

MAKE ROADS SAFE

A DECADE OF ACTION FOR ROAD SAFETY



**Commission for
Global Road Safety**

COMMISSION FOR GLOBAL ROAD SAFETY



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Further details about the Commission for Global Road Safety can be found at: www.commissionforglobalroadsafety.org



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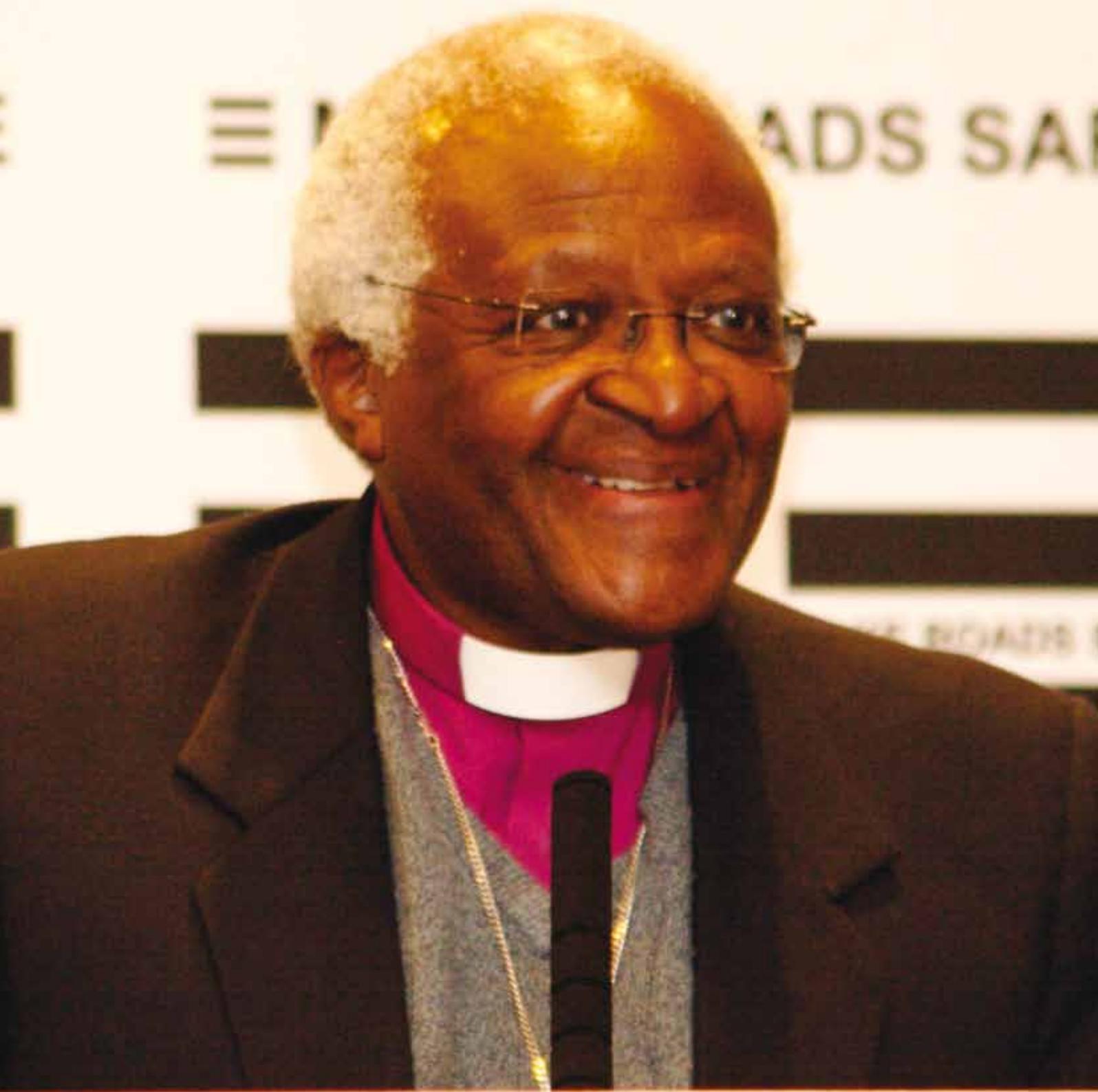
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www.makeroadssafe.org

FOREWORD: DESMOND TUTU

From time to time in human history there comes a killer epidemic that is not recognised for what it is and is not acted against until it is almost too late. HIV/AIDS, which is ravaging Sub Saharan Africa, is one such. Road traffic injuries have the potential to be another.

We ignore road crashes at our peril. This epidemic is invisible through its ubiquity, yet when we stop to add together the daily toll in each neighbourhood or city, each country and region, we can comprehend the true tragedy: 3,500 people killed every day, thousands more seriously injured; 260,000 children killed every year, and more than a million more seriously injured, with barely a voice raised in protest.

This is predominately a killer of the poor. It is the poorest communities which live alongside the fastest

roads. It is the poorest children who have to negotiate the most dangerous routes to school. It is the most vulnerable road users, pedestrians and cyclists, who are at greatest risk yet are the most routinely forgotten by the planners and policymakers.

In March 2008 I was pleased to add my name to an Open Letter to the United Nations calling for a first ever Global Ministerial Conference on road safety and was delighted when the UN General Assembly approved the proposal. Now, as we prepare for this historic meeting in Moscow in November, it is time for those who can make a real difference – the governments, international financial institutions, the donor community, development activists and the millions who are angry but silent – to step up to meet this challenge and to commit to a Decade of Action for Road Safety.



Desmond Tutu
Emeritus Archbishop of Cape Town

Lord Robertson, speaking in the UN General Assembly debate on road safety, displays a photo of his own serious road crash suffered as a young man



INTRODUCTION: LORD ROBERTSON

By 2015 road crashes are predicted by the WHO to be the leading cause of premature death and disability for children aged five and above. Hopefully by 2015 much progress will have been made in reaching the Millennium Development Goals but this achievement will be cruelly overshadowed if the largely avoidable slaughter of the young on the world's roads continues unchecked. This epidemic on wheels - which already kills on the scale of malaria - will continue to rob even more families of their loved ones and their livelihoods, as the number of those killed doubles to well over two million per year by 2030.

Yet we have the opportunity now to change direction.

We have seen a decade of preparation and progress in building global road safety capacity and policies, designing and testing effective interventions and raising awareness of this neglected epidemic. Through the work of the UN Road Safety Collaboration, the World Bank Global Road Safety Facility and the Global Road Safety Partnership we have a strong, collaborative, road safety community poised for action if they are funded appropriately.

A Global Ministerial Meeting on Road Safety, first proposed by our Commission in 2006 and endorsed last year by the United Nations will meet in Moscow in November 2009 hosted by President Medvedev of the Russian Federation. The Moscow Conference is a unique opportunity for the international community to respond to the road crash epidemic with the vision and urgency that it deserves.

This report calls for a Decade of Action for Road Safety to be launched by the UN in 2010 with the goal of reducing the forecast level of road deaths in 2020 by

50%. It offers ten key recommendations to the Moscow Ministerial and the United Nations set out in the Executive Summary on pages four and five. The main report, reviewed by, and with contributions from, the world's leading road safety experts, explains how with serious political commitment, sufficient international donor support for capacity building, and sustained national prioritisation of road injury prevention, we could collectively prevent five million deaths, and fifty million serious injuries, between now and 2020.

Five million lives: this is what is at stake in a Decade of Action for Road Safety. Five million people whose potential can be realised, not wasted; five million families that need never know the sudden loss and lifelong grief of a road crash bereavement. This is a prize well worth investing in, safe in the knowledge that the returns, human and economic, will far outweigh the investment cost.

We have the tools, the knowledge, to undertake this work. Now we need to see the political will to implement a Decade of Action. The United Nations has recognised that the global road injury epidemic is serious enough to warrant General Assembly resolutions and a first Ministerial-level conference. The Commission for Global Road Safety, therefore, urges the Moscow Ministerial and the UN General Assembly to recognise that now is the time for a UN Decade of Action for Road Safety committed to reducing by half the forecast level of road deaths in 2020.

Let's commit to work together for a decade that could save five million lives and start to make roads safe for us all.



Rt. Hon. Lord Robertson of Port Ellen
Chairman, Commission for Global Road Safety

EXECUTIVE SUMMARY

Road crashes kill at least 1.3 million people each year and injure 50 million, a toll greater than deaths from Malaria. Ninety percent of these road casualties are in low and middle income countries. Each year 260,000 children die on the road and another million are seriously injured, often permanently disabled. By 2015 road crashes are predicted by WHO to be the leading cause of premature death and disability for children aged 5 and above. This hidden road injury epidemic is a crisis for public health and a major contributor to the causes of poverty. Yet aid agencies, development NGOs, philanthropic foundations and key international institutions continue to neglect or ignore this rapidly growing problem.

Road traffic fatalities are forecast to increase over the next ten years from a current level of more than 1.3 million to more than 1.9 million by 2020. The Commission for Global Road Safety believes that the urgent priority is to halt this appalling and avoidable rise in road injury and then begin to achieve year on year reductions. The world could prevent 5 million deaths and 50 million serious injuries by 2020 by dramatically scaling up investment in road safety, at global, regional and national levels.

The first Global Ministerial Meeting on road safety, to be held in Moscow in November 2009 has the opportunity to set a new direction for global road safety. The UN General Assembly will then debate the results of the Moscow Ministerial during its 64th Session. The Commission, therefore, makes the following ten recommendations to the Moscow Ministerial and UN General Assembly:

1. The Moscow Ministerial should support, and the UN General Assembly approve, the proposal that a Decade of Action for Road Safety be launched by the United Nations in 2010, with the objective of reducing the forecast level of road deaths for 2020 by 50%.
2. Governments should commit to attain the Decade goal by implementing a five pillar Action Plan designed to (1) build management capacity, (2) influence road design and network management, (3) influence vehicle safety design, (4) influence road user behaviour and (5) improve post crash care.
3. Low and middle-income countries will be expending billions of dollars in road infrastructure and transport over the coming decades and it will be crucial that they sharpen their investment focus on improving safety outcomes. To catalyze this process the international community, including donor governments and private philanthropic foundations, should invest US\$300 million in the proposed ten year Action Plan to build global, regional and country capacity, enable pilot and demonstration projects and encourage increased national investments in road safety.
4. Governments should commit to implement a series of specific and achievable actions at regional and national level, including setting ambitious road casualty reduction targets, the creation of a lead road safety agency (e.g. with legally established responsibilities and sustainable funding sources) and harmonised systems of data collection (e.g. compliance with prescribed International Road Traffic Accident Database – IRTAD Group – benchmarks).
5. Governments should establish 2020 targets for: improved infrastructure safety (e.g. compliance with prescribed user protection scores); improved vehicle safety (e.g. compliance at minimum with prescribed crash ratings); improved road user behaviour (e.g. compliance with prescribed seat belt and motorcycle helmet wearing rates); adherence to prescribed blood alcohol levels, and compliance with prescribed speed limits; and improved post-crash responses (e.g. compliance with prescribed injury crash response times).
6. The World Bank and the regional development banks, together with donor nations, should ensure that at least 10% of the cost of their road investment projects are dedicated to safety rating, assessment and infrastructure improvement (e.g. safety barriers, pedestrian facilities, roundabouts, motor cycle lanes, etc). This principle should be applied by donors in line with the 2005 Paris Declaration on Aid Effectiveness.
7. Governments in high income countries should lead by example by continuing to make progress in improving their road safety performance, by the adoption of a 'safe systems' approach to road safety, as recommended by the OECD/ITF 'Towards Zero' expert report.
8. High-income, high performing countries should also recognise their obligation to share their experience

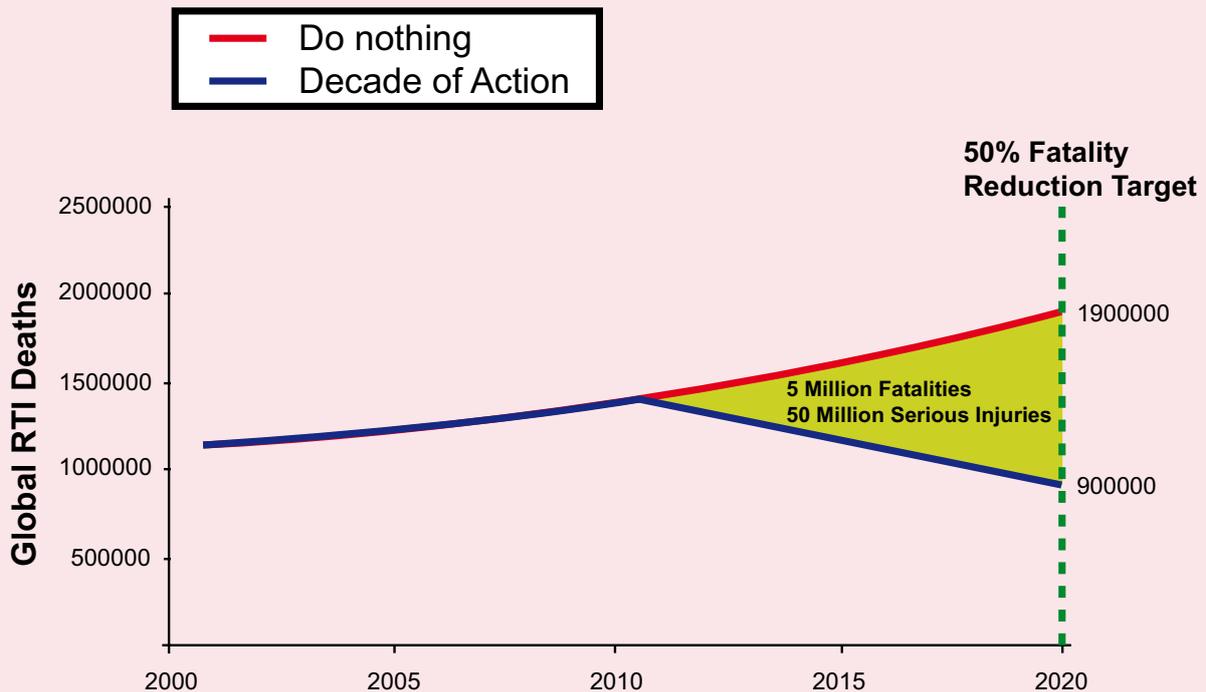
rience and know-how with low and middle income countries, through study exchanges and technical partnerships, and by enabling the transfer of knowledge and supporting implementation projects.

9. The Commission urges that the UN Commission for Sustainable Development (CSD) ensure that road safety is for the first time fully recognised as a key contributor to sustain-

able development and the Millennium Development Goals when it examines transport in its forthcoming policy cycle review (2010-2011).

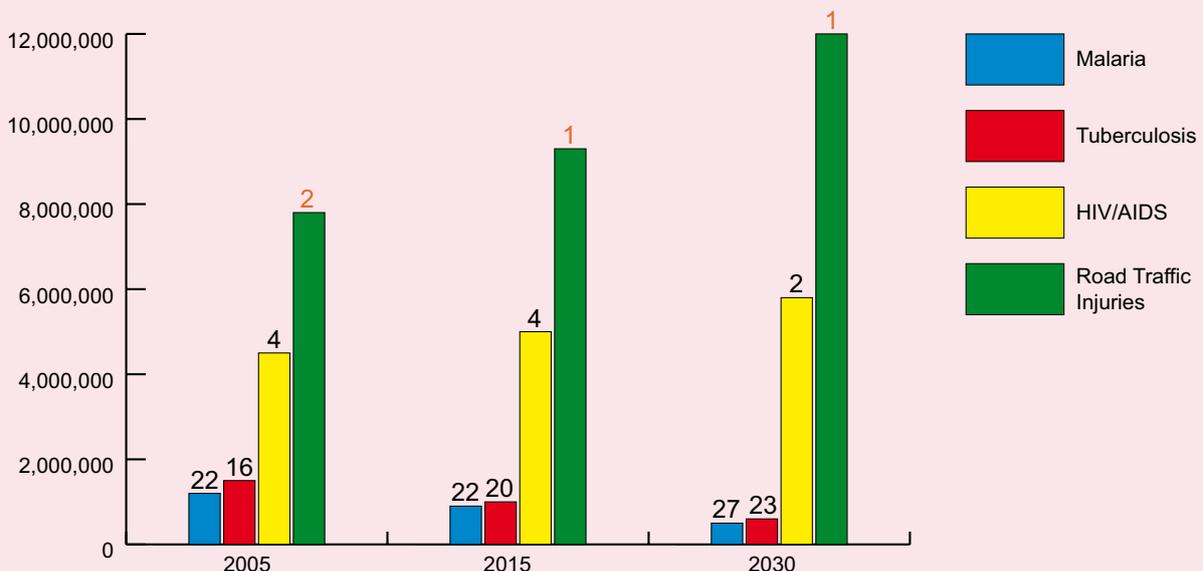
10. The UN Secretary General should appoint a UN Special Envoy for Road Safety to encourage progress and raise awareness during the Decade of Action which should be subject to a mid-term review in 2015.

CHANGING DIRECTION: POTENTIAL OF A DECADE OF ACTION FOR ROAD SAFETY



Source: Guria, J (2009)

PROJECTED DALYS IN DEVELOPING COUNTRIES: (CHILDREN AGED 5 - 14)



Source: Mather C, Loncar D (2005)

FEATURE 1:

Special Contribution: Kevin Watkins

The world is turning a blind eye

When we try to understand a humanitarian disaster our instinct is to reach for statistics. Headcount numbers provide us with a convenient measure of the numbers involved and the scale of the impact. Unfortunately, they can also sanitise reality and hide the human faces of the victims. Numbers are more abstract than names, and they deflect our attention from the lives of those affected. So here are some of the names and the faces of the people affected by the humanitarian crisis that happens every day on the world's roads:

- Rohit Yadav, a fourth year student of Bhave Primary School, Delhi, was knocked off his bicycle by a truck and crushed under its rear wheels. His sister, Vandana, has become speechless as a result of the trauma.
- Le Xuan Han, from Ho Chi Minh City, died just before her ninth birthday. She was travelling to a party with her sister on the back of her father's bike, which was hit by a drunk driver. Han died as a result of head injuries.
- Mukelebai Mumbuna, aged 26, from Lusaka died when her bus crashed in Zambia's Eastern Province after the driver, who was speeding in heavy rain, lost control at a corner. She was the mother of a five month old boy.
- John Njau, from Nairobi, Kenya, was paralysed in July 2007 when the taxi that he was sharing swerved across a lane and was hit by a truck. He was the family's sole breadwinner – and his children have since been unable to buy books for school.

These are just four names and four of the lives lost on the world's roads. Each year, road traffic injuries claim at least 1.3 million lives. Tens of millions more are left injured. Many of the victims are drawn from the ranks of the world's most vulnerable citizens: its children. Young children account for one-in-every five deaths - and almost one million are left with a permanent disability. In the time that it takes you to read this feature, another two young lives will have been lost somewhere. And behind the big numbers are human tragedies. For every death, there is a grieving family, or a child deprived of the love, the warmth and support of a parent. For every serious injury, there is a family that lives with the consequences and the financial costs.

