



The Global Road Safety Crisis

“We should do much more.”

United Nations Secretary-General Kofi Annan

The Global Road Safety Crisis: We Should Do Much More

*“The UN has to get governments to acknowledge
that road traffic injuries are a real problem.
The UN has a voice and this is an area
where we should do much more.”*

**United Nations Secretary-General
Kofi Annan**

Edited by
Margaret McIntyre, Mark Rosenberg, and Lisa Hayes

We encourage further distribution of this document, but all uses of this document in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, must credit The Task Force for Child Survival and Development. To download the report or for more information on global road safety, please visit www.globalroadsafety.org, or e-mail mmcintyre@taskforce.org.

Abbreviations

ACEA	European Automobile Manufacturers Association
ASEAN	Association of Southeast Asian Nations
ASIRT	Association for Safe International Road Travel
BJD	The Bone and Joint Decade
CDC	U.S. Centers for Disease Control and Prevention
UN DESA	United Nations Department of Economic and Social Affairs
DOT	U.S. Department of Transportation
ECOSOC	UN Economic and Social Council
ENCAP	European New Car Assessment Program
EU	European Union
FIA Foundation	The FIA Foundation for the Automobile and Society
FIC	Fogarty International Center at the U.S. National Institutes of Health
GRSP	Global Road Safety Partnership
H.E.	His/Her Excellency
HHS	U.S. Department of Health and Human Services
IAB	Inter-American Development Bank
IFRC	International Federation of Red Cross and Red Crescent Societies
IRF	International Road Federation
IRTE	Institute of Road Traffic Education
IRU	International Road Transport Union
MADD	Mothers Against Drunk Driving
MDG	Millennium Development Goals
NCIPC	National Center for Injury Prevention and Control
NGO	Non-governmental Organization
NHTSA	U.S. National Highway Traffic Safety Association
NIH	National Institutes of Health
PAHO	Pan American Health Organization
RTI	Road traffic injuries
SICOT	International Society for Orthopaedic Surgery and Trauma
Task Force	The Task Force for Child Survival and Development
UN	United Nations
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNICEF	United Nations Children's Fund
WB	The World Bank
WHA	World Health Assembly
WHO	World Health Organization
World Report	World Report on Road Traffic Injury Prevention
WP1	Working Party One on Road Traffic Safety, UNECE
WP29	Working Party 29, World Forum for the Harmonization and Regulation of Vehicles, UNECE

Acknowledgements

We would like to acknowledge first and foremost that this work has resulted from the collaborative efforts of the members of the Global Road Safety Steering Committee including H.E. Ambassador Fuad Mubarak Al-Hinai, Dr. Wahid Al-Kharusi, Tony Bliss, Dr. Bruce Browner, Alison Drayton, Kul Gautam, Amr Ghaleb, Dr. Etienne Krug, Dr. Margie Peden, Richard Scurlfield, David Silcock, Rochelle Sobel, Dr. Pascal Villeneuve, and David Ward. We would also like to thank Paul Hoeffel and his team at the UN Department of Public Information (DPI), many others at the United Nations who helped support these meetings, and the speakers and participants at the General Assembly and the Stakeholders Forum who came from far and wide. Their expertise, participation, and passion made these events possible.

We want to thank Ambassador Al-Hinai and the Omani mission including Aura Velasquez, Mohammed Al-Hassan and Sarah Al-Moosa for their instrumental help in bringing global road safety to the forefront at the United Nations. We are also deeply grateful to the FIA Foundation—David Ward provided invaluable guidance and encouragement at so many junctures and suggested that we write this report, Rita Cuypers provided contact information for interested stakeholders, Richard Stanley produced a powerful video on the need for road safety and John Pap has worked tirelessly to set up and maintain the globalroadsafety.org website.

The meetings, as well as this document, have benefited from the contributions of many others whom we would also like to acknowledge. We are very grateful to Secretary-General Kofi Annan for the initial support and guidance that he gave to this effort as well as for his interview and the quote that became the title of this report. Kul Gautam, Mike Finkelstein, Lars Lidgren, Jeff Runge, Julian Hunte, and Miles Stobey freely gave helpful advice and encouragement. Yves Bergevin was instrumental in mobilizing support for this effort at UNICEF with his colleague Mark Young and was the first UNICEF representative on the Steering Committee. We are grateful to Laurie Wexler and Congressman Robert Wexler who helped to mobilize support for the cause of road safety and for these meetings. Julie Abraham, Christine Branche and David Sleet provided many helpful suggestions. Goff Jacobs' body of work was an inspiration to this effort and Jim Johnson was always ready to help in countless ways.

We also want to thank Christie Vu for providing invaluable assistance from the beginning to the end of this project; Laura Leathers and Nancy Neill for editorial assistance; Cathey Oldroyd for graphic design and layout; Chip Simone for his photographic wizardry; Aaron Siegler who helped with initial research and funding applications; Mary Ann Fenley and Rennie Sloan for organizing press communications for the Stakeholders Forum; and Tom Rosenberger and Regina Hailey for resource development and operational support.

Many speakers who are listed in the report gave generously of their time and expertise to present two technical briefings for UN Ambassadors and their staffs. We are most grateful for the enthusiastic participation of Ambassadors John Dauth (Australia), Bruno Staño Ugarte (Costa Rica), Dumisani Shadrack Kumalo (South Africa) and Abdul Majid Hussein (Ethiopia). It is with great sadness that we note the untimely death of Ambassador Abdul Majid Hussein on March 29th, 2004.

We thank our sponsors for their support to bring together global partners to address road safety: Astron-FIAMM Safety; the Bone and Joint Decade; the U.S. Centers for Disease Control and Prevention; The Coca-Cola Company; the FIA Foundation; Pfizer, Inc.; UNICEF; United Nations Development Programme, and the World Bank. We also wish to acknowledge the FIA Foundation, CDC, NHTSA, and BJD for their support of this report itself.

