Road safety in the Eastern Mediterranean Region

Facts from the Global Status Report on Road Safety 2015
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Road safety in the Eastern Mediterranean Region: key facts

• The Eastern Mediterranean Region accounts for almost 10% of global road traffic deaths and has the second highest road traffic fatality rate among WHO regions after the African Region.

• Nearly two thirds of road traffic deaths occur among the younger and economically active age groups (15–59 years) with males accounting for the majority of these deaths.

• Eighty-five percent (85%) of road traffic deaths occur in middle-income countries. High-income countries have a fatality rate that exceeds the rate of their less affluent neighbours, and that is more than double the average rate of high-income countries globally.

• The number of regional road traffic deaths that occur among vulnerable road users (pedestrians, 2- or 3-wheelers and cyclists) amounts to 41%, while 45% of road traffic deaths occur among drivers and passengers of 4-wheeled vehicles.

• The majority of countries in the Region report having an agency which leads national road safety efforts. However, only a few countries have a fully functional and funded agency.

• In almost all countries, road safety laws on key road safety behavioural risk factors (speed, drink-driving, and non-use of motorcycle helmets, seat-belts and child restraints), are available but they do not meet best practice criteria.

• In order for road safety legislation to be effective, there needs to be sustained and strong enforcement. In less than a third of the countries in the Region, the level of enforcement of existing road safety laws was rated as ‘good’, which compromises the effectiveness of the legislation.

• Although national safety strategies in over half of the countries include targets on most road safety key risk factors, there are a lack of data on intermediate indicators that measure road user behaviour and law enforcement, such as seat-belt or helmet wearing rates.

• Only one country in the Region applies the seven United Nations priority vehicle safety standards.

• Progress has been achieved in developing policies for sustainable transport and measures for the safety of roads. Formal safety reviews are required prior to construction of roads in 81% of countries and complete formal road safety inspections are carried out in 67% of countries.
Road safety in the Eastern Mediterranean Region

• Progress has been achieved in post-crash response with variations in the status of provided care by income level.

• Collecting data on road traffic fatalities, non-fatal injuries and road traffic-related disability, including its quality, continues to be a challenge.

Background: the international road safety context

Globally, each year road crashes claim over 1.2 million lives worldwide. Road traffic crashes are a leading cause of death among young people between 15 and 29 years. Twenty to 50 million more people sustain non-fatal injuries from a collision, and these injuries are an important cause of disability worldwide. Road crashes are a major burden to individuals and governments. They can cut lives short, often claiming people at their most productive age. Among survivors, road crashes can cause non-fatal injuries with long-term adverse implications for health. Road crashes also cost governments about 3% of their gross domestic product. The implications are enormous, both for health and for development.

In 2010, in response to the global road safety crisis, the United Nations General Assembly adopted resolution A/RES/64/255, which proclaimed 2011–2020 as the Decade of Action for Road Safety, with a global goal of stabilizing and reducing predicted levels of road traffic fatalities around the world by increasing efforts at national, regional and global levels. By its end, the Decade aims to save five million lives across the world.¹ The United Nations General Assembly invited WHO to monitor progress across the Decade through publishing the Global Status Report on Road Safety series.

The year 2015 witnessed more global commitments. For the first time, the 2030 Agenda for Sustainable Development included road safety-related targets under the third and eleventh Sustainable Development Goals (SDGs). SDG 3, the health-related goal, has an ambitious target of halving the number of global deaths and injuries from road traffic accidents by 2020. SDG 11, the sustainable cities goal, includes a target of providing access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons by 2030.²

The same year also witnessed the launch of the Global status report on road safety 2015, which served as a tool to assess the impact of changes three years into the Decade of Action and to highlight where more action is needed. The global report had four specific objectives: to describe the road safety situation in all countries; to

² http://www.globalgoals.org/.
identify gaps in road safety nationally to stimulate road safety action; to monitor countries’ progress in implementing measures identified in the Global Plan of Action for the Road Safety Decade (2011–2020); and to provide baseline information and data for monitoring of other international policy processes that set road safety targets.

Findings

The Eastern Mediterranean Region has the second highest road traffic fatality rate among WHO regions

The report shows that in 2013, 118 306 persons were killed on the roads of 21 countries in the Region, accounting for almost 10% of the world’s estimated deaths. However, the Region is the second least motorized, with 126 vehicles per 1000 people, after the African Region – relative to 510.3 vehicles per 1000 people in the European Region.

