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EuroSafe Alert

European Association for
Injury Prevention and Safety Promotion

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"Working together to make Europe a safer Place"

Contents

► EuroSafe news

Safety in Handball - launch of Sports Task Force report

A three-years study by the EuroSafe - Safety in Sports Task Force confirms that it is possible to anchor injury prevention more strongly into the education and training of coaches and player and thus to increase the health benefits of playing handball by decreasing injury risks. Coaches play a decisive role in translating the prevention evidence into practice and are the most important mediators for integrating safety aspects within current training and practices.

The study report was launched at the annual conference of the European Handball Federation and the Union of University Handball Teachers in Vienna, 18-19 November 2011.

With an annual toll of over 320.000 injuries in Europe, handball is a highly demanding game for players as well as coaches. The total medical costs of handball related injuries are estimated at up to 400 million euro a year, half of these costs being related to knee injuries.

Quite some knowledge is available as to appropriate training principles and protective measures, e.g. use of braces, to reduce injury risks among handball players. However, the challenge is in enabling clubs to invest means and capacity to implement such measures and to motivate coaches and athletes to bring these principles consistently into practice.

National pilot projects

In collaboration with Norwegian and Czech Handball Federation and the European Handball Federation the project team developed a set of tools and measures that are proven to be effective as well as ready for being taken up by the trainers, coaches and athletes.

Volunteers from both federations critically reviewed these recommended practices and assessed their applicability and acceptability at local level. Both Federations produced a set of 'tailor-made' tools, coaching clinics and training seminars.

The results of these pilots are most promising:

- Coaches in the two countries became more competent in directing their training practices towards training contents that are more effective in reducing injuries, in particular muscle strengthening and co-ordination exercises;
- Coaches found better opportunities to motivate their team members in appreciating and accepting the training practices offered;
- The players involved appreciated the inclusion of safety aspects in sports practice while this also contributes to enhancing their performance.

Both federations are confident that the pilots have helped to anchor injury prevention more strongly into their

education and training curricula and thus to decrease injury risks and to make it an even more attractive sport.

Way ahead

EuroSafe will continue to promote safety in all types of sports and physical activities. The study results are also of relevance for other ball-sports and team sports and will be therefore shared will be shared with the relevant stakeholders.

The EuroSafe - Safety in Sports Task Force advises national handball federations to follow a pro-active strategy as to the risk of injury and to communicate openly with their members about the injury risks involved and necessary measures to be taken by clubs and individuals. All sustained injuries should be reported to trainers and coaches and should be systematically recorded at club and national level, in order to identify individual and situational risk factors, to monitor injury trends and to evaluate effects of measures taken.

All national associations should include an injury prevention module in their trainer education curriculums and designate an official staff member as 'safety promotion ambassador' within their federation. Such a pro-active approach will contribute to the positive image of the game and the organisations involved, and will help to attract new members.

More information: www.safetyinsports.eu/

Joint Action on Injury Monitoring in Europe - Successful first meeting of country partners

In 2010, competent governmental authorities from 22 countries signed up for a joint initiative to have by 2015 one common hospital-based injury data collection system in all EU Member States, called Joint Action on Injury Monitoring in Europe (JAMIE). This system shall report on external causes of injuries due to accidents and violence and become integrated part of the existing programme for exchange of Community Statistics on Public Health.

At present, only twelve EU-countries are collecting injury data in a sustainable manner, from ten of these countries the data are being uploaded on https://webgate.ec.europa.eu/idb. The new focus in EU-wide injury data collection, the so-called JAMIE-approach, will be:

- to ensure the availability within countries of Minimum Data Set (MDS)-level data, based on a large national representative sample of emergency departments (ED's), and
- to have Full Data Set (FDS)-level of data being collected in an EU-sample of ED's not necessarily representative at country level.

The data collected will in principle cover all injuries that are seen in ED's in the respective samples of hospitals, but shall at least cover as completely as possible all home and leisure injuries (HLA) as defined in the ECHI-indicator for HLA-injuries.

Consensus on JAMIE methodology

In September this year, the JAMIE-partner countries met in Vienna in order to establish consensus on major issues related to the implementation of the JAMIE-methodology into countries. The meeting welcomed also representatives from new countries who are interested to join into the collaborative exercise, including Turkey, Macedonia, Luxembourg and Croatia.

The JAMIE-partner countries expressed once more their commitment in improving injury data collection in their countries and they endorsed the JAMIE approach as a most valuable model for such an endeavour. They foresee some challenges, in particular due to limited resources in countries, but the willingness to perform and to meet the JAMIE-objectives has been clearly expressed in the September-meeting.

The meeting agreed on the methodology of sampling, the specific content of the minimum data set and the practical guidelines to provide to countries. The JAMIE-partner countries will now start to prepare their action plans for the implementation of the JAMIE-approach in their country. During the partner-meeting in Spring next year, these plans will

be reviewed for final adoption and launch in the respective countries. Thus, the meeting laid the ground for field testing and implementation in the participating countries from mid 2012 onwards.

More information: *www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/I3projects-333.htm*

► EU news

EC-Commissioner Dalli at Gastein Forum: 'Prevention key for sustainability of health systems'

In his address to the European Health Forum in Gastein, Commissioner Dalli said that in these times of deep economic turmoil, the challenge is to design and build a smart and sustainable healthcare system and to ensure that health systems in Europe provide more high quality healthcare, with less resources. His answer to this challenge is: innovation and prevention.

Firstly, as Dalli said, 'we must change our mindset and must have WELLNESS as the overarching objective of our policies. Therefore, people should stay out of Hospital Beds and more and more resources should be diverted towards prevention'.

Secondly, innovation should be at the service of the patients. Therefore Health Technology Assessment should sift through technology in a fast, efficient and coordinated way to ensure that new processes, new devices, new medicines have an added value that would benefit patients and that would support sustainability.

E-Health in particular, has the potential to deliver better and safer healthcare, to more people, in a more efficient and sustainable manner. Well planned, interoperable, accessible e-health solutions will not only provide new tools for prevention and care, but will also ensure the optimal use of resources, including human resources.

With the launch of the European Innovation Partnership on Active and Healthy Ageing, the Commission wants to work together with a wide range of stakeholders to translate innovation into real products, devices and services to benefit older people; so that they can live a longer, more active and healthier life. The aim of the Partnership is to add two healthy life years to the average healthy life span of European citizens. It includes an important programme for the prevention of falls in older people, focusing on increase use of protective devices, development of home risk assessment tools and the promotion of physical activities with a view to reduce the risks of hip fractures.

New health programme

Of course, to invest, money is needed. This is why the Commission is keen to ensure that EU funds provide valuable opportunities for Member States to invest in health.

