This text or parts of this text may be reproduced if the source of reference is clearly stated.

ISBN 978-90-6788-319-1
ISBN 90-6788-319-0

© June 2006

Last updated: Amsterdam, March 2008
J. Vincenten, Director
European Child Safety Alliance
EuroSafe - European Association for Injury Prevention and Safety Promotion

EuroSafe
European Association for
Injury Prevention and Safety Promotion

European Child Safety Alliance
PO Box 75169
1070 AD Amsterdam
Netherlands
Tel +31 20 511 4513
Fax +31 20 511 4510
secretariat@childsafetyeurope.org
www.childsafetyeurope.org
Making life safer for children
Children deserve a loving, caring and safe environment in which to grow, play and learn.

This is every parent’s first responsibility and also a major concern of caregivers, schools, governments and businesses. It is our common concern. Yet, injury is the leading cause of death and disability for children in every Member State in Europe. More children die of injuries than any other childhood diseases combined, 2 times more than cancer and 8 times more than any respiratory related illness. Injury is the largest environmental disease burden for children compared to outdoor/indoor contaminants, water, sanitation and hygiene issues or lead. The United Nations Convention on the Rights of the Child states that every child from birth till 18 years has the right to the highest attainable level of health and the right to a safe environment. Therefore, we have a duty to ensure children’s rights to safety.

For every child that dies, hundreds more are hospitalised and several thousand present to an emergency and accident department. Many children injured suffer permanent disabilities that creates an enormous burden in social and economic terms both on families and society. The leading causes of death and accidents to European children occur in the areas of unintentional injuries - road accidents, drowning, falls, burns and scalds, poisonings, suffocation, and choking, as well as intentional injuries - violence and suicide. Boys are more likely to die of an injury than girls and also have higher non-fatality injury rates in most injury areas. Injury is also highly associated with age and burden of injuries rises as children become more mobile and begin to explore their world.
All children are at risk of injury and some factors which put them at risk include: poverty, developmental stages of age groups, availability of policies and legislation to protect children, environment and minority status. Evidence indicates that the poorest in society are at greater risk for certain injuries. This includes not only children in low and middle income countries, but also poor children in high income countries. A study in England and Wales for example showed the risk of children dying from fire was 16 times greater for the lowest occupational group compared to the highest.

Yet injury is a major health problem that is preventable. There are proven effective strategies that prevent injury or reduce death and disability. The most effective of these tend to be strategies that adopt a combined approach, where enforcement and/or environmental change are backed up by an effective programme of education and training. This has occurred with child resistant packaging to reduce poisonings, lowered temperatures on water heaters to reduce scalds, window guards to reduce falls, smoke alarms to allow timely exits to reduce carbon dioxide inhalation and injuries from burns, traffic calming to reduce pedestrian injuries, child passenger restraints to reduce motor vehicle related injuries and bicycle helmets to reduce head injuries. Many countries in Europe have not capitalised on this knowledge and as a result have not ensured children’s right to safety.

It is through this strategic business plan, 2004 to 2009 that the EUROPEAN CHILD SAFETY ALLIANCE of the European Association for Injury Prevention and Safety Promotion – EuroSafe, identifies its mandate, general operations and work focus to make life safer for children.
Making life safer for children

Through the efforts of the European Child Safety Alliance, we will advocate to achieve safer daily living for children that impact on children’s safety throughout Europe. This includes advocating for consistency of standards, policies, and legislation throughout Europe, as well as assisting all Europeans to be informed consumers in order to ensure the right choices for children.

Ideally families would have a safe environment to live in including a selection of child safety products that are accessible, affordable and easy to use. If all those making decisions and choices for children used strategies of proven evidence and made the interests of children their first priority, we would improve the lives of children throughout Europe.
mission

To enhance the quality of children’s lives through the power of reason, solidarity and compassion.