The overall road traffic death rate in the Region is 19.9 per 100 000 population. This is not only higher than the global average (17.4 per 100 000 population), but it is also the second highest road traffic death rate in the world, after the African Region (26.6 per 100 000 population).

About 85% of regional road traffic deaths occur in middle-income countries. The overall estimated death rate for high-income countries exceeds the rate of their low- and middle-income neighbours (22.4 compared to 19.8 per 100 000 population). This is also more than double the average rate of high-income countries globally.

Fig. 1 and 2 show the estimated road traffic fatality rate per 100 000 population by income groups in the Region and globally in 2010 and 2013.

Fig. 1. Regional road traffic rates per 100 000 population by income groups, 2010 and 2013

Fig. 2. Global road traffic fatality rates per 100 000 population by income groups, 2010 and 2013

3 The current overview is developed with data from the third Global status report on road safety 2015. This included data from 21 of the 22 countries of the Eastern Mediterranean Region. Country-level data were collected from a multisectoral group of respondents who collectively provided one set of data that best represented the road safety situation. For more information on the methodology please visit: http://www.who.int/violence_injury_prevention/road_safety_status/2015/methodology/en/.
Younger ages and males are more affected

Males comprise the majority of road traffic deaths in the Region. Almost two thirds of road traffic deaths occur among the younger and economically active age groups (15–59 years). Fig. 3 shows the proportion of reported traffic deaths by age groups in 10 countries in the Region in 2013.

![Proportion of reported traffic deaths by age groups in 10 countries in the Region in 2013](image)

**Fig. 3.** Proportion of reported traffic deaths by age groups in 10 countries in the Region in 2013

Both vulnerable road users and car occupants are heavily affected

Out of 21 countries in the Region, 13 reported data on road traffic deaths disaggregated by road user type, which highlighted the following regional issues:

- Vulnerable road users represent 41% of road traffic deaths: pedestrians (27%), drivers/passengers of motorized 2- or 3-wheelers (11%) and cyclists (3%).

- Drivers and passengers of 4-wheeled vehicles represent 45% of road traffic deaths. This proportion is higher than the global figure (31%) and is the second highest proportion among WHO regions after the European Region (51%).

- The distribution of road traffic deaths by road user type varies greatly among the 13 countries that provided data. Fig. 4 shows the proportions of reported road traffic deaths by road user type in these countries in 2013.

- The special features of road user type distribution in the Region are important to consider when designing appropriate interventions at the national level.
Regional road traffic deaths by road user type vary by income

While drivers and passengers of 4-wheeled vehicles account for more road traffic deaths in high-income countries, these deaths are higher among users of 2- or 3-wheeled vehicles in middle-income countries. However, this does not undermine the problem of the safety of pedestrians, who account for at least 25% of road traffic deaths in all countries regardless of their income level. Fig. 5 and 6 show the proportion of road traffic deaths by road user type and income in the Region in 2013.

Fig. 5. Proportion of road traffic deaths by type of road user in nine middle-income countries in the Region, 2013
Multisectoral action for road safety calls for more support

Coordination of road safety efforts across multiple stakeholders and sectors is essential for effective road safety strategies. These multiple stakeholders and sectors include health, transport, police, justice, finance, education, civil society and nongovernmental agencies, among others. A national lead agency needs to be operational and functional to coordinate with all concerned and to facilitate cooperation and coordination across relevant agencies, as well as to develop road safety targets and their monitoring mechanisms.

Currently, 86% of countries in the Region report having an agency which leads national road safety efforts. In only 10 countries, lead agencies are funded and in seven countries they are fully functional in terms of coordination, legislation, monitoring and evaluation.

Road safety strategies are present in 81% of countries in the Region. Eleven countries have one national strategy while four countries have multiple strategies. In 52% of countries the strategies are partially or fully funded. Targets on fatal and non-fatal injuries exist in the strategies in 43% and 24% of countries, respectively.
Road safety laws, available in almost all countries, need to meet best practice criteria.

Evidence has shown that to effectively reduce road traffic crashes and resultant death, injury and disability, it is essential to adopt and enforce legislation on key road safety risk factors. Key risk factors include speed, drink-driving, and non-use of motorcycle helmets, seat-belts and child restraints. Implementation of speed limits, BAC testing and use of motorcycle helmets, seat-belt and child restraint systems have all been shown to be important tools in reducing the heavy road traffic toll. Interest is also growing in relation to the effects of drug-driving and use of mobile phones while driving on road safety.

