

Summary report on the

Expert consultation on road safety in the Eastern Mediterranean Region

WHO-EM/HLP/096/E

Cairo, Egypt
6–7 January 2016



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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1. Introduction

The *Global status report on road safety 2015*, recently published by WHO, shows that road crashes claim 1.3 million lives worldwide every year, with an unacceptable impact on health and development. Road crashes are the leading cause of death among young people aged between 15 and 29 years globally and cost countries about 3% of their GDP.

In the Eastern Mediterranean Region, according to the *Global report*, the regional road traffic fatality rate decreased from 21.3 to 19.9 per 100 000 population between 2010 and 2013. Nevertheless, this fatality rate remains higher than a global rate of 17.5 per 100 000 population, and still represents the second highest rate of road traffic fatalities in the world after the African Region (26.6 per 100 000 population). About 85% of the regional road traffic deaths occur in middle-income countries. At the same time, although some of the Region's high-income countries have shown a reduction in their road traffic death rates, the overall death rate for these countries exceeds the rate for the Region's less affluent countries (22.5 compared to 19.7 deaths per 100 000 population), which is contrary to the global trend. This rate is also more than double the rate of other high-income countries in the world. Urgent action is needed in all countries of the Region regardless of their income level.

To support such action, WHO has embarked on a collaborative endeavour with the International Injury Research Unit, Johns Hopkins University (JHU-IIRU) to reduce road traffic injuries. As a first step, an in-depth analysis of the burden of road traffic injuries in the Region and related risk factors has been conducted. This analysis will guide the development of a package of priority cost-effective interventions to address the existing gaps in road traffic injury prevention and control, and to reduce mortality in countries of the Region taking into

consideration their different contexts. Once this effort is fully developed, the final outcome will be presented to a regional ministerial meeting to endorse it and take it up for implementation at country level.

As part of this endeavour, the WHO Regional Office for the Eastern Mediterranean organized an expert consultation on road safety on 6 and 7 January 2016 in Cairo, Egypt, bringing together 16 international and regional experts from different areas of road safety. The objectives of the consultation were to seek the views of experts on the current knowledge of road safety, on impediments hampering translation of declared commitments into effective action; on enhancing feasibility and relevance of undertaken analysis and recommended interventions; and on design and content of the planned ministerial meeting in 2016.

The consultation was opened by Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean, who stressed the gravity of the problem of road traffic injuries and the importance of finding practical and feasible solutions. Dr Alwan underlined the need to undertake an in-depth analysis of the challenges hindering social and economic development in the Region including in the area of road safety. He highlighted the importance of discussing key interventions not only for the health sector but also for various sectors and stakeholders.

The regional consultation took place against a backdrop of strong global momentum for road safety. In addition to the release of *Global status report on road safety 2015*, the year 2015 was monumental for global road safety and marked the mid-point in the Decade of Action for Road Safety 2011–2020. Two road safety-related targets have been included in the new Sustainable Development Goals (target 3.6 and target 11.2). Moreover, the Brasilia Declaration on Road Safety was endorsed by the Second Global High-level Conference on Road Safety, held in November 2015. This Declaration draws the global

roadmap towards achieving the targets of the Decade of Action and the Sustainable Development Goals, which can only be achieved through concerted efforts across all countries.

During the consultation, presentations were given on the global and regional situation of road safety based on the findings of the *Global report 2015* and recent global developments. A brief presentation also provided a snapshot of the current status of the civil registration and vital statistics in the Region. JHU-IIRU experts presented an in-depth analysis of related mortality and morbidity burden as well as the risk factors in the Region. They also presented the proposed approach to identifying appropriate road safety priority intervention package for countries of the Region. The design, structure and content of the regional ministerial meeting on road safety planned for 2016 was also discussed.

Discussions during the consultation took place in plenary sessions and in groups to provide expert inputs on different proposed aspects of the regional road safety endeavour. Suggestions were made for next steps towards the finalization of the related analysis and technical guidance as well as organizing the planned 2016 ministerial meeting

2. Conclusions

Participants discussed the challenges and the key issues around effective action for road safety in countries. The need for an implementation framework was stressed with a focus on “know how” guidance. This implementation framework should include core and additional actions, examples of successful interventions or best practices, tools and resources, partners as well as engagement of law enforcement parties and local authorities. The framework should include accountability and monitoring mechanisms. Interventions should be designed and undertaken within the rubric of a safe system approach.

A number of key general points were indicated by the attending experts. The need for structured and systematic collection, analysis and use of quality data including the economic cost of road safety versus savings due to prevention was stressed. The lead agency should preferably be run by the president, prime minister and/or deputy prime minister to ensure its effective and appropriate function. It was noted that at times the affiliation of a lead agency with government can compromise its independence. Sensitivities around the different status of concerned ministries/sectors can affect multisectoral coordination. The relatively weak position of ministries of health could compromise effective multisectoral action if they take the lead.