- **Reason** – using evidence and good practice
- **Solidarity** – many countries and professions speaking with one voice
- **Compassion** – putting children first
We have already identified that injury is the greatest killer of children throughout Europe, and that something can be done to control and reduce injuries if proven prevention strategies are well implemented. There are a number of national programmes dedicated to child injury prevention throughout Europe that are making steady progress to enhance children’s safety, yet injury is not restricted to geographic boarders. Everyday Europe is becoming more of a global community, and this does have an effect on injury and the efforts to reduce injuries at the European level. Even though the burden of injuries has a different profile in each Member State and is influenced by various social, economic, political and cultural factors, united efforts around a common goal throughout Europe has enhanced impact for all in the European Region and contributes to world-wide advancement for injury prevention and safety promotion. This programme must acknowledge and respect the differences among European countries and have the flexibility to be easily adjusted on a national level, but operate Europe wide.

Why a European Child Safety Alliance?
A coordinated approach to child injury prevention in Europe addresses the following needs:

- The need for the same level of safety standards for child related products and services to be made available between countries. Consumers currently make purchases expecting the same level of safety in all countries, but this is not the case. All Europeans have a right to an equitable and base level of safety.

- The need for consistency of healthy public policies across Member States, as this would assist in reducing childhood injuries throughout Europe.

- The need to share what works to reduce injuries across Member States and enable transfer of good practice between settings and countries.

- The need to develop a standardised data collection system that provides timely, comprehensive and comparable injury data across Member States, in order to effectively monitor the health issue.

- The need for a coordinated plan of action among Member States to reduce child injury accidents, as this would create synergy and the needed critical mass to move the issue forward.

- The responsibility for an equitable status of safety for all European children that complies with the United Nations Charter of the Rights for Children.
The Alliance will concentrate on strategies that will assist in the reduction of unintentional and intentional injury related deaths and disability amongst children 0 to 17 years of age in the Europe.

For the period 2004 to 2009, the focus will be on accidental injuries and deaths for the youngest children i.e. preschool children, and children in their early school years, as well as initiating and enhancing capacity in Central and Eastern Europe. We will concentrate on promoting the wider application of safety practices that are proven to be effective.

The scope of work will include the areas of:

- Accident and risk factor analysis
- Product safety and technology
- Standardisation and enforcement
- Education and promotion
- Capacity building through strategic development of national action plans
Target Audience

The European Child Safety Alliance’s primary audiences are European decision makers, leaders, and practitioners who can influence healthy public policy, standards, and product/environment designs to reduce deaths and injuries of children 0 to 17 years of age.

In partnership with the national child safety agencies in each Member State, promotion information on good practices will also be communicated to parents, caregivers, decision makers, and national media to increase awareness and knowledge of current childhood injury issues.
The way we work

The Alliance work is done in partnership with stakeholders from various disciplines involved in and related to child injury prevention and safety promotion. A coordinated and consistent approach is taken across Europe.

The European Child Safety Alliance operates using evidence-based research on proven cost effective ways to prevent injuries where available and good practice information to determine its priority issues and strategies. Our global strategies are flexible, so national stakeholders and partners in the Member States can adapt them in order to reach a diverse audience.

Advocated strategies incorporate multifaceted approaches to enhance the level of success in reducing injuries including:

- **Engineering** (e.g. product and environmental modification)
- **Enforcement** (e.g. legislation, standards and policy)
- **Education** (e.g. home safety workshop, car seat clinics)

The most successful prevention strategies use a combination of education with enforcement and/or engineering strategies to make the greatest impact for injury reduction in the form of safety promotion.
The Alliance serves as the European catalyst through which national and international networks and activities are facilitated to:

- **advocate** synergistically at both a European and national level about the importance of child injury prevention and safety promotion, especially to the decision makers and politicians;
- **mediate** the different interests in society regarding injury prevention and safety promotion, with coordinated actions by all concerned: governments, health, and other social and economic sectors, non-governmental and voluntary organisations, local authorities, business, and the media;
- **create supportive environments** which promote injury prevention and safety with the different stakeholders;
- **strengthen community actions** through empowering citizens to take an active role in safety promotion.

