for decision-making, but that data on violence and injury often remain sketchy and incomplete. In addition, existing data are not always used and disseminated. Many countries have started addressing this problem by conducting surveys, developing surveillance systems, and publishing specific reports. Since early 2000, WHO has provided technical and financial support to assist in these efforts and prepared several normative documents. In addition, a number of documents which use global injury information have been developed for advocacy purposes. To initiate discussions at the start of this working group, a useful overview was presented of WHO's existing efforts to collect and use country-level data and feed this into the Global Burden of Disease project to improve information at both a regional and global level. The presentation from China gave an overview of the complexities of collecting injury data in the most populated country in the world, and described how the government has managed to use sentinel sites to obtain this information. In contrast the presentation from El Salvador showed how accurate and complete data can be collected in a small country using a sophisticated electronic format. The group then went on to discuss the following questions: What are the priority needs at a
country level? How can WHO assist? How can WHO and the Ministry of Health focal points collaborate more on this issue. The following needs were identified:

• collect data for action,
• develop minimum indicators,
• improve hospital admissions data,
• document best practices, and
• build capacity through train the trainer programmes.

It was noted that WHO could assist in these efforts by: providing toolkits, offering training courses, and sharing software. WHO and Ministries of Health can collaborate more through developing regional networks of WHO staff and Ministry of Health focal points with clear tasks and deliverables.

Summary of meeting

Speakers:
Dr Loek Hesemens, MOH Focal Point, Netherlands
Dr Adnan Hyder, Johns Hopkins University, Head of WHO Collaborating Centre
Dr Haifa Madi, WHO Director for the Eastern Mediterranean

Dr Loek Hesemens focused on two main issues in his summary: (1) the identification of factors associated with successful intersectoral collaboration, mentioning public private partnership and contractual agreements on the roles and responsibilities of parties; and (2) the ways in which WHO could help Ministry of Health focal points, citing the Global status report on road safety, the manual Preventing intimate partner and sexual violence against women, and the Decade of Action for Road Safety.

Dr Adnan Hyder summed up the meeting with three words which he considered to be prerequisites for the ten priority actions identified by Dr Krug at the opening of the meeting. These three words were (1) "solidarity" - binding us together as a community; (2) "governance" - referring to performance, good management, trust and openness; and (3) "evidence" - required for effective prevention.

Dr Haifa Madi presented a summary focused on the challenges and successes of putting road traffic injury prevention on the agenda in the WHO Eastern Mediterranean Region and the adoption of a resolution on the topic by the WHO Regional Committee in 2009. She urged WHO to continue helping with technical support, capacity development, and the mobilization of resources.

Next steps: Dr Etienne Krug, WHO Director

Dr Krug reflected on how the network of Ministry of Health focal points has matured over the years and commented on the increase in the number of Ministry of Health focal points from different countries, heads of WHO collaborating centres, and WHO staff participating in the meeting. He congratulated participants on their achievements on recent years, and commented on the supportive and friendly atmosphere in which the meeting was conducted.

He outlined the following next steps for the field:

• take inspiration from the model of the network of Ministry of Health focal points in the WHO European Region;
• build on all upcoming opportunities, such as the Decade of Action for Road Safety; the launch of the World report on disability; and processes such as the recent passing of a resolution on injury and violence prevention in the WHO South-East Asia Region;
• reach out more to strengthen intersectoral collaboration; and
• continue with successful strategies and document and disseminate the successes of these.
Closing: Dr Zsuzsanna Jakab, WHO Regional Director for Europe

Dr Jakab, who was just returning from a very successful WHO Regional Committee meeting in Moscow, Russian Federation, began by describing the strong political commitment to road traffic injury prevention in the Russian Federation from the highest levels of government, including President Medvedev and Prime Minister Putin. She expressed a conviction that increased political commitment and joint action in other countries could bring about major improvements in the area of injury and violence prevention. She emphasized that this area, as a leading cause of death and disability in Europe, should be a major priority, in particular as it underlines the inequities within and between countries. After commending the network of Ministry of Health focal points from WHO's European Region, she held it up as an example for other regions to emulate. She congratulated meeting participants and wished them every success in their efforts to prevent injuries and violence.