Margaret McIntyre
Mark Rosenberg
Lisa Hayes
Editors

Table of Contents

A Clarion Call	7
A Message from the Global Road Safety Steering Committee and Summary of Activities	7
We Should Do Much More: Interview Excerpts from UN Secretary-General Kofi Annan	13
A Pathway that Must Lead to Action: Statement from the Sultanate of Oman	15
UN Technical Briefing Summaries	17
Key World Health Organization/World Bank Road Safety Efforts	25
World Health Day Overview	25
World Health Day Address by H.E. President Jacques Chirac	26
WHO/World Bank World Report on Road Traffic Injury Prevention	29
World Health Assembly Resolution: WHA57.10 Road Safety and Health (May 22, 2004)	34
UN General Assembly Meeting—April 14, 2004	37
H.E. Dr. Javad Zarif, UN Vice President and General Assembly Acting President	37
Ms. Louise Fréchette, UN Deputy Secretary-General	39
Dr. LEE Jong-wook, Director-General of the World Health Organization	40
H.E. Yousef Bin Alawi Bin Abdullah, Minister Responsible for Foreign Affairs of the Sultanate of Oman	41
H.E. Mr. Séamus Brennan, Minister for Transport of Ireland, Representing the European Union .	43
Secretary Norman Mineta, Secretary of Transportation of the United States of America	44
Mr. Omurxak Tussumov, Head of Traffic Police, Ministry of Internal Affairs of Kazakhstan	46
Ms. Karla González, Former Vice-Minister for Transport of Costa Rica	47
Mr. Zhang Yishan, UN Deputy Permanent Representative of China	48
Mr. Viktor Kiryanov, Head of the Road Traffic Safety Inspectorate of the Ministry of Internal Affairs of the Russian Federation	49
H.E. Ambassador Nabeela Abdulla Al-Mulla, UN Permanent Representative of Kuwait	50
Mr. A. Gopinathan, UN Deputy Permanent Representative of India	52
H.E. Ambassador Laxanachantorn Laohaphan, UN Permanent Representative of Thailand	53
H.E. Ambassador Ahmed Aboul Gheit, UN Permanent Representative of Egypt	55
H.E. Ambassador Iftekhar Ahmed Chowdhury, UN Permanent Representative of Bangladesh ...	56
H.E. Ambassador Hjalmar W. Hannesson, UN Permanent Representative of Iceland	57
H.E. Ambassador Isikia Rabici Savua, UN Permanent Representative of Fiji	58
H.E. Ambassador Toshiro Ozawa, UN Permanent Representative of Japan	59
H.E. Ambassador John Dauth, UN Permanent Representative of Australia	61
H.E. Ambassador Luis Gallegos Chiriboga, UN Permanent Representative of Ecuador	61
H.E. Benno Laggner, UN Permanent Mission of Switzerland	63
H.E. Ambassador Rastam Mohd Isa, UN Permanent Representative of Malaysia	64
H.E. Saeed H. S. Al-Jomae, UN Permanent Mission of Saudi Arabia	65
Dr. Anders Milton, President of the Swedish Red Cross, Representing the International Federation of Red Cross and Red Crescent Societies (IFRC)	66
Ms. Carol Bellamy, Executive Director of The United Nations Children's Fund (UNICEF)	67
Mr. Jean-Louis Sarbib, Senior Vice President of the Human Development Network of the World Bank	68
UN Road Safety Resolution 58/289. Improving Global Road Safety (April 14, 2004)	71
UN Press Conference Highlights	72
Dr. LEE Jong-wook, Director-General of the World Health Organization	72
Dr. Jeffrey Runge, Administrator, U.S. National Highway Traffic Safety Association	72
Ms. Karla González, Attorney, Former Vice-Minister for Transport of Costa Rica	73

UN Stakeholders Forum—April 15, 2004	77
Welcome: H.E. Ambassador Fuad Al-Hinai, Permanent Representative of the Sultanate of Oman to the United Nations	77
How We Got Started and Where Are We Going	78
The Realization of a Dream: Dr. Bruce Browner, the Bone and Joint Decade	78
The Social Injustice of Road Traffic Injuries: Dr. Wahid Al-Kharusi, the Bone and Joint Decade ...	79
The Perfect Plague: Dr. Mark Rosenberg, Executive Director, The Task Force for Child Survival and Development	80
The Growing Epidemic of Road Traffic Injuries	82
The World Report on Road Traffic Injury Prevention: Dr. Margie Peden, Coordinator: Unintentional Injury Prevention, Department of Injuries and Violence Prevention, WHO	82
A New Challenge for Sustainable Development: Ms. Alison Drayton, Deputy Director, Division of UN Affairs, United Nations Development Programme	84
Setting Our Sights on Safety	85
The Morality of Mobility—Choices about Life or Death on Our Roads: Dr. Claes Tingvall, Director of Traffic Safety, Swedish National Road Administration	85
Working for Safety—The UNECE’s Working Party on Road Traffic Safety: Mr. Bernard Périsset, Chairman of the Working Party on Road Safety (WP1), United Nations Economic Commission for Europe	86
Adopting Targets and Taking Action: Mr. David Ward, Director General, FIA Foundation for the Automobile and Society	87
What Governments Can Do	88
Ms. Karla González, Former Vice-Minister for Transport of Costa Rica	88
Ms. Marilena Amoni, Associate Administrator, U.S. National Highway Traffic Safety Administration	89
Dr. Stephen Blount, Director, Office of Global Health, U.S. Centers for Disease Control and Prevention	90
What the Private Sector Can Do	94
Mr. Ivan Hodac, European Automobile Manufacturers Association (ACEA)	94
Mr. Jens Hügel, Head, Sustainable Development, International Road Transport Union (IRU)	95
Mr. James Micali, Chairman and President, Michelin North America	97
Mr. Patrick Sankey, Director General, International Road Federation	100
The Role of NGOs and Civil Society	101
Mr. Rohit Baluja, President of the Institute of Road Traffic Education (IRTE)	102
Dr. Adnan A. Hyder, Assistant Professor and Leon Robertson Faculty Development Chair, Johns Hopkins University	104
Ms. Rochelle Sobel, Executive Director, Association for Safe International Road Travel (ASIRT) ...	105
The Role of Technical Assistance and Capacity Building	108
Mr. Charles M. Melhuish, Lead Transport Specialist, Asian Development Bank	108
Dr. Maryvonne Plessis-Fraissard, Director of Transport and Urban Development, the World Bank ..	110
Mr. David Silcock, Chief Executive, Global Road Safety Partnership	112
Dr. Pascal Villeneuve, Chief of Health, United Nations Children’s Fund (UNICEF)	113
Future Action to Promote Global Road Safety	116
Summary: Dr. Mark Rosenberg, Executive Director, The Task Force for Child Survival and Development	116
Closing Remarks: H.E. Ambassador Fuad Al-Hinai, Permanent Representative of the Sultanate of Oman to the United Nations	116
Recommendations for Action	117
Contributors	121
Speaker Biographies	121
Participant List	130
Photography Credits	133
Global Road Safety Steering Committee Members	135
Sponsors	136



BESTWAY
TRAILER
REPAIRS

The Global Road Safety Crisis A Clarion Call

The Global Road Safety Steering Committee was formed in November 2002 to bring the crisis of road traffic injuries in developing countries to the attention of the world's governmental leaders through the UN. Our efforts benefited enormously from many who came before us; they have been working on this issue for a long time. We owe a large debt of gratitude to all of them. Unfortunately, despite their good work and strong commitment, there has been too little recognition of the importance and urgency of this crisis by governments around the world.

This report documents efforts to raise awareness and stimulate action through the United Nations and UN agencies, country leaders, international and local NGOs, the private sector and global health leaders. The Steering Committee helped organize two UN technical briefings, the UN General Assembly session, a UN press conference, and a UN Stakeholders Forum. Two very important and related activities—the launch of the *World Report on Road Traffic Injury Prevention* and the dedication of World Health Day to Global Road Safety—are also summarized. The following message from the Steering Committee summarizes this document and presents the context in which these events occurred.