In June, the European Commission set out its financial priorities for the future. It has made clear that EU funding must contribute to a smarter, inclusive and more sustainable Europe by 2020. It is in this spirit, that SANCO plans to put forward a proposal for a "Health for Growth" programme later this year. The intention is to focus the programme on offering clear EU added-value and strengthening the link between economic growth and a healthy population.

In redesigning the health programme, Commissioner Dalli's aim is to help Member States in their effort to achieve four objectives:

- Promoting health and preventing diseases,
- Innovative, efficient and sustainable health systems
- More access, to better and safer healthcare, for EU citizens, and
- Protecting citizens from cross border health threats.

The future 'Health for Growth' programme, however, has limited funding capacity. Therefore, the European Commission has now – expressly – put the Cohesion Funds at the service of bridging health inequalities, improving access to healthcare and moving towards more integrated care systems. All regions - even the most prosperous - can seize this opportunity to invest Cohesion Funds on e-Health, medical equipment, infrastructure, access to high-quality healthcare, healthy ageing and training of health professionals.

Evaluation of the EU Health Strategy

The EU Health Strategy covers the period 2008 – 2013 and aims to address the key challenges facing the EU in the area of health, and give direction to future EU activities in health. Although Member States have the main responsibility for providing healthcare to European citizens and defining health policy, it is the European Commission (EC)'s role to promote cooperative action, particularly relating to health threats and issues with a cross-border or international impact, and the prevention of illness.

A consortium of research institutes was contracted by the Commission in order to review the process of implementing the strategy and its impact at EU and at national levels for the period 2008-2010. To fulfil this objective, the evaluation team developed a methodology based on a mix of participatory and static data collection tools, namely stakeholder interviews, a questionnaire among MSs and desk-based research.

Recommendations

The evaluation results suggest that the EU Health Strategy has had varying success in influencing, guiding and encouraging different actors in the public health arena to adopt, adapt or revise policies, or undertake concrete actions.

It is recommended that the Health Strategy should continue to function as a reference framework and inspiration for health policy primarily for the EU institutions. This would, as the evaluation suggests, bring a number of benefits in terms of a continuation of the wide breadth of actions at EU-level and in Member States.

The results of the evaluation showed however that only a few public health stakeholders aside from DG SANCO have taken actions that can be directly and unequivocally linked back the EU Health Strategy. Therefore, DG SANCO is being advised to engage directly with selected key policies or funding programmes at a sufficiently early point in time, i.e. during the programming design phase, and define more specific targets and priorities in consultation with Member States.

The very broad nature of the EU Health Strategy means that the focus has not always been put on the key areas where there is the greatest EU added value to be expected. In order to increase the impact and sharpen the profile of the Health Strategy, a focus should be placed on a few key areas where the value of joint action is greatest.

The evaluation suggests that the coordination mechanisms have, to date, not been used to their full potential. Better planning and task distribution among actors is needed to move towards more systematic and all-encompassing implementation of the EU Health Strategy. In order to achieve this, the Commission is advised to set:

- Key principles and objectives to focus actions on and within these objectives specific key areas that promise the highest level of EU value added;
- Concrete targets for each principle and objective;
- Clear timelines for the achievement of the pre-defined targets;
- Which stakeholders and in what capacity they are expected to implement the activities.

The evaluation results suggest that the impact of the EU Health Strategy on MS health policies has been limited in that it is not a key driver of MS action and MS policies, although most of these are often coherent with the EU-strategy. In order to promote increased coordination and alignment of national health policies around the principles and objectives of the EU Health Strategy, new forms of coordination mechanisms could be considered.

More information: http://ec.europa.eu/health/strategy/key_documents/index_en.htm#anchor0

Men's Health Report

The Commission recently launched a report on 'The State of Men's Health in Europe', produced by the Centre for Men's Health at the Leeds Metropolitan University. This report provides a comprehensive overview of the state of men's health across the region. It highlights the broad range of mortality and morbidity data arising from the many different health conditions that affect men in Europe.

The patterns emerging from the data show marked differences between the health of men and women, and at the same time large disparities in health outcomes between men in different countries and within male populations in each Member State. This variability demonstrates that men's health disadvantage is not biological inevitability.

A main message from this report is that there is a high level of preventable premature morbidity and mortality in men, which will only be addressed by targeted activity across the lifespan.

Preventable risks

Poor lifestyles and preventable risk factors account for a high proportion of premature death and morbidity in men. There is a strong gender-dimension to lifestyle choices and risky behaviours that place men at higher risk of ill health than women, yet these need to be considered within the context of economic, social, environmental and cultural factors.

In all Member States we see that men who live in poorer material and social conditions are likely to eat less healthily, take less exercise, be overweight/obese, consume more alcohol, be more likely to smoke, engage in substance misuse, and have more risky behaviour.

Although men's overall life expectancy in Europe as a whole is increasing, some countries have seen a reversal of this trend in the past decade. Life expectancy is lower for men than for women across the EU, a difference that ranges from 11.3 years for Latvia to 3.3 years in Iceland. This variation can also be seen within countries, where significant differences in life expectancy between regions and within localities are closely tied to socio-economic factors. For the EU27, the death rate is higher for men in all age ranges, with a 24% higher rate in the 0-14 year age range, 236% higher rate in the 15-44 age range, 210% higher rate in the 45-64 age range and a 50% higher death rate in the over 65 age range.

Accidents, Injuries and Violence

Throughout the EU, there is a clear and consistent pattern of higher mortality rates from accident and violence-related injuries among men compared to women. Accidents and violence related injuries contribute a significant proportion of deaths in younger men, with road traffic accidents causing the majority of those.

Conclusion

This report provides the foundation for a wealth of activity in and around the emerging field of 'men's health' and sheds light into the challenges men face at the start the second decade of the 21st Century.

More information: *http://ec.europa.eu/health/population_groups/docs/men_health_extended_en.pdf*

► WHO news

Cost-effectiveness and cost-utility of injury prevention

The WHO-regional office has published a guide for the use of standardized methods to conduct cost–effectiveness and cost–utility analyses on injury prevention interventions. The guide is meant to assist public health experts, researchers and policy-makers who are interested in estimating the cost-effectiveness and cost–utility of injury prevention programmes.

Economic evaluation plays an increasing role in prioritizing the implementation of the treatment and prevention of both unintentional and intentional injuries. Policy-makers and decision-makers need information about the effectiveness of an intervention in relation to its costs to assess whether an intervention provides good value for money. A review of

the literature has shown that only a few studies have been undertaken in the field of injury prevention that are sufficiently robust and comparable as to their methodology.