While the majority of countries have national laws to regulate speed, drink-driving and motorcycle helmet, seat-belt and child restraints use, these laws frequently fail to meet global criteria for best practice. Fig. 7 shows the proportions of countries in the Region with a national law on risk factors in 2013.

![Fig. 7. Proportions of countries in the Region with a national law on risk factors, 2013](image)

The following is a summary of the Region’s legislation on key road safety risk factors:

- **Speed limits**: Increased speeding on the roads results in a higher risk of road traffic crashes and deaths. A 5% cut in average speed can result in 30% reduction in the number of fatal crashes. Although all countries in the Region have a national speed limit law, only 29% meet WHO’s criteria for best practice on speed legislation. While, 62% of countries have a law that allows local authorities to modify the local speed limits, 38% have maximum urban speed limits that are lower than or equal to 50 km/hour, which is considered best practice. Six countries in the Region (Djibouti, Lebanon, Somalia, Sudan, Tunisia and West Bank and Gaza Strip) meet these two criteria. Fig. 8 shows the proportion of countries in the Region with speed best practice legislative criteria.
Road safety in the Eastern Mediterranean Region

National speed limit law

- Local authorities are allowed to modify speed limits
- Maximum urban speed limits is ≤ 50 Km/hour
- All three criteria met

Fig. 8. Proportion of countries in the Region with speed best practice legislative criteria (n=21)

- **Drink-driving:** Driving under the influence of alcohol increases the risk of road traffic crashes. At a BAC level above 0.05 g/dl, the risk of a road traffic crash increases dramatically. Therefore WHO recommends that drink-driving laws/legislation should be based on a BAC limit of no more than 0.05g/dl for the general population and no more than 0.02 g/dl for young or novice drivers who are a high-risk group. Although all countries in the Region have a national drink-driving law, only 29% base this law on BAC, and only 19% have a BAC limit of less than or equal to 0.05 g/dl for the general population and 14% have a BAC limit of less or equal to 0.02 g/dl for young/novice drivers following WHO recommendations. Three countries in the Region (Lebanon, Morocco and United Arab Emirates) meet WHO’s criteria for best practice on drink-driving laws. Fig. 9 shows the proportions of countries in the Region with drink-driving best practice legislative criteria.

Fig. 9. Number of countries with drink-driving best practice legislative criteria
• **Motorcycle helmets:** Wearing a motorcycle helmet correctly can result in 40% reduction of the risk of death and 70% reduction to the risk of severe injury. In the Region, 90% of countries have a motorcycle helmet law but only three countries (Lebanon, Morocco and West Bank and Gaza Strip) have a law that meets WHO’s criteria for best practice; that is, it applies to both drivers and adult passengers, all road types, all engine types and stipulates that the helmet be properly fastened and refers to helmet standards.

• **Seat-belts:** Wearing seat-belts reduces the risk of fatal injury by up to 50% for front-seat occupants and up to 25% for rear-seat occupants. While 90% of countries in the Region have a national seat-belt law, only seven countries (Djibouti, Islamic Republic of Iran, Lebanon, Libya, Oman, Saudi Arabia and West Bank and Gaza Strip) have a seat-belt law that meets best practice of applying the law to drivers, front-seat passengers and rear-seat passengers.

• **Child restraints:** Child restraints reduce the likelihood of being killed or injured in a fatal crash by approximately 70% among infants and between 54% and 80% among young children. While 71% of countries in the Region restrict children from sitting in the front-seat, only 24% of countries have a national child restraint law and only one country (Lebanon) has a law that is in line with best practice — a law that specifically restricts children under a certain age from sitting in the front and is based on age, weight and/or height.

• **Use of mobile phones while driving:** 86% of countries in the Region have a national law that regulates the use of a mobile phone while driving. All of the countries that have a law prohibit the use of hand-held mobile phones (including text messaging except in one country) while only 24% prohibit the use of hands-free mobile phones.

• **Drug-driving:** Almost all countries in the Region have a drug-driving law. However, 15% of countries that have the law, do not specify the list of drugs under such legislation and only 10% have laws or regulations requiring that drivers involved in a fatal crash are tested for drugs.