The European Child Safety Alliance is a programme of EuroSafe – The European Association for Injury Prevention and Safety Promotion (the former European Consumer Safety Association-ECOSA). Direction for the programme is provided by the Alliance Steering Group, composed of representatives of participating Member States and affiliated international child injury prevention organisations (see members listing at end of the document). The programme is hosted by and operated out of the Consumer Safety Institute in the Netherlands, and is led and managed by the European Child Safety Alliance Director with support of the staff team. It was launched in 2001 with initial funding provided in partnership with the European Commission, the Consumer Safety Institute in the Netherlands and Johnson & Johnson Europe as our founding business partner. Financial support continues from these entities with additional support through extended partnerships with other granting agencies and organisations.
Strategic partnerships and joint ventures have been developed with governments, international organisations, academic institutions, and business to advance what works in child injury prevention and increase uptake of proven prevention strategies.

In addition to our child safety country members, collaborative work is also undertaken with:
- Confederation of European Specialists in Paediatrics
- Council of Europe
- European Commission
- European Association for the Co-ordination of Consumers Representation in Standardisation
- European Parliamentary Committees
- European Public Health Alliance and its European Environment Network
- European Transport Safety Council
- National Ministries of Health
- Organisation for Economic Cooperation and Development
- World Health Organization
- United Nations Child's Fund

A complete listing of international and national non-governmental organisations and business partners can be viewed on the Alliance website www.childsafetyeurope.org
Criteria for priority setting

In developing goals and activities for the European Child Safety Alliance, a number of factors are considered to establish the priorities for the programme, including the following:

- the identified needs of the Member States as to injury prevention/safety promotion issues and their willingness to coordinate with the European Child Safety Alliance;
- the severity and frequency of injuries in Europe;
- the parental and societal attitudes and beliefs in Member States and Europe;
- existence of good practices combining the best available research evidence with practical aspects of transfer from one setting to another;
- opportunities for support and resources through partnership.
activities

of the European Child Safety Alliance

The Alliance will focus on the following four goals for this Strategic Business Plan for 2004 to 2009.

1. To influence key decision-makers and leaders at the European and national level to enhance healthy public policies and funding for child injury prevention initiatives.

2. To stimulate European level injury prevention awareness and safety promotion to increase the profile of child injury prevention and advance it on the European and national political agenda.

3. To organise a Network of Child Injury Prevention advocates to share resources, good practice and develop partnerships to enhance child injury prevention and safety promotion.

4. To maintain and enhance the European Child Safety Alliance to be an effective and efficient operation.
To influence key decision-makers and leaders at the European level to enhance healthy public policies and funding for child injury prevention initiatives.