It is time for the international community to see the road injury crisis for the humanitarian catastrophe that it is. For too long, governments have treated that catastrophe as a side-issue to be dealt with by transport ministers. They need to start treating it as a national emergency. We are confronted by an epidemic that kills and maims on the scale of major infectious diseases like malaria, tuberculosis and HIV/AIDS. If civilians were killed in a conflict on the scale that they are killed on the world's roads, international condemnation and calls for action would be guaranteed. Yet the slaughter barely registers in international media interest, let alone on the agendas of high-level meetings. Perhaps that's because most of the victims are poor people living in the world's poorest countries. Most of the projected increase in deaths to 2020 will happen in the same countries. Fatalities will almost double in Africa and more than double in South Asia.

We need to find a new vocabulary to discuss the roads crisis. Pick up any newspaper in a developing country and you are virtually guaranteed to find a headline story somewhere about a 'road accident' that has killed people and shattered lives. The truth is that these events are not 'accidents'. They are the consequence of bad policies, of government neglect, and of the indifference of the international community.

Road injury is conspicuous by its absence from the international development agenda. That is – quite literally - a fatal failure of political leadership. Measured on a narrow economic calculus, the costs of business-as-usual are enormous. Road injuries are costing many of the world's poorest countries 1-3 per cent of the GDP, acting as a brake on economic growth. Simple cost-benefit analysis makes its own case for action. As this report documents, every \$1 invested in road safety can save as much as \$20 in lost earnings, reduced productivity, and health costs. Instead of asking themselves whether their country can afford to invest in road safety, finance ministers might ask themselves whether it can afford not to.

The implications of road injuries for the Millennium Development Goals ought to be the subject of urgent review. Most of the victims of road injuries are poor. Labourers walking to work by the side of roads, small farmers, women carrying goods to market, and – of course – children in slums all figure prominently in the roll-call of victims. And every crash or injury has long-term consequences. When a breadwinner dies, families lose the income they need to maintain nutrition, purchase essential medicines, or meet the cost of keeping children in school. The medical bills that come with road traffic injury can plunge households into debt and trap them in poverty. And then there are the mental scars.

The world is making progress in getting children into school. But how many children sitting in classrooms today have seen their education potential blighted by the psychological scars and post-traumatic stress caused by road injury?

When it comes to road injuries, economic common-sense and ethical imperative both point in the same direction. Whether your starting point is economic growth, poverty reduction, social justice or human rights, there is no case for turning a blind eye to the endless toll of dead bodies and broken limbs. Yet the truth is that too many people and organisations with the power to make a difference are turning a blind eye.

Reading through this report I was struck time and again by just how quickly we could turn this crisis around. We are not dealing here with a disease that challenges our scientific knowledge, with a complex financial crisis, or with natural disaster that we are powerless to predict. What we are dealing with is roads which cut through villages, which lack cross points for children walking to school, and which are built to maximise car speed with scant regard for people. Road design problems are compounded by simple regulatory failures – like the failure to enforce rules requiring people on bikes to wear crash helmets, the failure to set and maintain credible vehicle safety standards, and the failure to enforce speed limits.

If you think that the problem is just too daunting to tackle in the face of other priorities, then think again. Countries like Viet Nam have cut road deaths through the simple expedient of enforcing crash helmet laws. In Malaysia, Costa Rica and South Africa, pilot projects on road safety have shown how thousands of lives can be saved through simple design. In Uganda, a programme on enhanced traffic enforcement cut road deaths by 17 per cent. Scaling-up measures like these over a ten year period could save 5 million lives and avoid 50 million serious injuries over the decade to 2020. Is the proposed catalytic Action Plan at \$300 million affordable? In a world where senior executives at just one failed financial institution – the American Insurance Group – get an annual bonus of \$165m that is a question does not deserve to be taken seriously.



But there is another question that does have to be taken seriously. If so much could be achieved with such high returns, why is so little being done? The answer to that question demands some serious reflection. Too often, governments in developing countries and the development economists that advise them measure the success of their roads policies in kilometres of asphalt and the speed at which goods can be carried. Perhaps the health professionals who deal with the consequences of this 'vision' could be asked to organise guided tours of the trauma units and the morgues where the victims end up.

Some aid donors are starting to take road safety seriously. But they are too few in number – and road safety remains the poor cousin of road building. The World Bank and the regional development banks, with a roads portfolio of \$4 billion, have just one road safety specialist between them. The same lack of capacity is true of most bilateral donors.

Campaigning organisations also have to do more. While issues such as education, infectious diseases, and the MDGs have been taken up by non-government organisations, where are the great campaigns for road safety? And why is it that the linkages between 1.3 million road deaths and poverty remain an institutionalised blind spot?

None of this is to point the finger of blame. All of us can – and must – do more. The proposed Decade of Action is a real opportunity for us to work together in pushing the deadly virus of road injury on to the international agenda. But that opportunity will pass unless we seize the moment and work together to put in place an action plan that saves lives. We cannot afford to carry on like this. Our collective negligence is killing people like Rohit Yadav, Le Xuan Han and Mukelebai Mumbuna. And it is holding back the fight against poverty.

Dr Kevin Watkins is Senior Visiting Research Fellow at the Global Economic Governance Programme, Oxford University. He is a former Director of the UN Human Development Report Office and was previously Head of Research for Oxfam UK.



CHAPTER 1

A DECADE OF PREPARATION AND PROGRESS

Once ignored, road traffic injuries are now increasingly recognised as a global development issue and a public health disaster.

It is now ten years since the International Red Cross published its 1998 World Disasters Report which warned that “road crashes are a worsening global disaster destroying lives and livelihoods, hampering development and leaving millions in greater vulnerability”.¹ This report was instrumental in launching a decade of unprecedented global analysis, advocacy and awareness of the importance of road injury prevention. Instead of being treated as just a secondary aspect of transport policy, road safety has now been identified as a major problem in public health and is increasingly seen to be a development issue relevant to the achievement of the Millennium Development Goals.

There are clear landmarks in this decade long progress.

In 2004, the World Health Organization and the World Bank published the first ever global assessment of the scale of road injury in the World Report on Road Injury

Prevention.² Launched by then French President Jacques Chirac on World Health Day (April 7th) in Paris, the report highlighted that more than 85% of the 1.2 million people killed and 50 million injured around the world in road traffic crashes were from low and middle income countries and warned that road deaths are forecast to double by 2020. The report powerfully concentrated attention on the rising tide of road injury, especially of vulnerable road users, such as pedestrians and cyclists, and provided the solid foundations for a new global approach to road safety policymaking. It identified the major risk factors that cause so many avoidable road injuries and offered a comprehensive set of recommendations to governments on how they can begin to reverse and then reduce the increasing number of deaths on their roads (See Annex A).

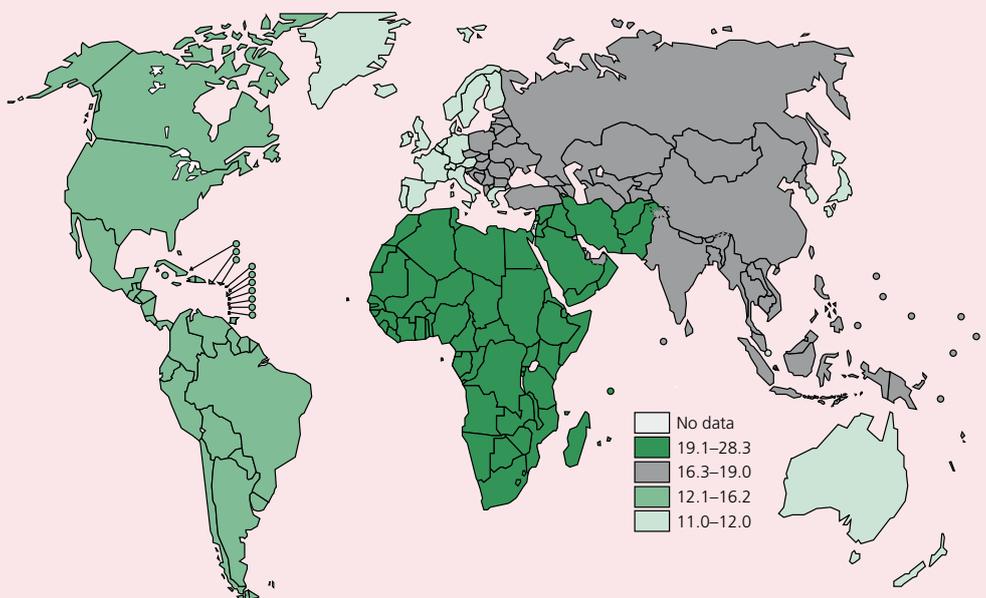
Crucially the World Report achieved widespread agreement on the need for a multi-sector commitment to evidence based prevention programmes that treat

the risk of road injury in a holistic and systemic way. The World Report took the policy framework decisively beyond the traditional and ineffectual 'blame the victim' response. It promoted a new 'safe systems' approach that aims to manage road networks so that, as far as possible, the consequences of human error by all road users, especially the most vulnerable, should be non-fatal. This recognises that the real cause of road injury is the violent release of kinetic energy, and that it is the ability to control this during a crash at levels that are non-life threatening that is the key to avoiding serious harm or death. The tolerances of the human body to these forces thus become a safe design requirement of the road system.

From this important perspective the report advocated dynamically combining the benefits of effective enforcement and understanding of road traffic rules with vehicle and road infrastructure engineering that are designed to reduce crash risks and mitigate their consequences when they occur. The report stressed the need for the creation of lead agencies to develop national road safety strategies and action plans. It, also, encouraged use of data collection, monitoring and target setting to achieve a transparent way to measure and improve the effectiveness of road safety policies.

Adding to the growing consensus in favour of the 'safe systems' was last year's publication by the OECD and

FIGURE 1: ROAD TRAFFIC INJURY MORTALITY RATES (PER 100 000 POPULATION), 2002



PREDICTED ROAD TRAFFIC FATALITIES BY REGION (IN THOUSANDS), ADJUSTED FOR UNDERREPORTING, 1990-2020

Region	Number of countries	1990	2000	2010	2020	Change (%) 2000-2020	Fatality rate (deaths/100 000 persons)	
							2000	2020
East Asia and Pacific	15	112	188	278	337	79	10.9	16.8
East Europe and Central Asia	9	30	32	36	38	19	19.0	21.2
Latin America and Caribbean	31	90	122	154	180	48	26.1	31.0
Middle East and North Africa	13	41	56	73	94	68	19.2	22.3
South Asia	7	87	135	212	330	144	10.2	18.9
Sub-Saharan Africa	46	59	80	109	144	80	12.3	14.9
Sub-total	121	419	613	862	1,124	83	13.3	19.0
High-income countries	35	123	110	95	80	-27	11.8	7.8
Total	156	542	723	957	1,204	67	13.0	17.4

Source: World Report on road traffic injury prevention, 2004



the International Transport Forum of the report 'Towards Zero, Ambitious Road Safety Targets and the Safe System Approach'.³ Prepared by road safety experts from 21 countries the report recommended that all countries, regardless of their level of economic development and safety performance, move to a 'Safe System' approach and encouraged the adoption of a highly ambitious vision for road safety based on the 'Sustainable Safety' and 'Vision Zero' concepts pioneered in the Netherlands and Sweden (see Feature 2). In Sweden, for example, sections of their road network have now become fatality free as a result of engineering innovations, demonstrating the powerful potential of safe systems to deliver previously unimagined levels of safety.⁴ The report sets the agenda for road safety management in the 21st century and reflects the lessons learned in high-income countries in their evolution towards an approach that acknowledges a shared responsibility for road safety performance and the unacceptability of death and injuries as the price of mobility. The report also makes the point that even high-income countries that have relatively strong road safety performance can and should lead by example by constantly innovating and continuing toward zero road fatalities.

Since the launch of the World Report on World Health Day 2004 a clear mandate has been given by the international community to include road safety as a glo-

bal policy issue. The United Nations General Assembly has adopted unanimously a series of resolutions⁵ on road safety that have:

- fully endorsed the World Report's recommendations, and urged Member States to implement them;
- encouraged multilateral and bilateral development agencies to support capacity building in road injury prevention;
- established the UN Road Safety Collaboration to exchange of good practice and better co-ordinate the UN systems response, and promoted road safety advocacy through the first global road safety week in 2007;
- commended the World Bank for establishing the Global Road Safety Facility and called for increased donor contributions to support its global, regional and country capacity building initiatives;
- acknowledged the victims of road traffic crashes and their families by recognizing the third Sunday every November as a 'World Day of Remembrance for Road Traffic Victims', and;



- provided a platform for greater political commitment by Member States by approving the first ever global ministerial conference on road safety to be hosted by the Russian Federation in Moscow on November 19th-20th this year (see Annex B).

In parallel to these global activities there has also been a strong regional response to the growing burden of road injury. In recent years the UN regional economic commissions have played a leading role in preparing assessments of the road safety performance of their respective regions and in adopting ambitious casualty reduction targets. In 2007, Ministers of Transport and Health in Africa adopted the goal to cut in half the number of road fatalities by 2015.⁶ In 2006 Ministers of Transport from the Asia and Pacific region adopted a numerical target to cut deaths by 600,000 by 2015.⁷ And at the beginning of the decade European Governments committed to cut their road toll by 50% by 2010.⁸ Recently the UN Regional Commissions* together received \$660,000 from the UN Development Account for a project on “improving global road safety: setting regional and national road traffic casualty reduction targets”. The project will be implemented during 2009 and include seminars organised by each of the five UN regional commissions. These

target setting efforts have had the effect of strengthening country level commitment to the implementation of road safety programmes. Their positive role has also been strongly endorsed in the ‘Towards Zero’ report. Global and regional action over the past decade has also been supported by a new institutional architecture for road injury prevention. Its key components include:

- **The Global Road Safety Partnership, (GRSP)** was established in 1999 as part of the World Bank’s Business Partners for Development programme. It is hosted by the International Federation of Red Cross and Red Crescent Societies (IFRC), based in Geneva and encourages good practice in road safety management through partners working in ‘focus’ countries mainly in the developing nations. The Partnership has been chosen as the delivery organisation for the Global Road Safety Initiative (GRSI), a five year \$10 million initiative to prevent road injury funded by seven of the world’s largest auto and oil industry companies (Ford, GM, Honda, Michelin, Renault, Shell and Toyota). The GRSI is promoting the ‘good practice’ manuals developed by the UN Road safety Collaboration (see below) working, in particular in Brazil, China and the ASEAN countries.

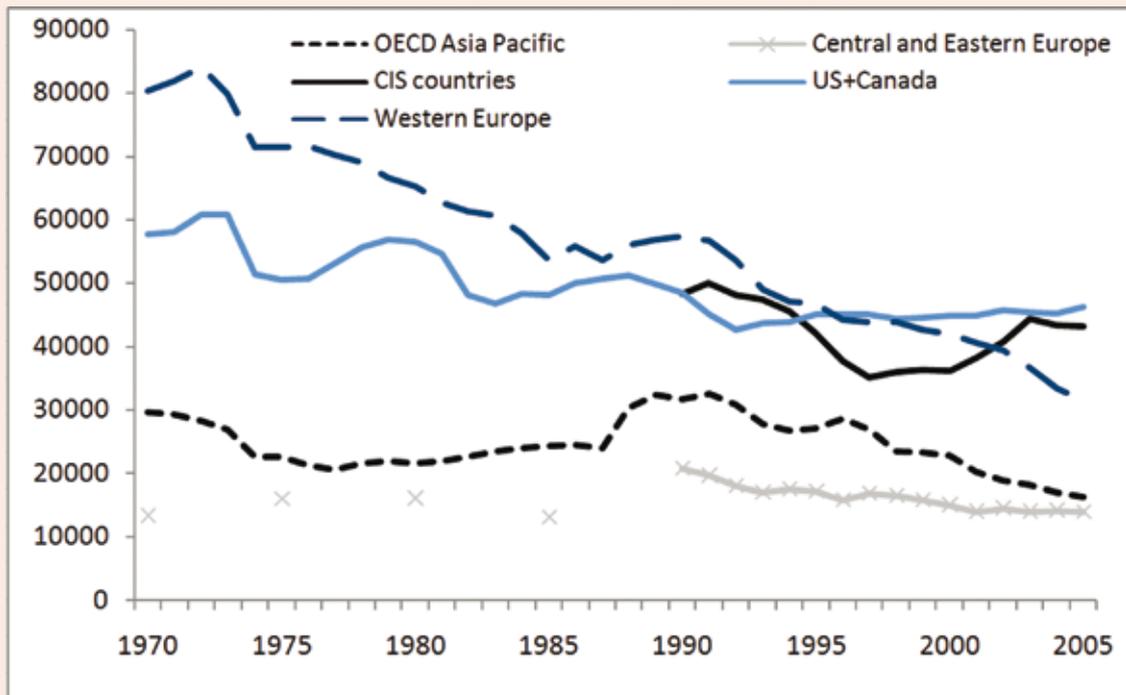
* UN Economic Commission for Africa; UN Economic Commission for Europe; UN Economic and Social Commission for Asia and the Pacific; UN Economic and Social Commission for Western Asia; UN Economic Commission for Latin America and the Caribbean

FEATURE 2:

Towards Zero - the new approach to road safety

Maintaining momentum

In most OECD/ITF countries, fatalities decreased by around 50% over the period 1970-2005 but performance has been uneven.

CHANGE IN THE ANNUAL NUMBER OF FATALITIES FOR THE MAIN OECD/ITF REGIONS (1970-2005)

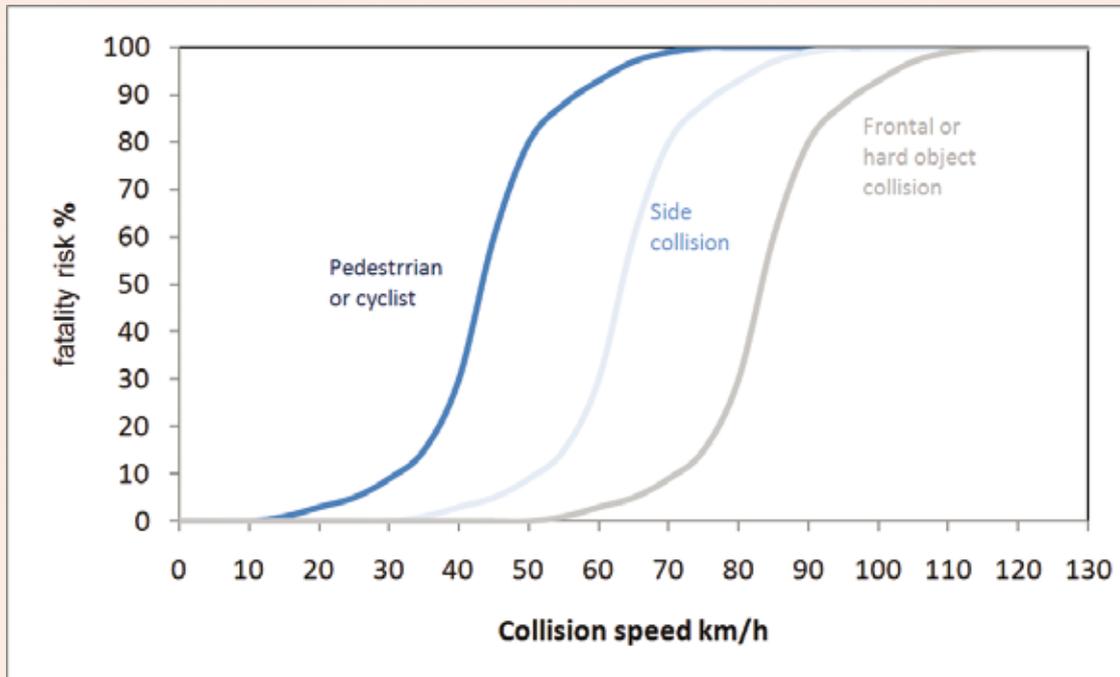
The Netherlands, Sweden, Switzerland, Norway, the United Kingdom, Denmark and Japan reached rates below 6.0 fatalities per 100 000 inhabitants by 2006. However, even in countries with good performance, progress is not continuous and is marked with periods of stagnation and reversal. Some traditional safety measures are likely to show a diminishing rate of return in countries that have pursued them most effectively. This is seen by many experts as an indication that a new approach to road safety is necessary.