Fig. 10 summarizes the status of best practice legislative criteria met by countries of the Region in 2013.
Fig. 10. Best practice legislative criteria met by countries of the Eastern Mediterranean Region, 2013

Existing road safety laws need more enforcement

Strong and sustained enforcement is essential for the effectiveness of road safety legislation. The report assessed the level of enforcement of the existing laws on key road safety risk factors in the Region. This qualitative assessment was based on the subjective opinion of road safety experts who participated in providing country data. The assessment revealed that enforcement on key risk factors was rated as ‘good’ in less than a third of the countries. Fig. 11 shows the proportion of countries in the Region reporting their enforcement of key risk factors as ‘good’ (8 and above, on a scale of 0 to 10).
More data on intermediate indicators are essential

Comprehensive assessment of the performance of road safety interventions requires data mechanisms that cover not only the final outcomes (deaths and injuries) but also intermediate outcomes, such as the rate of using protective measures. Intermediate indicators measure the effectiveness of the implementation and enforcement of existing laws and behavioural changes related to road safety.

The survey revealed that in the Region there are a lack of such data and that there is a variation in responses regarding availability of indicators; from null information in the case of child-restraint wearing rates and seat-belt wearing rates among rear-seat occupants to a maximum of 33% of countries reporting data on seat-belt wearing rates among drivers.

Nevertheless, data show that over 50% of countries in the Region include targets on most of the road safety key risk factors in their national road safety strategies. For example, more than 50% of countries have targets to reduce speed and alcohol impaired driving and to increase the use of seat-belts and motorcycle helmets. Even in case of child restraints, for which a law is available in only five countries, 38% of countries have targets to increase child restraints use. Fig. 12 shows the status of intermediate and output indicators in road safety in the Region in 2013.4

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Road safety in the Eastern Mediterranean Region

Availability of intermediate indicators that measure law enforcement in the Eastern Mediterranean Region in 2013

- Seat belt wearing rate (all occupants): 4.7%
- Seat belt wearing rate (front seat occupants): 9.5%
- Motorcycle helmet wearing rate (passengers): 14.2%
- Motorcycle helmet wearing rate (all riders): 19.0%
- Annual road traffic deaths attributable to alcohol impairment: 23.8%
- Motorcycle helmet wearing rate (drivers): 28.5%
- Seat belt wearing rate (drivers): 33.3%

Fig. 12. Status of intermediate and output indicators in road safety in the Region in 2013

Road safety policies and targets on key risk factors in Eastern Mediterranean Region in 2013

- Available national strategy for road safety: 81.0
- Targets to reduce speed: 66.6
- Targets to increase use of seat belts: 66.6
- Targets to reduce alcohol impaired driving: 61.9
- Targets to increase motorcycle helmet use: 57.1
- Targets to increase child restraint use: 38.1

Fig. 12. Status of intermediate and output indicators in road safety in the Region in 2013
Safety of vehicles and roads need to be enhanced

Only one country in the Region applies the seven United Nations priority safety standards for new cars

Safety of vehicles is an essential aspect of road safety. Safe vehicles play a critical role in averting crashes and reducing the likelihood of the occurrence of severe injury in case of a crash. The United Nations World Forum for Harmonization of Vehicle Regulations is the primary global body that develops passenger car safety standards and regulations for United Nations Member States to apply voluntarily. The following are the seven international standards that are considered as the basic minimum set for manufacture/assembly of passenger vehicles.6

- **Seat-belts** are fitted in vehicles when they are manufactured and assembled.

- **Seat-belt anchorage** regulation ensuring that the seat-belt anchor points can withstand the impact incurred during a crash, to minimize the risk of belt slippage and ensure that passengers can be safely removed from their seats if there is a crash.

- **Child restraint** regulation ensuring that vehicle manufacturers equip vehicles with child restraints and anchorage points to secure the restraints that are attached directly to the frame of the vehicle.

- **Electronic stability control** aiming to prevent loss of control in cases of over-steering or under-steering and thus reducing both serious and fatal injuries.

- **Pedestrian protection through vehicle design** incorporating features to protect pedestrians, such as softer bumpers combined with better bonnet area clearance and removal of unnecessarily rigid structure, which can reduce the severity of pedestrian injury in the event of a crash.