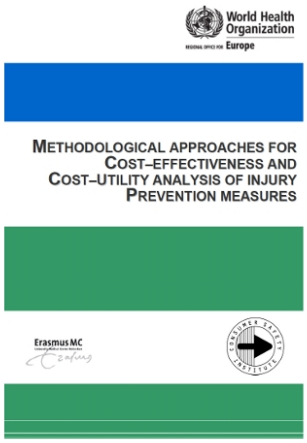
Since the problem of injuries is great and heterogeneous and since resources are scarce, methods are needed for making optimal choices in policies to prevent injuries. Economic evaluation studies give insight into the potential changes in costs and population health resulting from a specific intervention or a combination of interventions. In many countries, economic evaluation plays a role in decision-making on reimbursement or the implementation of a specific intervention.

The usefulness and quality of future economic evaluation studies on preventing injury may be largely expanded by developing an extensive common core of basic methodological choices that will make these studies more supportive in choosing between alternative interventions. Efforts to sort out some of the finer methodological challenges in both the cost and effectiveness elements of studies economically evaluating injury prevention interventions will lead to more uniformity in reporting. Examples include using a common perspective (societal perspective), common cost categories in all analyses, standardized measurement of health effects and discounting, which facilitates comparison between interventions.

Further, reporting of the methods applied and data collection should be more transparent. In addition, using methods in accordance with the methods used for other public health issues would enhance the value of economic evaluation studies for injury prevention measures. This would enable policy-makers to base their decisions on objective information to maximize the effectiveness of their injury prevention policy in terms of health outcomes and efficient allocation of resources. Only then can economic evaluation be used for setting priorities: comparing with other public health issues and comparing within the domain of injuries.

The overall aim of the WHO-guide is to provide step-wise guidance according to standardized methods to contribute an increased evidence base of cost–effectiveness and cost–utility interventions for preventing injury. The report provides a general framework for public health experts, policy-makers and researchers interested in conducting studies that can estimate the economic burden of injuries. This guidance will certainly support a growing number of scientific analyses of the economic effects of injuries and hopefully in additional prevention programmes.

More information: *http://www.euro.who.int/en/what-we-do/health-topics/disease-prevention/violence-and-injuries/publications/2011/methodological-approaches-for-costeffectiveness-and-costutility-analysis-of-injury-prevention-measures*



Sign up for WHO is WHO

The Who is Who expert directory is a networking tool for all involved in injury prevention and safety promotion. It is also an important tool for EuroSafe to be able to identify and invite experts in specific areas to participate in expert consultations around various EuroSafe activities and products.

http://www.eurosafe.eu.com/csi/eurosafe2006.nsf/wwwVwContent/l2whoiswhoexpertdirectory-.htm

► New section: Country update on Injury Surveillance

In the framework of the Joint Action on Injury Monitoring in Europe (JAMIE) we will regularly inform the Alert-readers on current activities of our JAMIE-partners in injury surveillance.

The ultimate objective of JAMIE, co-funded by the EU and its Executive Agency for Health and Consumers (EAHC) is to work towards one common hospital-based surveillance system for injury prevention in operation in all Member States (MSs) by 2015, that is integrated within the Community Statistics on Public Health.

In this issue of the Alert our colleagues from Hungary and the Netherlands share with us their latest experiences in injury surveillance and reporting.

IDB pilot in Hungary

As in other countries in Europe, a great variety of sources are providing a wide but very fragmented spectrum of information on injuries in Hungary. For instance, hospital discharge data are providing information on severe injuries, but this information is still deficient as to the causes and circumstances of the injury event.

This was the reasons while the National Institute of Health Development (NIHD), until April this year the National Centre for Health Care Audit and Inspection, decided start a pilot testing the possible implementation of an injury data surveillance system in Hungary.

Start up of a pilot project

In 2009, a workgroup has been established in cooperation with the Department of Non-communicable Diseases and Department of Informatics in order to collect and process injury records in accordance with the principles of the EU-Injury Data Base (IDB). The members of the workgroup were a public health doctor, a medical IT expert and three IT staff members. The coordinator of the group was the head of the Department of Non-communicable Diseases.

The IDB-coding manual was translated into Hungarian language and a web form for the data collection has been developed. A workshop on the content and form of the collection has been held in January 2010. The participants were the data collectors and medical doctors from hospitals, the medical inspector of traumatology and the regional medical executive of the National Insurance Fund.

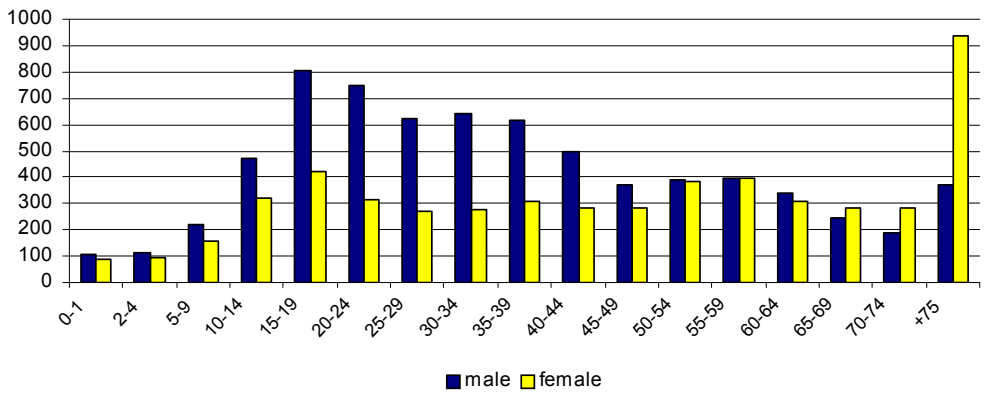
The pilot data collection in Hungary has been conducted in the Southern Transdanubian Region, which counts a population of one million (total population of Hungary: 10 million). A total of 8 hospitals participated, most of them were smaller hospitals.

The data collection took place from February 2010 to the end of May 2010. A total number of seventeen persons was actively involved in collecting the data, most of them nurses and administrators. They worked under the supervision of a medical doctor who was responsible for primary data control. Secondary data control was made by informatics.

Results

During the pilot project a total of 12 654 cases were collected. The gender distribution favours males (7143) to females (5409). In 102 cases the gender remained unknown.

Figure: Numbers of injured persons by age group and gender



In age groups from 15 to 39 the proportion of males among the injured persons is about the double as that of the females. The large difference in gender at ages 75 and up is due to the relatively higher number of elderly women (2:1) than men in the population.

About 93% of the cases were reported as unintentional injury. The remaining cases are assaults (4%) and intentional self-harm (1%). In the 2% of the cases the intent was not indicated.

Almost half of the cases were identified as home and leisure accidents, the second largest group is related to sport, and these two categories compose more than two third of the total number of injuries.

The highest proportion of the injuries was suffered during household activities. The largest difference between genders is in injuries related to sport and exercise, while females show a tendency to sustain injuries during vital activity.

All types of injuries were analysed separately. Especially the police services were interested to use this data related to road traffic injuries. But also the huge number of sports and leisure related injuries attracted the interest of the medical professions and of policy makers in government.

