



**Pan American
Health
Organization**



Regional Office of the
World Health Organization

PAHO'S PLAN OF ACTION ON ROAD SAFETY

**THE 51ST DIRECTING COUNCIL
63RD SESSION OF THE REGIONAL COMMITTEE
WASHINGTON DC, USA 26-30 SEPTEMBER 2011**

A HISTORIC DAY FOR ROAD SAFETY

- On 28 September 2011 the 51st Directing Council adopted a plan on road traffic injury prevention;
- The plan, spurred by the Decade of Action for Road Safety, provides a platform to support action on preventing traffic injuries, which are one of the leading causes of death for people from the age of 5 to 44 years old in the Americas.
- Approximately 142,252 people die each year from road traffic crashes in the region.



TANGIBLE AND INTANGIBLE COSTS

- In addition to causing suffering for victims and their families, traffic crashes are a major burden on health services and have economic costs for society as a whole;
- Traffic injuries cost the United States an estimated US\$99 billion (2005) and cost Brazil some US\$10 million annually, representing about 1.2% of the country's gross domestic product.



- “Road safety” was considered an appropriate and effective instrument for preventing these injuries, and ministries of health, in coordination with other sectors, have the responsibility of steering policies to meet the goals of preventing and controlling harm to health.
- The purpose of the Plan of Actions is to establish guidelines for directing health sector action in the countries of the Region of the Americas.

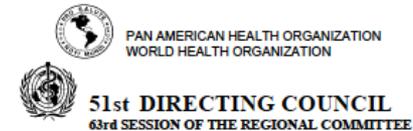


PAHO

- The plan calls on countries to update legislation on the principal risk factors of traffic injuries:
 - excessive speed
 - alcohol consumption
 - non-use of seat belts
 - helmets
 - child restraints



- A **Background** considering
 - the provisions important previous Resolutions,
 - information on reports,
 - declaration of the States Parties to the Constitution of the World Health Organization,
 - The alignment with the areas of action of the Health for the Americas 2008-2017,
 - several Road safety meetings, among other
- The **Analysis of the current situation** with the available data;



Washington, D.C., USA, 26 – 30 September 2011

Provisional Agenda Item 4.4

CD51/7 (Eng.)
1 August 2011
ORIGINAL: SPANISH

PLAN OF ACTION ON ROAD SAFETY

Introduction

1. In the Americas, traffic injuries are the leading cause of death in children aged 5 to 14, and the second leading cause of death in the group aged 15 to 44. "Road safety" is an appropriate and effective instrument for preventing these injuries, and ministries of health, in coordination with other sectors, have the responsibility of steering policies to meet the goals of preventing and controlling harm to health. The purpose of this document is to establish guidelines for directing health sector action in the countries of the Region of the Americas.

Background

2. This Plan of Action takes into consideration the provisions of important official documents related to this topic, such as:

- Resolution WHA57.10, "Road safety and health," adopted by the World Health Assembly in 2004;
- Resolution A/RES/58/289 (2004) of the United Nations General Assembly, on improving global road safety;
- Resolution CD48.R11 (2008) of the Directing Council of the Pan American Health Organization (PAHO), *Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region*;
- Resolution A/RES/64/255 adopted by the United Nations General Assembly in March 2010, proclaiming a "Decade of Action for Road Safety 2010-2020;"
- Resolution CD50.R16 (2010) of the Directing Council of the Pan American Health Organization, *Health, Human Security, and Well-being*.

- The **Proposal**, based on the following recommendations:
 - evaluate the institutional framework, which includes intersectoral action and execution of the health sector functions;
 - update the legislation that addresses the main risk factors (speed; alcohol consumption; and the use of seat belts, helmets, and child restraints);
 - promote policies on public transportation and nonmotorized transportation;
 - improve prehospital care services for the injured;
 - strengthen information systems on mortality and morbidity among people injured in traffic crashes;
 - improve urban and road infrastructure, taking all users of the roads into account;
 - promote inspection systems and technical inspection of the vehicle fleet in keeping with safety standards;

- The Plan has:
 - Objectives
 - Indicators
 - Activities suggested

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Proposal

13. This Plan of action is aligned with the WHO General Programme of Work and the PAHO Strategic Plan and is based on the following recommendations:

- evaluate the institutional framework, which includes intersectoral action and execution of the health sector functions;
- update the legislation that addresses the main risk factors (speed; alcohol consumption; and the use of seat belts, helmets, and child restraints);
- promote policies on public transportation and nonmotorized transportation;
- improve prehospital care services for the injured;
- strengthen information systems on mortality and morbidity among people injured in traffic accidents;
- improve urban and road infrastructure, taking all users of the roads into account;
- promote inspection systems and technical inspection of the vehicle fleet in keeping with safety standards.