- **Standards that protect occupants in front impact crashes.**

- **Standards that protect occupants in side impact crashes.**

Data on vehicle standards from the current survey revealed that only one country in the Region (Egypt) applies the seven United Nations priority vehicle safety standards.7

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7 Vehicle standards were collected using information from the United Nations World Forum for Harmonization of Vehicle and data were analysed and interpreted by Global NCAP4.
Safer roads and sustainable transport

Evidence shows that investment in public transport, encouraging walking and/or cycling and separation of vulnerable road users from motorized traffic can lead to reduced exposure to transport-related injuries. The current survey shows that progress has been achieved in the Region in these sustainable transport policies between the 2013 and 2015 global road safety reports. Fig. 13 shows the national and subnational policies to support sustainable transport in the Region in 2013 and 2015 global reports.

![Fig. 13. National and subnational policies to support sustainable transport in the Eastern Mediterranean Region, 2013 and 2015](image)

Safety through design and review of roads

One of the key issues that needs to be considered is the assessment and review of the safety of roads during and after the design of road infrastructure projects. In the Region, in 81% of countries formal safety reviews are required prior to construction of roads, while in 67% of countries complete formal road safety inspections and/or safety ratings are required on the existing road networks on a regular basis.

Currently, 24% of countries in the Region either carry out formal or maintenance safety inspections. Four countries (Bahrain, Qatar, Saudi Arabia and Sudan) carry out both types of inspections.

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Post-crash care varies across countries by income status

Reported data show progress in post-crash response in the Region. The proportion of countries that have one national emergency access number increased from 74% to 86% between the 2013 and 2015 global reports. Across the same period, the proportion of countries with a specialty in emergency medicine for medical doctors also increased from 84% to 90% and the proportion related to having a formal postgraduate training in emergency medicine for nurses increased from 58% to 76%.

Data also show that the status of post-crash response varies in the Region by income level based on the data of the 2015 global report (Table 1).

Table 1. Post-crash response by country income level

<table>
<thead>
<tr>
<th>Component of post-crash response</th>
<th>High-income countries N=6</th>
<th>Middle-income countries n=13</th>
<th>Low-income countries N=2</th>
<th>All region</th>
</tr>
</thead>
<tbody>
<tr>
<td>National emergency access number</td>
<td>100%</td>
<td>54%</td>
<td>50%</td>
<td>71%</td>
</tr>
<tr>
<td>Training in emergency medicine available for doctors</td>
<td>100%</td>
<td>93%</td>
<td>50%</td>
<td>90%</td>
</tr>
<tr>
<td>Training in emergency medicine available for nurses</td>
<td>100%</td>
<td>77%</td>
<td>0</td>
<td>76%</td>
</tr>
</tbody>
</table>

In addition, 38% of countries reported that more than 75% of seriously injured patients are transported by ambulances. Although reporting on this proportion was based on the subjective opinion of experts who participated in completing the survey, this information provides an initial indication that requires more in-depth investigation at the country level.

Road traffic data need to be strengthened

Reliable and accurate road traffic data are crucial to identify gaps and problems, risk factors and priority areas for action; to develop strategies and plans; to set targets and to monitor performance. The availability of accurate data is essential for significant sustainable reductions in exposure to crash risk or the severity of crashes.9

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The following issues were revealed by the current survey:

- The globally endorsed definition of a road traffic death is any person killed immediately or dying within 30 days as a result of a road traffic crash. This definition is used by only nine of the participating countries in the Region (Islamic Republic of Iran, Jordan, Morocco, Oman, Qatar, Saudi Arabia, Tunisia, United Arab Emirates and West Bank and Gaza Strip).

- In addition to the availability of an accurate figure for road traffic deaths, descriptive data on fatalities by age, sex, road user type are necessary to map the epidemiological pattern of road traffic deaths in countries. In the Region, 14% of countries do not have fatality data by sex, 19% are lacking data by age groups and 38% do not classify their deaths by road user type.

- Vital registration systems record all officially registered deaths and are not time bound. Although 91% of countries in the Region have a vital registration system, only 53% of these countries were able to provide data on road traffic deaths. Moreover, only 29% of countries were classified as having good death registration data (Bahrain, Egypt, Kuwait, Oman, Qatar and West Bank and Gaza Strip). Vital registration systems in the Region need to be reviewed and strengthened to provide reliable information.

- Most official data are from police sources and do not make use of vital registration or health data. The survey shows that in 67% of countries in the Region road traffic deaths were based on police records, while only 9% of countries had combined health and police sources. Fig. 14 shows the sources of the officially reported road traffic deaths in the Region in 2013.