The results were also presented at the Ministry of Health, in January 2010. Based on the outcome of this meeting, the Hungarian Ministry of Health signed a partnership agreement with EuroSafe for the Joint Action JAMIE.

More information:
http://193.225.50.35/ujhonlap/control.php?eventId=vmenu535
Coordinator: Dr. Mária Bényi,
E mail benyi.maria@oefi.antsz.hu

Injury data collection in the Netherlands: the cornerstone of injury prevention policies

In the Netherlands every year 3,300 fatal accidents occur, mainly home and leisure accidents (2,500). Also 3.2 million injured persons need medical treatment every year; 120,000 are being hospitalised and 840,000 attend the Emergency Department of a hospital. Again these are mostly home and leisure accidents (1.2 million) and sports injuries (1.4 million).

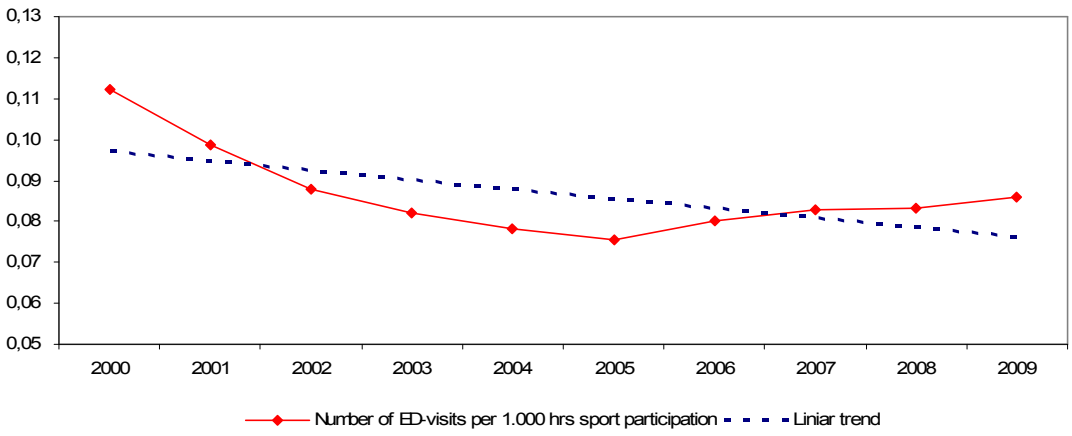
Injuries, intentional and unintentional combined, are in the top 5 of all causes of death and rank at the fourth position of Years of Life Lost. Yearly € 5.1 billion is lost due to direct medical costs and cost due to lost workdays as a consequence of unintentional injuries.

Trends and developments

The Dutch government has invested heavily in injury prevention in the last decades, e.g. by funding the Consumer Safety Institute (CSI), the national lead organisation in the field of preventing accidents. Figures over 2000-2009 show some encouraging results: the number of injuries in children aged 0-4 years and of sports related injuries (in figure) have been reduced significantly by 27 and 21 percent respectively.

Despite these successes, there are other less positive developments. Due to demographic changes, the overall number of hospital ad-

Figure Trend in ED-treatments due to sports injuries per



Source: LIS 2000-2009; OBiN 2000-2010, Consumer Safety Institute

missions and ED treatments due to accidents increased in the period 2005-2009 with 25% and 13% respectively. Injury is still an issue of concern in the Netherlands. The Dutch government is aware of this, and although budgets are shrinking, it continues to invest in injury prevention and into the cornerstone of injury prevention: injury surveillance.

The LIS-system

The Consumer Safety Institute's 'Injury Information System' (LIS is the Dutch acronym) continuously monitors developments relating to accidents and injuries in the Netherlands.

LIS plays an important and unique role in collecting epidemiological accident data: i.e. the magnitude, severity, costs and societal impact of injuries due to accidents. This makes it the most important source of information for injury prevention policy in the Netherlands. Since 1997 LIS collects information on patients attending Emergency Departments (ED) of hospitals, not only those related to home and leisure accidents but also those related to sports accidents, traffic accidents, occupational accidents, as well as injuries due to violence and self-mutilation. In 2011, 14 hospitals voluntary participate in LIS. They represent a random sample of general hospitals in the Netherlands. This random sample is being used for making reliable estimates regarding the total number of cases treated in EDs as a result of accidents throughout the Netherlands.

Each hospital has its own method for collecting and recording the necessary information relating to patient, arrival, diagnosis, treatment, discharge and injury event. In consultation with CSI, the data collection is integrated into the daily activities of staff at the ED, involving ED receptionists and nursing staff collecting and recording the data.

Hospitals can record the required information in various ways, e.g. into their own Hospital Information System, or make use of stand-alone LIS-software. At CSI, the data is uploaded in a central database, which is used for statistical analyses. This central database also provides the records that are uploaded to the EU-IDB database.

Main users of LIS-data

The main purpose of LIS is to support injury prevention policy at the Ministry of Health, Welfare and Sport, and strategies related to priority areas such as the prevention of risk taking behaviour in adolescents, the prevention of falls in elderly, and the promotion of safe and healthy exercise and sports.

Other Ministries and organisations also make use of the data, including the national Product Safety Authority, the Ministry of Infrastructure and Environment (being responsible for traffic safety, fire prevention, prevention of fireworks accidents), the Ministry of Social Affairs and Employment (responsible for occupational safety), the Ministry of Education and Sciences (as to the promotion of school safety), local government bodies (e.g. in the evaluation of the effects of bicycle helmets for children and by providing violence data to local police forces), research institutes, universities, businesses and of course the Consumer Safety Institute itself.

More information: Anneke Bloemhoff
E-mail: a.bloemhoff@veiligheid.nl

► Child safety

European Health Award 2011 to ECSA

On October 7, the European Child Safety Alliance was honoured the Award of the European Health Forum Gastein for a Health Policy Initiative of European Importance. The European Jury selected ECSA's Child Safety Report Card initiative as the winner of this year's award. The European Health Award honours initiatives for the improvement of medical care in Europe. The main criteria are that more than one European country be involved in a project and that the results be transferable to other states and directly benefit a substantial part of the population or relatively large patient groups. Nine cross-border health projects were short listed for the European

Health Award 2011, covering child injuries, cardiovascular risk, osteoporosis, the strengthening of primary care, education about sexual diseases, and diabetes prevention.

The winning Child Safety Report Card initiative is a component of ECSA's Child Safety Action Plan project which launched in 2007, and the initiative will be continued under ECSA's new TACTICS project, with the support of the European Commission. The report cards are useful advocacy tools which comparably measure a country's application of child safety policies, encompassing road safety, water safety, burns, falls, and other risk areas. They also assist in the monitoring and benchmarking of a country's progress in injury prevention.

