



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
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Road safety and health

Report by the Secretariat

1. Road traffic injuries are a global public health problem affecting all sectors of society. In 2002 an estimated 1.18 million people worldwide died as a result of such injuries. These injuries accounted for 2.1% of global mortality, and exerted a heavy toll in terms of ill-health. In 2002, road traffic crashes ranked as the ninth leading cause of burden of disease, accounting for 2.6% of all global disability-adjusted life years lost. Trends in motorization indicate an increase in road traffic injuries; furthermore, by 2020, they could rank third in the order of burden of disease, ahead of other health problems such as malaria, tuberculosis, and HIV/AIDS, according to global burden of disease projections.¹
2. In 2002, 90% of the global mortality resulting from motor vehicle crashes occurred in low- and middle-income countries. Road traffic injuries disproportionately affect the poor in these countries, where the majority of victims are among the most vulnerable road users such as pedestrians, cyclists, children, and passengers.
3. The magnitude of the road traffic injury problem varies according to geographical region. More than half of all road crash deaths occur in the South-East Asia and Western Pacific Regions of WHO. The African Region has the highest road traffic death rate.
4. Risk of crash injury is affected by age and gender, almost 50% of the global mortality due to road traffic injury occurring among young adults aged between 15 and 44 years. Globally, the road traffic injury mortality rate for males is almost three times higher than that for females.
5. The category of victims of road traffic injuries varies according to a country's economic level. In most high-income countries, vehicle drivers and passengers account for the majority of road traffic deaths whereas in low- and middle-income countries, fatalities occur mostly among pedestrians, motorcyclecyclists, cyclists, and users of public transport.
6. The economic consequences of road traffic injuries include costs of prolonged medical care, loss of the family breadwinner, and loss of income due to disability, which together often push families into poverty in many low- to middle-income countries. Such costs typically consume between 1.0% and 2.5% of a country's gross national product. In low- to middle-income countries, the costs are estimated to be US\$ 65 000 million per annum.

¹ *The global burden of disease: a comprehensive assessment of mortality and disability from disease, injuries and risk factors in 1990 and projected to 2020.* Geneva, World Health Organization, 1996.

7. A “systems approach” is needed in order to identify all the risk factors involved in road crashes, and mitigate their consequences through interventions in all parts of the system: the human, the vehicle, and the road infrastructure. The risks include: excessive speed, driving under the influence of alcohol, non-use of helmets and other safety devices such as seat belts and child restraints, poor road design, inadequate vehicle safety standards, and poor trauma care systems.

8. A multisectoral approach to prevention of road traffic injury is required, with public health playing an important role along with other key sectors such as transport, education, police, and finance. Actions should be based on a sound analysis of road traffic injuries, accurate evidence and be adapted to national circumstances. The participation of the health sector is essential for: collecting accurate data on fatal and non-fatal injuries and the costs involved; investigating the causes of road traffic injuries; implementing interventions and evaluating their cost-effectiveness; establishing comprehensive and effective trauma care systems; input in drafting policies to prevent road traffic injury; and advocating increased attention and resources for preventing road traffic injury.

9. The strategies and policies that have led to a significant reduction in the rate of road crashes in high-income countries are not necessarily relevant to low- and middle-income countries where specially adapted strategies may be called for.

10. Improving road safety requires strong political will at all levels of government, backed by collaboration with other credible public and private sector stakeholders with an interest in road traffic injury prevention.

11. In 2001, WHO finalized a five-year strategy for road traffic injury prevention,¹ the objectives of which are to: build capacity to monitor the magnitude of road traffic injuries; integrate traffic injury prevention into public health programmes around the world; promote the implementation of preventive strategies; and advocate for prevention and control of the health consequences of road traffic collisions. WHO’s country and global activities on road traffic injury prevention have been based on this strategy.

12. Road safety will be the theme for World Health Day in 2004, with the aim of raising public awareness of the consequences of road traffic injuries, and encouraging further action. On that day, WHO, in collaboration with the World Bank, will launch the world report on road traffic injury prevention. The report aims to emphasize the role of public health in the prevention of road traffic injuries and will cover the fundamental concepts and prerequisites of road traffic injury prevention, the intensity and impact of road traffic injuries, key determinants and risk factors, intervention strategies, and recommendations.

ACTION BY THE EXECUTIVE BOARD

13. The Executive Board is invited to consider the following draft resolution:

The Executive Board,

Having considered the report on road safety and health,²

¹ A [five] 5-year WHO strategy for road traffic injury prevention. Geneva, World Health Organization, 2002.

² Document EB113/9.

RECOMMENDS to the Fifty-seventh World Health Assembly the adoption of the following resolution:

The Fifty-seventh World Health Assembly,

Recalling resolution WHA27.59 (1974), which noted that road traffic accidents caused extensive and serious public health problems, that coordinated international efforts were required, and that WHO should provide leadership to Member States;

Welcoming United Nations General Assembly resolution 58/9 on the global road safety crisis;

Recognizing that road traffic injuries constitute a major but neglected public health problem that has significant consequences in terms of mortality and morbidity, and considerable social and economic costs, and that in the absence of urgent action this problem was expected to worsen;

Further recognizing that a multisectoral approach is required successfully to address this problem, and that evidence-based interventions exist for reducing the impact of road traffic injuries;

Noting the large number of activities on the occasion of World Health Day, 2004, in particular, the launch of the first world report on traffic injury prevention,

1. CONSIDERS that the public health sector should actively participate in programmes for the prevention of road traffic injury through data collection, research on risk factors of road traffic injuries, implementation and evaluation of interventions for decreasing road traffic injuries, provision of trauma care and mental-health support for traffic-injury victims, and advocacy for prevention of road traffic injuries;

2. URGES Member States, particularly those which bear a large proportion of the burden of road traffic injuries, to mobilize their public-health sectors by appointing focal points for prevention and mitigation of the adverse consequences of road crashes who would coordinate the public-health response in terms of epidemiology, prevention and advocacy, and liaise with other sectors;

3. RECOMMENDS Member States

(1) to assess the national situation concerning road traffic injury, and to assure that the resources available are commensurate with the extent of the problem;

(2) if they have not yet done so, to prepare and implement a national strategy on prevention of road traffic injury and appropriate action plans;

(3) to facilitate multisectoral collaboration between different ministries and sectors;

(4) to take specific measures to prevent mortality and morbidity due to road traffic crashes, and to evaluate the impact of such measures;

4. REQUESTS the Director-General:
- (1) to collaborate with Member States in establishing science-based public health policies and programmes for implementation of measures to prevent road traffic injuries and mitigate their consequences;
 - (2) to encourage research to support evidence-based approaches for prevention of road traffic injuries and mitigation of their consequences;
 - (3) to provide technical support for strengthening of prehospital and trauma care for victims of road traffic crashes;
 - (4) to collaborate with Member States, organizations of the United Nations system, and nongovernmental organizations in order to develop capacity for injury prevention;
 - (5) to maintain and strengthen efforts to raise awareness of the magnitude and prevention of road traffic injuries.

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