The safe system approach

Taking a Safe System approach can unlock a large potential for raising road safety performance. It requires that the road system be designed to expect and accommodate human error, recognising that prevention efforts notwithstanding, road users remain fallible and crashes will occur. The approach exploits synergies between measures that address infrastructure, vehicles and driver behaviour when they are designed in concert. It shapes interventions to meet long term goals, rather than relying on incremental improvement on traditional interventions to set the limits to ambition.

The basic strategy of a Safe System approach is to ensure that in the event of a crash, the impact energies remain below the threshold likely to produce either death or serious injury. This threshold will vary depending upon the level of protection offered to the road users involved. For example, the chances of survival for an unprotected pedestrian hit by a vehicle diminish rapidly at speeds greater than 30km/h, whereas for a properly restrained motor vehicle occupant the critical impact speed is 50km/h for side impact crashes and 70 km/h for head-on crashes.

The Safe System approach offers new potential for improvement for countries at the leading edge of performance but is appropriate at all levels of performance. The interventions adopted will differ from country to country but the synergies achieved by taking a comprehensive approach can accelerate improvement significantly.

FATALITY RISK

Source: Wramborg, P. (2005)

Ambitious vision

All countries are advised to adopt and promote a level of ambition that seeks in the long term to eliminate death and serious injury on the roads. Adopting this ambition will alter the community's view of the inevitability of road trauma, alter institutional responsibilities and change the way in which road safety interventions are shaped. This approach has been adopted in the road safety policies of the Netherlands and Sweden known as Sustainable Safety and Vision Zero respectively, both of which are examples of a Safe System strategy.

This is an aspirational vision in that achievement will require interventions that are some steps removed from prevailing best practice and will require the development of altogether new, more effective interventions. Part of its value lies in driving innovation.

The long term vision needs to be complemented with interim targets for specific planning periods up to a decade or so. Aspirational targets for very large reductions in road trauma by specific dates have been adopted in many countries without links to specified interventions. This makes them very difficult to achieve. Ambitious, achievable and empirically-derived road safety targets should be developed linking interventions and institutional output with intermediate and final outcomes to develop achievable targets for different intervention options.

It is recommended that all countries, regardless of their level of road safety performance, move to a Safe System approach to road safety.

Towards Zero: Ambitious Road Safety Targets and the Safe System Approach, OECD Paris 2008.³
To download the report please go to <http://www.internationaltransportforum.org/jtrc/safety/safety.html>

Source: Stephen Perkins, Head, ITF/OECD Joint Transport Research Centre



The Commission for Global Road Safety meeting in St Petersburg, September 2008

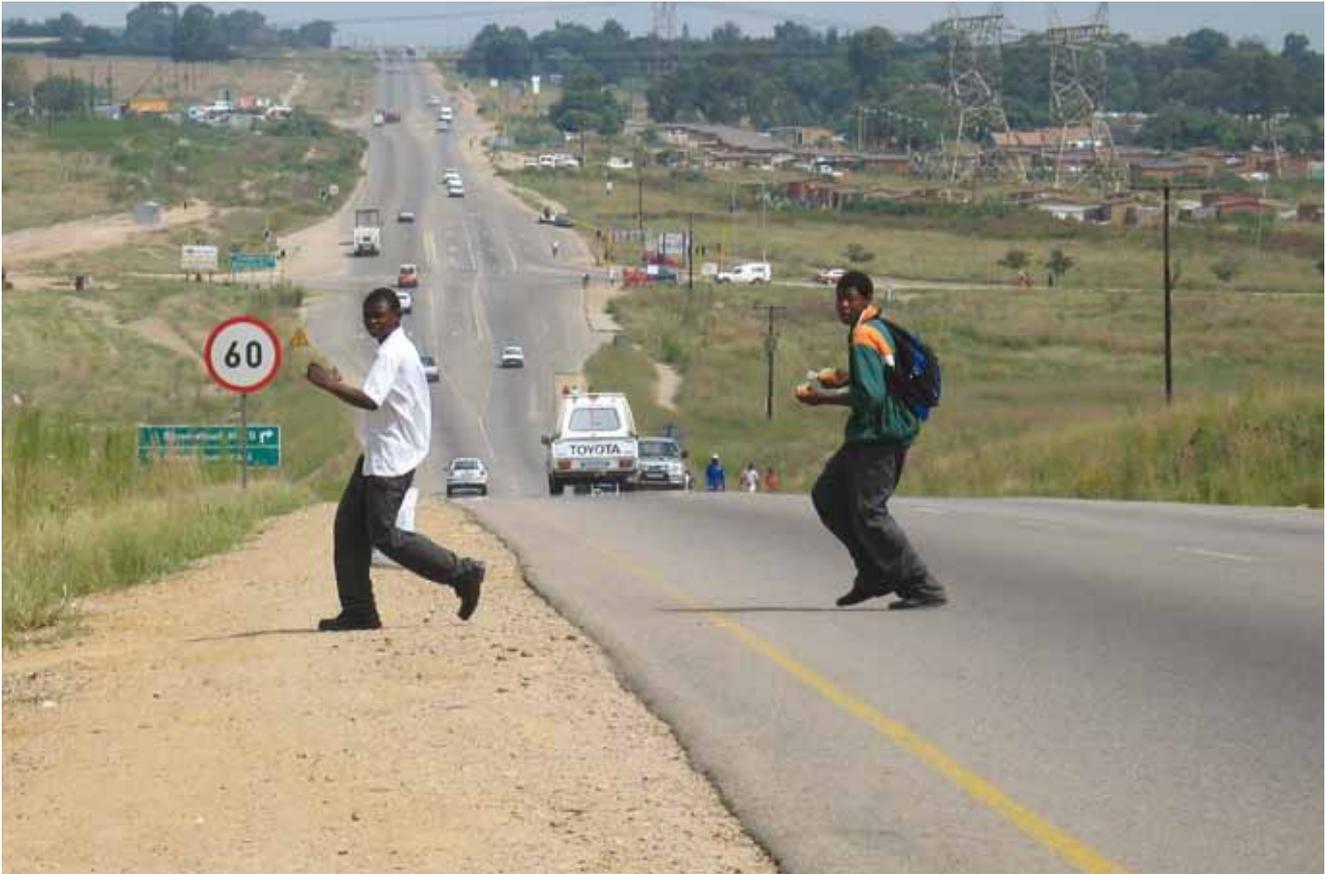
- **The UN Road Safety Collaboration**, created in 2004 on the initiative of the UN General Assembly and which “invited the WHO working in close collaboration with the UN regional commissions to act as a co-ordinator on road safety issues within the United Nations system”. The Collaboration has since brought together all the Regional Commissions and a wide range of road safety stakeholders to exchange good practice, in particular through the preparation of manuals on the major risk factors highlighted by the World Report (see Feature 3). The 10th meeting of the Collaboration is held in Bangkok, Thailand in June 2009, hosted by UNESCAP.
- **The World Bank Global Road Safety Facility** which was established in 2006 as the first ever dedicated funding mechanism for road injury prevention in low and middle income countries. The Facility has begun a catalytic programme of global, regional and country activities to accelerate and scale up the efforts of developing countries to build their managerial capacities and implement cost effective road safety plans. The Facility also provides a coordination mechanism for key multilateral and bilateral donors and has the capacity to leverage significant additional road safety investment through the Bank’s country lending programmes. A more detailed summary of the

work of the Facility is described in Annex B. Encouragingly the World Bank Group itself has also given greater emphasis to road safety in its recently adopted Transport Sector Business Strategy 2008-2012 ‘Safe, Clean Affordable Transport for Development’.⁹

This collaborative structure combines the key stakeholders and agencies that together have the capacity for programme delivery, promotion of good practice, financing and donor co-ordination.

The Commission for Global Road Safety under the Chairmanship of Lord Robertson of Port Ellen has also made a distinct contribution to the first road safety decade. In our 2006 report ‘Make Roads Safe, A New Priority for Sustainable Development’,¹⁰ the Commission fully endorsed the analysis of the earlier World Report but additionally argued that road injury prevention should be recognised as a development issue and highlighted the significant contribution that road injury prevention could make to the achievement of the Millennium Development Goals. This call for road safety to become part of the agenda of sustainable development has received welcome endorsement from leaders in this field like Kevin Watkins (see Feature 1).

The Make Roads Safe report made three main recommendations for global action:



- To establish a ten year \$300 million dollar plan to invest in capacity building in road injury prevention in low and middle income countries;
- To require all new road and road rehabilitation projects funded by the international community in low and middle income countries to commit at least 10% of the total project costs to road safety rating, assessment and community wide prevention schemes;
- To hold a Ministerial Level Conference on Global Road Safety to encourage implementation of the recommendations of the 2004 World Report on Road Traffic Injury Prevention.

To support the Commission's recommendations during the 2007 global road safety week, the 'Make Roads Safe' campaign was launched with the aim of securing a million signatures on a petition to the United Nations Secretary General. The campaign gained the support of a wide range of global leaders and celebrities including the Nobel Peace Prize laureates, Archbishop Desmond Tutu, former US President Jimmy Carter and Costa Rica's President Oscar Arias (see Feature 7). In March 2008 the campaign achieved its initial goal and the petition was presented to the UN Secretary General Mr Ban Ki-moon. This coincided with the UN General Assembly's most recent debate on road

safety at which it approved the Commission's proposal for a Ministerial Conference which the Russian Federation offered to host in Moscow.

In September 2008 the Commission met in St Petersburg to review progress on the 2006 Make Road Safe report's three principal recommendations. This review can also serve as a useful audit on the impact of the first decade of road safety.

Recommendation One - \$300 million Action Plan

The recommendation called for \$300 million to be committed to a ten year action plan to be implemented by the World Bank Global Road Safety Facility. Whilst the Facility has succeeded in gaining significant donor support from the FIA Foundation, the Governments of Australia, the Netherlands and Sweden the level of committed resources to date totalling just over \$15.9 million between 2006 and 2008 is far less than the proposed \$30 million per year (see Annex D). There has been a further welcome increase in support for road safety as exemplified by the Bloomberg Foundation's 2007 decision to give \$9 million to the WHO to support pilot projects in Mexico and Vietnam and to prepare a global road safety status report. The private sector also continues to make an important contribution through the \$10 million Global Road Safety Initiative managed by the GRSP.

FEATURE 3:

Improving Behaviour

Transferring the know-how of managing seat belts, crash helmets, drink-driving, and speed

There are many causes of road crashes and many means of prevention. But evidence gathered over several decades of research and fieldwork demonstrates that a significant number of lives can be saved by improving how people manage just a few human behaviours, including **use of a seatbelt; wearing a crash helmet; tackling inappropriate speed and drinking and driving.**

Experience in high-income countries shows that with a combination of legislation, attention to safe infrastructure, public awareness, improved law enforcement, cross-sector partnership and collaboration, deaths and injury can be dramatically reduced. When the 2004 World Report on Road Traffic Injury Prevention showed that these key risks were present – and not being adequately addressed – in virtually every low- and middle-income country, the challenge was to find a way of transferring the knowledge already gained to these countries in a fraction of the time and at a fraction of the cost it had taken in fully motorised nations.

Between 2005 and 2008 the Global Road Safety Partnership, the FIA Foundation, the World Bank and the World Health Organization produced definitive 'how to' manuals on these four risk factors. Working alongside governments, business and civil society organisations, these organisations have been concentrating on getting the manuals off the shelf and turning them into action. The four manuals are now translated into more than 20 language editions and used to drive programmes in many countries. The results to date show that this knowledge transfer can work well across many different languages and cultures.

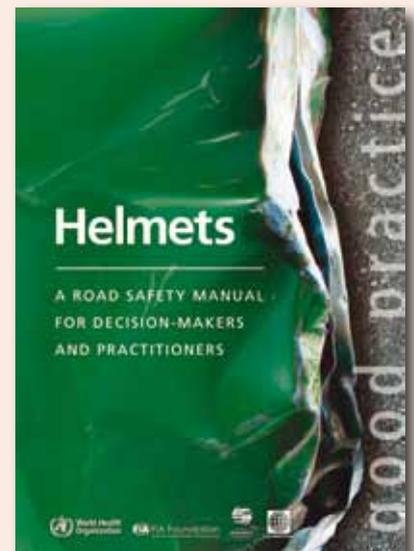
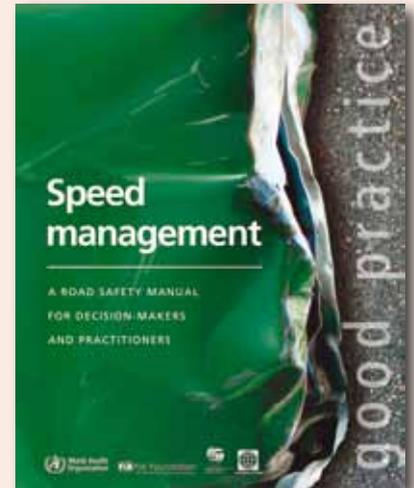
While every road safety partnership or project will be different, the manuals offer a tried and tested framework for action. They give a practical, step-by-step guide to analyzing and understanding the local road safety situation, conducting baseline studies, connecting with key stakeholders, creating partnerships, planning and implementing interventions and assessing the results all the key ingredients to building successful and sustainable road-safety interventions.

Here are a few examples of how the good practice manuals are being put to work:

Helmets: Manual guides youth helmet program in rural Thailand

The Community Youth Helmet Use Project, an 18-month program based on the Helmets manual, began in 2008 and is working with 120 villages in north-eastern Thailand to develop innovative and sustainable ways to encourage helmet use among young people. Throughout 2008 village and district workshops have been organised in which community leaders develop proposals and are trained in good practice for helmet use.

And Thailand is just one country where GRSP is successfully working with the Helmets manual. Others are Vietnam, Cambodia, Lao, Indonesia, Brazil and Burkina Faso



Seatbelts: Good Practice manual contributes to reducing road deaths in Sakhalin, Russia

The success story on the Russian island of Sakhalin is an example of how a wide range of stakeholders can co-operate to build a programme based on good practice. Using the FIA Foundation Seat Belt Toolkit, precursor to the UN Manual series, the programme on seat belts included improved strategic enforcement, research and surveys, publicity of safety belt road-death statistics - and three years of consistent action. The result - an amazing transformation in seatbelt wearing rates on the island from 3 percent in 2005 to over 83 percent in 2008, rivalling countries where education and enforcement work has been on-going for decades. In 2008 fatalities and serious injuries on Sakhalin decreased in total numbers by approximately 20 per cent.

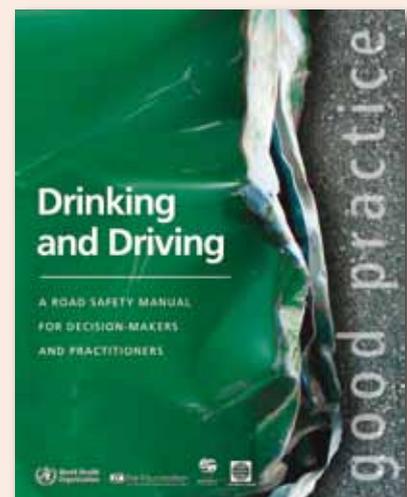
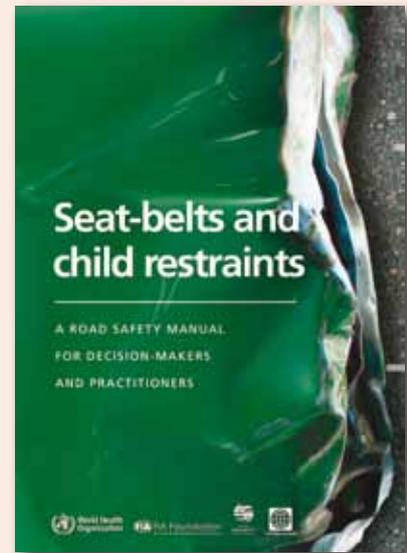
Drinking and driving: Pilot project “You’ve been drinking? Don’t drive!” in Poland

This multi-sector partnership project led by GRSP began in 2008 and targets drinking and driving in the Polish city of Olsztyn, where drunk driving rates were higher than the national average. Activities in 2008 included road-side breath tests and driver surveys, statistical analysis, training sessions, and a wide range of public education activities.

Building enforcement capacity for implementing the ‘how to’ manuals

UN Road Safety Collaboration members uses the ‘How to’ manuals to build capacity of police enforcement agencies and others who influence road behaviour. Led by systematic development and delivery of police professional development work in the ASEAN region, in 2008 GRSP senior law enforcement advisors delivered extensive professional development seminars in Malaysia, Cambodia and Thailand.

These good practice tools can work across the world. They target an important part of the global road safety problem. They work really well when implemented through government, business and civil society partnership organisations. They can be led from any sector. But the current level of implementation is tiny relative to the global road safety problem. The challenge is clear. In the next Decade of Action, we must ensure that every single low- and middle-income country has the resources and capacity to thoroughly implement these proven basic life-saving measures.



Source: Andrew Pearce, Chief Executive, Global Road Safety Partnership



It has to be recognised, however, that there has been limited progress in reaching the \$30 million per year recommendation made by the Commission in 2006. Official development aid sources remain heavily committed to MDG related subjects and are reluctant to redirect resources to 'new' subjects.

More positively they are increasingly recognising that road traffic injury is a significant 'cross cutting' issue that requires action as a 'safeguard' measure linked to existing development programmes particularly road infrastructure investment. Private Foundations, especially those concerned with public health, also remain closely MDG-focussed (especially on communicable diseases such as HIV/AIDS, TB and Malaria) and seem reluctant at the moment to embrace injury prevention in general and road traffic safety in particular. The Commission agreed to give this recommendation an impact of just 20%.