The first two sets of report cards were released in 2007 and in 2009, with first 18 and then 26 countries participating. All EU member states plus Croatia, Iceland, Israel, Norway and Switzerland will be releasing the next set of report cards in spring 2012, for a total of 32 participating countries. Comparison of performance scores for countries which participated in both 2007 and 2009 showed policy and capacity improvement in every country. The next set of child safety report cards will for the first time include intentional injury.

More information: http://www.childsafetyeurope.org/tactics/index.html

► Consumer safety

The future of market surveillance

Under the title The future of market surveillance in the area of' non-food consumer product safety under the General Product Safety Directive, the Commission has published a report produced by the British Standards Institute (BSI) under contract with the EC.

The report identifies a number of areas and issues that have the potential to improve the current market surveillance system and to enable it to deliver “more rapidly, efficiently and consistently throughout the EU and which is also flexible enough to adapt to the challenges of globalisation”.

From its review of the current framework adopted by Member States to deliver market surveillance and previously published review material, there are clear indications that the present system is no longer “fit for purpose”.

Particular issues highlighted are the following ones:

- Lack of resources clearly affects the impact of market surveillance in many Member States.
- The need for co-ordination is recognised but as yet no solutions have been universally adopted.
- Joint enforcement programmes are certainly not normal custom and practice.
- Good practice is being followed in many Member States but it not being universally applied.

There is very little performance information available regarding the market surveillance activities of Member States and accurate benchmarking is impossible.

Based upon the results of the study, the report identifies some clear routes to improvement of service delivery including:

- The advantages of scale can be a benefit when utilised within Member States and increasingly so when resulting from co-ordinated programmes between Member States.
- The main requirements will always be sufficient assured funding and numbers of qualified inspectors working within a framework that incorporates as many aspects of best practice as possible with reasonable access to accredited testing facilities.
- A wider range of information sources would allow for better targeting.
- RAPEX notifications need to be transferred quicker and greater efforts should be made to provide more actionable information.
- Information and advice to economic operators (SME) is a legitimate MS function that needs to be given a greater priority.

The review of best practice equally gave clear examples of procedures that would

improve the effectiveness and increase the efficiency of current practice, including;

- Best practice should become the basic operating procedures of all MSs authorities.
- A balance should be found between reactive and proactive approaches.
- Better use should be made of consumer complaint and accident & injury data.
- Databases of risk-assessed economic entities should be created.
- Risk-based inspection programmes should be developed.
- Intelligence-led safety initiatives initiated with precautionary principle in mind.
- Enforcement policies should be accessible to the public.
- National Market Surveillance Co-ordination Committees should be established.

Many documents have been published as part of the Review of Directive 2001/95/EC of the European Parliament and of the Council of 3 December 2001 on general product safety (GPSD) being conducted by DG SANCO.

The report provides DG SANCO with additional information that may be helpful in its review process of the general product safety directive (GPSD). It gives an insight also of the views of stakeholders and the market surveillance authorities in Member States. The recommendations seek to indicate routes towards clear policies and initiatives that would leave market surveillance better equipped for the challenges of the 21st century.

More information: http://ec.europa.eu/consumers/safety/projects/docs/final_report_the_future_of_market_surveillance.pdf

Acrobatic Trails

The rising attraction of acrobatic trails parks and an increase in accidents reported have prompted the French Consumer Safety Commission (CSC) to examine the issue. CSC recently published a report with several recommendations to ensure greater safety for participants.

France has the highest number of trails for this type of leisure activity, counting around six hundred tree-top acrobatic trails. Ten to twenty new forest adventure parks are created every year, which clearly reflects French enthusiasm for the recreational and sports activity. Participants can glide from tree to tree, clamber over monkey or two-rope Nepalese bridges, zoom down Tyrolean traverses (ropes threaded through pulleys) and use branches and hanging vines to swing at great speed.

Once participants have been instructed on the features of the trails with different degrees of difficult and on safety rules, and have tested their skills on a 'test' trail, they may brave the trail of their choice alone, attached to a lifeline for safety, under their own responsibility. The system connecting participants to a safety cable requires climbers to operate a safety hook. Climbers experience the thrills and excitement of different attractions, as if they were Indiana Jones or Tarzan.

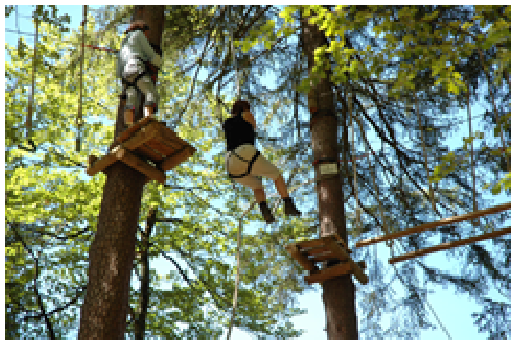
Safety standards needed

CSC is recommending the public authorities to have independent, accredited inspection organisations conduct mandatory technical inspections of trails before the inaugural opening and before each new season. Not only should these controls cover the equipment, for instance a check that passive brake systems have been installed on the Tyrolean traverses, but also the condition of the trees supporting the infrastructures.

Mandatory controls must be included in European standards NF EN 15567-1 and 2, which are now being reviewed. Importantly, the latest safety requirements should also be included in the instructions to provide to climbers and it should be mandatory for operators to provide proper personal protective equipment to all climbers, without exception.

It is the responsibility of treetop acrobatic trail operators to design beginner courses and to

ensure that these courses are being provided by qualified instructors. Instructors have to make sure that climbers, and especially children, have clearly understood the difficulties specific to each trail. In addition to the installation and regular maintenance of guardrails and anti-fall safety nets as well as the set-up of escape routes on the most difficult trails, a sufficient number of supervisors shall be available within earshot, ready to respond promptly in the event of a problem.



CSC also urges 'holiday adventurers' not to overestimate their strength and choose trails appropriate to their fitness and ability to handle treetop climbing. CSC advises climbers:

- Before starting, to get the information on the features of the trails and the available degrees of difficulty;
- Always to attend the beginner course;
- To make sure children have clearly understood safety instructions;
- To check that a supervisor is on site and can respond in the event of a problem;
- Before taking a Tyrolean traverse, to check that the arrival point is clear; and
- To demand personal protective equipment from the park operator and wear it during the entire trail.

More information: http://www.securiteconso.org/article799.html

► Adolescents & risk taking

Young people and alcohol related harm

In his address to the October plenary meeting of the European Alcohol and Health Forum in Brussels the European Commissioner for Health and Consumer Policy, Commissioner John Dalli urged stakeholders to strengthen efforts to protect young people from alcohol-related harm

The members of the Forum include over 60 industry and trade associations and non-governmental organisations committed to reducing alcohol-related harm.

