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Road safety

Road traffic injuries constitute a major public health burden with significant consequences on mortality and morbidity, and significant health and socioeconomic costs. Globally nearly 1.2 million people are killed and 50 million injured every year in road traffic crashes, which are the leading cause of death among those aged 15–29 years and rank as the ninth leading cause of death globally.

Road traffic injuries kill approximately 316 000 people each year in the WHO South-East Asia Region. This is 25% of the estimated global total of road traffic deaths. Almost half of those killed on the roads are pedestrians, cyclists and motorcyclists, the so-called vulnerable road users in the WHO South-East Asia Region.

The United Nations UN General Assembly resolution 64/255 of 2010 declared 2011–2020 as the UN Decade of Action for Road Safety. The Decade of Action introduced the concept of five road safety pillars to promote multisectoral collaborative actions, and has resulted in considerable action internationally, including the creation of the International Alliance of Nongovernmental Organizations, the series of global status reports on road safety, and improvements and amendments to national and local laws on road traffic.

World Health Assembly resolution WHA69.7, endorsed the Brasilia Declaration on Road Safety – the outcome document of the second Global High-level Conference on Road Safety.

A “Regional Technical Advisory Group on Road Traffic Injuries” (RTAG-RTI) has been constituted. The Regional Office has provided support to review road safety laws and action plans in Bangladesh and Sri Lanka. A “Regional Factsheet” that also provides country-specific information on road safety has been developed. The Secretariat has begun to develop the fourth Global Status Report on Road Safety, due for publication in 2018.

A “safe system approach” that involves several other sectors for the regulation of vehicle standards, road infrastructure and road safety management should be adopted by countries. But the health sector has a key role to play in improving road user behaviour, data collection and post-crash response.

The attached working paper was presented to the High-Level Preparatory (HLP) Meeting for its review and recommendations. The recommendations made by the HLP

Meeting for consideration to the Seventieth Session of the Regional Committee are:

Action by Member States

- (1) All ministers of the Region's Member States may consider participation in the High-Level Meeting on Road Safety in the SEA Region in Thailand in end-November 2017.
- (2) Translate commitments to the Decade of Action for Road Safety 2011–2020 into action.
- (3) Work on safety standards, comprehensive strengthening of laws, establishing platforms to review and revise standards, collection and analysis of data, and capacity-building.
- (4) Proactively participate in the process to develop the global voluntary indicators and targets.

Action by WHO

- (1) Assist in capacity-building, and provide guidance and technical support to Member States to improve emergency medical services for people injured and disabled in road traffic crashes.
- (2) Develop a comprehensive framework to cover all five pillars of road safety, and intensify coordinated efforts at the country level with all relevant sectors to meet the international road safety targets set by the Decade of Action and the Sustainable Development Goals.
- (3) Accelerated activities such as the collection of appropriate data for road traffic injury prevention and further strengthen funding for the lead agency.

This Working Paper and the HLP Meeting recommendations are submitted to the Seventieth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.

Introduction

1. Road traffic injuries constitute a major public health burden in terms of morbidity, mortality and disability. Nearly 1.2 million people are killed and 50 million are injured every year in road traffic crashes globally. Road traffic mortalities are unevenly distributed across geographical, income and demographic variations. Road traffic crashes are the leading cause of death among those aged 15–29 years. About 90% of global mortalities are in low- and middle-income countries, which have only half of all registered vehicles. With the increasing trend, and if appropriate steps are not taken, road traffic crashes are predicted to become the seventh leading cause of death by 2030.

2. Road traffic injuries kill approximately 316 000 people each year in the WHO South-East Asia Region, equivalent to 25% of global road traffic deaths. There is considerable variation in fatality rates within the Region, ranging from 3.5 per 100 000 population in Maldives to 36.2 per 100 000 in Thailand. Vulnerable road users, pedestrians, cyclists and motorcyclists make up 50% of all road traffic deaths in the Region.

3. Road traffic injuries cause financial difficulty at all levels; from individual health-care cost, loss of employment and productivity, and effects on family and relatives, to the cost of public damage and high impact on the national health and economic system. Low- and middle-income countries are estimated to lose up to 5% of GDP as a result of road traffic crashes.

4. Recognizing the burden the United Nations General Assembly, through resolution 64/255 in 2010, declared the period 2011–2020 as the UN Decade of Action for Road Safety. UN Member States, in September 2015, also included a specific target on road safety (SDG 3.6) – a reduction in the absolute number of road traffic deaths and injuries by 50% by 2020 as part of the 2030 Agenda for Sustainable Development.