Recommendation Two – 10% of Road Project Costs Allocated to Road Safety

The 10% proposal originated from a former internal guideline adopted by the World Bank in the early 1980s. The precise formulation of the 10% has been the subject of quite extensive debate among the road infrastructure safety community. The focus that the

Commission has given on the potential of road investment to systematically raise the inherent 'passive' safety performance of road networks has succeeded in galvanising discussion of these issues.

For example, the UN Regional Commission for Asia and the Pacific (UNESCAP) is making use of the 10% formulation in its development of the Asian Highway project and the 2006 Busan Transport Ministerial Declaration endorsed the concept of 'forgiving roads'. The 'Making Roads Safe' conference held at the European Bank for Reconstruction & Development (EBRD) in London in July 2008 also exemplifies the greater recognition of road infrastructure safety issues. Demand for innovative road infrastructure rating tools, such as those developed by the International Road Assessment Programme (iRAP), has soared. The positive results of iRAP's initial pilot projects in Costa Rica, Chile, Malaysia and South Africa (see Feature 4) show that there is great potential in mobilising existing donor resources committed to roads to achieve higher levels of safety performance.¹¹ The World Bank Global Road Safety Facility's recent creation of a working group of development banks to develop a common approach to road safety infrastructure investment (an initiative originally proposed by the Commission in 2006) is also a very positive step forward. The Commission's rating for this recommendation was 50%.



Lord Robertson and Michelle Yeoh present the Make Roads Safe petition to Ban Ki-moon, March 2008

Recommendation Three – Agreement on a UN Ministerial Conference

The Commission's recommendation for a Ministerial meeting has been a clear success. The Secretary General of the UN, Mr Ban Ki-moon, supported the proposal¹², as did a number of influential political leaders including the then UK and Italian Prime Ministers Tony Blair and Romano Prodi. The Russian Federation very generously offered to host the conference in Moscow and the UN General Assembly debated the issue in March 2008. The Assembly's unanimous decision to accept the Russian Federation's offer was a major political breakthrough for global road safety (see Resolution 62/244 in Annex B). Whilst the multilateral and bilateral donors have yet to commit resources on the scale envisaged in the Commission's proposed Action Plan, the Moscow Ministerial provides a new target to continue pushing for greater commitment of development assistance resources to global road safety. The Commission's rating for this recommendation was 100%.

Progress to date

In the last decade, therefore, there has been important progress. It is very significant that the World Report's policy analysis and recommendations have secured

such widespread support. The United Nations has given a clear political mandate to support its implementation. And we have seen the creation of a structure of partnership, coordination and a funding mechanism that are a pre-requisite of a concerted effort to reverse and then reduce the rising number of road traffic deaths and injuries worldwide. We can also highlight very encouraging national campaigns and pilot projects of road safety interventions that work. Helmet wearing in Vietnam (see Feature 5), seat belt wearing in Costa Rica, road infrastructure assessment in Malaysia are just a few of the examples that reinforce the strong case for global action to move from limited pilot projects to comprehensive national programmes.

These are the positive achievements of this first decade of global road safety. But there remain significant challenges and barriers if we are to halt the number of road injuries and deaths that are forecast to continue rising across so many low and middle income countries in the decade ahead. Our efforts remain underfunded and inadequate to meet the scale of road injury occurring on our roads. What is needed now is a new decade for global road safety – a decade of action to implement this clear policy agenda and a global programme of capacity building in road injury prevention.

FEATURE 4: Case study 1

Vaccines for Roads – making roads safe in Malaysia

The International Road Assessment Programme (iRAP) is a not-for-profit organisation dedicated to saving lives through safer roads. iRAP works in partnership with government and non-government organisations to:

- inspect high-risk roads and develop targeted road safety plans
- provide training, technology and support that will build and sustain national, regional and local capability
- track road safety performance so that funding agencies can assess the benefits of their investments.

iRAP programmes are now active in more than 50 countries throughout Europe, Asia, the Pacific, North and South America and Africa and more than 100 000km of highways has now been assessed. Of special significance is that iRAP has entered into a partnership with the World Bank Global Road Safety Facility to enhance the development of its safety rating tools in the assessment of risks faced by vulnerable road users and the preparation of infrastructure safety programs to ameliorate these risks. Pilot projects are being undertaken in Vietnam, Peru, Argentina and Serbia.

iRAP assessed more than 10 000km of highways in pilot projects in Malaysia, Chile, Costa Rica and South Africa during 2008. The targeted road safety plans created in these projects identified the potential to prevent 73 000 road crash deaths and injuries over 20 years. The economic benefit of the four plans is estimated at US \$7 billion for a total investment of US \$360 million. That is, for every dollar invested, there would be a return of \$20 in crash costs avoided.

iRAP Malaysia is indicative of the successful partnership-approach being taken in projects worldwide. In each of its projects, iRAP works closely government and non-government organisations to ensure that projects benefit from broad support and diverse expertise. The key project partners in iRAP Malaysia were the AAM (Automobile Association Malaysia), JKJR (Malaysian Road Safety Department), MIROS (Malaysia Institute of Road Safety Research), and JKR (Malaysian Public Works Department).

iRAP Malaysia involved detailed inspections of 3,800km of federal highways and motorways, using a specially equipped vehicle and focusing on more than 30 different road design features that are known to influence the likelihood of a crash and its severity. These features included intersection design, road cross-section and markings, roadside hazards, footpaths and motorcycle lanes.

Using the results of these inspections, star ratings were produced. Star ratings provide a simple and objective measure of the level of safety which is ‘built-in’ to the road for car occupants, motorcyclists, bicyclists and pedestrians (see below). Five-star roads are the safest while one-star roads are the least safe. Importantly, the star ratings were able to be completed without reference to detailed crash data, which is often unavailable in low-income and middle-income countries.

EXAMPLES OF ROADS ASSESSED FOR MOTORCYCLE SAFETY BY IRAP MALAYSIA



Fully separated facility with one way flows, no side friction, good delineation and forgiving roadsides, 80 km/h



Single carriageway road, wide paved shoulder for motorcycle use, 50 km/h



Single carriageway road, narrow paved shoulder, sharp curves, poor roadsides, 90 km/h

The team then considered more than 70 proven road safety improvement options to generate an affordable and economically sound targeted road safety plan that will save lives throughout the network. Road improvement options range from low-cost road markings and pedestrian refuges to higher-cost intersection upgrades and full highway duplication.

The targeted road safety plan for Malaysia identified the potential to prevent 31 800 road crash deaths and injuries over 20 years on the 3 800km network. The economic benefit of the plan is estimated at US \$2.9 billion for a total investment of US \$181 million; for every dollar invested, there would be a return of \$16 in crash costs avoided.

The most promising road safety countermeasure identified was the removal of roadside hazards. This has the potential to prevent 9 700 deaths and injuries and generate an economic saving of \$121 for every dollar invested. The top five road safety countermeasures are listed in the table below.



iRAP Malaysia assessment vehicle

After the successful completion of the pilot project, plans to assess roads throughout Malaysia are in development. Reflecting the growth of iRAP Malaysia from pilot to programme, in which the iRAP processes become an integral part of road management Malaysia, Datuk Suret Singh, Director General, JKJR, has passed the role of Chair of the iRAP Malaysia Steering Committee to Dato Sri Judin, Director General, JKR.

To ensure that genuine road safety gains are made and the capability of stakeholder organisations continues to grow, iRAP has encouraged and supported several continuing post-project activities, including participation in regional workshops, which build a community of knowledge and a strong network contact, and the provision of best practice advice on implementation through the iRAP Road Safety Toolkit (www.irap.net/toolkit).

iRAP is demonstrating that road death and injury is preventable. Simple, affordable improvements to road infrastructure can dramatically reduce both the risk of crashes occurring and their severity. By investing in life-saving features like sealed shoulders, footpaths, safety barriers and traffic signals, high-risk roads can be made more forgiving – they can be made safe.

TOP FIVE COUNTERMEASURES IN MALAYSIA

Countermeasure type	Length of number of sites	Estimated initial construction cost /US\$	Estimated cost to build and maintain (20 years)/ US\$	KSIs saved (20 years)	Value of safety benefit (20 years)/ US\$	Cost per KSI saved (20 years)/ US\$	Programme Benefit-Cost Ratio (BCR)
Roadside safety - hazard removal	1,650 km	7 m	7 m	9,700	892 m	800	121
Motorcycle lanes	270 km	5 m	5 m	900	81 m	6,000	15
Intersection up-grades	380 sites	11 m	11 m	2,000	185 m	6,800	14
Overtaking and capacity improvements	380 km	56 m	56 m	8,200	756 m	6,800	14
Shoulder sealing/provision	270 km	11 m	11 m	1,400	127 m	7,800	12

Source: John Dawson, Chairman, International Road Assessment Programme

FEATURE 5: Case study 2**Achieving universal helmet wearing in Vietnam**

Achieving universal helmet use in Vietnam was a critical response to the growing crisis of motorbike-related fatalities in the country. The past decade saw an explosion of motorbikes on the streets of Vietnam – registered vehicles jumped more than 300% from 2001-2008, putting Vietnam among the world's most rapidly motorizing nations. In 2007 fewer than 3% of people wore helmets, and traffic accidents led causes of death for people aged 18-45.¹³ On December 15, 2007, Vietnam passed Resolution 32 mandating universal helmet use, spiking helmet-use rates to 99%.

The impact has been dramatic. Deaths from traffic accidents dropped 12.2% relative to the previous year, and injuries were down 24.3%.¹⁴ In 2001, vehicular accidents cost Vietnam approximately \$US900 million;¹⁵ lower fatality rates bring tremendous economic benefit, and the lessening of suffering for thousands of families is immeasurable.

Other countries can learn from Vietnam's success. Though the change appeared immediate, it was the result of an intensive yearlong campaign to address issues that had caused previous legislation to fail..

A 2001 national mandatory helmet law was widely ignored because people did not understand the protection a helmet offers; climate-appropriate and affordable helmets were unavailable; and insufficient resources were dedicated to enforcement. A second attempt in 2004 led to enforcement on specific highways only. In response, people began renting helmets at the entry of highways and returning them at the exit. This created the false impression that helmets are not a safety necessity in cities, but only required on highways.

Success in 2007 required bringing decision-makers from multiple sectors in early, so they would have a stake in the law's success. The need for and significance of the law had to be communicated to the public, and backed by a credible commitment to enforce a penalty sufficient to change behavior.

Motivation for the law originated from Asia Injury Prevention Foundation's (AIP Foundation) comprehensive efforts beginning in 1999, spanning media campaigns, education, and public policy activities. A November 2006 workshop organized by AIP Foundation attracted 75 participants from government ministries, NGOs and the private sector, including representatives of 10 provincial traffic safety departments. This generated cross-sector involvement, and in particular, highlighted the commitment of the new director of the National Traffic Safety Committee (NTSC) to universal helmet use in Vietnam.

Uncomfortable and unavailable helmets had been a hurdle to previous efforts. Previously, official standard only recognized full-face 'rice cooker' helmets, which were expensive, hot, and heavy. Working with the Ministry of Science and Technology, AIP Foundation revised the Vietnamese helmet standard TCVN 5756-2001 to include a lightweight "tropical helmet" and developed one of the region's first motorbike helmet standards for children - TCVN:6969-2001. Such a standard was critical to protect kids, who as infants and children ride with their parents on the 'family motorbike.'

To bring the 'tropical' helmets to the market, AIP Foundation opened the Protec Helmet Factory, which produces and sells helmets in Vietnam. The innovative and socially entrepreneurial approach corrected the market's failure to supply helmets. It also enhances AIP Foundation's model; profits fund advocacy and helmet donation to schools and poorer communities.



Before the 2007 helmet law



After the 2007 helmet law

To address the second major hurdle, public education, AIP Foundation set up the Vietnam Helmet Wearing Coalition (VHWC). The VHWC, funded with support from AusAID, the Danish and US Embassies and the Asian Development Bank and private sector support, and international organisations such as WHO, Unicef and the FIA Foundation, allowed for an innovative public-awareness campaign that began in January 2007. Through concerts, television commercials, print and outdoor ads, and a variety of other media, the VHWC's campaign challenged people to recognize the consequences of not wearing helmets. The compelling campaign created a tipping point, accelerating the passage of the mandatory helmet legislation. Combined with the VHWC campaign, the government's commitment to the success of the law subsequently meant the law was well-publicized ahead of time. Clear communications meant everyone in Vietnam knew that on December 15, 2007 all motorbike users had to wear helmets, and the police would be enforcing the law. That commitment was credible, as police and Youth Union volunteers mobilized to enforce the law; government workers signed commitments to wear helmets; school principals took charge of monitoring their students; and employers began raising the issue with their workers.



Several clear lessons emerge from the Vietnam experience. First, a universal law, applying to all roads, was more effective and more consistent with the goal of behavioral change. Second, ensuring helmets were available created conditions for compliance. Third, generating support at high levels of government enhanced visibility, extended the reach, and accelerated the pace of change. Finally, public awareness campaigns in advance of, during, and after the change were an important complement to convince people that the change was for their benefit. The key element, however, was a credible commitment to enforce the law and a penalty, in this case financial, sufficient to alter people's decisions.

What to some on the streets seemed a spontaneous behavioral change in fact required committed action by stakeholders collaborating across sectors in strong partnership. The result has been an outstanding success for public health in Vietnam – and with continued vigilance and follow-up it will continue to be. AIP Foundation and its partners are committed to ensuring the change is lasting, by continuing to support school-based education for children, many of whom unfortunately are still not yet wearing helmets - and continuing to collaborate with the government on ways to improve and further the road safety agenda in Vietnam.



Source: Mirjam Sidik, Executive Director, Asia Injury Prevention Foundation



CHAPTER 2

ROAD SAFETY, SUSTAINABLE DEVELOPMENT AND AID EFFECTIVENESS

Road injuries kill more people in developing countries than malaria, yet development agencies and health foundations still fail to act.

The reality remains that even after this first decade of global road safety we cannot claim that the tide has been turned. The grim truth is that the road death and injury continues to rise inexorably. Business as usual will see huge health losses from road traffic injuries in low and middle-income countries over the coming decades. In 2004 deaths from road crashes were ranked as higher than those from malaria, at 9th and 14th respectively (see figure 4). Road injuries are projected to become an even bigger problem by 2030 when they are forecast to kill more people than either HIV/AIDS, tuberculosis or malaria.

So under more optimistic assumptions about the performance of targeted health programs road crashes could become the 5th biggest cause of death by 2030. From 2015 to 2030 they will be the single biggest cause of healthy life years lost by boys and girls, aged 5 – 14 (see Figure 5).¹⁶ This latter projection for children, reinforced by the recent World Report on Child Injury Prevention from WHO and UNICEF

(see Feature 6), should provide all the justification that is needed to recognise road safety as a priority of sustainable development and to mainstream road injury prevention in the aid programmes of the major bilateral and multilateral donor organisations.

Today the international community is taking commendable action to eliminate diseases such as TB and malaria. Road injuries are the cause of a similar share of mortality and yet receive a far lower priority in terms of resource allocation or recognition as a development priority. It seems for example, that our ambition for children runs out if they survive communicable diseases until the age of five, for when they grow older and explore the world around them we almost totally ignore a comparable and growing risk of deadly road injury. Why is this threat to our future generation ignored, and why has it proved so hard to include road safety in the agenda for sustainable development?

FIGURE 4: LEADING CAUSES OF DEATH, ALL AGES, 2004

	Disease or Injury	Deaths (Millions)	Per Cent of Total Deaths
1	Ischaemic heart disease	7.2	12.2
2	Cerebrovascular disease	5.7	9.7
3	Lower respiratory infections	4.2	7.1
4	Chronic obstructive pulmonary disease	3.0	5.1
5	Diarrhoeal diseases	2.2	3.7
6	HIV/AIDS	2.0	3.5
7	Tuberculosis	1.5	2.5
8	Trachea, bronchus, lung cancers	1.3	2.3
9	Road traffic accidents	1.3	2.2
10	Prematurity and low birth weight	1.2	2.0
11	Neonatal infections	1.1	1.9
12	Diabetes Mellitus	1.1	1.9
13	Hypertensive heart disease	1.0	1.7
14	Malaria	0.9	1.5
15	Birth asphyxia and birth trauma	0.9	1.5

Source: Mathers, Boerma & Ma Fat, GBD 2004 Update, WHO 2008

The fundamental problem is that road safety is the orphan child of global public policy. No sector is enthusiastically volunteering to 'own' the issue and take responsibility for it. As a so called 'cross cutting' issue, road safety all too often falls through the cracks of the development agenda. The amount of development assistance allocated to road injury prevention is extremely low and usually consists of small sub-components of aid to the transport infrastructure sector. The number of dedicated professional road safety specialists working in the multilateral development sector (the World Bank, Regional Banks, UN agencies and Regional Commissions) is certainly no more than ten, which is clearly inadequate and a significant capacity constraint limiting investment in road injury prevention programmes. Meanwhile at the country level road safety responsibilities often fall across a number of government departments, such as transport, the interior, and the police. Furthermore in some federal systems where responsibility is diffuse it is easy for central government to avoid grappling with the problem, and often this lack of national leadership and focus is not compensated for by responsibility being taken on at State or Province level. Once again capacity and co-ordination weaknesses prevent the development of lead agencies tasked with preparing effective national road safety action plans which is one of the key recommendations of the 2004 World Report.

Adding hugely to these problems is the fact that transport as a whole and road safety in particular were totally overlooked during the formulation of the Millennium Development Goals. Since their adoption in 2000 the MDGs have served well to harness a better co-ordinated and resourced development effort, but unsurprisingly concentrated on the specific goals themselves. This has had a profound impact on the policy priorities of major multilateral and bilateral donors. They have become very reluctant to allocate resources or establish new programmes dedicated to road safety which unfortunately has been viewed as peripheral to the MDGs.

In recent years there has been a belated recognition that transport is vital to the achievement of the MDGs. The work of Professor Jeffrey Sachs at the Millennium Project¹⁷ and also the OECD Development Assistance Committee¹⁸ has highlighted the critical role that transport makes in improving access to better health care, education, and employment opportunities. So now investment in road infrastructure is returning to the development agenda. Each year the multilateral development banks are investing in excess of \$4 billion to repair and build road networks in low and middle income countries. However, the primary rationale for this investment is to improve the efficiency of road transport to generate economic growth and

FEATURE 6:**Children and road traffic injury**

As children grow and their world extends beyond the home and out into local roads, they are exposed to hazards and risks. Despite the fact that children use roads as pedestrians, cyclists, motorcyclists and vehicle passengers, the road environment is rarely developed with consideration for their needs. Some children work, play or live on the road, and this exposure, along with other risk factors inherent to childhood, make them particularly vulnerable in traffic. The result is millions of fatal or disabling injuries each year. In most countries, road traffic injuries are one of the top two causes of death from unintentional injury, with the highest rates among 15–19 year olds.

Magnitude of the problem

More than 260 000 children die as a result of road traffic crashes each year, and it is estimated that a further 10 million or more are non-fatally injured. **Road traffic injuries are the leading cause of death (from all types of diseases and injuries) among 10–19 year olds.** Ninety-three per cent of these child road traffic deaths occur in low- and middle-income countries, with about two-thirds of these occurring in South-East Asia and the Western Pacific regions. However, high-income countries cannot be complacent. Even in the European Union, road traffic injuries still account for 1 in 5 childhood deaths.