Mobilizing Stakeholders in a Global Battle Against Road Traffic Injuries

The mounting numbers of the injured and killed tell the story of a global crisis in the making. An estimated 1.2 million people lose their lives in road traffic crashes every year, and another 20 to 50 million are injured. Road collisions are the second leading cause of death for people between the ages of 5 and 29 and the third leading cause for people between 30 and 44. With the number of vehicles rapidly rising in developing countries, this epidemic is quickly worsening in low- and middle-income countries and is on its way to becoming the third leading cause of death and disability by the year 2020.

The human and economic toll is tragic. Families are shattered by deaths, and severely injured victims often spend the rest of their lives in medical facilities or become totally dependent on their family's support. Many of the victims are wage earners, leaving families destitute and cutting deeply into the available work force. Road traffic injuries (RTIs) are burdening health care systems in countries around the world. Low and middle-income countries suffer disproportionately, with eighty percent of preventable deaths and injuries from road collisions occurring in these countries. The economic cost on average is between 1 and 2 percent of a country's gross national product. Globally, costs are estimated at \$518 billion annually, much more than low-income countries receive in aid.



Yet few people realize the scale or painful impact of this crisis. Newspapers and television regularly report on train and airline crashes that involve large numbers of people in single incidents. The deaths from road crashes mount unnoticed, one by one, minute by minute, dwarfing those catastrophes. In India alone, 240 people die every day in vehicle crashes—the equivalent of a jumbo jet falling from the sky every day—yet their deaths are not newsworthy. We have become accustomed to

viewing these deaths as a normal part of development. Fatalism is our biggest enemy.

While a number of people have worked on road safety for many years with significant accomplishments, international leaders were largely unaware that the situation had turned so grave and they had not taken sufficient action to ward off the rapidly escalating epidemic. In 1999 members of the Bone and Joint Decade (BJD), a group of healthcare professionals and patients dedicated to reducing the burden of musculoskeletal disease, brought this crisis to the attention of Secretary-General Kofi Annan at the United Nations. The orthopedic surgeons had personally observed the mounting toll of road injuries and knew a global solution was essential. During that same time frame, other organizations also saw the same crisis developing. Collaborating with agencies and public health experts from all continents, the World Health Organization (WHO) developed a 5-Year Strategy for Road Traffic Injury Prevention in 2002. The FIA Foundation for the Automobile and Society (FIA Foundation), the Global Road Safety Partnership (GRSP), The Transport Research Laboratory (TRL), and other NGOs in developing and developed countries were also focusing their attention on the emerging epidemic.

As a result, a steering committee was formed to assist in preparing for a meeting on global road safety at the United Nations. This steering committee is composed of the major UN agencies, BJD, the FIA Foundation, the Association for Safe International Road Travel (ASIRT), GRSP, and the Task Force for Child Survival and Development (the Task Force), which facilitates its work. Our main focus was—and still is—on bringing worldwide attention to the issue of Road Traffic Injuries. We recognized the need to raise awareness and build political will before we could attempt to marshal the resources required to tackle such a huge and complex global issue. This summarizes the progress we've made and the challenges ahead.

Clear Progress in Spring of 2004

With strong leadership from the Government of Oman and the leadership of Oman's Permanent Representative to the UN, H.E. Ambassador Fuad Al-Hinai, we were able to put the issue of road safety on the agenda of the United Nations in record time—less than eighteen months from the time we began working together. The Steering Committee supported Ambassador Al-Hinai in holding two technical briefing sessions and in drafting two UN resolutions leading up to April 2004. As a result of these dedicated efforts, the United Nations held two historic meetings on April 14 and 15, 2004, on global road safety: a plenary session of the General Assembly dedicated to road safety and a

Stakeholders Forum that included governmental and non-governmental representatives worldwide.

These meetings at the UN were planned to closely follow the launch of the *World Report on Road Traffic Injury Prevention* by WHO and the World Bank, and World Health Day, held on April 7, when the theme of Safe Roads was marked by policy-setting and awareness-raising events in hundreds of sites around the world. World Health Day was an opportunity to help set the stage for discussing these issues in the world's highest political forum.

General Assembly Meeting

In the General Assembly, twenty-six speakers participated from all corners of the globe, including the World Health Organization's Director-General, Dr. LEE Jong-wook; Ireland's Transport Minister, Séamus Brennan who spoke on behalf of the EU; and U.S. Transportation Secretary, Norman Mineta. Leaders of governments voiced a collective commitment to change the conditions that lead to road traffic injuries. His Excellency Yousef bin Alawi bin Abdullah, the Minister Responsible for Foreign Affairs of Oman, introduced a resolution designating WHO as a focal point for road safety within the United Nations.

The members of the General Assembly emphasized their objectives for reducing road traffic injuries: setting strict international standards, encouraging worldwide cooperation and collaboration, and concentrating on building capacity to implement the standards.

The General Assembly also passed the resolution to improve global road safety. With over 60 co-sponsors, this resolution was adopted through overwhelming consensus. It:

- endorses the recommendations contained in the *World Report on Road Traffic Injury Prevention*
- invites WHO to work closely with the UN regional commissions and act as a coordinator of road safety issues within the UN system
- requests that the Secretary-General submit a report to the UN at its 60th session, drawing on the knowledge of the UN regional commissions, the WHO, and the World Bank
- underlines the need to further strengthen international cooperation, taking into account the needs of developing countries to deal with issues of road safety.

This United Nations endorsement and support was an important step in generating international support for road safety.

Stakeholders Forum

The Stakeholders Forum brought together over one hundred people working in the area of road safety. Geographically and functionally dispersed, speakers included



road safety representatives from governments and governmental organizations such as the road safety programs from Sweden and Costa Rica, the National Highway Transportation Safety Administration (NHTSA) and the Centers for Disease Control and Prevention (CDC) from the U.S.; NGOs such as the Bone and Joint Decade, the FIA Foundation, GRSP and ASIRT; representatives of the private sector





such as Michelin, the European Motor Vehicle Manufacturers Association and the International Road Transport Union; and academic researchers. In addition to the speakers, many other representatives of the private sector, including several major auto and oil companies, government, and civil society, came to participate as audience members.

Participants in the Forum agreed that the seriousness, urgency, and preventability of road traffic injuries were not widely recognized. The opportunity to meet others concerned with this issue generated a sense of excitement among road safety experts across the world. After working alone for years, policy makers, program managers, and advocates from different countries and regions compared notes with others who worked on similar problems and under similar conditions.

Consensus From the Two Meetings

As the *World Report* indicated, country efforts to stop RTIs should make road safety a political priority and should specifically include steps to:

- Identify a lead agency in government to guide the national road traffic safety effort
- Assess the problem, policies, and institutional settings relating to road traffic injury and the capacity for road traffic injury prevention in each country. More data are needed to assess the problem and monitor progress.
- Prepare a national road safety strategy and plan of action
- Allocate financial and human resources to address the problem
- Implement specific actions to prevent road traffic crashes, minimize injuries and their consequences and evaluate the impact of these actions. Initiatives should be directed at improving safe roadway design; setting and enforcing speed limits; requiring use of helmets, seatbelts and child restraints; setting and enforcing blood alcohol concentration limits; increasing vehicle crashworthiness; increasing care for injured persons through emergency medical services and trauma and rehabilitation systems; and enhancing law enforcement.