![Fig. 14. National and subnational policies to support sustainable transport in the Eastern Mediterranean Region, 2013 and 2015](image-url)
• Linking data sources can improve reporting on road traffic fatality and can thus narrow the gap between what is reported and what is being estimated. In the Region, a total of 71,181 road traffic deaths were reported in 2013 while the estimated number was 118,306 for the same year. Variations in the difference between reported and estimated deaths are also present across countries. In some cases, the number of estimated deaths is double the reported deaths while in others it can reach four times the reported number.

• Deaths are one component of the final outcome of road traffic injuries but do not represent all outcomes. Measures of hospitalization and injuries are also important indicators. The proportion of countries that have a national emergency room injury surveillance system increased from 42% to 48% between the 2013 and 2015 global reports. In addition, 67% of countries have their non-fatal victims graded for injury severity in health care facilities. However, in only eight countries (Egypt, Islamic Republic of Iran, Iraq, Qatar, Saudi Arabia, Sudan, United Arab Emirates and West Bank and Gaza Strip) injury severity grading is based on international classification systems such as the International Classification of Diseases (ICD)\textsuperscript{10} or the Abbreviated Injury Scale (AIS).\textsuperscript{11}

• Only 19% of countries (Islamic Republic of Iran, Jordan, Lebanon and West Bank and Gaza Strip) provided data on the estimated proportion of people who incur a permanent disability as a result of a road crash. The figures ranged from 1.8% to 18%. This wide range is an indication of possible data limitations, including lack of uniform definition and standardized methodology.

\textsuperscript{10} http://www.who.int/classifications/icd/en/.

\textsuperscript{11} https://www.aaam.org/about-ais.html.
Conclusions and recommendations

• The Region is responsible for almost 10% of global road traffic deaths and has the second highest road traffic fatality across all WHO Regions at 19.9 per 100 000 population.

• While the majority of road traffic deaths occur in middle-income countries, high-income countries have a fatality rate that exceeds the rate of their less affluent neighbours, and that is more than double the average rate of high-income countries globally. There is a critical need for action across all countries of the Region regardless of their income level.

• Vulnerable road users comprise over 40% of regional road traffic deaths. Car occupants also bear a similarly substantial burden (45%). Policy-makers must give due attention to issues related to these two groups to ensure the prioritization of interventions specifically targeted at improving their safety.

• The majority of countries have national road safety laws on key road safety behavioural risk factors. However, these laws do not meet best practice criteria. In addition, studies that measure intermediate indicators are not adequate. There is a need to ensure that national laws on all road safety risk factors conform to recommended best practice and to strengthen enforcement through evidence-based and cost-effective strategies.

• Only one country in the Region applies the seven priority vehicle safety standards of the United Nations World Forum for Harmonization of Vehicle Regulations. Adoption and implementation of these standards contributes to reducing the likelihood of the occurrence of severe injury in case of a crash. These standards are essential not only to protect car occupants but also to protect vulnerable road users.

• It is important to support and complement policies for sustainable transport and safer road infrastructure with the appropriate regulations to render them effective and responsive to the needs of all road users, including pedestrians and cyclists. These policies will also have other positive co-benefits such as more physical exercise, reduced emissions and health benefits associated with such changes.

• Further action is needed in road safety management. Lead agencies need to be strengthened while availing them the required authority and resources that enable them to meet their obligations and carry out their functions effectively. Road safety strategies should be reviewed based on global indicators.

• It is essential to provide the required care to those injured as a result of road crashes and to reduce medically preventable deaths. Countries need to ensure that essential post-crash care components are in place as defined by WHO. This should include the development or strengthening of data systems that enhance post-crash response such as emergency room-based injury surveillance systems, vital registration systems and trauma care registries.
• Road traffic fatality data continue to be a challenge in the Region. There is a need to improve the quality of data on deaths, as well as on non-fatal injuries and road traffic-related disability. To achieve this, regular and structured coordination mechanisms linking different sources of road safety data, in particular police and health, need to be established.

• *The Global Status Report on Road Safety 2015* shows that road traffic injury continues to be a serious public health problem in the Eastern Mediterranean Region. The Decade of Action for Road Safety and the Sustainable Development Goals are great opportunities to capitalize on existing country efforts and strengthen collective action for road safety. Consecutive World Health Assembly resolutions and Regional Committee resolution EM/RC56/R.7 provide additional opportunities to drive further progress in countries of the Region.