Regional meetings:

WHO African Region (AFRO)
Dr Martin Ekeke Monono, WHO Regional Adviser for the WHO African Region

Participants from eight countries in the WHO African Region and WHO staff from all levels of the Organization attended this regional meeting. The topics discussed included an update on key violence and injury prevention activities in each country, the Decade of Action for Road Safety 2011-2020, the upcoming launch of the *Regional report on violence and health in Africa*, and other future collaborations. The main issues raised were the need to revive the network of Ministry of Health focal points in the region to enable more frequent exchange of experiences among countries; the need to increase communication between WHO AFRO and Ministry of Health focal points through the WHO country offices; and the need for more countries to make their plan of action for the Decade of Action for Road Safety 2011-2020. Among the main action points were:

- AFRO to organize a regional meeting of Ministry of Health focal points in early 2011, and thereafter organize regular annual meetings.
- AFRO to increase exchange of information and keep the network alive starting with the present set of participants.
- AFRO to update information on its website.
- Countries to set up national and sub regional networks.
- Countries to involve all stakeholders in preparing plans for the Decade of Action for Road Safety 2011-2020.

WHO Eastern Mediterranean Region (EMRO)
Dr Jaffar Hussain, WHO Regional Adviser for the WHO Eastern Mediterranean Region

The progress over the last two years towards injury prevention and control was reviewed. Most of the discussion revolved around capacity building, injury surveillance and research, documentation of experience and the level of participation from the region in the 10th World Conference on Injury Prevention and Safety Promotion. On the latter point, although there were a total of twenty-three papers (15 oral and 8 poster presentations) presented by representatives from countries in the region, representation from the region in the main plenary sessions as keynote and plenary session speakers was weak. It would have been ideal if representation from all regions was ensured to give participants insight into a greater range and variety of issues and experiences. In order to further streamline the work of injury prevention in the region and bring the Ministries of Health and WHO closer to each other it was agreed that:
• Efforts need to be done for a systematic approach to institutionalize capacity building on the different aspects of injury prevention and safety promotion, with the development of a core group of "training of trainers" in the region. In this regard existing resources such as TEACH-VIP and MENTOR-VIP should be utilized, and should reflect additional modules on pre-hospital and hospital care, etc.
• It was suggested that the country capacity survey exercise done in 2005 may be repeated and followed by a consultation to review the results and develop a plan.
• For building required capacities, experiences from different countries in the region need to be shared between countries which will also promote sharing of resources.
• With regards to injury surveillance, it was agreed to expand on injury surveillance in Member States with the identification of the most important/appropriate entry points and build on existing opportunities. In some of the countries, the police may have the best data, while in others it may be the insurance sector.
• The research grants offered by Oman need to be further explored for stronger representation from the region, so that this research will lead to a certification programme for MPH and PHD courses.
• Capacity development with a "training of trainers" approach on and improvement of vital registration and burden of injury measurement is crucial. This can be done in collaboration with the Health Metrics Network and WHO's Innovation, Evidence and Research Department. Grants of US$ 1000-2000 from the Road Traffic Injury Research Network also exist and can be used for capacity building for mid-level researchers. Moreover, it may be feasible to have one-day regional meeting for academics to show the participants how to write abstracts.
• To ensure that the region is well presented in different global meetings, there is a need to enhance capacities for documentation of experiences in countries. Unfortunately this is still a weak area in the region.
• Taking advantage of projects like the RS10 Project as a project of excellence and using its guidelines and protocols as models for projects in other countries should be explored. There is a need for better preparation of events and better and more regular communication between the Regional Office and the countries. It was suggested that WHO EMRO organizes meetings with/for the countries, twice a year to develop a programme for the countries and look into previous activities.
• There is a need to prepare for the 11th World Conference on Injury Prevention and Safety Promotion to be held in 2012 in New Zealand, especially given that the organizers are looking into how to improve participation. For the sake of better organization, it was suggested that WHO carries out an assessment of injury prevention programmes in the countries, with the Ministry of Health focal points.