Commissioner Dalli made a call to industry, civil society and the public health community to strengthen efforts to protect young people from alcohol-related harm. According to the most recent European surveys, half of school children aged 15 to16 years have drunk alcohol in the past month - despite the minimum drinking age being 18 in most EU countries. The Commissioner stressed the need to step up action, especially when it concerns young people.
This includes marketing and advertising exposure.

The European Alcohol and Health Forum was set up by the European Commission in 2007 in the context of the EU Strategy on Alcohol, to mobilise action across society to reduce alcohol related harm. This Strategy – which dates back to 2006 aims at protecting children and young people from alcohol related harm, reducing injuries and deaths from alcohol-related accidents, and preventing harm among adults including reducing negative impact at work.

In September 2011, the United Nations General Assembly adopted, for the first time, a political declaration for the prevention and control on non-communicable diseases.

Alcohol abuse is one of the 4 risk factors for developing non-communicable diseases such as cancer and cardiovascular disease. EU action, including initiatives by the Alcohol and Health Forum on harmful alcohol consumption, will help to implement further this so-called New York agenda.

More information: http://ec.europa.eu/commission_2010-2014/dalli/docs/speech_alcohol_health_forum_19102011_en.pdf

► Sport safety

Safety Checklist For Sports Coaches

SafeSport-UK web site has published a check list for sport coaches that is most helpful for colleagues in other countries to consider to take up.

SafeSport was formed to offer a unique reference point on playing sport safely. SafeSport examines a wide range of popular sports and explains how to reduce the risks involved. Some sports, such as archery, shooting, boxing, fencing, wrestling and trampolining carry fairly obvious dangers, while other, seemingly more genteel sports, like table tennis, lawn bowls, badminton and golf pose hidden threats.

The site has separate sections on athletics, ball sports, body building, the gym, walking and running, water sports, racquet sports, outdoor sports and sports that take place in the air, on wheels or on snow and ice. It covers a staggering range of activities, from horse riding, rock climbing and football to snowboarding, quad biking and scuba diving.

Basic safety principles

Before any sporting event takes place, one of the most important things for the coach to do is to check the field of play or the court or, if indoors, the arena or facility and make sure that there are no obstacles, obstructions or any kind of debris lying around. Health and safety procedures should also cover those areas which are designated for spectators and other personnel and members of the public who will be attending the event but not actually taking part.

Many sports require additional equipment, some of which will be used in the participation of the sport itself and there may be other additional safety equipment which might be worn by the athlete. The coach should check all the equipment thoroughly to ensure it is well maintained and that there is no damage or anything untoward which could injure or harm any of the participating athletes. All equipment should be the proper size and adhere to the regulations as set out by the sport's governing body and each athlete should only use equipment that 'fits' their needs comfortably and correctly. For beginners, in particular, it is also usually the coach's responsibility to ensure that all participants know how to use any equipment correctly and safely.

A coach should always have a first aid kit with them at all times which is kept fully stocked with an adequate supply of the correct medical equipment. Although some first aid supplies will be common to all sports, the first aid kit may have to be adapted depending on the sport in question. More importantly, the coach should know how to use all the contents of the first aid kit properly.

It is also the coach's responsibility to ensure that an adequate supply of water and/or sports drinks is available. Now that mobile phones are an everyday part of our culture, a coach should always carry one as it could be extremely invaluable if, for example, they need to summon professional medical help or a hospital in an emergency.

Beyond the basics covered above, a coach may also need to consider things such as medical release forms for each participant and may also want to have emergency contact details for each of his/her squad members.

Ultimately, any participant in any kind of sport should be fully aware of the safety risks involved within their chosen sport and how they can best prevent accidents or injuries happening to them or, at least, minimise the risk and, whilst this would be true of most athletes, the coach also has a responsibility to ensure that the safety of the participants is continually reinforced so that all of the athletes under his supervision can enjoy their sport safely

More information: *http://www.safesport.co.uk/SafetyChecklistForSportsCoach.html*

► Violence prevention

5th WHO-Milestones Meeting: 'Joining forces, empowering prevention'

The 5th Milestones of a Global Campaign for Violence Prevention Meeting was held at the International Convention Centre in Cape Town, South Africa, 6-7 September 2011. The meeting was hosted by WHO, the Ministry of Health of South Africa, and the Provincial Government of the Western Cape, with financial support from the latter, the California Wellness Foundation, and the Foundation Open Society Institute.

Under the theme "Joining forces, empowering prevention" almost 300 experts from more than 60 countries discussed progress in WHO´s Global Campaign for Violence Prevention and strategized the way ahead by:

- Presenting new evidence on effective interventions to prevent interpersonal violence in low- middle- and high-income countries;
- Highlighting the need for joint programming to address underlying risk factors for different forms of violence;
- Proposing ways to increase collaboration between different sectors, including health, social protection, and criminal justice;
- Agreeing on the need to focus on a small set of policy, legal and programme delivery targets at national level;
- Supporting the development of a global status report on violence prevention.

Keynote addresses by Dr Aaron Motsoaledi, Minister of Health of South Africa, and Ms Helen Zille, Premier of the Provincial Government of the Western Cape, focused on violence prevention efforts in South Africa, including concerted drives to reduce access to and misuse of alcohol, a leading risk factor for all forms of interpersonal violence. Dr Etienne Krug, WHO Director of the Department of Violence and Injury Prevention and Disability, presented on the status of violence prevention globally, and the achievements, obstacles and opportunities for the future. Plenary sessions included state-of-the-science reviews on the prevention of child maltreatment, intimate partner and sexual violence, and youth violence; explorations of the role of civil society in advancing violence prevention; and an overview of major international initiatives to strengthen violence prevention capacities.

The meeting attracted several satellite meetings, including an international symposium on methodological and ethical issues in the international epidemiology of child sexual abuse; a meeting on violence prevention and policing, and the first conference of the newly-launched University of Cape Town's Safety and Violence Initiative.

More information: *http://www.who.int/violence_injury_prevention/violence/5th_milestones_meeting/en/index.html*

► Vulnerable road users

Safety of Cyclists

Early October, European Transport Safety Council (ETSC) launched its newest project aimed to reduce the number of road deaths on European roads: BIKE PAL.

BIKE PAL will strive to increase the level of safety for cyclists throughout the EU. The project, which receives financial support from the European Commission, starts with a thorough analysis of the safety of cycling in the EU member states, ranking the countries by their level of cycling safety.

The publication of the ranking will be supplemented by a scientific review on bicycle safety. This review will be written by a group of cycling experts ETSC will purposely gather, and it will also look at National Cycling Safety Programmes that several EU member states have already implemented.

During the first year, BIKE PAL will also develop a safe cycling manual which every cyclist in Europe could use. This manual will be made available both in electronic and paperback form and will be published on the dedicated BIKE PAL website. BIKE PAL will go on tour around Europe, reaching out to university students who will attend lectures on cycling safety and will also receive copies of the cycling manual. The students then have the opportunity to design and imple-

ment their own project to improve cycling safety in their respective communities.