*Priority scoring: High ★★★ Medium ★★ Low ★

---

### Priority 1

<table>
<thead>
<tr>
<th>Priority*</th>
<th>Tasks</th>
<th>Current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004 - 2009</td>
<td>Maintain a database of key influencers at the European level to receive prepared materials on child injury prevention issues. Update database for media, European organisations, product safety contacts, key national advocates active at European level and MEP’s.</td>
<td>Ongoing and further work as a result of CEHAPE and CSAP project.</td>
</tr>
<tr>
<td>2004 - 2005</td>
<td>Prepare the 2nd edition of “Priorities for Child Safety in European Union” for the European Commission, Parliament, national members and their governments and other key influencers to describe the magnitude and issues of child injury in Europe, including the expansion of the European Union, with recommendations for action and a strategy to move these recommendations forward. For 3rd edition, consider WHO Europe/Unicef Report since no larger amounts of new data and preparations underway for a Home Safety Report and CSAP advocacy reports.</td>
<td>Completed, including intentional injury. Translated by partners into Spanish, Greek and Czech. Used in national governmental meetings.</td>
</tr>
<tr>
<td>2006 - 2009</td>
<td>Prepare European statistic sheets with national partners each year that addresses priority child injury issues that are disseminated to the media, policy makers and consumers in Europe.</td>
<td>Fact sheets and parent tip sheets related to home safety are completed and posted on the website as of Fall 2006. Children and road safety fact sheets were posted February 2007.</td>
</tr>
<tr>
<td>2006 - 2009</td>
<td>Prepare each year one Alliance position statement that is fully researched on a priority issue that is controversial and requires a firm stance (i.e. bath seats, baby walkers, inedibles in food, child safety products, child resistant lighters prevention of tap water scalds) using criteria to prioritise.</td>
<td>Discussion with ANEC on a position on bath seats for release. Collaborated on successful advocacy for an EU directive for child resistant lighters. Current collaboration on advocacy for an EU directive for RIPCigarettes.</td>
</tr>
<tr>
<td>2005 - 2009</td>
<td>Co-ordinate communications to promote the position statements of the European Child Safety Alliance in partnership with the national partners and their community networks to the media, policy makers and consumers. (i.e. MEP hearings, vulnerable road users, child care products, playground safety, inedibles in toys, child resistant lighters)</td>
<td>Conducted a child safety hearing in 2005 with MEP’s, international organisations with follow up of the Commissioner and media in the European Parliament magazine and BMJ. Also participate in the Vulnerable Road User Project advocating to policy makers with voice project 2007, child resistant lighters 2006, RIP cigarettes 2007.</td>
</tr>
</tbody>
</table>

---

Abbreviations listed on page 22
goal 1  (continued)

<table>
<thead>
<tr>
<th>Priority*</th>
<th>Tasks</th>
<th>Current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>★★★ 2004 - 2007</td>
<td>• Support the development of nationally approved child safety action plans (CSAP) in 18 countries using standard tools and processes to allow cross-country comparisons as part of the CEHAPE and Declaration.</td>
<td>First phase of project complete. Report cards and other products launched November 2007. Progress on child safety action plan development in all 18 countries participating; several almost complete.</td>
</tr>
<tr>
<td>★★★ 2006 - 2010</td>
<td>• Prepare and undertake a 2nd phase of the CSAP to support national plan implementation in the current 18 countries and development of initial plans in the remaining EU Member States and candidate countries.</td>
<td>Funding sought and secured for second phase as of January 2008. Preparation underway to identify country partners in 12 new countries. Continuing work to support original 18 countries.</td>
</tr>
<tr>
<td>★★★ 2004 - 2009</td>
<td>• Actively participate in the development and implementation of the Declaration and CEHAPE of the European Ministers of Health and Environment Conference, Budapest 2004 and WHO injury resolution at the 55th Regional Committee meeting.</td>
<td>Injury included as goal #2 of CEHAPE declaration. Implementation through CSAP. WHO EURO Injury Resolution positioned to include NGO’s as key partners and action plans as priority. Presentation to CEHAPE reporting meeting on injury goal Norway; NGO and country partner reporting at interim ministers reporting Austria June 2007.</td>
</tr>
<tr>
<td>★★★ 2004 - 2009</td>
<td>• Advocate for an all injuries data system throughout Europe that provides comprehensive, timely and reliable data.</td>
<td>Positioned in various reports and processes i.e. Stockholm Manifesto, WHO global child strategy, EC-WPAI, European Commission child health data meeting November 2007.</td>
</tr>
<tr>
<td>★★★ 2005 - 2008</td>
<td>• Prepare a report in partnership with WHO on the burden of childhood injury in Europe and communication tools to disseminate the key findings.</td>
<td>Feasibility underway, first draft available spring 2006. Published article for release in 2008.</td>
</tr>
<tr>
<td>★★★ 2006 - 2009</td>
<td>• Participate in the development and advocacy of the WHO global report and tools for child injury and subsequent World Health Assembly resolution.</td>
<td>Have participated in planning meetings with WHO global and euro region; discussions underway for collaborative communications Fall 2008.</td>
</tr>
</tbody>
</table>
goal 2

To stimulate European level injury prevention awareness and safety promotion to increase the profile of child injury prevention and advance it on the European and national political agenda.

