
Progress report on road safety

Introduction

1. This second biennial report on the progress on the regional situation of road traffic injuries is mandated by resolution EM/RC56/R.7 Road traffic injuries: a growing public health concern. This year's report is all the more significant because it coincides with the release of the *Global status report on road safety 2013*, which provides updated data on road safety across the world and sets the baseline for monitoring the Decade of Action for Road Safety 2011–2020.
2. Both resolution EM/RC56/R.7 and the Decade of Action for Road Safety reflect the commitment of Member States, WHO and partners to work together to improve road safety. Building on this commitment, in 2012 the WHO Regional Director for the Eastern Mediterranean designated injury prevention as a priority programme with specific focus on road traffic injuries and trauma care. A five-year plan (2013–2017) to reduce road traffic injuries in the Region was subsequently developed in collaboration with regional and international experts.

Regional situation

3. The Eastern Mediterranean Region accounts for 10% of the world's road traffic deaths and ranks second among WHO regions in terms of road traffic fatality rate (21.3 per 100 000 population compared to a global rate of 18.03 per 100 000 population).
4. At global level, middle-income countries are the hardest hit by road traffic injuries, followed by low-income countries. However, high-income countries in the Region have the highest fatality rate among similar countries across the world, indicating that road traffic injuries are a concern for all countries in the Region. Young males at their prime productive age of 15–44 years are at highest risk, with serious implications for national development. Nearly half of road traffic deaths are among vulnerable road users. The highest toll is among pedestrians, followed by motorcyclists and bicyclists.
5. *Road safety in the Eastern Mediterranean Region: facts from the Global status report on road safety 2013* describes the regional road safety situation and assesses changes since the release of the first global status report on road safety in 2009. It shows that despite progress in some areas, much remains to be done. Between the 2009 and 2013 global reports, the proportion of countries in the Region with a coordinating lead agency increased from 74% to 84%, and those with a national road safety strategy increased from 75% to 95%. Only some countries have measurable targets. Legislation on key risk factors¹ is available in most countries, but in most cases it is not comprehensive.² This, together with inadequate enforcement, limits the effectiveness of such legislation. Post-crash care is available in most countries, but there is a need to strengthen and evaluate such care. Currently, almost 90% of countries have specialized training for doctors on emergency medicine and 60% have such training for nurses.

¹ Key risk factors: speeding, drinking and driving, seatbelt non-use, helmet non-use and child restraint non-use.

² Examples of comprehensiveness include mandatory seatbelt use for all vehicle occupants and drink-driving law based on a blood alcohol concentration (BAC limit for the general population of ≤ 0.05 g/dl).

Implementation of resolution EM/RC56/R.7

6. Nineteen countries of the Region participated in the data collection exercise for the *Global status report on road safety 2013*. The exercise contributed to enhancing national capacities in multisectoral data collection and provided a platform for the review of national plans and for multisectoral dialogue and action. A regional tool was developed for documentation of road safety country activities. Work is ongoing to develop a standardized tool for estimating the economic costs of road traffic injuries. A WHO fact-finding mission to Qatar assessed the road safety situation and made recommendations to the government with regard to actions to improve road safety.

7. Member States received technical and financial support for launching the global status report, and for marking the second global road safety week, 6–12 May 2013, which highlighted pedestrian safety. Technical support was also provided for international, regional and national conferences and seminars around road traffic injury prevention.

8. Regional workshops were organized and supported for public health professionals in road traffic injury prevention and injury epidemiology. Child injury prevention (including road traffic injuries) and disability were included in the regional training package for community representatives and health volunteers. Technical support was provided for the integration of injury prevention, including road traffic injuries, in public health, emergency medicine and nursing curricula.

9. In addition to providing ongoing technical support to Member States, WHO developed a tool to profile trauma care systems. The *World report on disability* and the *Community-based rehabilitation guidelines* were translated into local languages in the Region to maximize their use. Training on reporting on the implementation of the Convention on the Rights of Persons with Disabilities was conducted in collaboration with the League of Arab States and other partners. WHO also provided technical support to the Arab Regional Consultation held in preparation for the 2013 High-level Meeting of the United Nations General Assembly on Disability and Development.

Challenges

10. Despite ongoing efforts, serious challenges remain. Declared political commitment is not reflected in adequate funding and programmatic action. Mechanisms for coordination and multisectoral action remain mostly ineffective. Policies and legislative frameworks are available but enforcement and implementation are usually weak. Reliable data on road traffic deaths, injuries and related disabilities are largely unavailable due to widespread under-reporting and fragmented data collection systems. Human resources are limited. Gaps exist in essential post-injury care including pre-hospital and hospital-based trauma care and rehabilitation service provision, which are often ineffective, insufficient and below internationally accepted standards. Variations in development levels among and within countries pose a further challenge to road safety in the Region.

Next steps

11. The *Global status report on road safety 2013*, the Decade of Action for Road Safety and its global plan, resolution EM/RC56/R.7 and the regional five-year plan together are an opportunity to galvanize further action to improve road traffic injury prevention in Member States and the Region.

12. The health sector, led by ministries of health, continues to be vital for spearheading road safety efforts, not only in terms of post-crash response and data collection but also for primary prevention interventions. Examples of such efforts are: ensuring the nomination of injury prevention focal persons in the Ministry as well as a national focal person for the Road Safety Decade where they are not present; reviewing national road safety plans through a multisectoral and multidisciplinary process while setting appropriate targets, clear indicators and specific budget linkages; playing a stewardship role in a fully functioning and adequately budgeted multisectoral lead agency (or coordination

mechanism) on road safety; and actively participating in regional and global road safety activities to benefit from existing opportunities, resources and experiences.

13. Within the regional five-year plan for reducing road traffic injuries, WHO plans to pursue the following activities in 2014–2015.

- To enhance national capacities for planning and managing effective road safety programmes and policies, practical training will be conducted for national focal points and mid-level managers in health (and other) ministries in parallel with efforts for more sustainable integration of injury prevention into medical and public health curricula. WHO will also continue to facilitate the exposure of health cadres from countries in related international forums including the World Conference on Injury Prevention and Safety Promotion 2014.
- To keep road safety on the regional and national public health policy agenda, efforts will continue to maximize the utilization of the *Global status report on road safety 2013* and strengthen involvement of the media, making use of global and regional events such as the World Remembrance Day for Road Traffic Victims.
- To expand technical guidance to Member States, a regional road safety advisory group will be established and more focused country work will be sought using a package of preventive interventions based on the WHO RS10 (Road Safety in 10 Countries) model.
- To establish mechanisms for routine monitoring and evaluation of national and regional progress, countries will be supported to participate in the third global status report on road safety survey, along with the series of reports monitoring the Decade of Action for Road Safety. It is hoped that this third report will be released in 2015 in time for the mid-Decade review meeting.
- To enable more comprehensive understanding of all aspects of the problem, a standardized methodology for the estimation of the economic cost of road traffic injuries will be developed and piloted in selected countries in the Region. The Regional Office plans to seek partnerships to establish a road safety small grants programme for young researchers from the Region.
- To strengthen capacity of emergency care staff and monitoring to aid trauma care planning, technical support and advocacy, emergency care physicians and nurses and health system managers will be trained based on WHO endorsed curricula. Technical support will be provided for assessment of trauma care system functions in Member States, followed by recommendations to improve existing services.