Cycle safety challenges

Since 2001, road deaths have been cut by 43% in the EU27. In the EU15, the countries who originally set the target, road deaths have been cut by 48%. Reductions have gathered pace towards the end of the decade in the EU10, the group of countries who joined in 2004, to reach 38% in 2010. They are also gathering pace in Bulgaria and Romania.

Preventing deaths on EU roads is supported by a strong business case and this potential for saving is far from being exhausted. Almost 31,000 people still lost their lives in road collisions in 2010. The EU has adopted a new 2020 target of no more than 15,500 road deaths per year by 2020. The total value to society of the further reductions in road deaths in EU27 over the years 2011-2020 compared with 2010 that would be achieved by reaching the 2020 target by a steady progress over the decade is estimated as 182 billion euro.

Still, a total of 170,000 pedestrians, cyclists and powered two-wheeled (PTW) riders have been killed on EU roads since 2001, 15,400 of them in 2009. Deaths among this category of unprotected road users have been decreasing at a lower rate than for vehicle occupants. Deaths among pedestrians and cyclists decreased by 34% between 2001 and 2009 and those among PTW riders by only 18%, compared with 39% for car drivers. While the number of road deaths has declined considerably in the past decade in Europe, the number of PTW riders killed rose in 13 out of 26 countries. In 2008 there were 2,394 cyclist deaths in the EU Initiatives targeted at improving the safety of vulnerable road users will be crucial in reaching the new EU 2020 Road Safety Target. The EU must address the risks faced by unprotected road users, not least to achieve the ambitious safety, health and sustainability goals set out in the recently published EU White Paper on Transport. With nearly 50% of car trips being shorter than 5km, governments want to promote walking and cycling, but people will not choose these means of travel unless they are made safer.

EU-wide campaign

BIKE PAL is a pan European project that aims to offer cyclists a package of information, resources, and awareness raising experiences to help them significantly improve their safety on the roads, thus effectively becoming cyclists' best friend!

The project also aims at mobilising students to run a concrete action to improve safety in cycling, by a local cycling safety campaign, for example the treatment of a high risk site for cyclists. This will be done by recruiting students from across European Member Sates thanks to a University Lecture tour.

More information: http://www.etsc.eu/home.php

Electric vehicles - a Dutch study

The use of electric vehicles is still in its infancy. Their numbers, however, are growing, also in the Netherlands. Environmental considerations encourage national and municipal governments to stimulate the purchase and use of electric vehicles. In 2010, hybrid passenger cars made up 0.5% of the entire Dutch vehicle fleet; the fully electric passenger car has not yet really begun its advance. The other electrically driven vehicles on the Dutch roads are some busses, trucks, delivery vans and motorcycles. Especially for urban distribution, electric delivery vans are expected to replace conventional delivery vans. At the same time, the use of electric scooters is already growing considerably.

This provided reasons enough for the Dutch Road safety institute -SWOV to carry out an exploratory study into the consequences of the use of electric vehicles, in particular noiseless passenger cars and scooters, for road safety. The SWOV study started with a literature study. As no literature was found about the road safety aspects of electric scooters, this prompted SWOV to carry out interview with retailers and with organizations for the visually handicapped.

Sound and speed

The engine of an electronically driven passenger car is almost noiseless at low speeds: international research indicates that these cars produce hardly any sound at speeds of up to about 20km/h. At faster speeds the sound of the tire on the road surface is more prominent, although this depends on the type of road surface and the city sounds.

Cyclists and pedestrians

Hazardous traffic situations for cyclists and pedestrians occur especially when crossing the road and at parking sites. Although US-research indicates that on roads with a low speed limit electric vehicles are involved in crashes with pedestrians more often than 'ordinary' cars, their exposition has not been corrected for. This, however, is necessary: if in urban areas electric cars drive twice as many kilometres as ordinary cars, a higher crash rate is already statistically explicable. In the Netherlands, the number of crashes with electric vehicles is too small at present to allow observations about the risks of crashes.

Shock reactions

In an internet survey, users of electric cars and scooters report to having regularly observed shock reactions among other road users. In addition, visually impaired and blind pedestrians worry about the growing number of silent cars.

The noiselessness of electric scooters makes overtaking on bicycle tracks a point of special concern. The problems caused by electric scooters overtaking are comparable to problems caused by the overtaking by racing bicycles. Cyclists do not hear the electric scooter.

Sellers of electric scooters say the maximum speed of light scooters is about 30 km/h, however some sellers admit that it is easy to tune the electro-engine to a higher speed.

Sound after all?

There are several developments that are concerned with providing electric vehicles with sound. The Japanese government has drawn up an initial concept standard for the sound level of electric vehicles with a maximum speed of 20 km/h. Europe is also working on the development of acoustic warning systems and their possible standards.

At present it is unclear whether it is necessary in the Netherlands to add artificial sound to passenger cars and other vehicles to prevent crashes with vulnerable road users. Statements on this issue require further research in the form of interviews and behaviour and conflict observations. The results of such studies may also serve as a basis for a code of conduct for drivers of electric cars and electric scooters.

Other safety aspects to consider

Safety aspects of electric cars other than noiselessness, relate the greater mass and the higher on-board voltage. When a passenger car's combustion engine is converted into an electric engine, the greater mass will put an extra load on brakes, tires, steering, and suspension, and driving characteristics will be changed. For electric cars the high on-board voltage of 300-600 V could cause a short circuit. However, no evidence of this was found in the crash tests that have been carried out.

When the battery of an electric car is getting low, it can cause a speed difference with the other road users. On rural roads this can lead to dangerous situations.

Recommendations

SWOV recommends further research in the form of interviews and observations of road users in everyday traffic. In addition, it is desirable to monitor crashes involving electric vehicles and product-market developments.

Monitoring the changes in mobility due to the use of electric vehicles needs to be part of this to throw light on the crash rate.

Concerning electric scooters, recommendations should in the first place aim at preventing that the engine is being tuned up by the user. The industry must be aware of the fact that the noiselessness of a tuned up electric scooter causes even greater problems on the bicycle path than a conventional tuned up scooter.

More information: http://www.swov.nl/UK/Actueel/rapport.htm

► Work safety

Work safety in small enterprises

EU-OSHA launched a landmark project to facilitate risk assessment in Europe's small enterprises at the XIX World Congress on Safety and Health at Work in Istanbul: the Online interactive Risk Assessment (OiRA) tool.

Developed by the European Agency for Safety and Health at Work (EU-OSHA), this innovative tool aims to help Europe's 20 million micro and small enterprises to improve safety and health for their workers by assessing risks through an easy-to-use and cost-free web application.