Road Safety Action Plan (2012-2017)

Objective 1: Appoint a government advisory committee or a lead agency responsible for multisectoral coordination to guide national road safety activities, with special emphasis on the development of national plans for the Decade of Action for Road Safety.

Indicator

- Number of countries that have an advisory committee or a lead agency responsible for multisectoral coordination of measures to promote road safety. (Baseline: 25. Target: 30 by 2017.)

Activities

- 1.1 Establish an advisory committee or a lead agency for road safety with the authority and responsibility to make decisions, administer resources, and coordinate the activities of all government sectors involved in road safety, including health, transportation, education, and the police; this entity will be required to give a publicly accounting of its activities and their impact on health.
- 1.2 Give this agency the necessary authority, resources, and means to spearhead the road safety promotion process.

Objective 2: Reduce the contribution of risk factors (speed, alcohol consumption, drugs and other psychoactive substances, and distractions) to road traffic injuries and increase the rate of protective equipment use (helmets, seat belts, and child safety seats).

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THE ROAD SAFETY ACTION PLAN OBJECTIVES

OBJECTIVE 1:

Appoint a government advisory committee or a lead agency responsible for multisectoral coordination to guide national road safety activities, with emphasis on the development of national plans for the Decade of Action for Road Safety.

Indicator

- Number of countries that have an advisory committee or a lead agency responsible for multisectoral coordination of measures to promote road safety. (Baseline: 25. Target: 30 by 2017.)

Activities

1.1 Establish an advisory committee or a lead agency for road safety with the authority and responsibility to make decisions, administer resources, and coordinate the activities of all government sectors involved in road safety, including health, transportation, education, and the police; this entity will be required to give a publicly accounting of its activities and their impact on health.

1.2 Give this agency the necessary authority, resources, and means to spearhead the road safety promotion process.

OBJECTIVE 2:

Reduce the contribution of risk factors (speed, alcohol consumption, drugs and other psychoactive substances, and distractions) to road traffic injuries and increase the rate of protective equipment use (helmets, seat belts, and child safety seats).

Indicators

- Number of countries with maximum urban speed limits of 50 km/hour. (Baseline: 20. Target: 30 by 2017.)
- Number of countries with speed limit enforcement programs. (Baseline: 4. Target: 15 by 2017.)
- Number of countries and cities that have set blood alcohol limits for drivers equal to or less than 0.05g/dl. (Baseline: 10. Target: 20 by 2017.)
- Number of countries with programs that ban driving under the influence of alcohol. (Baseline: 4. Target: 15 by 2017.)
- Number of countries with laws on compulsory helmet use for all motorcycle occupants. (Baseline: 12. Target: 25 by 2017)

Objective 2 Indicators (cont.)

- Number of countries with programs to promote and enforce helmet use. (Baseline: 13. Target: 25 by 2017.)
- Number of countries with laws on compulsory seat belt use for all vehicle occupants. (Baseline: 20. Target: 30 by 2017.)
- Number of countries with a program to promote and enforce seat belt use (Baseline: 18. Target: 30 by 2017.)
- Number of countries with laws on the mandatory use of child restraint systems in vehicles. (Baseline: 21. Target: 30 by 2017.)
- Number of countries with programs to promote and enforce the use of child restraint systems. (Baseline: 5. Target: 15 by 2017.)

Activities

Speed

2.1 Recommend the setting of speed limits that protect the most vulnerable road users from injuries and death (pedestrians, cyclists and motorcyclists), especially in urban areas, where speed limits should not exceed 50 km/h and should be reduced to 30 km/h in school zones. This recommendation is based on that of the WHO World Report on Road Traffic Injury Prevention 2004.

Objective 2 Activities (speed – cont.)

2.2 Promote, in an intersectoral manner, policies to decentralize road safety management so that local governments have the capacity to lower national speed limits.