*Priority scoring: High ★★★ Medium ★★ Low ★

goal 2

<table>
<thead>
<tr>
<th>Priority</th>
<th>Tasks</th>
<th>Current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>★ 2004 - 2005</td>
<td>• Investigate various structures and frameworks for campaigns (advocacy and promotions), which the Alliance could operate at a European level to provide national partners and their community networks with flexibility, yet maximising political and public impact of an injury prevention message.</td>
<td>Drowning expanded to tourist investigations and service providers. Promotion of road safety campaign February 2007 corresponding to world traffic safety day. Inclusion of WHO housing design work into home safety campaign.</td>
</tr>
<tr>
<td>★★ 2005 - 2006</td>
<td>• Partner and play a supportive role with participating national partners and community networks in the preparations of the research/promotion material that can be used throughout Europe.</td>
<td>Finalising European materials for home safety campaign launch fall 2006. European resources on website, housing guidelines under investigation.</td>
</tr>
<tr>
<td>★★ 2005 - 2006</td>
<td>• Conduct an evaluation of the promotions to determine their level of impact, what aspect worked best and general information to plan the next activities.</td>
<td>Drowning evaluation data collected and final report concluding.</td>
</tr>
<tr>
<td>★★ 2004 - 2009</td>
<td>• Investigate and conduct campaign messages to the media, policy makers and consumers in conjunction with key events and opportunities (i.e. world health day, world injury conference, ministers of health and environment conference, WHO child health agenda, etc.).</td>
<td>Press releases and participation in press conferences for World Injury Conference (June 6 - 9, 2004), World Health Day (April 7, 2004), Ministers Conference (June 2004), and VRU Project (2005 -2010). CEHAPE-WHO international report back 2007. WHO global road safety campaign in 2007.</td>
</tr>
<tr>
<td>★★ 2006 - 2009</td>
<td>• Optimise and further advance website as an important campaign tool, e.g. monthly safety tips, advocacy updates.</td>
<td>Website redesigned and enhanced Fall 2007 including campaign fact sheets, parent tip sheets, injury data, country maps with national data and campaign updates.</td>
</tr>
</tbody>
</table>
To organise a Network of Child Injury Prevention advocates to share resources, good practice and develop partnerships to enhance national and European capacity for child injury prevention.