5. World Health Assembly resolution WHA69.7, adopted in 2016, endorsed the Brasilia Declaration on Road Safety – the outcome document of the second Global High-level Conference on Road Safety – and called for a range of activities to be carried out by Member States and the Secretariat, and also requested the Secretariat to assist interested countries in developing global performance targets on key risk factors and service delivery mechanisms.

Current situation and challenges

6. The United Nations General Assembly resolution introduces the concept of comprehensive actions in promoting road safety through “Five Pillars”: (i) road safety management, (ii) safer roads and mobility (iii) safer vehicles, (iv) safer road users, and (v) post-crash response. The Global Status Report on Road Safety 2015 showed that due to implementation of good practices in each pillar – such as the adoption of good laws and their enforcement, awareness raising through social marketing, coupled with improved roads, vehicles and the post-crash response – have led to significant reductions in deaths and injuries in many countries.

Road safety management

7. The “Brasilia Declaration on Road Safety” highlights the need for road safety policies and strategies to focus on priorities including improving laws and enforcement on major risk factors (speed, drink driving, seat-belt use, helmets and child restraints); making roads safer through infrastructural modifications (such as sidewalks and motorcycle/bicycle lanes); ensuring that

vehicles are equipped with life-saving technologies including seat-belts, airbags and electronic stability control; and enhancing emergency trauma care systems for victims of road traffic crashes.

8. Six SEA Region Member States reported having a dedicated unit for injury, including road safety, located in their Ministries of Health for implementing the programme. Road safety collaboration platforms, preferably at high level, need to be established and strengthened in the Region, including as a whole-of-government mechanism to promote coordination, ownership and accountability across sectors.

9. Road safety needs a robust legislative framework, appropriate to context. The Regional Office provided support to review road safety laws and action plans in Bangladesh (Bangladesh Road Transport Authority Act, Bangladesh Road Transport Act, and Health Action Plan for Road Injuries January–April 2016) and Sri Lanka (Road Transport Act and Multisectoral Action Plan February–March 2016).

10. Information systems are important for effective road safety programmes. WHO has provided support in strengthening national road safety data, and as of now data from 10 countries are available for assessing the status of and monitoring the Decade of Action on Road Safety. The Regional Office has, moreover, developed the Regional “Road Safety Factsheet” which provides country-specific information.

11 In addition, to promote knowledge and experience sharing, the “Regional Technical Advisory Group on Road Traffic Injuries” (RTAG-RTI) has been constituted. The Group held its first meeting on 2–4 December 2015 in Jakarta, Indonesia, as well as meetings of subcommittees on advocacy and implementation plans in February 2016 in Colombo, Sri Lanka. These meetings led to practical recommendations, based on national contexts, to both Member States and WHO. WHO has begun to develop the fourth Global Status Report on Road Safety (GSRRS 4) which is due for publication in 2018, and has put into motion a process to develop global performance targets¹ on key risk factors and service delivery mechanisms to reduce road traffic fatalities and injuries.

Safer roads and mobility

12. Paucity of safer roads and lack of pedestrian walkways are a major issue in road safety. Road designs in countries of the Region too often do not focus on their potential ill impacts on health. Road authorities rarely set targets to eliminate high-risk roads and “black spots” where crashes happen repeatedly.

13. The Transportation Research and Injury Prevention Programme (TRIPP) of the Indian Institute of Technology, Delhi, a WHO collaborating centre, was supported to carry out an International Training Course on traffic safety for public health officials from SEA Region countries in December 2015 and again in 2016. The course focusses on safer road design, safe system approach, reporting on safety situations, and designing of safe infrastructure.

14. The Regional Office works directly and through its collaborating centre at Khon Kaen, Thailand, and JP Apex Trauma Centre at the All India Institute of Medical Sciences, New Delhi, with road agencies, research organizations, NGOs, media, and police and citizens’ representatives to advocate for and provide technical support on safer roads.

¹ On the process to develop the global targets, see: http://www.who.int/violence_injury_prevention/road_traffic/road-safety-targets/en/ (accessed 27 January 2017).

Safer vehicles

15. Vehicle standards are a critical part of road safety, in particular with the increasing number of vehicles in Member countries. Currently, only two Member States apply any of the UN vehicle standards, while no country applies all seven standards.