In addition to the estimated 10 million children who sustain non-fatal road traffic injuries each year, about one million will be left with a disability. In addition to physical injuries, many children will be left with mental health impairments such as post-traumatic stress disorder, anxiety and phobias. In addition, many children are orphaned when one or more parent is killed in a collision.

**Risk factors**

- Globally, children aged 15–19 are at greatest risk of a road traffic injury, with the fatality rate increasing with age. This reflects both increasing exposure and differences in the way children of different ages use the road.
- Boys are almost twice as likely as girls to be involved in road traffic crashes.
- Road traffic death and injury are strongly associated with poverty in all countries irrespective of income level.
- Children under 11 are less able to make safe decisions on the road.
- In many low-income and middle-income countries, children are at increased risk because the road is a shared space for playing, working, walking, cycling and driving.
- Unrestrained children are at increased risk of severe injury or death in the event of a crash.
- Teenagers and young adults have the lowest seat-belt-wearing rates in the world.
- Unhelmeted or incorrectly worn helmets among cyclists, motorcyclists or their passengers increase the risk of sustaining a severe head injury or death.
- Other risk factors that increase the risk for vulnerable road users include riding or walking in mixed traffic, cycling on pavements or footpaths and not wearing reflective clothing.
- Teenage drivers are at increased risk because of their age and risk-taking behaviour, including drinking and driving, speeding, distractions while driving, and fatigue.



Interventions

Proven effective approaches to reducing road traffic injuries among children

- Establishing and enforcing a minimum legal drinking age for alcohol.
- Establishing and enforcing lower blood alcohol concentration levels for novice drivers and zero tolerance for drink-driving offenders of all ages.
- Establishing and enforcing graduated driver licensing systems.
- Encouraging the use of protective equipment in vehicles such as child passenger restraint systems, booster seats and seat-belts, and a rear seating position for children. Compliance can be enhanced through the introduction of legislation and enforcement, public awareness campaigns, and strategies addressing issues of access and affordability.
- Encouraging the use of helmets for cyclists and motorcyclists. Compliance can be enhanced through legislation requiring use by all ages, public awareness campaigns and making helmets affordable.
- Establishing and enforcing reduced speed limits for vehicles around schools, residential and play areas.
- Establishing infrastructure to separate road users. For example, separate traffic lanes for cyclists and motorcyclists, and sidewalks for pedestrians.
- Establishing and enforcing daytime running lights to increase visibility of motorcyclists.



In addition to what works, it is important to take note of what should be avoided:

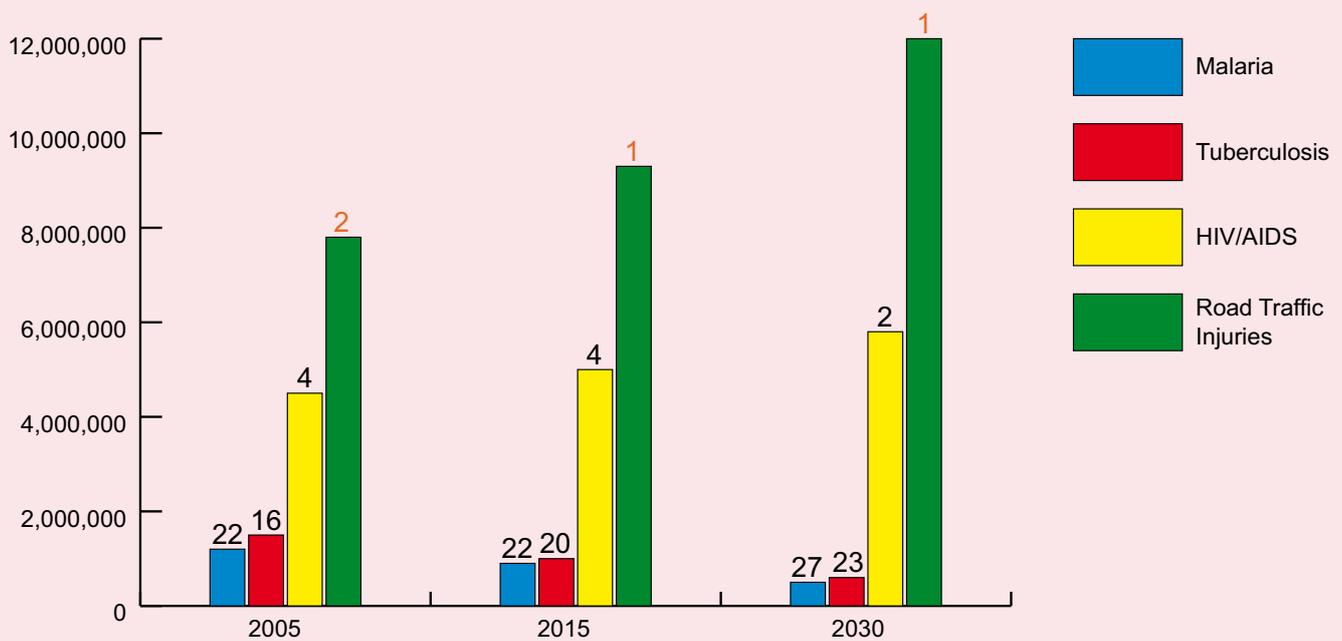
- There is limited evidence to support the implementation of designated driver programmes or instruction for children on the perils of drinking and driving.
- School-based driver education programmes have led to earlier licensing of novice drivers with resultant increases in teenage driver deaths.
- Putting babies or children on the front seat of a vehicle where there is an air bag that will deploy in a crash is strongly discouraged.



This feature is based on the WHO / UNICEF World report on child injury prevention. To download a copy of the report please go to http://www.who.int/violence_injury_prevention/child/en/. Copyright: M.Peden/WHO

Source: Dr Margie Peden, Editor, WHO/UNICEF World Report on child injury prevention.

FIGURE 5: PROJECTED DALYS IN DEVELOPING COUNTRIES: (CHILDREN AGED 5 - 14)



Source: Mather C, Loncar D (2005)

employment. The risk of increased negative costs through road crashes is still frequently over looked. There is a real risk that the new wave of support for road infrastructure investment will make an already alarming road injury crisis even worse. Unless road safety is integrated at the design stage of road repair and building programmes, new roads frequently lead to higher casualty rates as they increase both the speed and volume of traffic intensifying injury risk especially to vulnerable road users, such as pedestrians, cyclists and children.

That is why, in its 2006 report, the Commission placed such a strong emphasis on applying road safety assessment, rating and design to new infrastructure investments and called for a minimum 10% of project expenditure to be allocated to this task. And that is also why the Commission strongly recommends that the multilateral development banks should work together to prepare a harmonised approach to the road safety aspects of their road infrastructure programmes. They must develop effective 'safeguard' policies to ensure that new roads do not add to the already growing number killed and injured in traffic crashes. A clear mandate for such a harmonised approach to 'cross cutting' issues such as road safety was agreed in the 2005 'Paris Declaration on Aid Effectiveness'¹⁹, and

it is time that concrete action is taken to implement shared systems of road safety rating and appraisal among the major multilateral and bilateral agencies.

Of course, a major reason for the increased global profile of road safety is that road injury prevention has gained recognition as a public health issue. Resulting from the analysis begun in the 1990s on the global burden of disease, road injury has occupied a growing share of policy attention notably by the WHO and the World Health Assembly²⁰. Indeed it has been the public health community that has raised the alarm as the road transport system has failed to cope with a rising injury burden which in turn has created increased demand for emergency care and rehabilitation services. Public health has, therefore, become one of the strongest advocates for road injury prevention.

The health sector itself, however, faces two major constraints. Firstly, the health community in practice mostly deals with the consequences of road crashes rather than direct engagement in active prevention programmes which usually remain the responsibility of transport authorities and the police. Rather than remain at the end of the 'supply chain' of road injury, however, health authorities need to become integrated into a genuinely multi-sector approach to



safe systems management of road networks. For example, they should play a leading role in monitoring the effectiveness of prevention programmes through data collection and changes in the profile of road injury. In the past decade the health sector has initiated injury surveillance systems in many low and middle-income countries, and these have helped to highlight the importance of road traffic crashes, and in some instances to track the effect of interventions. Examples include Mozambique, Ethiopia, Uganda, the Philippines, Malaysia, and South Africa. In this way health authorities contribute to 'prediction and prevention' strategies rather than just providing an increasing and more costly medical response to road crashes. This role needs to be strengthened and expanded to more countries, an objective for which the WHO has published useful guidance.²¹

A second constraint that limits the sector's ability to play a strategic role in road safety management has been a lack of resources. Among the global priorities of public health, injury prevention (including road safety) has struggled for attention and funding when compared with other higher profile issues. In the last decade there has been a huge increase in development assistance resources for health and in the number of active funding agencies such as the

Global Fund to fight HIV/AIDS, TB and Malaria and the Bill and Melinda Gates Foundation. These initiatives, however, have concentrated overwhelmingly on the major communicable diseases identified in the MDGs. The allocation consequences of this are clear.

A 2005 study of the major health donors warned that there was a lack of transparency, coordination and developing country ownership of funding decisions.²² Comparing funding per fatality, the study revealed that HIV/AIDS was allocated \$1029.1, compared with \$646.7 for malaria and just \$149.7 for all injuries. Given the high profile of road injury among all sources of injury, the comparative lack of resources committed to road safety is all too apparent. It is clear that a more transparent and informed decision making would ensure that road injury prevention programmes stand a better chance of receiving their deserved resource allocation. Certainly the Commission remains concerned that the largest sources of global health programmes continue to neglect injury prevention and road safety in particular. Given the forecast that road injury will be the single biggest cause of healthy life years lost by boys and girls, aged 5 – 14 from 2015 to 2030, it is surely now time for the major health donors to contribute significantly to road safety programmes in low and middle income countries.

FEATURE 7:

Make Roads Safe – The Campaign for Global Road Safety

The Make Roads Safe campaign was established in 2006 by the Commission for Global Road Safety and the FIA Foundation with three objectives: to advocate for the recommendations of the Commission’s ‘Make Roads Safe’ report; to build a coalition of concerned organisations behind a common global demand for action; and to attempt to ‘re-brand’ road safety as a global development and public health issue.

During UN Road Safety Week in 2007 the campaign launched a petition to the UN calling for a first Global Ministerial Conference on road safety and subsequently delivered a million-name petition to UN Secretary General Ban Ki-moon. Archbishop Desmond Tutu, who gave a keynote address at the campaign’s Africa launch, was one of the notable public figures – including former Irish president Mary Robinson and former US president Jimmy Carter - who signed an Open Letter to the UN in March 2008 urging support for the proposed conference.

The campaign has been active in more than 50 countries on every continent, with national activities led by road safety NGOs, automobile clubs and public health organisations. More than 150 national and international organisations now support the campaign.

The Make Roads Safe campaign’s Global Ambassador is Michelle Yeoh, the acclaimed international film actor and star of movies including *Crouching Tiger, Hidden Dragon*; *Memoirs of a Geisha*; *Tomorrow Never Dies* and *Sunshine*. Michelle Yeoh has promoted the campaign on fact finding missions and at events across the world, and in October 2008 launched the Call for a Decade of Action for Road Safety with a road safety march in Ho Chi Minh City, Vietnam, involving 2000 children. Other celebrities and public figures who have given their support include Michael Schumacher (also a member of the Commission for Global Road Safety), current F1 World Champion Lewis Hamilton, two times African footballer of the year Samuel Eto’o, actor and TV presenter Michael Palin and musician Moby.



Victims group ‘Mothers in Black’ in Guyana



Spreading the message in Argentina



Students back the campaign in Lebanon



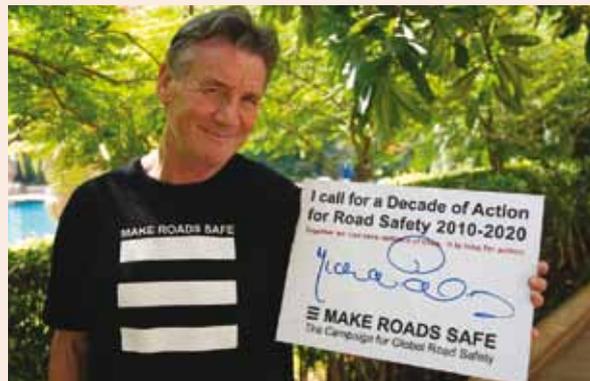
Croatian children want safe roads



Archbishop Desmond Tutu at the campaign's African launch



Jet Li and Michelle Yeoh call for a Decade of Action at the Clinton Global Initiative



Actor and broadcaster Michael Palin



Michael Schumacher speaks to the media



Samuel Eto'o, FC Barcelona

Source: Saul Billingsley, Global Coordinator, Make Roads Safe Campaign



In our 2006 report the Commission recommended the adoption of a ten year \$300 million commitment to a road safety capacity building programme in low and middle income countries. The Commission also recommended that 10% of existing multilateral road infrastructure funding should be allocated to road safety components, with the consequent re-allocation of approx \$400 million to highway safety rating assessment, design and network-related road safety programmes.

As described earlier, very limited progress has been made in generating resources on this scale. Nevertheless, the Commission continues to believe that investment for such a plan is an essential first step towards halting and then reversing the rising number of road deaths and injuries. A commitment level of just \$30 million per year for ten years is actually a very modest level of support when compared to the resources being devoted to the eradication of communicable diseases as part of the MDGs. However, as our original report explained these resources are needed as a catalyst to implement road injury prevention programmes that will become self-sustaining over the long term.

The Commission strongly believes that in most developing countries the funds needed to sustain

viable road safety programmes can and should be generated from national, provincial and local sources given sufficient political will. A number of options, such as fuel tax levies, road fine charges, percentage of road construction budgets etc offer the prospect of stable and sustainable funding for road safety programmes. There are strong economic arguments that road users should accept making a contribution to the safety of the road networks they use. Furthermore, many road injury prevention programmes demonstrate very positive cost benefit ratios that will help to reduce the heavy economic and health losses that adversely impact low and middle income countries today.

Given the huge scale of losses caused by road injury, the Commission remains convinced that concerted action must be taken now. Road safety should receive appropriate funding directly into a global programme established in its own right. The Commission, therefore, strongly recommends that multilateral and bilateral donors should contribute to the proposed \$300 million action plan. The World Bank's Global Road Safety Facility provides a purpose built vehicle that is available for donors to use immediately, a message emphasised at the first road safety donor conference hosted by the Bank at its headquarters in Washington DC in April 2009.



In our 2006 report the Commission suggested that governments could contribute \$200 million with other sources contributing the remaining \$100 million. On this basis if OECD governments (that are members of the Development Assistance Committee) contributed according to their current percentage share of total aid, the annual contribution of the G8 nations should only be about \$14 million per year. This is very substantially less than is already committed to comparable public health problems like TB and malaria, but would accelerate the implementation of cost effective road safety programmes across the developing world.

The Commission recognises, of course, that given the current economic recession especially affecting the major OECD economies, development assistance budgets will be under pressure. Similarly charitable Foundations and other private sector sources are coping with a very tough investment climate that will force hard choices about their ability to fund global road safety initiatives. For this reason, the Commission recognises that it is necessary to adopt a flexible approach to funding its proposed action plan. An interesting alternative approach recently suggested by Professor Jeffrey Sachs to fund improvements in transport infrastructure overall would be to adopt a small tax on global transport.²³

As a 'cross cutting' issue road safety can be integrated into a wide range of related policy areas. There are very strong synergies, for example, with policies designed to promote automotive fuel economy and reduce carbon dioxide emissions. All interventions that have the effect of reducing road traffic speed deliver a 'green' co-benefit. Similarly, programmes to support good governance, police and legal reform are closely related to the major challenge of promoting effective road traffic law enforcement (see Feature 9). To achieve appropriate funding levels, therefore, road safety should be horizontally integrated into these broader policy agendas which already have a secure funding base.

In fact, this integration strategy is already anticipated in the major effort to improve aid effectiveness that was approved by multilateral and bilateral donors in Paris in 2005. If all major donors, including those in public health, follow the Paris Declaration's principles of ownership, transparency and harmonisation, and apply them to cross cutting issues such as road safety, a significant barrier to effective road injury prevention will have been overcome.

FEATURE 8:**A disconnect between good intentions and reckless neglect**

All across Africa, governments have been embarking on road construction and improvement programmes. These programs are driven by a number of factors, key of which is the need to reduce poverty through increasing production and trade. Many countries have continued to experience simultaneous growth in population size, urbanization, and motorization. As rural areas become less appealing to an increasingly younger population in search of education and jobs, the pressure on existing road networks mounts by the day.

While Africa's efforts to increase mobility are commendable, the tragedy is that people using these newly built or 'upgraded' roads are losing their lives and livelihoods on their way to work, to trade or to school. There seems to be an unfortunate acceptance of high rates of road traffic deaths and injuries as a necessary sacrifice for increasing road networks, and if it is not said in quite those words, it certainly looks that way from the rate at which unsafe roads continue to be built despite the resulting toll.

There have been many high level meetings and declarations in recent years, clearly stating the honorable intentions of African governments regarding road safety. In April 2005 African Ministers in charge of transportation and infrastructure resolved to reduce by half by 2015 the number of transportation deaths. They passed the declaration to this effect, "cognizant of the importance and role of transport infrastructure and services in facilitating access to markets, economic opportunities and social services in a manner that significantly reduces poverty".

In February 2007, ahead of the First United Nations Global Road Safety Week, African ministers in charge of health and transportation met in Accra, Ghana, and passed a declaration that among other things aimed to "promote road safety as a health, transportation, law enforcement, education, and development priority for our nations", and to "mainstream road safety into new and existing road infrastructure development programmes ... governments to devote a percentage of their investment in infrastructure development to road safety programmes." In quick succession, other high level meetings were held in Dakar, Senegal (December 2007) and Lagos, Nigeria (February 2008). The outcome documents of these meetings reflected grave road safety concerns at the highest levels in African countries, and they articulated well considered road maps to a future where African roads would be safer, even as they led to greater 'development'.

So why are the tallies on deaths and injuries still climbing? There is a rather tragicomic story to illustrate this point. In a small town in East Africa, the government upgraded (bituminized) an existing road that runs straight through the busy town. From the completion of the road works the incidence of road deaths hiked. Residents made many futile appeals to government to incorporate safety measures. When yet another school boy was instantly killed by a speeding vehicle as he returned home from school, the irate residents took to the road in a spontaneous demonstration against the unsafe road. The police responded instantly – not by installing speed reduction measures, or by showing remorse because a child's life had been ended so tragically and needlessly, but by quelling the demonstration with tear gas! The determined residents dug holes in the new road to force vehicles to slow down, even as the town was engulfed in tear gas fumes.

This story illustrates the serious disconnect between the apparent good intentions of governments and well meaning donors to provide efficient transportation (and reduce poverty), and the resulting carnage due to the reckless neglect of safety in the development and construction of these roads. Surely every phase of road development could use more accountability to the populations that have to grieve their dead children. While government inefficiency and at times blatant corruption stand in the way of safer roads, donors need to demand results, not just in terms of extended road networks, but reduced road injuries and deaths. That is sustainable development.