These steps provide a common reference point for tackling the issue of RTIs.

Developed countries have been working on road traffic safety for decades and have succeeded in reducing road injuries substantially. Over time, persistent efforts in the

highly motorized countries have cut the death rate by 72% while both the number of cars and the number of drivers have increased dramatically. Although many solutions are known, putting road safety plans into action in middle- and low-income countries will be challenging. Most of the necessary interventions are not simple ones such as immunizations and injections. They require multi-sector collaboration across the transportation, judicial and finance sectors as well as with healthcare and public health. These sectors have not traditionally collaborated before and few structures exist to support the process. Resources are also clearly needed if the low- and middle-income countries with the greatest RTI burden are going to make substantial progress. In addition to specific interventions, countries must develop the system capacity with human resources, skills and structures to be able to address the complex interventions required for safer road systems.

One of the most noteworthy observations from the meetings was the overwhelming desire to collaborate across sectors and geographic boundaries to address the global



road safety crisis as quickly as possible. This unanimous plea came from transportation ministers, ambassadors, UN agencies, researchers, advocates, corporations, associations and political representatives. To accelerate progress, it is clear that more opportunities are needed for developing and developed nations to share knowledge and work together, along with a framework for collaboration on both regional and global levels. It will also be important to develop adequate systems to assess the problems and the capacity for

prevention and to monitor progress. Global, regional and national targets must be set to enable robust management for results. And while we strongly endorse target setting, we also acknowledge that this will initially be difficult with the current lack of good data and methods for measuring intervention effectiveness in the countries concerned.

Need for Continuing to Build Political Will

Based on these meetings, it is clear we must continue to build political will so that we can move from recommendations and plans to action.

- We still face a daunting challenge in continuing to build awareness of the issue among governments and stakeholders who did not participate in these meetings. In particular, we need to involve many more representatives from low- and middle-income countries—those countries where the burdens are largest and the rates of increase highest.
- We also need to create demand for road safety from civil society, non-governmental organizations, and the private sector to gain the attention of policy makers. Awareness is just a start; we need to generate a vocal advocacy community and widespread demand for safety on our roads.
- Once sufficient demand is created to raise the political will, and when stakeholders can speak together to present a compelling case, we will be able to seek the commitment of resources at the levels actually needed to assist developing countries in reducing their RTIs. It will take a broad-based commitment of resources by governments, non-governmental organizations (NGOs), funding agencies, foundations and the private sector to prevent this epidemic from becoming a health catastrophe to compare with AIDS and other major illnesses.

That is the pathway before us for addressing this crisis.

Next Step: A Second Stakeholders Forum

These meetings marked the beginning of bringing key stakeholders together for more effective advocacy and action. In the months ahead, we will convene another Stakeholders Forum, bringing together the growing road safety community of governments, NGOs, private sector organizations, businesses, researchers and funders. We intend to build an inclusive community of common interests to forge consensus and start to turn this epidemic around.

Only by bringing together a broad group of advocates and experts from around the world can we develop an appropriate agenda, build solidarity, and create one voice that will be more powerful than the dispersed voices of today. One of our goals in this meeting is to begin to develop and share a common language for describing the problems, understanding the causes, setting targets and monitoring the interventions for road safety. This effort will complement the WHO role as coordinator for the UN organization and UN agencies. By collaborating closely, communicating broadly and openly, and working to integrate the skills and resources that each of our organizations brings to this effort, we hope to accelerate the progress we can all make together. Bringing together stakeholders from around the world will also help to focus our energy and share knowledge that has been developed.

Now is the time to take action. We are not only committed to continuing to work together but we are committed to building an inclusive global community of all interested parties. The problem is severe and rapidly getting worse. Yet no other public health crisis is so clearly curable. The world failed to react in time to stop the spread of the AIDS epidemic, and it became one of the worst public health disasters in history. We invite organizations across the globe to join us as partners in addressing the growing threat of road traffic injuries and building the widespread political will that will help to turn this epidemic around. Together we are convinced we can do it.

The Global Road Safety Steering Committee

United Nations Children Fund (UNICEF)

United Nations Development Programme (UNDP)

The World Bank

The World Health Organization (WHO)

United Nations Department of Economic and Social Affairs (DESA)

The Permanent Mission of the Sultanate of Oman

The Bone and Joint Decade

FIA Foundation for the Automobile and Society (FIA Foundation)

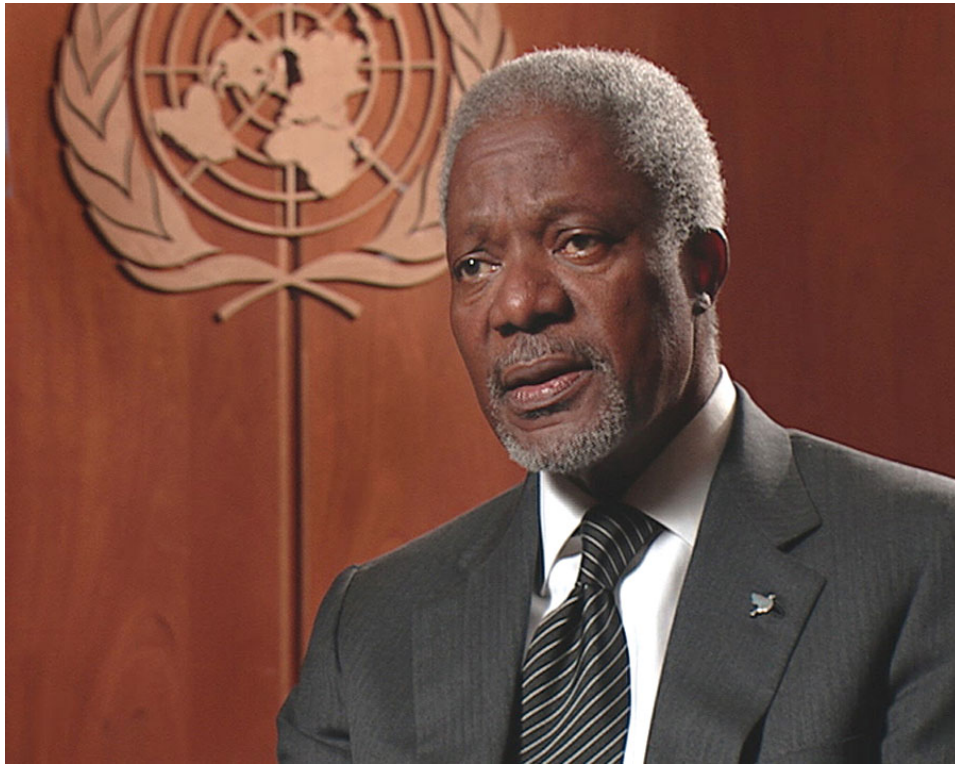
The Association for Safe International Road Travel (ASIRT)

The Global Road Safety Partnership (GRSP)

The Task Force for Child Survival and Development (The Task Force)

We Should Do Much More

Summary of UN Secretary-General Kofi Annan Interview



(Interview conducted by the FIA Foundation for the Automobile and Society at the UN Headquarters in New York City.)