*Priority scoring: High ★★★ Medium ★★ Low ★

goal 3

<table>
<thead>
<tr>
<th>Priority*</th>
<th>Tasks</th>
<th>Current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>★★★</td>
<td>2005 - 2006 * Develop a European database of child injury prevention practitioners, researchers and organisations in Member States, and make it available as an electronic directory of the European Child Safety Network.</td>
<td>Current database updated and now being expanded through the CSAP project.</td>
</tr>
<tr>
<td>★★</td>
<td>2006 - 2009 * Develop a standard set of household survey questions that could be used throughout Europe so comparable data is achieved and cultural differences and similarities investigated.</td>
<td>Questions for consideration being collected into one file.</td>
</tr>
<tr>
<td>★★</td>
<td>2004 - 2006 * Prepare a summary of key child safety activities underway in each Member State and make available online, with contact details to enhance information exchange amongst countries in Europe.</td>
<td>Alliance member websites where available are now linked to ECSA site, further links are being investigated.</td>
</tr>
<tr>
<td>★★</td>
<td>2005 - 2006 * Enhance website to share current child safety information: fact sheets, EU and national data, good practices and connect our network of child safety specialists.</td>
<td>Two phase expansion and update complete. Phase one complete 2005. Phase two target date for June 2006 to be combined with the new EuroSafe website.</td>
</tr>
<tr>
<td>★★</td>
<td>2004 - 2009 * Investigate activities that will create a link between academic researchers and practitioners, to determine benchmarking criteria, comparison information and good practice resources to share with injury practitioners.</td>
<td>Safer environments seminar held in 2004 producing the Stockholm Manifesto distributed in 2005. Linking or research and practice through CSAP activities.</td>
</tr>
<tr>
<td>★★</td>
<td>2004 - 2009 * Host capacity building workshops, seminars and Alliance meetings in partnership with the national partners and their community networks to share good practices, programmes successes, resources, skill building techniques, and networking.</td>
<td>Advocacy/planning workshop fall 2005, violence seminar spring 2007, road and home seminar 2008. Bi-annual Alliance meetings hosted with Spain, Hungary, Austria, Scotland and Iceland.</td>
</tr>
<tr>
<td>★★★</td>
<td>2005 - 2006 * Update in partnership with ANEC and national partners the “Guide to Child Safety Regulations and Standards in Europe” to increase our knowledge of the issues and assist with our advocacy planning.</td>
<td>Pending funding for directives review.</td>
</tr>
<tr>
<td>★★★</td>
<td>2006 - 2009 * Investigate a rapid communication system with ANEC, national partners and other key organisations to enhance the dissemination of information quickly on product warnings, recalls, etc.</td>
<td>Pilot underway with Belgium partners and ANEC. Pilot results to be available 2008 for discussion.</td>
</tr>
</tbody>
</table>
To maintain and enhance the European Child Safety Alliance to be an effective and efficient operation.

**Priority scoring:** High ★★★ Medium ★★ Low ★

<table>
<thead>
<tr>
<th>Priority*</th>
<th>Tasks</th>
<th>Current status</th>
</tr>
</thead>
<tbody>
<tr>
<td>★★★ 2004 - 2009</td>
<td>• Build a business partners programme with founding members to strengthen work at the European and national levels.</td>
<td>Business partner meeting hosted fall 2004. Continued investigation with business and foundations.</td>
</tr>
<tr>
<td>★★★ 2004 - 2009</td>
<td>• Build strategic alliances and partnerships with key health and children related international organisations to advance the mission of the Alliance.</td>
<td>Partner work established with WHO, OECD, UNICEF, HEAL, EPHA. Joint plan of work being developed with WHO, and UNICEF.</td>
</tr>
<tr>
<td>★★ 2004 - 2009</td>
<td>• Formalise a Steering Group with representatives of the EU 25 Member States and affiliated child safety organisations in Europe to enhance partnerships within and among countries. Expand to investigate representatives from the EU candidate countries.</td>
<td>Membership increasing, now 29 Member States participating and inquiries from Central and Eastern Europe.</td>
</tr>
<tr>
<td>★★★ 2004 - 2009</td>
<td>• Maintain continuity of staff and the funding required to direct and manage the Alliance and its activities.</td>
<td>Staff team continues.</td>
</tr>
<tr>
<td>★★ 2004 - 2009</td>
<td>• Develop a branding of the Alliance identity within EuroSafe, through its communication resources (i.e. website, promotion materials, reports, etc).</td>
<td>Consistent format and design being applied, further integration with EuroSafe as of June 2006.</td>
</tr>
<tr>
<td>★★★ 2006 - 2009</td>
<td>• Implement, and evaluate the strategic business plan 2004 to 2009 for the European Child Safety Alliance.</td>
<td>Individual project evaluations underway. Member evaluation to be completed in 2009 for overall Alliance activities.</td>
</tr>
</tbody>
</table>
List of Abbreviations