Experience shows that proper risk assessment is the key to healthy workplaces. Yet carrying out risk assessments can be quite challenging, particularly for small enterprises as they lack adequate resources or the know-how to do so effectively. The reasons companies give for not carrying out checks are lack of expertise (41%), the belief that risk assessments are too expensive or that they are overly time consuming (38%).

In OiRA, EU-OSHA offers a free online tool to overcome these challenges. The project assists small enterprises in putting in place a step-by-step risk assessment process – starting with the identification and evaluation of workplace risks, through to the decision making on preventive action, identification of adequate measures, to continued monitoring and reporting. The aim is to reduce the burden for small enterprises of carrying out and documenting their risk assessments easily and quickly while maintaining accuracy.
EU-OSHA is working closely with the authorities and social partners at EU and national level to put the OiRA tool generator at their disposal. In turn, these partners will develop their own sector-specific and fully customisable OiRA tools and offer them for free to small enterprises.

The collaboration with key social partners also encourages widespread take-up and use of the tool at enterprise level and leads to the development of an OiRA community to share knowledge and experience. The tool is backed by support and full guidance services provided by EU-OSHA to the developers.

OiRA projects have been launched both at EU level and Member State level, among which Cyprus, Belgium and France. Based on the successful Dutch Risk Inventory & Evaluation instrument, the OiRA tool sets out to replicate this success across Europe. Since the creation of the Dutch online tool (*www.rie.nl*), there have been a total of 1.6 million visits to the website. This is an impressive number given that the Netherlands is a relatively small country with approximately 800 000 companies in total. The tool is downloaded an average of 5 000 times per month.

More information: *http://osha.europa.eu/en/topics/riskassessment/OiRA-Online-Risk-Assessment*

Farm safety

Agriculture is one of the most hazardous sectors in terms of work related accidents. Agricultural workers suffer 1.7 times the average rate of non-fatal occupational accidents and three times the rate of fatal accidents.

In the EU-27, family work and a large degree of self-employment predominate in the agricultural industry, as most work on farms is done by the farm owner and his or her family. About eight out of ten farmers work alone with assistance from family members and occasional help from employees brought in at peak times. Occupational health and safety in agriculture differs from that for other workplaces because the farm is often also a home: farmers frequently work and live in the same location. This means that agriculture is one of the few industries in which entire families are at risk of occupational injury because of the presence of children under 14 and ageing persons over 65 on work sites. Self-employment, and the fact that farming is often a family business, are a challenge for occupational safety and health.

In particular maintenance tasks on farms are the source of serious accidents and injuries. Because of the wide variety of maintenance tasks, there are many different hazards involved, including:

- mechanical hazards related to the maintenance of machinery, such as crushing,

entanglement and high-pressure fluid injection;

- electrical hazards when working with defective equipment or during maintenance of electrical installations and equipment, or repair of broken electric fences;
- thermal hazards related to the use of welding or heating equipment during maintenance, or maintenance of equipment with hot surfaces or operating fluids;
- chemical hazards related to the use of dangerous substances during maintenance, or maintenance of equipment containing dangerous substances;
- fire or explosion hazard during maintenance of facilities or equipment containing dangerous and explosive substances, such as tanks, bins and silos, or fuel tanks;
- biological hazards during maintenance of installations contaminated by biological agents, slurry tanks, ditches and sewage infrastructure;
- ergonomic hazards, such as awkward postures, poorly designed tools;
- working in confined spaces.

Most common contributory factors to maintenance-related accidents in agriculture are lone working; lack of protective equipment; financial constraints, time pressure and fatigue; lack of awareness/training/information; and subcontracting arrangements.

Information and training are needed to reduce the number and severity of accidents and occupational diseases suffered by farmers and people working on farms. They are, however, difficult to reach because farms are frequently run as family businesses and there is a large number of self-employed in the sector. Farmers and their workers are accustomed to deciding for themselves how to carry out their work and deal with problems. They have a tendency to place a high level of trust in their own experience. This is particularly true for older farmers who tend to have a high level of confidence in their own abilities. It is therefore important to involve farmers and agricultural workers and to include their experience in any activities targeted at the improvement occupational safety and health.

Where possible, information and training should be provided by other farmers (accepted by the farmer), and given on-site where farmers feel comfortable. This approach was adopted in the UK and it has received positive feedback from the majority of agricultural workers who have participated in the scheme.

Events such as agricultural fairs or countrywomen's association meetings may provide a very good opportunity to reach the farmers and their families directly and to motivate them to participate in training by face-to-face promotion. It can be assumed that involving the family may help to reach and motivate more workers.

In a Factsheet on 'Safe maintenance in agriculture', The European Agency for Safety and Health at Work lists a series of prevention measures that farm owner, his or her family and employees should take into consideration.

More information: http://osha.europa.eu/en/publications/factsheets/99/view

► AGENDA

2011

23-25 November in Bristol, United Kingdom
Gendered violence conference
http://www.genderedviolence.com

1-2 December in Munich, Germany
Protection of Children in Cars
http://www.tuev-sued.de/akademie_de/tagungen_und_kongresse_-_international_conferences/international_conferences/protection_of_children_in_cars

2012

19-20 March in Copenhagen, Denmark
SPORTVISION2012: Volunteering, Fitness Doping, Financing & Health
http://www.sportvision2012.eu/hom

21-23 May in Manchester, United Kingdom
2nd International wellbeing at work conference
http://www.hsl.gov.uk/health-and-safety-conferences/wellbeing-2nd-international-conference-2012/home.aspx

22-27 May in Vilnius, Lithuania
12th World Congress on Environmental Health
http://www.ifeh2012.org/welcome

Safety 2012 World Conference

1-4 October in Wellington, New Zealand
Safety 2012, 11th World Conference on Injury Prevention and Safety Promotion
http://www.conference.co.nz/worldsafety2012

24-25 October in Vancouver, Canada
Third International Conference on Violence in the Health Sector
http://www.oudconsultancy.nl/vancouver/index.html

ARE you looking for opportunities to influence European policy developments relevant to injury prevention and safety promotion? **DO** you want to learn from other countries by bench marking your own policies and programmes with them? **DO** you want to increase the impact of your investments in safety promotion programmes by exchanging experiences with key experts in the field? **ARE** you looking for being engaged in collaborative projects and activities with other colleagues in Europe?

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or ***CONTACT US*** at

secretariat@eurosafe.eu.com

Editor: Wim Rogmans w.rogmans@eurosafe.eu.com

Design & layout: Joke Broekhuizen

Newsletter Editorial Board

EuroSafe Secretariat
EuroSafe, PO Box 75169, 1070 AD, Amsterdam, The Netherlands
Tel.: +31 20 5114513/ Fax: +31 20 5114510
E-mail: secretariat@eurosafe.eu.com

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