UN Secretary-General Kofi Annan has strongly supported the UN's commitment to addressing global road safety. Earlier in the year, when asked about the UN's role in road safety, he commented extensively and strongly supported UN action:¹

“The UN has to get governments to acknowledge that road traffic injuries are a real problem. The UN has a voice and I think this is an area where we should do much more. I intend to work on this with the World Health Organization and the other agencies. All the heads of the UN agencies meet twice a year and this is an issue that I will raise with them to see how we can collectively pool our efforts to have an impact. I hope to reflect on what role we can play—what each individual government and each of us in leadership can do.”

“At the international level, we need to do certain things better. Today we don't have a single agency that has responsibility for road safety and perhaps we need to identify one individual unit that will come up with an action plan which will be useful not only at an international level but for individual national governments...[They] will find it extremely useful where they don't have the capacity or don't know how to develop [an action plan] on their own.”

“They need to recognize that there is a problem at the national level and also to understand that it is not an issue for the Ministry of Transport alone; it affects the Ministry

¹ FIA Foundation Interview with Kofi Annan, January 7, 2004; comments are extracted and edited from that transcript



of Finance, the Ministry of Health, Education, Justice and the police. They also should come up with a national plan....France did this very recently with President Chirac himself leading the process and I would urge other leaders to see this as a major problem and to play their leadership role.”

UN Secretary-General Kofi Annan said he believes firmly in working in partnership. Each partner has a role to play. “The private sector and the car manufacturers,...NGOs and civil organizations....By bringing the whole society together to participate, we can take much faster strides in containing this epidemic, because it is likely to go on unless we take effective action.”

While it is important to involve leaders at the highest level, Annan believes it is also extremely important that we put the individual at the center. “Whether it’s someone we know or not, that personal and human tragedy should affect us and should make us much more sensitive.” He went on to say, “This is a real problem. There is a tendency sometimes to think [that only] one person died in this crash, but for that one death the impact and implications for that family and society are quite large. We need to really focus on that because if you give them the big numbers they tend to throw out their arms: ‘Millions. What can I do about this?’ So we have to start with the individual and respond to their tragedy and the tragedies of their families and do whatever we can to avoid seeing individuals in those situations.”

Secretary-General Annan believes unless action is taken, the kinds of figures that we see now could increase by about sixty percent or more. “Nobody would want to see that. Therefore, we need to really take these safety measures seriously and co-operate...to ensure that we reduce collisions.”

A Pathway that Must Lead to Action

A Message from the Sultanate of Oman

The Sultanate of Oman is proud to have played a role in mobilizing the United Nations to address the global road safety crisis. In a surprisingly short time, the United Nations passed three resolutions, held two technical briefings for the ambassadors, and convened a session of the General Assembly as well as a Stakeholders Forum on this important issue. This was possible only because we were able to develop broad-based support from both developed as well as developing nations and from many different sectors—transportation, health, law-enforcement, finance, urban planning, and education.

This broad and rapid response points to widespread recognition that this crisis is both important and urgent. These are only the first steps down a pathway that must lead to action. We must quickly reach the point of taking the actions necessary to turn this epidemic around and this will require our continued collaboration.

While the Sultanate of Oman reaffirms the importance of efforts by all, it commends the role of the United Nations, those countries and organizations who have contributed in such important ways, and the Global Road Safety Steering Committee for their successful efforts to stop this terrible epidemic.

His Excellency, Yousef bin Alawi bin Abdullah
Minister Responsible for Foreign Affairs of Oman



燕莎桥

桥
Air

UN Technical Briefings on the Global Road Safety Crisis

At a January 2003 luncheon hosted at the UN by Ambassador Fuad Al-Hinai and the Steering Committee, country representatives requested a technical briefing session to address global road traffic safety. This session was subsequently held on May 29, 2003 at the United Nations. A second technical briefing was held at the UN on March 24, 2004 to explain elements of the resolution that would be presented to the General Assembly and provide additional background on the issues. Many different perspectives on road safety, including those of transport specialists, doctors, victims, researchers, advocates, and political actors, were presented. Where speakers at the Technical Briefings delivered similar speeches at the Stakeholders forum, their remarks have been shortened and readers directed to the longer presentation.

UN Technical Briefing—May 29, 2003

Global Road Traffic Injuries: An Overview of the Problem

Dr. Murray Mackay, Director, European Transport Safety Council; Professor Emeritus of Transport Safety, University of Birmingham, U.K.

There are 1.2 million deaths from road traffic injuries each year, 88 percent occurring in the developing world. For every death, there are far greater numbers of injuries—four persons with severe/permanent disabilities, ten persons requiring hospital admission, and thirty persons requiring emergency room treatment. The economic costs of this epidemic are enormous, ranging from 1 to 5 percent of GDP for every nation. And the problem is expected to accelerate. WHO estimates road traffic injuries will be the third leading cause of life years lost by 2020. There is no “magic bullet,” no single effective countermeasure that will prevent all these injuries. Each countermeasure alone will address only 3-8% of casualties. Therefore, a coordinated, systems approach that ensures multi-sectoral collaboration is needed.



Road Traffic Injuries in Low- and Middle-Income Countries: A Neglected Epidemic—Dr. Adnan A. Hyder,

Assistant Professor and Leon Robertson Faculty Development Chair, Johns Hopkins University, Bloomberg School of Public Health

There are four critical issues that are clear from current statistics. First, road traffic injuries (RTIs) cause great death and disability in short periods of time. Second, they particularly affect low- and middle-income countries. Third, low- and middle-income countries are facing an increasing burden of road traffic injuries. Fourth, RTIs especially impact the lives of the poor and the vulnerable. Successfully addressing road traffic injuries will save many lives and help lift countries out of poverty.



From Anguish to Action—Ms. Rochelle Sobel, President, Association for Safe International Road Travel

The Association for Safe International Road Travel (ASIRT) was founded in response to the death of Aron Sobel, a 25 year-old medical student, who was killed along with 22 other passengers in a bus crash in Turkey. There are more than a million stories like his every year. Bishop Vinod Peter, a leading Indian clergyman, was killed in Rajasthan, India in December 2001. Sara Christie Schewe was killed in a bus crash while on a study abroad program in India. The more we learn from these tragedies, the more evident it becomes that road crashes are predictable and preventable.

The Human Face of the Global Crisis: Perspective of the Victims and the Survivors—Dr. Wahid Al-Kharusi, Head of the Khuola Hospital in Muscat, Sultanate of Oman / Member of the Bone and Joint Decade

Vulnerable road users are at highest risk. The cost of suffering for victims and their families is great. As the number of vehicles increases rapidly in developing countries, the problem only worsens. The injured are often forgotten, and survivors must cope with a mixed sense of guilt, relief and anger for the loss of loved ones in the same road crash. The victims not only suffer with injuries or lifelong disabilities, they also often lose their job and suffer from depression or substance abuse. Survivors often suffer from post-traumatic anxiety, fear and depression. If they were at fault, they often experience a lifelong sense of guilt and regret. The families of victims also suffer—they lose their loved one and many times the victim was the family's breadwinner. Couples often divorce under these stressful circumstances. Sustainable development requires a systems approach to road safety and a significant amount of political will. A trauma registry to track the injured and their outcomes would prove helpful for future planning. Otherwise, social disintegration will continue to escalate at an astronomical pace with a direct negative impact on sustainable development globally.