WHO South-East Asia Region (SEARO)
Dr Chamaiparn Santikarn, WHO Regional Adviser for the WHO South-East Asia Region

Participants were informed about the recently adopted resolution on injury prevention and safety promotion which took place during the 63rd Session of the Regional Committee of the WHO South-East Asia Region. They were encouraged to make use of this resolution as an advocacy tool. Participants from each of the countries then described the ways that their respective ministries are configured. It was noted that three countries - Indonesia, Sri Lanka and Thailand - have an injury prevention unit within the Ministry of Health with defined activities, a budget and more than one staff. Thailand has a specific focal point in the Ministry of Health for each major cause of injury and a dedicated national plan and budget for each. In Bangladesh, there are two separate entities for injury prevention activities. Emergency medical services are one of the priority programmes patronized by the Minister and one Joint Secretary has been assigned for this. From next year injuries will be separated from other
programmes, and there will be single focal point for injuries. In Bangladesh a national strategic plan will be launched in December 2010. In India it was mentioned that there is a single person in the Ministry of Health who coordinates all injury prevention activities including emergency medical services. The Director-General of Health Services for India requested WHO to support his government by providing consultants. In Bhutan there is no specific unit for injury within the Ministry of Health. Following these country updates, there was a discussion on the regional injury prevention plan and activities to be conducted. Most of the participants agreed that while regional injury prevention efforts are of value, most progress will be made by focusing on countries. In this regard, the need for training and improving injury data systems at national level were expressed.

**WHO Western Pacific Region (WPRO)**

**Dr Wang Xiangdong, WHO Regional Adviser for the WHO Western Pacific Region**

The meeting was attended by ten focal points from Cambodia, China, Hong Kong China, Lao PDR, Malaysia, Mongolia, New Zealand, Philippines, Tonga and Viet Nam and WHO staff from the region. Following brief introductory remarks, each focal point narrated current activities and plans for the future. Topics discussed were the Decade of Action for Road Safety 2011-2020, child injury prevention, violence prevention, disability and the 11th World Conference on Injury Prevention and Safety Promotion to be held in New Zealand in 2012. Issues brought up were the scarcity of resources for injury prevention and the need to strengthen human resource capacity and the regional network of Ministry of Health focal points. Some of the Ministry of Health focal points spend less than 50% of their time on injury prevention. All focal points expressed their satisfaction with the contents of the global meeting of focal points.

**WHO European Region (EURO)**

**Dr Dinesh Sethi, WHO Regional Adviser for the WHO European Region**

A presentation was made on progress towards implementing the WHO Resolution EUR/RC55/R9 and the European Council Recommendation on the prevention of violence and injuries. This reflected the collective efforts of Ministry of Health focal points across the region and other partners. Updates on other recent initiatives include the joint project with European Commission DG SANCO; a “train the trainer” capacity building workshop in violence and injury prevention for southern and central European countries; the launch of Preventing injuries in Europe: from international collaboration to local implementation at the Fifth Ministerial Conference on Environment and Health held in Parma, Italy, and at the European Parliament; and the intensification of country work through biennial collaborative agreements. The following forthcoming activities are being planned and will involve the engagement of Ministry of Health focal points:

- launch of World report on disability;
- development sub-regional workshops for violence prevention;
- launch of the Decade of Action for Road Safety and related activities;
- exploit advocacy opportunities with the European report on preventing violence and knife crime among young people and Adverse Childhood Experiences (ACE) surveys;
- exploit opportunities for child injury prevention with the forthcoming World Health Assembly resolution in May 2011;
- plan for the Sixth Network Meeting of VIP Focal Persons in autumn 2011;
- consult over elder maltreatment prevention;
- hold “train the trainer” capacity building workshops for the CIS countries; and
- translate into Russian the Essential trauma care guidelines.
The next steps in implementing the European Council Recommendation were described by Ms Natacha Grenier from the European Commission. A new WHO report titled *European report on preventing violence and knife crime among young people* was then presented. Ministry of Health focal points were thanked for their contribution to the report. Adverse childhood experience (ACE) surveys were described by focal points from: Latvia, Lithuania and The former Yugoslav Republic of Macedonia. National advocacy events are being prepared for the launch of these studies in 2011. This was followed by a discussion on how national and European reports could be used to advocate for violence prevention. From Switzerland an evaluation of a domestic violence prevention programme was presented. Progress in national policy development and data sharing between different sectors was described by the representative of the United Kingdom. Regarding capacity building an update on new developments from WHO was presented. Updates were given by Ministry of Health focal points from The former Yugoslav Republic of Macedonia, Spain and Kyrgyzstan. This was followed by a discussion on the advantages of having sub-regional workshops and the exchange of expertise. On the issue of road safety, presentations were made on the Road Safety in Ten Countries (RS10) Project from the Russian Federation and Turkey. Representatives from EuroSafe described updates from collaborative projects with the European Commission, which included the Joint Action on Monitoring Injuries in Europe (JAMIE) project, involving training and participation by over 20 European Union countries in the Injury Data Base system (IDB), with the aim of linking this to the European Union statistical system. The meeting closed with two announcements: 1) The 3rd European Conference on Injury Prevention and Safety Promotion to be held on 16-17 June 2011 in Budapest and 2) The Sixth Network Meeting of European Focal Persons provisionally being planned for autumn 2011 in Oslo, Norway, hosted by the Norwegian Directorate of Health. Thanks were offered by the group to the Department of Health of England, United Kingdom, for its kind generosity in hosting the Third Global Meeting of Ministry of Health Focal Points, and the Norwegian Directorate of Health for offering to host the Sixth Network Meeting of European Focal Persons. WHO thanked participants for their active contribution to the meeting thereby making it a success.

*WHO Region of the Americas*

*Dr Eugenia Rodrigues, Regional Adviser – Road Safety; Ms Alessandra Guedes, Regional Adviser, Intra-Family Violence; Dr Carlos Santos-Burgoa, Senior Adviser, Violence, injuries and Human Security*

The meeting was attended by Ministry of Health focal points from seven countries (Argentina, Belize, Brazil, Canada, El Salvador, Mexico, Trinidad and Tobago), as well as by representatives from four WHO Collaborating Centers (US Centers for Disease Control and Prevention, Emory University, Johns Hopkins University, and the Centre de Santé Publique Sécurité dans les Milieux de Vie). The meeting started with a presentation by the three WHO/PAHO regional advisers which focused on: 1) progress accomplished since the 2009 Regional Meeting of Ministry of Health focal points for violence prevention; and 2) ongoing initiatives in the areas of road safety, intra-family violence, and human security. Subsequently, each participant presented key accomplishments and planned efforts.

On the issue of road safety, Argentina mentioned a new initiative promoting south-south collaboration among the cities of Buenos Aires (Argentina), Belo Horizonte (Brazil) and Canelones (Uruguay). Belize highlighted the importance of a recent cost-analysis study carried out in collaboration with Mexico’s National Institute of Public Health, which documented that the costs of road traffic injuries supersede the Ministry of Health’s total budget. Brazil highlighted the advances of its surveillance system and its interest in collaborating with Mercosur countries. Also in road safety, Canada presented advances in collaboration among the departments of Justice and Transportation and pointed out that five provinces have specific strategies in place for road traffic injury prevention. El Salvador
mentioned that since November 2009 the government has pursued the implementation of a National Road Safety Strategy that builds upon international models. Mexico presented its accomplishments in the area of road safety within the context of the RS10 Project and stressed its support of the Decade of Action for Road Safety and its desire to link this effort to the upcoming Ibero American Road Safety Meeting.