2.3 Promote public awareness and understanding of the effects of speed and the reasons for setting speed limits.

Consumption of alcohol and other psychoactive substances

2.4 Advise lawmakers on the enactment of laws stipulating allowable blood alcohol levels for drivers of equal to or less than 0.05 g/dl, and promote their strict enforcement.

2.5 Advise lawmakers on the importance of setting blood alcohol limits equal to or lower than 0.02g g/dl for young drivers.

2.6 Promote enforcement of the law to ensure that offenders do not go unpunished, setting up police checkpoints (also known as “sobriety checkpoints”) to test blood alcohol levels at pre-established locations and random alcohol testing on public roadways. These types of measures are extremely cost-effective and reduce crashes by as much as 20%.

Objective 2 Activities – (Alcohol consumption – cont.)

2.7 Promote the design and implementation of public policies to reduce general alcohol consumption of proven effectiveness in improving road safety, such as: tax and price increases, regulation of alcoholic beverage sales (restrictions on hours, days, locations, and sales to minors), and regulations on alcohol advertising and promotion.

2.8 Promote the creation of programs that ban driving under the influence of other psychoactive substances (for example, recreational drugs).

2.9 Advise legislators for the enactment of laws that regulate driving under the influence of other substances (for example, recreational drugs).

Helmets

2.10 Advise lawmakers on the enactment of laws that make helmet use compulsory for all passengers of two- or three-wheeled motor vehicles and bicycles, and ensure that helmets meet quality standards.

2.11 Promote compliance with the law, working in hand in hand with government law enforcement entities.

2.12 Support the transit sector in setting up a data collection system on helmet use rates.

Objective 2 Activities (cont.)

Seat belts and child safety seats for the transportation of children

- 2.13 Promote the enactment of laws requiring automobile manufacturers and importers to equip all vehicles with seat belts for every seat.
- 2.14 Promote stricter laws and stepped up efforts to ensure that seat belts are used by all vehicle occupants.
- 2.15 Support the transit sector in setting up data collection systems on seat belt use rates.
- 2.16 Undertake law enforcement initiatives in conjunction with government sectors and civil society, supported by intensive information programs in the media.
- 2.17 Support lawmakers in the enactment and enforcement of laws on the use of child safety seats that meet quality and safety standards.
- 2.18 Establish mechanisms to promote and improve access to those seats, such as protocols in maternity clinics whereby each newborn is discharged from the clinic in a child safety seat, and child safety seat donation programs.

Objective 2 Activities – Seat belt and child restraints (cont.)

2.19 Support the transit sector in setting up data collection systems on the use of child safety seats.

Distractions

2.20 Promote studies that generate scientific and technical information on the risks associated with distractions, both inside and outside the vehicle, that can cause traffic injuries (for example, the use electronic devices such as cell phones and navigation systems; eating, drinking, or smoking while driving; and highway billboards).

OBJECTIVE 3:

Improve mass transit policies through the adoption of the principles of safety, equity, and accessibility to promote the exercise of human rights.

Indicator

- Number of countries with policies that support investment in public transportation. (Baseline: 14. Target: 30 by 2017.)

Activities

3.1 Urge the health sector to promote intersectoral collaboration for the creation of mass transit systems in Member States that will help diminish the use of individual motor vehicle transportation and encourage the use of safer, cleaner modes of transportation to reduce exposure to the risk of road traffic injuries, respiratory diseases caused by greenhouse gas emissions, and chronic noncommunicable diseases, given the proven benefits of public transportation in terms of increasing the physical activity of the population.

OBJECTIVE 4:

Have organized and integrated prehospital care services for victims of road traffic injuries.

Indicator

- Number of countries with a prehospital care system integrated into the health sector. (Baseline: 22. Target: 30 by 2017.)

Activities

4.1 Strengthen prehospital care services as part of integrated health services networks that include hospital and rehabilitation services.

4.2 Develop training strategies for community health workers in the areas of first aid, basic resuscitation and other basic techniques that reduce “inadequate post-trauma care.”

OBJECTIVE 5:

Improve the quality of data on road traffic injuries so that mortality and morbidity rates reflect victim characteristics.

Indicators

- Number of countries with data on mortality rates from road traffic injuries. (Baseline: 30. Target: 37 by 2017.)
- Number of countries with data on morbidity rates from road traffic injuries (number of injured who receive care from prehospital and hospital service providers. (Baseline: 3.1 Target: 10 by 2017.)