Reducing Traffic Injury Through System Change and Targeted Interventions—Dr. Mark Rosenberg, Executive Director, The Task Force for Child Survival and Development

Road traffic injuries are a preventable problem, but a systems approach addressing the vehicle, the roadway, and the road users is required. Collaboration is a powerful way to accelerate progress to address this problem. The U.S. provides a case study on how a systems approach can reduce road traffic injuries. Through a program of applied



research, program implementation, and enforced regulations, the U.S. has saved over 250,000 lives. Any effort to prevent road traffic injuries must address three key components: preventing a crash before it occurs, minimizing injuries if a crash does occur, and treating the injuries to minimize the trauma. While the world can learn from this success, plans for developing countries must be tailored to address country-specific problems.



How the UN Can Contribute to Road Safety—

Mr. David Ward, Director General, FIA Foundation for the Automobile & Society

Despite its human and economic toll, road safety issues are almost totally absent from the international public policy agenda. One reason for this is that individual driver error is often viewed as the cause of “accidents” and society at large is not held accountable for unsafe roads or vehicles or the lack of enforced laws. However, a more accurate approach examines the driver, vehicle, and infrastructure as components of a dynamic system. There are many international agencies active in road safety and there is a great opportunity to bring together the multi-disciplinary skills and expertise of agencies such as the United Nations Economic Council for Europe (UNECE), World Bank, WHO, and the Global Road Safety Partnership (GRSP) among others. International roles for a possible UN Task Force could include coordinating common systems for national road traffic injury data collection and dissemination, or strengthening national lead agencies for road safety. With enhanced coordination and collaboration, the UN could provide a comprehensive response to global road safety, with more effective use of multilateral agencies and budgets. This unified response could promote the dissemination of good practices and a multi-disciplinary ‘systems’ approach to road traffic safety management.

Ambassador Al-Hinai held a luncheon in his home after the technical briefing.

Mobilizing Support from the UN: Putting Plans into Action

H.E. Ambassador Fuad Al-Hinai, Permanent Representative of the Sultanate of Oman to the UN

The ultimate goal of road safety is to save lives. The solution involves a host of government organizations, our civil societies, our universities and the international organizations for which many in the audience work. Ambassadors to the UN are in key positions to help. As government representatives, they have access to the major players who need to be mobilized to create safe roads. We hope that the Ambassadors at this briefing will digest this information and disseminate it back home to Ministers of Transportation, Ministers of Health, and other key political players.

Reducing Road Traffic Injury: A Personal Perspective on a Global Challenge—H.E. Ambassador Abdul Majid Hussein, Permanent Representative of Ethiopia to the UN

Ambassador Hussein noted that despite his considerable government experience and a term as Ethiopian Minister of Transportation, he had been unaware of the great impact and magnitude of road safety problems worldwide. This limited awareness of the problem is found among both high-level politicians and those they govern. It is essential that this vital issue receives more attention. The attendees at this briefing are uniquely suited to encourage their countries to look more carefully at the issue.



UN Technical Briefing—March 24, 2004

Proposed Next Resolution—H.E. Ambassador Fuad Al-Hinai, Permanent Representative of the Sultanate of Oman to the UN

There are very important ways that the UN can continue to generate political will and contribute to stopping the global road safety crisis in low- and middle-income countries and we hope to see these actions supported in a General Assembly resolution. The UN should 1) declare road safety a priority for attention and action by the UN and its member states; 2) adopt a mechanism for coordinating road safety work and sharing information and knowledge about road safety in the UN and the UN agencies; 3) recognize the importance of providing technical and capacity building assistance; 4) consider appropriate follow-up meetings on road safety with representation from all the regions; 5) link UN regional economic commissions to the coordinated UN road safety efforts.

The Perfect Plague: Where Are We and Where Are We Going?—Dr. Mark Rosenberg, Executive Director, The Task Force for Child Survival and Development

Road traffic injuries can be thought of as “the perfect plague” with all the elements coming together to form a major disaster. Developing countries are putting more and more cars on roads that have not been designed with safety in mind, and basic laws, if they exist at all, are not being enforced. So as the number of cars increases, road users are subject to more and more risks. These risks are perfectly predictable and perfectly preventable. Safety will come from improving the system—the roadways, vehicles, and road users—but it must start with political will. The UN’s extraordinary leadership can make a very profound difference. (For more details please see Dr. Rosenberg’s talk in the UN Stakeholders Forum.)

World Report on Road Traffic Injury Prevention/World Health Day—Dr. Etienne Krug, Director, Injuries and Violence Prevention, World Health Organization

The objectives of World Health Day are to raise awareness about RTIs and issue a call for preventive action. RTIs constitute a public health problem that requires injury surveillance, research, prevention and control measures, evaluation, policy, services and advocacy. World Health Day, April 7, 2004, officially launches the *World Report on Road Traffic Injury Prevention*. (For more information on World Health Day and the *World Report*, please refer to the Key World Health Organization/World Bank Road Safety Efforts section in this report and Dr. Peden’s talk in the UN Stakeholders Forum.)



The Human Face of Road Traffic Injury— *Dr. Wahid Al-Kharusi,* Head of the Khuola Hospital in Muscat, Sultanate of Oman / Member of the Bone and Joint Decade

(For details see Dr. Al-Kharusi’s talk from the May 29 UN Technical Briefing.)

Linking Road Safety with Sustainable Development— *Ms. Alison Drayton,* Deputy Director, Division of UN Affairs, United Nations Development Program (UNDP)

Understanding the true costs of RTIs will help policymakers and governments put this epidemic into proper perspective and ensure that the appropriate level of attention and resources are dedicated to this problem. The General Assembly should consider a

comprehensive report detailing cost data from around the world, including direct and indirect costs, and valuing human lives and disabilities. (For more information, please see Ms. Drayton's talk in the UN Stakeholders Forum.)

**Technical Assistance to Promote Country Level Action—
Mr. Anthony Bliss, Senior Road Safety Specialist, Transport and
Urban Development Department, The World Bank**

The World Bank predicts that global road fatalities will increase by more than 65% between 2000 and 2020, assuming current safety policies do not change. This epidemic disproportionately affects low- and middle-income countries with fatalities increasing by 80% compared to a decrease in fatalities by 30% in high-income countries. The challenge for low- and middle-income countries and their global partners is to create the capacity to prevent RTIs. The World Report makes a powerful case for concerted and urgent action to address the problem as a global development priority, and recommends a focus on road safety management at the country level. National strategies and action plans, agency accountability for safety results, multi-sectoral collaboration, technological and managerial capacity to design and implement innovative, cost-effective strategies, and a supportive global partnership are important factors to reducing RTIs. Our dialogue must focus on how to scale up and harmonize the delivery of technical assistance, financial support, education and training, knowledge transfer and research and development. Future success hinges on our collective efforts. Informed discussion and debate in the General Assembly of the UN will make a profound and beneficial contribution to setting the agenda for future action by all of us in the international community.