Addressing the lack of highly qualified professionals in different aspects of road safety is important through possible exchange across different countries and multisectoral coordination within the same country to maximize the benefit of available resources. Lobbying among policy-makers and education for behavioural change among populations are vital. Lack of enforcement of laws regarding road safety risk factors, such as speeding, is also an immense issue. The different road safety cultures across the Region, including among expatriate populations, should be taken into consideration in planning interventions.

More specifically, participants identified short- and long-term priority actions to address challenges and gaps in epidemiology and data including on risk factors. They also provided their views on interventions to improve road safety in the Region under 10 areas: legislation, enforcement, road safety risk factors, human capacity, governance, financing, post-crash care, stakeholder and civil society engagement, social marketing and monitoring and evaluation.

The finalized package of essential interventions being developed along with a proposed regional declaration will be presented to

Member States in a 2016 regional high-level ministerial meeting on road safety for their agreement and endorsement. The design, structure and content of this meeting were discussed with the development of a suggested provisional programme for the meeting. The detailed modalities of implementation of the package will be addressed as a next step through development of national plans and their implementation at country level.

It was agreed that the proposed objectives of the ministerial meeting need to be clear, specific and uncomplicated. They need to stress the importance of taking country context into consideration as well as the importance of establishing a multisectoral mechanism to fulfil and meet commitments.

It was suggested that the duration of the ministerial meeting should be a day and a half. The first day would include three sessions. It would start with an inaugural session, setting the scene and stating the problem. The identified package of cost-effective interventions would then be presented. The third session would focus on modalities for implementation of the package. On the second day there would be a summary of technical sessions including next steps by Member States and by WHO as well as endorsement of the package and the Regional Declaration. A roadmap towards the organization of this meeting was also proposed.

3. The way forward: data and interventions

Experts identified several priority actions for countries, with technical support from WHO, in order to strengthen data. They also proposed a draft set of essential interventions for countries to improve road safety.

Epidemiology and data: priorities

Short-term

- In collaboration with WHO, analyse current data in depth in order to prioritize interventions.
- Develop and apply a reliable methodology (based on review) to measure behavioural risk factors.
- Undertake studies using a mix of surveillance and other methods to develop a baseline understanding of key modifiable risk factors.
- Provide information on the short-term and long-term consequences of road crashes for advocacy and informing interventions.

Long-term (5 years)

- Shift from paper-based to computerized formats for data collection and management.
- Strengthen mechanisms for improving the quality, reliability and integration of data from police, health and insurance sources for a safe system-based approach.
- Increase human resources and build capacity for data management in police and health sources.
- Establish a mechanism for data collection, analysis, feedback, utilization and action among stakeholders.

Interventions to improve road safety

- Close legislative loopholes and draft missing laws (using WHO's compendium on good practice of laws).
- Focus on addressing and enhancing accountability, with support from WHO.

- Establish training and capacity development programmes for police forces in evidence-based policing and enforcement, such as through Global Road Safety Partnership programmes.
- Conduct in-depth analysis of impediments hindering implementation of existing laws and legislative frameworks.
- Implement evidence-based interventions for speed, helmets, drink-driving, seatbelts, drugs, mobile-use and child restraints (with technical assistance from WHO in implementing the interventions and making them country-specific)
- Promote the inclusion of road safety in the curricula of schools of public health and engineering.
- Adapt and distribute training resources such as WHO's TEACH VIP.
- Promote the development of future road safety experts in the Region.
- Establish lead agencies with clearly defined mandate and terms of reference.
- Develop the capacity of lead agencies.
- Promote appropriate financing for road safety.
- Conduct economic and costing studies to convince policy-makers.
- Explore different sources for financing road safety.
- Reconsider use of existing resources for maximum benefit.
- Evaluate existing trauma care systems to identify and address existing gaps in order to improve provided services using WHO technical guidance.
- Highlight the importance of proper coding of hospital data and take needed actions in this regard.
- Include rehabilitation as part of the continuum of comprehensive post-crash response.
- Define the responsibilities of different stakeholders.
- Promote the active engagement and development of civil society.
- Develop, communicate and disseminate effective road safety messages.

- Strengthen education and awareness on road safety.
- Adapt and implement a clear monitoring framework.

4. Next steps for WHO

Participants identified the following actions for WHO in planning the regional high-level meeting on road safety.

- Decide on the date and venue for the meeting.
- Initiate communication with diplomatic missions of countries of the Region in Cairo, while details could be communicated at a later stage.
- Initiate communication at country level and at the highest level with Ministers as well as with prime ministers/heads of government through WHO Representatives.
- Prepare a resource document to be shared with the countries by March 2016 followed by its translation into Arabic
- Prepare a draft declaration to be issued by the high-level meeting for endorsement.
- Prepare specific country profiles with appropriate analysis.
- Finalize the programme of the high-level meeting with identification of speakers and attendees.



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