ANEC  The European Consumer Voice in Standardisation
BMJ  British Medical Journal
CEHAPE  Children’s Environment and Health Action Plan for Europe
CESP  Confederation of European Specialists in Paediatrics
CSAP  Child Safety Action Plan
EC  European Commission
EC WPAI  European Commission Working Party on Accidents and Injury
EEN  EPHA Environment Network
EPHA  European Public Health Alliance
EuroSafe  European Association for Injury Prevention and Safety Promotion
J&J  Johnson & Johnson Europe
OECD  Organisation for Economic Co-operation and Development
UNICEF  The United Nations Children’s Fund
VRU  Vulnerable Road Users
WHO  World Health Organization

International organisations  [MAY 2006]

Belgium
Tania Vandenbergh, ANEC - European Consumer Voice in standardisation

Great Britain UK
Michael Hayes, ISCAIP - International Society for Child and Adolescent Injury Prevention

Ireland
Alf Nicholson, CESP - Confederation of European Specialists in Paediatrics
# Current Alliance Member List [MARCH 2008]

<table>
<thead>
<tr>
<th>Country</th>
<th>Member Information</th>
</tr>
</thead>
</table>
| Austria | Ursula Löwe, Kuratorium für Verkehrssicherheit  
Gudula Brandmayr, SAFE KIDS Austria/Grosse schützen Kleine |
| Belgium | Carine Renard, OIVO CRIOC  
Erwin van Kerschaver, Kind en Gezin (Child and Family) |
| Cyprus | Olga Kalikowia, Ministry of Health  
Nikos Persianis, Ministry of Health |
| Czech Republic | Veronika Benesova, Charles University |
| Denmark | Helen Amundsen, Forbrugerradet |
| Estonia | Helle Aruniit, Consumer Protection Board of Estonia |
| Finland | Jaana Markkula, National Public Health Institute |
| France | Florence Weill, Commission de la Sécurité des  
Consommateurs (CSC)  
Pierre Anwiston, Institut National de Prevention et d’Education pour la Sante (INPES) |
| Germany | Stefanie Marxheuser, Bundesarbeitsgemeinschaft (BAG) Mehr Sicherheit für Kinder e.V. |
| Great Britain | Michael Hayes, Child Accident Prevention Trust  
Janice Cave, Royal Society for the Prevention of Accidents |
| Greece | Aghis Terzidis, Athens University Medical School |
| Hungary | Gabriella Páli, National Institute of Child Health |
| Iceland | Herdis Storgaard, The Icelandic Safety House |
| Ireland | Sean Derryn, Population Health:Children and Young Peoples Team HSE |
| Israel | Rosa Gofin, Hebrew University Hadassah  
Liri Endy-Finding, SAFE KIDS Israel/Beterem |
| Italy | Giuseppe Salamina, Ministry of Health |
| Luxembourg | Yolande Wagener, Ministère de la Sante |
| Malta | Karen Vincenti, Ministry of Health  
Renzo Pace Asciak, Department of Public Health  
Pierre Gatt, Health and Safety Unit |
| Netherlands | Ine Buuron, Consumer Safety Institute |
| Norway | Johan Lund, Norwegian Safety Forum |
| Poland | Marta Malinowska-Cieslik, Jagellonian University,  
Institute of Public Health |
| Portugal | Sandra Nascimento, APSI-Portuguese Association for  
Child Safety and Injury Control |
| Scotland | Elizabeth Lumsden, Royal Society for the  
Prevention of Accidents (RoSPA) |
| Slovenia | Mateja Rok Simon, Institute of Public Health  
of the Republic of Slovenia |
| Spain | Jorge Parise, Sociedad Española de Cirugía Infantil  
Vicenta Lizzebo Alonso, Ministerio Sanidad y Consumo |
| Sweden | Richard Svanegård, Swedish Rescue Services Agency/  
Räddningsverket |
| Switzerland | Uwe Ewert, Swiss Council for Accident Prevention  
Martin Hugi, Swiss Council for Accident Prevention |