Source: Dr Olive Kobusingye is an independent consultant and former WHO Regional Office for Africa Advisor for violence and injury prevention





CHAPTER 3

CALL FOR A DECADE OF ACTION FOR ROAD SAFETY 2010-2020

The world could prevent 5 million deaths and 50 million serious injuries by taking concerted action over the coming decade.

After ten years of policy development now is the time for a concerted effort to implement a global programme of road injury prevention. All the elements for an accelerated investment in road safety in low and middle income countries are in place. The major risk factors and cost effective counter measures are understood, there is a collaborative structure that brings together the UN system, donors and civil society partners that can manage a global programme of capacity building to strengthen safety management systems, and a funding platform has been established to support this. What is lacking are resources and political will.

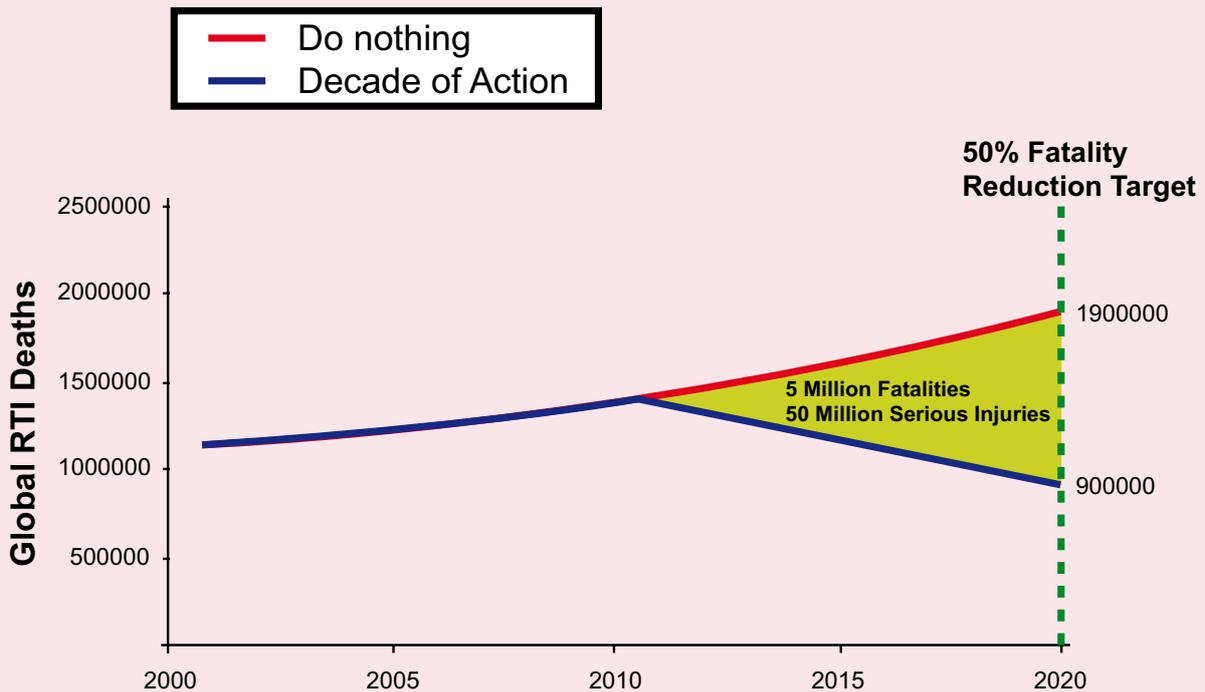
The Commission, therefore, recommends that a Decade of Action for Road Safety up to 2020 be supported at this year's first ever global Ministerial Conference on the subject to be held in Moscow on November 19th-20th. Having worked through a decade of preparation we are now ready for a decade of implementation. We know what works: designing

roads to be safe for all road users; making vehicles safer; taking care to protect the most vulnerable road users; tackling inappropriate speed and drink driving; promoting seat belt use and helmet wearing; improving police enforcement; and improving post-crash medical care

Why a Decade of Action?

A decade would provide a timeframe for action that would encourage political and resource commitments both globally and nationally. Multilateral and bilateral donors could use the decade as a stimulus to the integration and extension of road safety into their assistance programmes. Low and middle income countries could use the decade to accelerate the adoption of cost effective national road safety strategies and plans. The decade would also assist the drive towards greater aid effectiveness as it would provide an overall framework in which donors and

FIGURE 6: CHANGING DIRECTION: POTENTIAL OF A DECADE OF ACTION FOR ROAD SAFETY



Source: Guria, J (2009)

partner countries establish shared priorities in road injury capacity building.

Improved infrastructure safety if tackled aggressively could provide substantial benefits over the decade and beyond. In particular, initiatives to retrofit improved safety features into existing high speed and heavily trafficked urban and inter-urban corridors such as safety barriers, improved junction designs and integrated facilities for pedestrians, cyclists and motorcyclists would provide high and sustainable safety returns.

Likewise efforts to put in place good practice vehicle standards and related compliance regimes will eventually yield high safety benefits, once the composition of the national fleet largely reflects these new standards, and these benefits will flow on for the decades to come. Governments, as large, and sometimes dominant, users of the roads can improve safety quickly within their countries and organisations, through safe purchasing and fleet management policies. Large private sector companies with major fleets can similarly play an important role in influencing policies and behaviour, and many are leading good practice in this area. In some developing countries UN organisations and humanitarian NGOs operate large fleets and have a particular responsibility to lead

by example in safe fleet management and ensuring a strong road safety culture among employees. The Commission, therefore, strongly recommends the integration of road safety into the workplace through the application of best practice in professional driving safety training and fleet management.

In both instances of improving infrastructure and vehicle safety the highest priority should be given to the most vulnerable users of the road networks in low and middle-income countries: children, pedestrians, cyclists, motor-cyclists, street vendors, and public transport passengers in the informal sector where vehicle standards are often lax and driver behaviours highly risky.

The decade could also launch innovative programmes of global co-operation in neglected areas of road safety such as police enforcement. The key behavioural risk factors all require substantial enforcement effort by road traffic police supported by public awareness campaigns. Indeed, relying on information campaigns alone to promote, for example, seat belt or helmet use are ineffective unless they are combined with strong enforcement measures. Improving the effectiveness of road traffic police enforcement will be a critical goal for the decade and requires greater global co-operation to share experience and build management

FEATURE 9:**RoadPol - Strengthening road policing capability**

There is clear evidence of the cost effectiveness of improved road traffic policing in support of road injury prevention. For example, a recent John Hopkins Bloomberg School of Public Health study of enhanced traffic enforcement in Uganda, showed a 17% drop in road deaths. The programme based in the capital city, Kampala, consisted of deploying an additional 20 officers, four vehicles, equipment and administration, and cost \$72,000. The average cost effectiveness of the intervention is \$27 per discounted life year saved. The study argues that these results make it one of the most cost effective public health investments in a low income country like Uganda.²⁴

The World Bank Global Road Safety Facility is partnering with international leaders of police agencies to develop a police engagement model designed to improve the governance of road safety enforcement in low and middle-income countries and related road safety results. This engagement model aims to target Police Chief/Commissioner/Executive leadership levels in low and middle-income country police agencies through a global police network, which has the current working title of the International Road Policing Organization (RoadPol).



The objective is to engage, strengthen and support police leadership in these countries to become sponsors of road policing and related road safety within their agencies and jurisdictions. Without this sponsorship of road policing at the highest levels of the police command structure effective road safety enforcement will simply not occur. The World Bank Global Road Safety Facility is currently developing a proposal for the creation of a RoadPol Secretariat (possibly hosted in an international police organization) to support the establishment of a high-level Law Enforcement Advisory Panel comprising high-ranking international police professionals.

Through 'twinning' arrangements, peer-to-peer agency reviews, and leadership support the police engagement plan would seek an accelerated transfer of road safety experience, promotion of enforcement practices, and address other critical police performance issues concerning governance, integrity, and community engagement. Many low and middle-income police agencies have remuneration arrangements below a subsistence income that encourages operational police to use their road policing (or other) powers to supplement incomes – this is often at the core of integrity issues for Police.



All of the above issues and challenges impact on capacity and are largely inter-dependent and cannot be effectively addressed piecemeal. Hence RoadPol will seek to engage and support police leadership across them all. There is potentially great synergy between RoadPol at the global, regional and country level and many of the activities supported by the World Bank Global Road Safety Facility. This also extends to the potential synergy with other mainstream governance and anti-corruption activities in low and middle income-countries.

Source: Tony Bliss, Manager, World Bank Global Road Safety Facility



capacity. The Commission, therefore, strongly welcomes the proposal of the World Bank's Global Road Safety Facility to launch the International Road Policing Organisation (RoadPol) (see Feature 9).

Post crash medical care is another key contributor to reducing fatality levels. Studies of the effect of improving organization and planning of trauma care in high-income countries have consistently shown survival gains of between 8% and 50%; steps taken include: designation and quality assurance of trauma centers, setting of criteria for pre-hospital care planning and triage, and formulation of protocols for transfer between facilities. Strengthening trauma and emergency-care services, therefore, has important public health benefits. Even under the conservative assumption of reducing mortality among all injured patients by only 8%, an estimated 400 000 lives could be saved each year. Even more lives would be saved by improving those services in low- and middle-income countries to a point where injury-related mortality approaches that observed in high-income settings.²⁵ Given the prominence of road crashes in injury and the need to focus on low and middle income countries, the Commission strongly recommends increased investment in post crash care as a key component of the decade of action.

To be most effective, however, a decade of action needs to establish an overall goal. In line with the recommendations of the recent 'Towards Zero' report, the Commission believes that an ambitious fatality reduction target should be set for the decade. Road traffic fatalities are forecast to increase over the next ten years from a current level of more than 1.3 million to more than 1.9 million by 2020. The Commission believes that the first priority is to halt this appalling and avoidable rise in road injuries and fatalities and then begin to achieve year on year reductions. An ambitious, but we believe achievable goal would be to reduce the forecast level of road fatalities by 2020 by 50%. This would first stabilise and then begin to reduce the number of deaths occurring on the world's roads.

If a 50% reduction could be achieved the annual number of road fatalities in 2020 would fall below 900,000 (see Figure 6). Projections of future road traffic injury mortality and associated health losses were provided by the Harvard Road Traffic Injuries Metrics project²⁶ and these were largely in line with previous projections made by the World Bank.²⁷ Estimates were made of the lives that would be saved over the decade 2010 - 2020 if the health losses in 2020 were reduced by 50%. Assuming resources allocated to prevention were gradually increased

FEATURE 10:**Writing the Rules of the Road**

2009 will be the centenary of the world's first intergovernmental treaty on road traffic. In October 1909 delegates from sixteen countries met in Paris at the invitation of the French Government and signed the 'Convention with respect to the International Circulation of Motor Vehicles'. This Convention is the origin of the 'rules of the road' that are so familiar to us today. It contained articles on driving qualifications, cross border travel, national identification marks, road signs and also introduced the language of 'type approval' for motor vehicles. The Convention stated that automobiles must be "so designed as to prevent, as far as possible, all danger of fire or explosion, as not to frighten by its noise animals, whether ridden or driven, and as not to give rise to any other cause of danger to traffic or seriously to inconvenience by the emission of smoke or vapour any persons using the road"; so safety and environment issues seem to have been as prominent in 1909 as 2009.



The cataclysm of the First World War seriously disrupted implementation of the Convention; however, with peace restored the newly formed League of Nations took up the business of promoting safer roads. Further international traffic conferences were held in 1926 and 1931 which amended the 1909 Convention to adopt the system of triangular signs for danger, circular signs for instructions and rectangular signs for information that still applies today. After the Second World War and the creation of the United Nations, the United Nations Economic Commission for Europe (UNECE) took over responsibility for the League's road transport work. In 1949 it established an Inland Transport Committee and adopted the UN Convention on Road Traffic in Geneva.

Today the UNECE's Working Party on Traffic Safety (WP1) is responsible for the 1968 Vienna Conventions on Road Traffic and on Road Signs and Signals and has revised a consolidated resolution (R.E.1) on road traffic safety which contains recommendations to governments on a wide range of road safety policies such as drink driving, seat belt use, safety of pedestrians and two wheeled road users etc. A similar consolidated resolution (R.E.2) on road signs and signals is also under preparation. Meanwhile the UNECE's World Forum for Harmonization of Vehicle Regulations (WP29) is continuing to prepare motor vehicle construction standards under its original 1958 agreement and its 1998 global agreement. Important safety related standards that already exist cover front and side impact crash test requirements, seat belt mountings etc.



This year WP29 agreed a draft regulation on Electronic Stability Control (anti skid system) which is regarded as the most significant vehicle safety technology since the seat belt.

Although under the responsibility of the UNECE all its traffic conventions and vehicle standards are available to all UN Member States. So almost exactly one hundred years after the original road traffic convention conference in 1909, the Moscow Ministerial provides a wonderful opportunity for all UN member states to build on the pioneering efforts of those who met in Paris one hundred years ago with the ambition to ensure that motor vehicles "do not give rise to any cause of danger".

Source: David Ward, Director General, FIA Foundation



by the same amount each year and the number of lives saved increased every year as a consequence, this provided an estimate of approximately 5 million lives saved over this period. The number of serious injuries is estimated to be about ten times the number of deaths in road crashes and hence the number of serious injuries avoided would be about 50 million.

Using the International Road Assessment Programme recommendation that estimates the value of a statistical life at 70 times per capita GDP²⁸ the estimate of the value of the lives saved is about \$1.7 trillion. In addition, the loss of life quality per serious injury is estimated at 10% of the value of statistical life, and hence the total value of savings in life and life quality is about \$3 trillion. If savings in medical costs and other costs of serious injuries, plus the savings in the costs associated with minor injuries were included, the total savings in social costs over the period 2010 – 2020 would be about \$4.8 trillion.²⁹ This is the enormous potential benefit that could be achieved through a decade of action; a decade that would first halt and then start to reduce the horrific and avoidable toll of death on the world's roads.

Reaching the 50% goal will require an implementation plan based on five pillars drawn from the 'safe systems' approach:

Pillar One: building management capacity

with the creation of multi-sectoral partnerships and designation of lead agencies with the capacity to develop national road safety strategies, plans and targets, supported by the data collection and evidential research to assess countermeasure design and, monitor implementation and effectiveness.

Pillar Two: influencing road design and network management

using road infrastructure assessment rating and improved design to raise the inherent safety of road networks for the benefit of all road users, especially the most vulnerable.

Pillar Three: influencing vehicle safety design

with global deployment of improved vehicle safety technologies for both passive and active safety through a combination of harmonisation of relevant global standards, consumer information schemes and incentives to accelerate the uptake of new technologies.

FEATURE 11:**The new traffic safety management standard – ISO 39001**

While traffic safety is now on the global agenda, there are many organisations that are exploring how they can improve their contribution to safe traffic or make sure that their own fleet is safe. A number of multinational corporations have already started to manage the safety of traffic they generate by educating and monitoring drivers, purchasing safer vehicles and requiring contracted transport to be safer. This is a very positive process that both developed and developing countries can benefit from. The motivations for organisations to address traffic safety are many, but the most important are brand image (CSR), costs, and occupational health and safety (OHS). While the costs for crashes, fuel and maintenance could be substantial, the link between the brand and the behaviour of the corporations' vehicles in traffic is probably even more important in the long run. For many contractors, it is also becoming important to be able to sell safe transport in order to survive on the market.



In order to help all organisations that wish to create safe traffic, or want to supply society with safe products and services, a new work item under ISO (International Standards Organisation) has been started. The aim is to develop a standard for management system for traffic safety. The standard should be close to ISO 9001 (standard for quality management) and ISO 14001 (standard for environmental management) to be easy to integrate into an organisation's overall management system. In ISO 39001, organisations can use all the common knowledge that has been developed over the years for safe traffic. This is a significant milestone in the history of traffic safety and will enable thousands and potentially millions of organisations to secure their own activities in the road transport system.

ISO 39001 is aimed for organisations that wish to eliminate death and serious health losses due to crashes, much in line with the OECD report "Towards Zero" and the management framework developed by the World Bank. It takes the organisations through a standardised and structured process, from principles to monitoring and continuous improvement. A very important and helpful element will be the "safety performance indicators", which the organisation will have to relate to. These indicators consist of the use and supply of roads and vehicles and how appropriate speed, seat belt use and fit driving are guaranteed. In using these indicators, the most important elements of traffic safety will not be forgotten or overlooked.



Already, 25 countries worldwide are involved in the development of the standard, and a number of liaison organisations including WHO, the World Bank, GRSP, and leading oil and gas producers. More countries and organisations are invited to contribute. At time of writing, the second draft of the standard is being prepared to be discussed at the third meeting of the Project Committee in Canada in September 2009, in advance of the Moscow Global Ministerial Meeting on global road safety.

The importance of the new management standard cannot be overestimated. If it becomes as popular as the management standards for quality or environment, it will change the global culture on traffic safety and how responsibility is taken on. It will also change roads and vehicles in the longer term. If all organisations adopt a standard that leads to elimination of death and serious health losses, we will be much closer to achieving the safe road transport system.

Source: Prof. Claes Tingvall, Chairman, ISO Road Safety Working Group



Pillar Four: influencing road user behaviour

through sustained enforcement of road traffic rules combined with public awareness/education activities that will raise compliance with regulations that reduce the impact of the key risk factors (non use of seat belts and helmets, drink driving and speeding).

Pillar Five: improving post crash care

to increase responsiveness to emergencies and improve the ability of health systems to provide appropriate emergency treatment and longer term rehabilitation.

Within this five pillar framework a number of initiatives could make a particularly important contribution to meeting to the decade's overall casualty reduction target.

- Creation of a lead agency with legally established responsibilities and sustainable funding sources and adoption by all UN member states of national road injury prevention strategies, plans and targets.
- Adoption of national programmes for road infrastructure safety assessment, rating and design combined with assigning a minimum of 10% of road project investments to road safety improvement.
- Universal adherence to United Nations road traffic conventions and type approval of all new automobiles so that they conform to UN World Forum for Vehicle Regulations/Standards for front and side impact crash tests, fitment of seat belts and child restraints, and electronic stability control systems (see Feature 10).
- Implementation of National programmes against excessive and inappropriate speed aimed especially at protecting vulnerable road users.
- Implementation of National programmes against drink driving and adherence to a blood alcohol level of 0.05%.
- Implementation of National programmes to achieve close to 100% seat belt use by all motor vehicle occupants.
- Implementation of National programmes for 100% helmet use by motor cycle riders and passengers (including children).



- Investment in systems of road injury data collection, adherence to common standards of reporting, especially the 30 day definition of a road traffic fatality, and data is made public.
- **Country Activity**, consisting of assessment and research; institutional capacity building; pilot and demonstration projects; and post crash medical interventions.