16. The Regional Office supported Bangladesh, India and Sri Lanka to review the laws to stress aspects related to safer vehicles, including fiscal and other incentives for vehicles that provide higher levels of road user protection, and to discourage import of new or used cars that have reduced safety standards.

Safer road users

17. Healthy behaviours of road users (drivers, passengers and pedestrians) require strong but practical regulation and enforcement, and conducive public awareness. All of this needs to be strengthened in Member States. A summary of the national legislations on the five risk factors is given below.

Summary of legislation on key risk factors

	Speed	Drink-driving	Helmets	Seat-belts	Child restraints
Bangladesh	Red	Red	Red	Red	Red
Bhutan	Green	Yellow	Green	Green	Red
India	Grey	Yellow	Red	Green	Red
Indonesia	Red	Red	Red	Yellow	Red
Maldives	Yellow	Red	Yellow	Yellow	Red
Myanmar	Green	Yellow	Yellow	Red	Red
Nepal	Red	Red	Red	Yellow	Red
Sri Lanka	Yellow	Yellow	Red	Yellow	Red
Thailand	Red	Yellow	Green	Yellow	Red
Timor-Leste	Yellow	Yellow	Green	Green	Green

■ Meets criteria for best practice
■ Meets some of criteria for best practice
■ No law /law doesn't meet best practice
■ Legislation set at subnational level

18. The Regional Office and the country offices have provided support to Member States (Bangladesh, India, Maldives, Sri Lanka, Thailand and Timor-Leste) in strengthening regulatory tools and focusing on major key risk behaviours such as speed and drink driving, and use of helmets, child restraints and seat-belts. The Regional Office also supported institutions, collaborating centres and NGOs to help increase awareness about road safety factors and prevention measures and implement social marketing campaigns to influence attitudes.

19. The United Nations Road Safety Week is an opportunity to raise awareness across societies. The 2017 theme was dedicated to speed management. Member State-led events were planned and carried out around the world to raise awareness about the need to tackle inappropriate speed, which is a major risk factor.

Post-crash response

20. SEA Region Member States are working toward holistic seamless trauma care systems with support from WHO. The JP Apex Trauma Centre, AIIMS, New Delhi, and Khon Kaen Hospital,

Thailand, were supported to carry out an inter-country workshop on “Strengthening emergency care in primary care setting” in November 2015. Support is being provided to JP Apex Trauma Centre to develop a course on ultrasonography in emergency care.

21. Capacity-building for emergency care in India (in Arunachal Pradesh and Goa) and Sri Lanka were supported. Major challenges include ensuring the required levels of competency for professional and volunteer-based workforces, financial resources, and equipment and system management. Technical support was provided to India to pilot a road user insurance scheme to finance rehabilitation services for crash victims.

The way forward

22. The health sector cannot work alone. Comprehensive strengthening of laws, and a “safe system approach” involving all five pillars in a coordinated manner is a must for the Region. The “safe system approach” involves several other sectors for the regulation of vehicle standards, road infrastructure and road safety management, but the health sector has a key role to play in improving road user behaviour, data collection and post-crash response

23. Establishment of functional multisectoral coordinating platforms and review and revision of road safety strategies, as well as strengthening the capacity of national authorities, are urgently needed.

24. The collection and analysis of data, preferably in line with international standards, is critical to understand and address road safety. A limited set of indicators to monitor progress towards the achievement of targets need to be developed.

25. There is a need for capacity-building, guidance and technical support for Member States to improve emergency medical services for people injured and disabled in road traffic crashes, for example, through improved emergencies training programmes for health sector professionals. Meanwhile, strengthening of post-crash response has to align with the broader national emergency and trauma care framework, as well as disability and rehabilitation programmes. A nationwide common telephone helpline for emergencies needs to be instituted in most Member States of the Region.

Conclusion

26. Member States need to translate their commitments to the Decade of Action for Road Safety 2011–2020 into action including by implementing the Global Plan for the Decade of Action.

27. A comprehensive framework is needed to cover all five pillars of road safety. Coordinated efforts at country level with all the relevant sectors should be intensified to meet the international road safety targets set by the Decade of Action and the Sustainable Development Goals. Activities such as the collection of appropriate data for road traffic injury prevention must be accelerated. Funding for lead agency need to be further strengthened.

28. WHO and other UN agencies could play a role in supporting Member States to raise awareness, develop targets, formulate and implement policy and regulations, monitor and evaluate progress and outcomes, as well as strengthen national capacity and promote knowledge and experience sharing across countries.