Activities

5.1 Improve linkages among the sectors involved in data collection and reporting on road traffic injuries to ensure that, in addition to characteristics, they document the victims' survival status, as well as any determinants and environmental factors (such as road conditions, time of day, weather) in the crashes.

Objective 5 Activities (cont.)

5.2 Improve the use of coding from the “International Statistical Classification of Diseases and Related Health Problems” (ICD-10) in vital records so that they accurately reflect the characteristics of victims of traffic accidents.

5.3 Increase use of the definition of death from road traffic injuries when death occurs up to 30 days following a traffic accident in order to harmonize data from different sources.

5.4 Improve the information on the injured who receive victim care services (prehospital, hospital, and rehabilitation).

5.5 Establish mechanisms to ensure that information concerning victims left with sequelae and/or physical or mental disabilities is reported.

5.6 Train human resources to improve the quality of information at all stages: data collection, analysis, and interpretation.

OBJECTIVE 6:

Promote the development of infrastructure conducive to the safe transit of all users of urban roads and highways, particularly pedestrians, cyclists, and motorcyclists, who are the most vulnerable road users.

Indicators

- Number of countries with national policies that encourage walking and bike riding. (Baseline: 10. Target: 30 by 2017.)
- Number of countries that incorporate road safety features into road design and apply measures to reduce speed in areas frequented by pedestrians and/or cyclists. (Baseline: 4. Target: 10 by 2017.)

Activities

6.1 Recommend to the relevant sectors that they modify the current highway infrastructure, with emphasis on urban intersections, in order to better safeguard the movements of vulnerable road users such as pedestrians, cyclists, and motorcyclists.

Objective 6 Activities (cont.)

6.2 Urge the health sector to promote intersectoral collaboration to support safety audits of existing infrastructure and the application of engineering solutions with demonstrated effectiveness in improving safety outcomes.

6.3 Support Member States to work in conjunction with the sectors responsible for road infrastructure, to require that new road projects be subject to road safety audits that include qualitative studies on traffic.

OBJECTIVE 7:

Recommend and support the sector responsible for creating or strengthening a technical vehicle inspection system for the entire vehicle fleet, including two- or three wheel vehicles. In addition, encourage industries to bring their safety standards into line with the recommendations of the Member States.

Indicator

- Number of countries with a technical vehicle inspection and review system in place for all vehicles. (Baseline: 23. Target: 30 by 2017.)

Activities

Encourage the health sector to support the ministries responsible for:

7.1 Promoting enhanced technical safety requirements for new vehicles introduced on the market.

7.2 Emphasizing the importance of performing annual technical inspections on all vehicles in circulation to assess whether they meet safety requirements.

7.3 Recommending that the responsible sectors prohibit the circulation of vehicles that do not meet safety requirements.

MONITORING AND ACTION BY DIRECTING COUNCIL

- **Monitoring, analysis, and evaluation**

An evaluation will be conducted during the final year of the Plan to identify strengths and weaknesses in overall implementation, the causal factors of successes and failures, and future actions.



COUNTRIES SUPPORT

- In adopting the plan of action, around 11 Member States **voiced their strong support for the plan**, many making note of the toll that injuries take on the lives of people in their countries:
 - Brazil
 - Dominica
 - Ecuador
 - Guatemala
 - Jamaica
 - Argentina
 - Mexico
 - Paraguay
 - Chile
 - Panama
 - Puerto Rico



- Please see the following for more information on the 51ST Directing Council
[http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(11\)61557-2/fulltext?rss=yes#](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(11)61557-2/fulltext?rss=yes#)



Thank you, Obrigado



Eugênia Rodrigues

Regional Advisor on Road Safety

Sustainable Development and
Environmental Health Area

PAHO/WHO

525 23rd Street NW 20037 - Washington, DC

Tel: 202- 974 3639 e-mail: rodrigem@paho.org

<http://www.paho.org>

Victor Pavarino

National Advisor on Road Safety

Sustainable Development and
Environmental Health Unit

PAHO/WHO Brazil

Setor de Embaixadas Norte - Lote 19

Brasília-DF - CEP: 70800-400

Tel. + 55 61 3251-9464; Cel +55 61 9237-1219

e-mail: pavarinor@paho.org

<http://www.paho.org/bra>