To successfully implement the five pillar action plan, its intermediate targets and its ultimate objective of first stabilising and then reducing road traffic fatalities, will require a significant commitment in additional resources, particularly by developing countries themselves but also from the major multilateral and bilateral donors. In our 2006 Make Roads Safe report, the Commission advocated a \$300 million ten-year global action plan (see Annex D). This estimation was based on an assessment of the scale of investment required to stimulate sustained capacity building in low and middle income countries and on their current absorption capacity to implement such programmes. The Commission believes that this plan for catalysing sustained national road safety activity and investment remains relevant to the new proposal for a Decade of Action. It would be implemented across the five pillars at two levels and include a number of components as follows:

- **Strategic Direction**, consisting of global co-ordination and advocacy, and regional capacity building, plans and targets.

The Commission's action plan gives a crucial priority to invest in improved management systems for road injury prevention. An important consequence of this is the urgent need to strengthen professional skills in the management of road injury prevention programmes. This is especially important given the multi-sector nature of road safety, where responsibility is usually shared across a range of public authorities and stakeholders. Fortunately to help meet this need a draft standard for Road Traffic Safety Management Systems is now being prepared by the International Standards Organisation on the initiative of Sweden. It will develop a standardized management system based on the 'safe systems approach' combined with performance indicators to enable organisations with a responsibility for road management to share a common approach to road safety (see Feature 11). But to gain the most from the ISO standard once it is finalised there needs to be a substantial increased investment in capacity building in low and middle income countries to ensure that they can develop road injury prevention programmes relevant to the characteristics of their transport systems.



For this reason the bulk of the plan's proposed investment is directed towards country level, research, capacity building and pilot projects all of which will strengthen overall road safety management capabilities. This country focus is essential in a catalytic effort to generate self sustaining programmes over the long term. However, within the framework of the decade, it is expected that these country activities should be closely linked to and benefit from regional and global coordination.

For many years sharing of good practice in road injury has been encouraged among the high income countries and regions. For example, Australia's experiences about early enforcement of seat belt use were shared with countries in Europe and elsewhere. Road safety policy makers across the OECD countries have gained enormously from this process. And yet among low and middle income countries there exists no similar opportunity for dialogue and policy exchange. This is why the plan includes global and regional components that can encourage a much broader effort to build tools such as those provided by the International Road Assessment Programme and promote good practice in road injury prevention.

The Commission, therefore, strongly encourages initiatives that bring together the UN Regional

Commissions, Regional Development Banks and other public, private and civil society partnerships so that they can develop regional action plans and targets within the overall framework of the decade.

Support for the decade of action is gaining momentum as a result of the efforts of the Make Roads Safe campaign. Pledges in support of the decade have been made by former US President Bill Clinton, President Oscar Arias of Costa Rica and President Arroyo of the Philippines. Significant Ministerial support is growing. In February 2009 14 Ministers and Deputy Ministers, and representatives of over 35 countries, participated in the Latin America and Caribbean Road Safety Meeting "Saving Lives" held in Madrid by the Ibero-American General Secretariat (SEGIB). The meeting adopted a statement of Madrid Principles on future road safety co-operation which endorsed the call for a decade of action and the goal to reduce by 50% the forecast increase in road fatalities by 2020. This early support is very welcome as we prepare for the key decisions to be taken in Moscow later this year.



CHAPTER 4

THE MOSCOW MINISTERIAL AND BEYOND

Governments meeting in Moscow in November 2009 have an historic opportunity to set a new direction for global road safety.

On the initiative of the Russian Federation and with the approval of the United Nations, the first ever global Ministerial Conference on Road Safety: 'A Time for Action' will be held in Moscow on November 19th-20th. This conference is a historic opportunity for Ministers to take decisions that will help to halt the epidemic of road carnage that today is spreading across the world. The Commission strongly recommends that the Moscow meeting approves the proposal for a Decade of Action for road safety and the goal to reduce forecast fatalities by 2020 by 50%. We also recommend that full support is given to our proposed \$300 million action plan, combined with the application of the proposed 10% safety allocation of project expenditures to improving safety. This is the scale of investment that is required in order to increase country road safety management capacity to the level needed to help achieve the goal of preventing 5 million deaths and 50 million serious injuries by 2020.

The Moscow Ministerial will also provide a unique forum in which countries and regions can share their ideas and exchange experience in road injury policies. From this dialogue governments will gain confidence that there is nothing inevitable about rising road traffic injuries and that with sustained commitment to safe systems management substantial numbers of lives can be saved. It is also clear that high level political support is a key ingredient of successful road safety programmes. So Moscow will be an opportunity for political commitment and leadership. The Commission, therefore, urges the highest level participation of ministers in the Moscow Conference drawn from a wide range of relevant responsibilities, including development, health, interior and transport ministries.

Assuming that the Ministerial adopts a Moscow Declaration that supports the decade of action an important next step would be to gain the UN General Assembly's approval for the proposal. In Resolution

62/244 adopted on 31st March 2008, the General Assembly not only endorsed the Moscow Ministerial but also agreed to debate road safety again during its forthcoming sixty-fourth session. The Assembly, therefore, has a clear mandate to consider the outcome of the Moscow Ministerial and adopt a new resolution that could endorse the Decade of Action and the 50% fatality reduction target. The Decade of Action for Road Safety would then have the same status as similar 'decades of action' on issues such as malaria. The Commission would also recommend that the Secretary General of the UN, Mr Ban Ki-moon, consider appointing a special envoy for road safety, and approving a mid-term review of progress on the decade in 2015.

In 2010 the UN could officially launch the Decade based on a framework and action plan of the kind proposed by the Commission. We recognise, however, that there are many other potential contributors to the Decade and would welcome a shared effort to define its final content. The combination, inter alia, of the UN Road Safety Collaboration, the World Bank Global Road Safety Facility and the Global Road Safety Partnership are well placed to contribute and assist the UN in an official launch which could perhaps take place in the Autumn of 2010.

In 2010 the UN also has an opportunity to give road safety the priority it deserves as an issue of sustainable development. The Commission for Sustainable Development (CSD) will include transport in its next two year review and policy cycle (2010-2011). The World Summit on Sustainable Development held

in Johannesburg in 2002 ignored road safety in its recommendations on transport at that time. The forthcoming CSD review can correct this unfortunate omission and thus ensure that, as a Decade of Action is launched, road safety is fully recognised as a crucial contributor to sustainable development.

It is fitting that almost exactly 100 years after the first international conference to address road traffic issues was held in Paris in October 1909, the first ever dedicated global Ministerial meeting on road safety will be held in Moscow. In the intervening years motorisation has become a global phenomenon bringing unprecedented levels of mobility, but also avoidable mortality. The industrialised countries that experienced the first wave of motorisation learned long and painful lessons in road injury prevention. Now the same challenge of managing road safety is an immediate concern for countries all across the world as motorisation is forecast to triple by 2050.

Unless we act now we can predict that road crashes, which have already killed tens of millions, will become the leading cause of premature death and disability for children and young people across the world. But today whilst we can predict we can also prevent. Fortunately what we now know about road injury prevention means there is no need for low and middle income countries to experience the painful mistakes made by high income countries during the first phase of global motorisation. This is why the Moscow Conference has the unique opportunity to bring countries together to exchange this life saving experience and commit to a Decade of Action that can make roads safe.



ANNEX A: TAKING ACTION FOR ROAD SAFETY - RECOMMENDATIONS OF THE WORLD REPORT ON ROAD TRAFFIC INJURY PREVENTION

What governments can do:

Institutional development

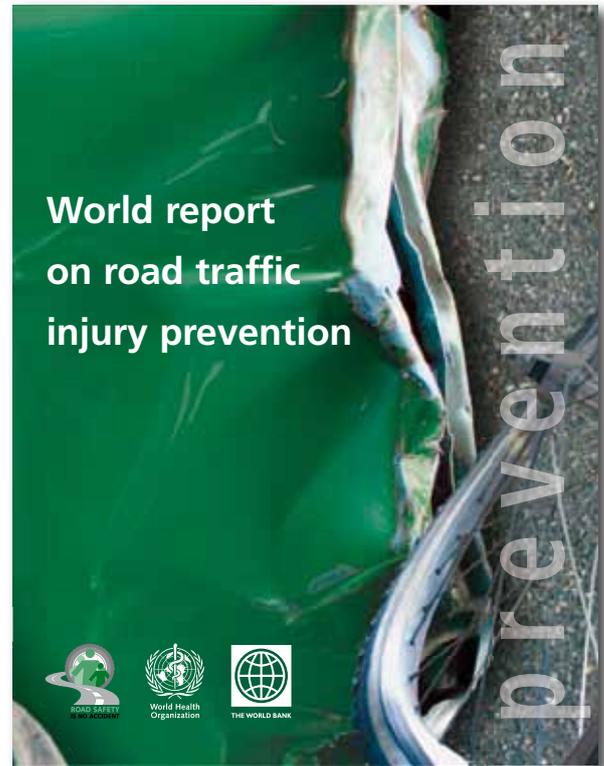
- Make road safety a priority.
- Appoint a lead agency for road safety; resource it adequately; and make it publicly accountable.
- Develop a multi-disciplinary approach to road safety.
- Set appropriate road safety targets and establish national road safety plans to achieve them.
- Support the creation of safety advocacy groups.
- Create budgets for road safety and increase investment in demonstrably effective road safety activities.

Policy, legislation and enforcement

- Enact and enforce legislation requiring the use of seat belts and child restraints, and the wearing of motorcycle helmets and bicycle helmets.
- Enact and enforce legislation to prevent alcohol impaired driving.
- Set and enforce appropriate speed limits.
- Set and enforce strong and uniform vehicle safety standards.
- Ensure that road safety considerations are embedded in environmental and other assessments for new projects and in the evaluation of transport policies and plans.
- Establish data collection systems designed to collect and analyse data and use the data to improve safety.
- Set appropriate design standards for roads that promote safety for all.
- Manage infrastructure to promote safety for all.
- Provide efficient, safe, and affordable public transport services.
- Encourage walking and the use of bicycles.

What public health can do

- Include road safety in health promotion and disease prevention activities.
- Set goals for the elimination of unacceptable health losses arising from road traffic crashes.
- Systematically collect health-related data on the magnitude, characteristics, and consequences of road traffic crashes.



- Support research on risk factors and on the development, implementation, monitoring, and evaluation of effective interventions, including improved care.
- Promote capacity building in all areas of road safety and the management of survivors of road traffic crashes.
- Translate effective science-based information into policies and practices that protect vehicle occupants and vulnerable road users.
- Strengthen pre-hospital and hospital care, as well as rehabilitation services for all trauma victims.
- Develop trauma care skills of medical personnel at the primary, district and tertiary health care levels.
- Promote the further integration of health and safety concerns into transport policies and develop methods to facilitate this, such as integrated assessments.
- Campaign for greater attention to road safety, based on the known health impact and costs.

What vehicle manufacturers can do:

- Ensure that all motor vehicles meet safety standards set for high income countries – regardless of where the vehicles are made, sold or used – including the provision of seat belts and other basic safety equipment.
- Begin manufacturing vehicles with safer vehicle fronts, so as to reduce injury to vulnerable road users.
- Continue to improve vehicle safety by ongoing research and development.
- Advertise and market vehicles responsibly by emphasising safety.

What donors can do:

- Highlight the improvement of road safety outcomes as a global development priority.
- Include road safety components in grants for health, transport, environmental and educational programmes.
- Promote the design of safe infrastructure.
- Support research, programmes, and policies on road safety in low income and middle income countries.
- Make funding for transport infrastructure projects conditional on the completion of a safety audit and any follow-up required.

- Set up mechanisms to fund the sharing of knowledge and the promotion of road safety in developing countries.
- Facilitate safety management capacity building at regional and national levels.

What communities, civil society groups and individuals can do:

- Encourage governments to make the roads safe.
- Identify local safety problems.
- Help plan safe and efficient transport systems that accommodate drivers as well as vulnerable road users, such as cyclists and pedestrians.
- Demand the provision of safety features, such as seat belts, in cars.
- Encourage enforcement of traffic safety laws and regulations, and campaign for firm and swift punishment for traffic offenders.
- Behave responsibly by:
 - abiding by the speed limit on roads;
 - never driving when over the legal alcohol limit;
 - always wearing a seat belt and properly restraining children, even on short trips;
 - wearing a crash helmet when riding a two-wheeler.

Source: World Report on road traffic injury prevention



ANNEX B: UN GENERAL ASSEMBLY RESOLUTION 62/244

United Nations

A/RES/62/244



General Assembly

Distr.: General
25 April 2008

Sixty-second session
Agenda item 46

Resolution adopted by the General Assembly

[without reference to a Main Committee (A/62/L.43 and Add.1)]

62/244. Improving global road safety

The General Assembly,

Recalling its resolutions 57/309 of 22 May 2003, 58/9 of 5 November 2003, 58/289 of 14 April 2004 and 60/5 of 26 October 2005 on improving global road safety,

Having considered the note by the Secretary-General transmitting the report on improving global road safety,¹

Noting with appreciation the adoption on 23 May 2007 of World Health Assembly resolution 60.22 on emergency care systems,²

Underlining the importance for Member States to continue using the *World Report on Road Traffic Injury Prevention* as a framework for road safety efforts and implementing its recommendations by paying particular attention to five of the main risk factors identified, namely, the non-use of safety belts and child restraints, the non-use of helmets, drinking and driving, inappropriate and excessive speed and the lack of appropriate infrastructure, and by paying particular attention also to the needs of vulnerable road users such as pedestrians, cyclists and motorcyclists, and users of public transport, and improving post-crash care for victims of road crashes,

Commending the World Health Organization for its role in implementing the mandate conferred upon it by the General Assembly to work with the United Nations regional commissions to coordinate road safety issues within the United Nations system, and the progress of the United Nations Road Safety Collaboration as a coordination mechanism whose members are providing Governments and civil society with good-practice guidelines to support action to tackle the major road safety risk factors,

Recognizing the work of the United Nations regional commissions and their subsidiary bodies in increasing their road safety activities and advocating for increased political commitment to road safety, and in this context also recognizing

¹ A/62/257.

² See World Health Organization, *Sixtieth World Health Assembly, Geneva, 14–23 May 2007, Resolutions and Decisions, Annexes* (WHA60/2007/REC/1).

07-47841

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the continuing commitment of the Economic Commission for Europe to global action in the elaboration of safety-related global technical vehicle regulations and amendments to the Convention on Road Traffic³ and the Convention on Road Signs and Signals,⁴ resolution 63/9 of 23 May 2007 of the Economic and Social Commission for Asia and the Pacific,⁵ in which the Commission encouraged members to continue to act upon recommendations contained in the Ministerial Declaration on Improving Road Safety in Asia and the Pacific,⁶ the Accra Declaration of African Ministers responsible for transport and health of 8 February 2007, the Declaration of San José on road safety of 14 September 2006 and resolution 279 (XXIV) of 11 May 2006 of the Economic and Social Commission for Western Asia on follow-up to implementation of components of the Integrated Transport System in the Arab Mashreq, including follow-up on road safety,⁷

Commending the World Bank for its initiative in establishing the Global Road Safety Facility, the first funding mechanism designed to support capacity-building and provide technical support for road safety at the global, regional and country levels, welcoming the financial assistance given to the Facility by the Governments of Australia, the Netherlands and Sweden, and by the FIA Foundation for the Automobile and Society, and encouraging more financial contributions to the Facility,

Commending also the World Health Organization and the United Nations regional commissions for organizing, in collaboration with the other members of the United Nations Road Safety Collaboration, the first United Nations Global Road Safety Week in April 2007, during which hundreds of events were held all over the world, including the World Youth Assembly for Road Safety and the second Stakeholders' Forum for Global Road Safety, in Geneva, which helped to draw attention to the fact that road traffic crashes have become the leading cause of death among young people aged between 10 and 24,

Taking note of all national and regional initiatives to improve awareness of road safety issues, including the second European Road Safety Day, to be observed on 13 October 2008,

Also taking note of the report of the Commission for Global Road Safety, *Make Roads Safe: A New Priority for Sustainable Development*, which links road safety with sustainable development and which calls for increased resources for road safety, a new commitment for road infrastructure assessment and a global ministerial conference on road safety under the auspices of the United Nations,

Expressing its concern at the continued increase in road traffic fatalities and injuries worldwide, in particular in developing countries,

Reaffirming the need for the further strengthening of international cooperation and knowledge-sharing in road safety, taking into account the needs of developing countries,

³ United Nations, *Treaty Series*, vol. 1042, No. 15705.

⁴ *Ibid.*, vol. 1091, No. 16743.

⁵ See *Official Records of the Economic and Social Council, Supplement No. 19 (E/2007/39)*, chap. IV, sect. A.

⁶ E/ESCAP/63/13, chap. IV.

⁷ See *Official Records of the Economic and Social Council, Supplement No. 21 (E/2006/41)*, chap. I.

1. *Invites* Member States to actively participate in the development of the global road safety status report being prepared by the World Health Organization;
2. *Invites* all Member States to participate in the projects to be implemented by the United Nations regional commissions to assist low- and middle-income countries in setting their own national road traffic casualty reduction targets, as well as regional targets;
3. *Reaffirms* the importance of addressing global road safety issues and the need for the further strengthening of international cooperation, taking into account the needs of developing countries by building capacities in the field of road safety and providing financial and technical support for their efforts;
4. *Encourages* Member States to continue to strengthen their commitment to road safety, including by observing the World Day of Remembrance for Road Traffic Victims on the third Sunday of November every year;
5. *Invites* the World Health Organization and the United Nations regional commissions, in cooperation with other partners in the United Nations Road Safety Collaboration, to promote multisectoral collaboration by organizing, when appropriate, United Nations Global Road Safety Weeks, including Stakeholders' Forums for Global Road Safety;
6. *Encourages* organizations in both the private and the public sector with vehicle fleets, including agencies of the United Nations system, to develop and implement policies and practices that will reduce crash risks for vehicle occupants and other road users;
7. *Welcomes* the offer by the Government of the Russian Federation to host and provide the necessary financial support for the first global high-level (ministerial) conference on road safety, to be held in 2009, to bring together delegations of ministers and representatives dealing with transport, health, education, safety and related traffic law enforcement issues, to discuss progress in implementing the recommendations of the *World Report on Road Traffic Injury Prevention* and the General Assembly resolutions on improving global road safety, and provide an opportunity for Member States to exchange information and best practices;
8. *Decides* to include in the provisional agenda of its sixty-fourth session the item entitled "Global road safety crisis", and requests the Secretary-General to report to the General Assembly at that session on the progress made in improving global road safety.

*87th plenary meeting
31 March 2008*

Lord Robertson speaking at the UN General Assembly



ANNEX C: THE WORLD BANK GLOBAL ROAD SAFETY FACILITY

The World Bank established the Global Road Safety Facility in 2006 to generate increased funding and technical assistance to target and overcome country safety management capacity weaknesses, in accordance with agreed principles and good practices. It supported this initiative through funding from the World Bank Development Grant Facility and is now seeking additional donor support to sustain funding in the longer term, in partnership with its founding donors the FIA Foundation for the Automobile and Society, the Government of the Netherlands, the Swedish International Development Cooperation Agency (Sida), and the Australian Agency for International Development (AusAID).