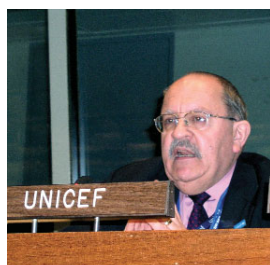
**Lessons from Country Programs—Mr. Brett Bivans, Manager,
Global Road Safety Partnership (GRSP)**

The Global Road Safety Partnership is a global partnership between business, civil society and governments dedicated to the sustainable reduction of death and injury on the road. GRSP has learned some lessons on effective technical assistance. First, global partnerships should include multi/bi-laterals, businesses and NGOs. Second, local partnerships, with global members working alongside national government, academics, local businesses and local NGOs can deliver projects within the national strategy. Third, knowledge sharing between partners and between countries is a must. Fourth, information and programs should focus on priority issues. Support must result in sustainable development of the road safety system and sustainability requires partnerships at the country level. These improvements require local capacity building to change the system. (For more information on the role of GRSP and the benefit of partnerships, please see Mr. Silcock's talk in the Stakeholders Forum.)



**Translating Policies into Programs—Mr. Edwin J. (Joe) Judd,
Director, Program Division, UNICEF**

In May 2002, the General Assembly's Special Session on Children strongly reaffirmed the 1990 commitments to children and put forward a 21st century agenda calling for major improvements in child survival, health education and protection by the year 2015. The specific pledge by member states is to "reduce child injuries due to accidents or other causes through the development and implementation of appropriate preventive measures." It is important to develop partnerships to help catalyze new action, and to work with national governments through country programs to assure the development of appropriate policies to address prevention of death and injury of children. UN Country Teams could work with local governments in order to strengthen country level partnerships, build capacity and



assist with development of policies and programs on injury prevention. (For more information on UNICEF's involvement in global road safety, please see Dr. Villeneuve's talk in the Stakeholder Forum.)

Supporting a Focal Point for Road Safety at the UN—

Ms. Julie Abraham, Director, Office of International Policy, Fuel Economy and Consumer Programs, U.S. National Highway Traffic Safety Administration

The automotive industry has become global. With the rising demand for personal mobility, the number of injuries and deaths are growing and so is the global demand for safer vehicles and roads. There is an increased need for global partnerships and a global focal point. NHTSA believes WP-1 with its long history of coordinated technical standard setting could be an effective focal point. (For more information on NHTSA and their global involvement in road safety, please refer to Ms. Amoni's talk in the Stakeholders Forum.)



Australia: One Country's Strategy—H.E. Ambassador

John Dauth, Permanent Representative of Australia to the UN

Australia is a developed country and has had the advantage of resources to invest in road safety. However, when we began the task of making our roads safer 30 years ago, our roads were in terrible shape. In fact 35 years ago my own parents were killed in a road crash. Since then, we have reduced the road fatality rate. Our strategy has been straightforward. We have focused on minimum standards for motor vehicles, seat belt usage, improving the quality of roads, and strengthening police enforcement, specifically drinking and driving laws with random breath testing. We have also worked to improve driver behavior via public campaigns centered on risk factors. Finally, our focus is on helping younger drivers become better drivers. We have made great strides in the last 30 years, but there is a need for more progress. Like the U.S., we have reached a plateau. So our government has adopted a road safety action plan to reduce fatalities by 40% by 2010.

Changing the Road Safety Culture in Cost Rica—

H.E. Ambassador Bruno Stagno Ugarte, Permanent Representative of Costa Rica to the UN

Costa Rica is not a wealthy country and road safety has only recently been integrated into our culture. Just last week some policemen stopped a car that was “steaming up” because a cow was in the back seat, showing how absent road safety can be in my country. We are making progress, however, in spite of declining resources and a lack of applicable laws. Road traffic injuries are the third leading cause of mortality in Costa Rica. They had increased from 12 to 18 per thousand residents in 2000. Now the rate is down to 11—a decrease of 40%. This is even more impressive when we realize that while the total number of vehicles increased 14%, road injuries only increased 10%.

Due to other priorities, we have not adequately funded the budget for road construction. Another challenge we have faced is that seat belt use had previously not been mandatory. Seven years ago, our courts decided that requiring seat belt use was unconstitutional. Now, it has been decided that requiring seat belts is constitutional, but the law still needs to be reformed. This verdict for mandatory seat belt use equips us to take new steps.

Our pragmatic approach has concentrated on key time frames and roadways where the majority of crashes occur. We found that 56% of crashes occur on weekends and 26% on 6 major roads. We also found the two main causes for road traffic injuries were 1) the lack of seat belt use and 2) drinking and driving. We have also issued more fines for traffic violations—in fact, alcohol fines have increased by 40% in the last several years.

Today, infractions, especially alcohol-related, result in a 6-month license suspension. Improved vehicle inspection requirements have resulted in a decrease of 13% of our fleet over the last year. Still, we need to do much more.

South Africa's Challenge—*H.E. Ambassador Dumisani Shadrack Kumalo, Permanent Representative of South Africa to the UN*

In South Africa, there are three periods of the year when we lose a lot of people to road crashes; they are Easter, Christmas and July when children are out of school. These three periods account for 90% of injuries. Road crashes target economically productive members of society, people who can contribute to the growth of the country. The highest levels of government work with state and local programs to come up with ways to prevent road traffic injuries. One campaign is “Arrive Alive”.

Although the road traffic mortality rates are declining from 35.46 in 1990 to 26.91 today, they are still too high. The major causes are the quality of the vehicles, speed due to open roads and freeways throughout the country, and lack of police enforcement. Ninety percent of all crashes are preceded by some other traffic offense, such as going through a red light. In the U.S. people are encouraged to stop to rest during long trips or holidays to ensure they “arrive alive”. However, because of the distances people drive in South Africa, it is very difficult for people to stop to rest and this adds to the problem. Another challenge is the prominence of cell phone use in South Africa. We now have centers where people can stop to report cars that are driving recklessly or speeding—the same people who are dying on the roads.

We must find a way to debate and discuss this issue in the UN. This issue is about saving lives, such as John's own parents. When Fuad started meeting on this issue, I initially felt that we didn't have time to take this on. But, then the traffic association in South Africa asked if I was aware of this meeting, and insisted that I please go and do something. Today, we have become more aware of this issue and are ready to work with you to bring this to the attention of our colleagues in the UN. This is about development; this is about saving lives.



Closing Remarks—*H.E. Ambassador Fuad Al-Hinai, Permanent Representative of the Sultanate of Oman to the United Nations*

We are looking forward to the upcoming events for global road safety. The World Health Day launch event in Paris on April 7th, and the April 14th plenary session for the General Assembly have generated a lot of interest in capitals around the world. The General Assembly meeting on August 14th will have representation by the UN Secretary-General Kofi Annan, the President of the General Assembly, and Dr. LEE Jong-wook, Director-General of WHO, who will introduce the *World Report on Road Traffic Injury Prevention*. My own minister for foreign relations has also been very supportive of action to end the global road safety crisis, and he will also be there.