Several countries mentioned ongoing efforts in the area of intra-family violence. El Salvador has been implementing a pilot effort in the area of secondary prevention of violence against children, including sexual violence. Mexico mentioned its interest in addressing this issue, particularly in the US/Mexico border area. With the support of PAHO, Trinidad and Tobago is currently developing a policy brief on the issue of integrated services for victims of sexual abuse to support evidence-based policy making.

Various other efforts were mentioned including in the areas of: emergency services (El Salvador); surveillance (Belize, Brazil, El Salvador); community-based youth violence prevention (Belize, Mexico, Trinidad and Tobago); and pursuing the further integration of the social determinants approach with the violence prevention agenda (Brazil, Mexico). Mexico also highlighted the usefulness of TEACH-VIP and its desire to ensure that the Spanish version is circulated broadly.

The WHO Collaborating Centres updated participants about important structural changes within some of their organizations (in particular, the US Centers for Disease Control and Prevention), and offered an overview of their ongoing efforts with a focus on how these may offer support to countries and PAHO in the area of violence and injury prevention. Emory University mentioned that it is able to provide free-of-cost technical assistance in various areas, including data analysis and capacity building. Johns Hopkins University, which recently became a WHO Collaborating Centre for Injuries, Violence and Accident Prevention, emphasized its capacity on e-learning on surveillance and road safety.

The discussion that ensued stressed the importance of implementing regional meetings of Ministry of Health focal points to promote the exchange of experience and identification of areas for possible bilateral collaboration. Participants highlighted that the lack of translation into Spanish at many international events thwarts the participation of many Ministry of Health focal points in the region. Action points include: pursue a mechanism (list-serve, community of practice site, etc.) for agile information sharing among participants; coordinate efforts around the Decade of Action for Road Safety; determine the feasibility of carrying out a mapping of national policies on violence and injury prevention (similar to what has been done by the WHO European Region); assess the possibility of carrying out a regional meeting of Ministry of Health focal points for violence and injury prevention in 2011.
Results of meeting questionnaire

Participants in the Third Global Meeting of Ministry of Health Focal Points were invited to complete a questionnaire. The purpose of the questionnaire was to give participants an opportunity to share some information about their backgrounds and experience and to give them an opportunity to reflect on the meeting. Below is a brief summary of responses based on forty-four completed questionnaires.

Comments on the backgrounds and experience of Ministry of Health focal points:

- 50% of the respondents noted that they cover both intentional and unintentional injuries. About one quarter cover only unintentional injuries and 18% work only on violence-related injuries.
- 41% of focal points have been a focal point for 5 years or more.
- A quarter of the respondents indicated that the violence and injury prevention programme is located in the non-communicable disease programme, while over half noted that the violence and injury prevention programmes span more than one department with the Ministry of Health. In those cases where there was more than one department mentioned, the majority mentioned the non-communicable disease programme as one of the programmes.
- A quarter of the respondents stated that they spend 75%-100% of their time dealing with violence and injury prevention issues, and an equal number of respondents noted that they spend less than 25% of their time on violence and injury prevention activities.
- Almost half (45%) of respondents stated that they don't have any specific funding for activities, while an equal proportion stated that they have full funding for salaries and activities.
- About a quarter of the respondents attended the Second Global Meeting of Ministry of Health Focal Points in Mexico in 2008 and 20% attended the First Global Ministry of Health Focal Points in South Africa in 2006.

Comments on the meeting:

- Participants rated the meeting at an average of 8.6 points out of a maximum of 10 points, with a highest rating of 10 and a lowest rating of 6.
- Participants appreciated most aspects of the meeting, including the plenary presentations and the working groups. They were grateful for the opportunity to network, share information and experiences, and receive updates from WHO.
- In future meetings, participants would like to have more time for discussion and the sharing of models of practical prevention programmes. Some participants would also appreciate translation.