UN Resolution A/RES/62/244 of 31 March 2008 commended the World Bank for its initiative in establishing the Global Road Safety Facility and acknowledged it as the first funding mechanism designed to support capacity building and provide technical support for road safety at the global, regional and country levels. There has also been a greater appreciation of the alignment of global road safety priorities with sustainable development goals. Responses to the global road safety crisis are now being integrated with broader initiatives concerning the global climate change agenda where there is an emerging recognition of the co-benefits of addressing road safety, congestion, local air pollution and energy security which all strongly increase the opportunities for reducing greenhouse gas emissions.³⁰

Safety management capacity in low and middle-income countries is weak and even with accelerated knowledge transfer it will take a sustained long-term commitment to reverse the projected trends in health losses from road crashes. It is envisaged that the Facility will operate for at least a decade and its Strategic Plan 2006 – 2015 was developed in consultation with key road safety partners and stakeholders to mobilize and allocate the resources required to sustainably implement the World Report recommendations.³¹ The plan specifies the Facility's mission, goals, activities, governance arrangements, funding mechanisms, and implementation priorities, and provides the formal partnership framework for dialogue, cooperation and action concerning the Facility's ongoing management and operation.

The mission and goals of the World Bank's Global Road Safety Facility have been supported by the Make Roads Safe campaign of the Commission for Global Road Safety which is seeking donor support

for a ten-year global, regional and country action plan to be implemented by the Facility. Strong leadership is being shown by the Commission's campaign which also calls for road infrastructure safety funding and related global and regional measures to address road safety as a sustainable development priority.³² However, the international response so far falls well short of the funding commitment sought for the coming decade. Ongoing dialogue with the donor community is being scheduled to mobilize resources heading up to the first Ministerial Conference on Global Road Safety in the Russian Federation in late 2009, which was called for by the Commission for Global Road Safety and endorsed in the United Nations General Assembly Resolution A/RES/62/244 of 31 March 2008. It is clear that sustained political will and a long-term investment program are required to implement the World Report recommendations on a systematic basis that accelerates international and country efforts and scales up current responses.

The Facility has successfully established a program of global, regional and country activities to accelerate and scale up the efforts of low and middle-income countries to build their scientific, technological and managerial capacities to prepare and implement cost-effective road safety programs. Available donor funding has been fully allocated to achieve this mission (see table) and preliminary estimates of effective demand for Facility support indicate that additional and sustained donor support is required to achieve the Facility's mission and goals.

It is conservatively estimated that a minimal funding of around \$12 million per year is required to support Facility initiatives for the next two final years (FY09 and FY10), and around \$20 million per year is required for the out-years FY11 – FY15 to support Facility initiatives in accordance with its Strategic Plan 2006 – 2015. This support will accelerate knowledge transfer, build country management capacity and leverage considerable additional investment in road safety.³³

In February 2009, Lord Robertson met Robert Zoellick, President of the World Bank, to discuss road safety. President Zoellick confirmed that the 'World Bank Global Road Safety Facility remains committed to coordinating and managing your Commission's proposed Action Plan, and we recognise the need to further engage with the donor community to mobilise the necessary funds.'³⁴

FY06 - FY10 GLOBAL ROAD SAFETY FACILITY ALLOCATION OF FUNDS (\$'000)

Activities	All funding sources			
	Planned	Disbursed FY06 – FY09	Projected FY09 – FY10	Percentage
Capacity building	3,789	897	2,892	24%
Program delivery	3,405	2,690	715	22%
Infrastructure safety	2,266	1,174	1092	15%
Research & development	1,619	650	969	11%
Advocacy	1,542	1,294	248	10%
Training & workshops	1,447	200	1,247	9%
Facility Implementation Unit	898	368	530	6%
Facility governance	439	171	268	3%
Total	15,405	7,444	7,961	100%

Notes:

Capacity building includes, for example, funding country road safety management capacity reviews, country advisory services to assist the preparation of road safety investment operations, the Hubei Road Traffic Training Center, and the development of a global traffic safety police network (RoadPol) to engage and strengthen institutional leadership and processes for road policing in country police agencies.

Program delivery includes, for example, funding activities of the Global Road Safety Partnership and the World Health Organization in their focus countries.

Infrastructure safety includes, for example, funding the International Road Assessment Programme (iRAP) for the development and application of infrastructure safety rating tools and the International Roads Federation for country training courses in road infrastructure safety.

Research and development includes, for example, funding the Road Traffic Injuries Research Network to support country-based research, the Harvard Initiative for Global Health to improve Global Burden of

Disease estimates of country road deaths and injuries and associated health losses, and country data support initiatives of the International Road Traffic Accident Database (the IRTAD Group).

Advocacy includes, for example, funding the development of an association for country collaboration in Latin America and the Caribbean, the second Global Stakeholders' Forum in Geneva, and support for regional participation in the UN Global Road Safety Collaboration.

Training and workshops includes, for example, funding safety management training initiatives with Sub-Saharan Transport Policy Program (SSATP) member countries and country-based workshops supporting the preparation of road safety investment programs and projects.

Facility Implementation Unit covers funding staff and administrative activities associated with supporting Facility operations.

Facility governance covers funding Facility Executive Board and Core Advisory Group meetings and the conduct of an independent evaluation of Facility operations.



Lord Robertson with Robert Zoellick, President of the World Bank

ANNEX D: GLOBAL ROAD SAFETY ACTION PLAN - ILLUSTRATIVE BUDGET

The objective of the proposed Global Road Safety Action Plan is to increase local technical capacity in low and middle income countries, and to ensure that road safety management becomes self-sustaining over the long term. A ten year programme of catalytic investment is needed to support the Decade of Action, the funding of which the Commission recommends should be managed by the World Bank Global Road Safety

Facility. Allocations within the proposed \$300 million plan were proposed in the first report of the Commission for Global Road Safety, as presented in the following table, and are indicative only. They will need to be reviewed within the proposed implementation plan based on the five pillars drawn from the ‘safe systems’ approach, and refined accordingly.

Activity Component	Activity	Budget
Strategic Global Direction	Funds for the Action Plan to 2020 to be directed by the Global Road Safety Facility, hosted by the World Bank, working in partnership with donor countries and organisations, and other road safety stakeholders. Activities to be delivered by a range of implementation partners, including, for example, UN Global Road Safety Collaboration members; Global Road Safety Partnership (GRSP); iRAP; and the Road Traffic Injuries Research Network.	
Global activity Coordination	<p>Coordination</p> <p>UN Global Road Safety Collaboration Role: to coordinate the response of UN agencies and regional commissions to road traffic injuries; organise bi-annual meeting and produce advisory publications; and to work with the Global Road Safety Facility, Road Traffic Injuries Research Network, Global Road Safety Partnership, and other stakeholders to ensure a common agenda</p> <p>Advocacy</p> <p>Make Roads Safe Campaign, Youth Road Safety network and other advocacy platforms</p>	
Advocacy	Role: to promote global awareness of and political support for road safety; to organise regional advocacy platforms to raise awareness and foster collaboration; to encourage and support the development of autonomous national civil society road safety coalitions.	
Regional Activity	<p>Capacity Building & Coordination</p> <p>Funding to enable capacity building and coordination at regional level: working with road safety specialists in each UN Regional Commission and regional development bank tasked with identifying and facilitating a network of national road safety ‘champions’ in government and civil society; developing and sustaining regional strategies; and promoting wider adoption of best practice.</p>	
Budget: Global/Regional Activity	10% budget allocation at \$3 million per year for 10 years.	\$30 million

National Activity	<p>The bulk of Action Plan funding to be directed to national activity, with the emphasis on providing seed corn funding for integrated, multi-sectoral projects in line with the 'systems approach' to injury prevention. This stands to anchor the country capacity building efforts in systematic, measurable, and accountable investment programmes. These integrated packages to include the following four components:</p>	
Assessment & Research	<p>Assessment & Research</p> <p>The Assessment & Research component consists of four main elements:</p> <p>1. Road safety systems analysis</p> <p>Analysis of a country's road safety management capacity is essential for identifying governmental strengths and weaknesses, data availability, and the operating environment for any potential donor support. The Action Plan can provide funding and experts to assist with this evaluation, which must be a prerequisite for support in other areas;</p> <p>2. Data collection and analysis</p> <p>Injury data are a necessary tool for both understanding, and responding to, road traffic injuries.</p> <p>The World Report considers in detail the data requirements for a reliable injury reporting system. Data are not just of interest to academic researchers; they are vital political tools that provide the evidence needed to marshal resources and determine priorities for action. Without such evidence on the scale, incidence, and causation of road crashes, the problem may be neglected, and the resources that are made available may not be used in the most cost-effective way.</p> <p>Building the systems to deliver reliable data should be a priority action for many countries. Funding through the Action Plan stands to catalyse knowledge transfer and implementation of data collection in police and health services. A priority should be to develop the system with region-wide participation and coordination;</p> <p>3. Infrastructure Assessment</p> <p>Safety assessment of new road projects should be a core component of road infrastructure budgets. The Action Plan would complement this support by building assessment capacity – training the assessors – and in developing assessment tools. The International Road Assessment Programme (iRAP) is developing assessment protocols for low and middle income countries which should be applied nationally;</p> <p>4. Research into countermeasures</p> <p>Research into the effectiveness and transferability of countermeasures is an important quality control element within the integrated project approach. RTIRN researchers and advisers from transport consultancies such as TRL have considerable experience in this area, and can work with institutions and universities in low and middle income countries developing national research skills at the same time as measuring countermeasure delivery and results. Building sustainable national and regional capacity for designing, implementing, managing and evaluating control programmes will be a key objective of the Action Plan.</p>	
Budget: Assessment/Research	10% Budget allocation at \$3 million per year for 10 years	\$30 million

<p>Institutional Capacity</p>	<p>Institutional Capacity</p> <p>Strengthening the institutional capacity of government to lead road traffic injury prevention needs to be a priority. Systemic capacity weaknesses – unsuitable or fragmented road traffic regulation; lack of accountability or coordination; weak or corrupt governance and enforcement systems; lack of training and funding – are the biggest obstacle to implementing road safety programmes, and the first area that must be addressed.</p> <p>The Action Plan will facilitate assistance to governments in implementing the key relevant recommendations of the World Report: identifying and funding a lead agency; preparing national (and regional/local) road safety strategies and action plans; and allocating financial and trained human resources to injury prevention.</p> <p>Addressing management systems, encouraging governmental integration at departmental/agency level, reviewing police enforcement issues and strategies, and encouraging a strong civil society response to road injuries (for example through a National Road Safety Council and supporting victims groups) will all be included in capacity reviews.</p> <p>In many countries there is a shortage of skilled manpower and a lack of knowledge and understanding. For road safety to be made a priority for action there must be capacity building and knowledge transfer in order to sustain long-term programmes. Secondment of experts, and twinning arrangements to train local staff, conferences and workshops, and provision of technical expertise and manuals are all methods to achieve capacity building so that expertise can be increased.</p>	
<p>Budget: Institutional capacity</p>	<p>35% budget allocation at \$6 million per year, rising incrementally to \$15 million per year by year 8.</p>	<p>\$105 million</p>
<p>Injury Prevention</p>	<p>Road Traffic Injury Prevention</p> <p>Pilot and demonstration projects focused on the recognised road injury risk factors are another key area for activity within the Action Plan. The components of the Plan outlined above are intended to create an enabling environment for effective knowledge transfer from global and regional partners to low and middle income countries.</p> <p>This should take the form of well targeted and measurable projects and campaigns addressing key areas such as seat belt use; helmet compliance; drink driving; and speed management. Projects could also include technology transfer and adaptation from high income countries, for example low-cost median barriers and traffic calming measures.</p>	
<p>Budget: Injury Prevention</p>	<p>30% budget allocation at \$4 million Y1; \$6 million Y2&3; then 10 million per year rising to \$12 million in Y9&10.</p>	<p>\$90 million</p>
<p></p>	<p>Post Crash Interventions</p> <p>For people not killed outright in a road crash, prompt and effective post crash medical intervention can save lives and reduce the severity of injuries, be that by first aiders, medical staff trained in basic trauma care, or more advanced paramedics or physicians. The World Health Organisation has established clear policy guidance in this area, and has identified the institutional steps needed at national level to improve the quality and availability of prehospital trauma care.</p> <p>There is a role for the Action Plan in investing in capacity building measure and in pilot projects that will measurably improve post crash intervention in low and middle income countries, and reduce the DALYS burden of road crashes on already overburdened health systems.</p>	
<p>Budget: Post Crash Interventions</p>	<p>15% budget allocation at \$3 million per year for 5 years and \$6 million per year for 5 years</p>	<p>€45 million</p>
<p>Action Plan Total Budget</p>		<p>\$300 million</p>



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I call for a Decade of Action
for Road Safety 2010-2020

Michael Palin

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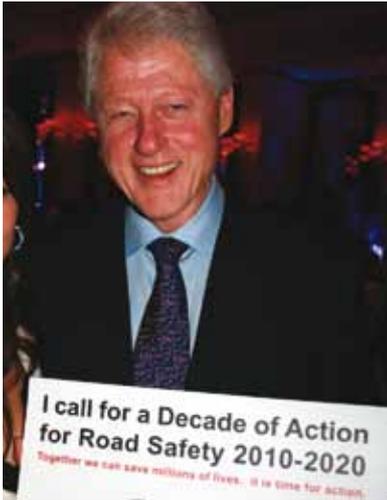
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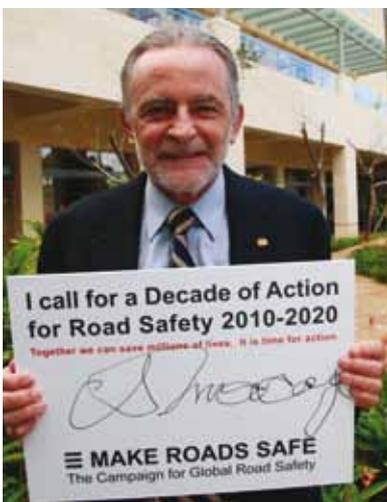
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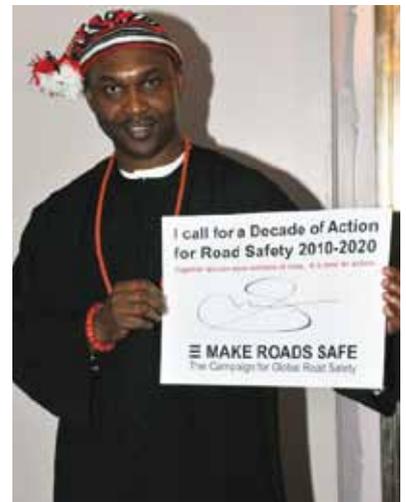
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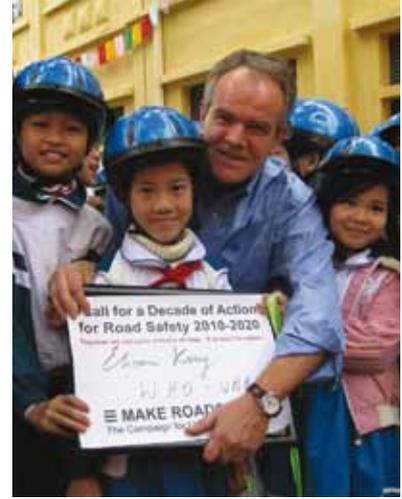
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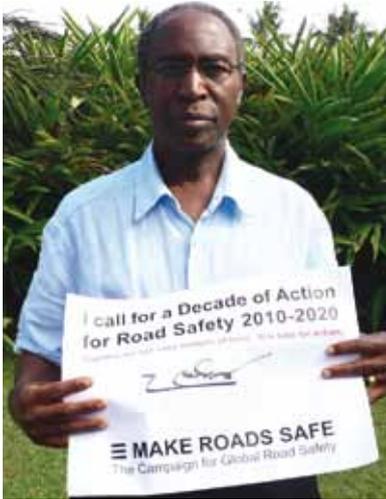
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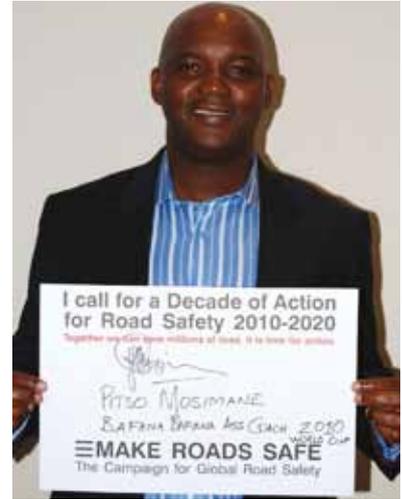
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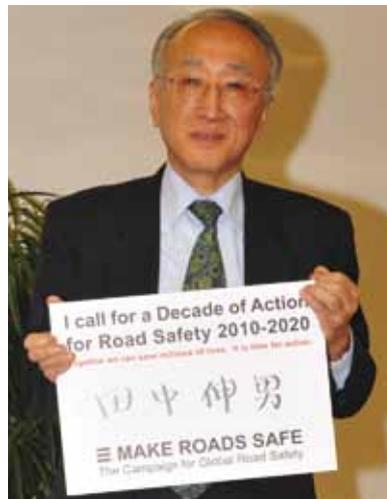
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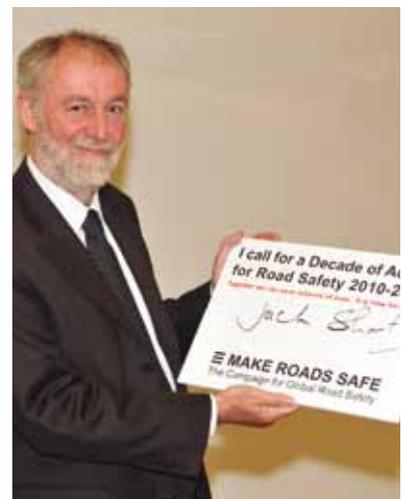
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SUPPORT FOR THE MAKE ROADS SAFE CAMPAIGN

“It is time for those who can make a real difference to step up to meet this challenge and to commit to a Decade of Action for Road Safety”

Desmond Tutu, Nobel Peace Prize Laureate

“The efforts of the Commission for Global Road Safety to promote better road safety worldwide are to be applauded”

Kofi Annan, former UN Secretary General

“Every three minutes a child dies on the world’s roads and these lives can be saved. We need a global action plan to ensure that key safety measures are put in place”

Sonia Gandhi, President, Indian National Congress

“Travel-related injuries and deaths affect millions of people around the world. I’m hopeful that action can be taken to ensure that no one dies before their time”

Bill Clinton, former US President

“I welcome and support the valuable work which the Commission for Global Road Safety is undertaking”

Tony Blair, former UK Prime Minister

“I am supporting the Make Roads Safe campaign and I call for a ‘Decade of Action’ which is essential if we are to save lives around the world”

Oscar Arias Sanchez, President of Costa Rica, Nobel Peace Prize Laureate

“During my travels I have seen how important it is that children and communities are educated about road safety and that governments and decision makers do what they can to make roads safe”

Ewan McGregor, actor and UNICEF ambassador

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