تدريب الضباط



Key World Health Organization/ World Bank Road Safety Efforts

On April 7, the World Health Organization celebrated the first World Health Day dedicated to global road safety. Hundreds of organizations around the world hosted events to raise awareness about road traffic injuries and their grave impact on families, communities and the economy. In conjunction with World Health Day, the WHO and the World Bank launched the *World Report on Road Traffic Injury Prevention (World Report)*. The report presents regional data illustrating the problem; summarizes key interventions and recommendations for national, regional and international stakeholders; and projects a dramatic increase in deaths and injuries unless low- and middle-income countries are able to dramatically improve road safety.

On May 22, 2004, the World Health Assembly (WHA) adopted a resolution on road safety and health. Forty-two Member States, UNECE, UNICEF and the International Federation of the Red Cross and Red Crescent Societies (IFRC) congratulated WHO for placing this item on the WHA agenda, dedicating World Health Day 2004 to road safety and launching the *World Report*. The resolution accepts the invitation of the UN General Assembly, through its resolution on improving global road safety (resolution 58/289), for WHO to act as coordinator, in collaboration with the UN regional commissions, on road safety issues within the UN system.

World Health Day Overview

For the first time ever, WHO's World Health Day was devoted to road safety, aiming to raise awareness about this neglected global health problem and stimulate appropriate action. Despite the growing burden of road traffic injuries, road safety has not received the attention it merits as a global public health problem. In part, this is the result of the lack of data available at the global and national levels on the scale of the problem, and on the enormous health, social, and economic costs of road traffic injuries. In addition, not enough is known about the interventions that have proven to be effective, and not

enough resources have been invested in promoting these interventions to prevent crashes and reduce injuries. The World Health Day slogan “Road Safety is No Accident” draws attention to the fact that road safety does not happen accidentally, but requires deliberate efforts by governments and their partners.

His Excellency President Jacques Chirac hosted the global World Health Day event on April 7, 2004 in Paris, France, where he stressed the need for political will and called for action by all countries to address the road safety crisis. Dr. LEE Jong-wook, Director-



General of WHO, officially launched the *World Report on Road Traffic Injury Prevention* (World Report), a WHO/World Bank report focused on what is currently known about road traffic injuries, their impact on public health, the factors that place people at risk of such injuries and the strategies to prevent them. Dr. Lee presented President Chirac with a copy of the World Report. The global event included two panel discussions involving ministers of health and transport, representatives of UN agencies and NGOs, and other road safety stakeholders. The first panel addressed international cooperation regarding the implementation of the recommendations of the

World Report, and the second panel featured successes and promising initiatives.

Over 110 of WHO's 192 member countries reported World Health Day events dedicated to road safety. To support the preparation of these events, they were provided with a package of WHO advocacy materials including a brochure on road traffic injuries and their prevention, a toolkit for organizers, and posters and stickers. Events ranged from press conferences, to a moving service in Sweden recognizing the victims of traffic crashes, to a remembrance garden in South Africa, to a road safety festival in Lebanon, to a helmet fashion show in Viet Nam. Many countries are planning national launches of the World Report and other road safety related events in the months ahead.

April 7, 2004 marked the formal beginning of WHO's global initiative in road safety which seeks to raise awareness, foster political will and encourage action in countries to prevent road traffic injuries. As part of this on-going initiative, the impact of World Health Day and the ensuing events will be evaluated by WHO, and presented in a one-year milestones document to be released in mid-2005.

For more information, please visit the following web site:
<http://www.who.int/world-health-day/2004/en/>.

A Public Health Problem on a Planetary Scale: Road Traffic Injuries

Mr. Jacques Chirac, President of the French Republic

World Health Day — April 7, 2004 — Paris, France

Mr. Director-General of the World Health Organisation, Honourable Ministers, Your Excellencies the Ambassadors, Honourable Members of Parliament, Ladies and Gentlemen,

You have come here from around the world in order to condemn a mass slaughter and to commit to doing everything possible to put an end to it. Every year, one million, two hundred thousand people are killed on the roads, making road accidents one of the primary causes of violent death in the world. It is in order to put an end to this that the WHO has devoted this year's World Health Day to Road Safety. For road accidents can no longer be regarded as being due to unfortunate mischance or as an inevitable accompaniment of the modern world. They are a public health problem on the planetary scale. Many of those deaths could be avoided by a systematic focus on prevention, more responsible behaviour and resolute action by the public authorities. We must go beyond righteous anger, and send out a message focused on life and responsibility.

France is particularly honoured to have been chosen by the WHO to be your host in Paris. In France's name, I wish to extend our thanks to you, Mr. Director-General. I see in this an acknowledgement of the collective effort undertaken in our country to improve road safety. Until recently, France had the unhappy distinction of much higher mortality on the roads than our neighbours. It is for this reason that the combat to improve road safety is among the priority projects conducted, at my request, by the French government. That effort must continue. In the space of two years, the number of accidents has dropped sharply. Such results have been obtained only through unrelenting commitment on the part of the public authorities and a fundamental change in behaviour for which I wish to pay tribute here to all French men and women.

The statistics for injury and death on the roads around the world are frightening. More than a million dead every year, and 50 million individuals injured or rendered infirm. Such figures can never express the pain, the incomprehension, and the utter shock felt by families in the face of tragedies that nothing can put right, dramatic events all the more unbearable for being accidents in nothing but name. Behind the statistics there is the scandal of lives broken off in their prime. And it is the young who are hit hardest by the lack of safety on the roads. There is also here a very real scourge in society. The existence of many families becomes precarious due to the cost of prolonged medical care or the loss of a wage earner in the family.

And, lastly, there is the enormous waste of the human potential thus sacrificed. The economic cost of inadequate road safety is currently estimated by the WHO at five hundred billion euros every year, a figure equal to one or two percentage points of the national wealth of each country. Road traffic injuries inflict suffering on wealthy countries. But they cause even greater suffering to countries with middle or low incomes. Almost nine out of every ten victims are to be found there, despite their significantly smaller numbers of vehicles. For those countries injury and death on the roads are a threat that is all the more worrying because their traffic is destined to increase greatly.

No government can turn its back on such a scourge. If we do not react with vigour, traffic injuries and deaths will increase by two-thirds between now and 2020. Road accidents will by then have become the third most frequent cause of death worldwide. One of the great merits of the report of the World Health Organisation and the World Bank, just published by Dr. Lee, is to make us aware of the gravity of the situation and the risk of a public health disaster in low-income countries.

This World Health Day devoted to Road Safety is therefore intended to send out to the world a warning that is serious, certainly, but also one focused on solidarity. It is a call for all to mobilise. For this carnage on the roads is not inevitable. It can be abated if the right resources are mobilised and if the public authorities show total determination. Despite the frightening regularity of the statistics, for many years, we refused to see in inadequate road safety an issue of public responsibility. Road accidents continued to arouse only limited public interest. The victims were left to their fate, almost forgotten, as if their suffering was in some way an embarrassment. Above all, accidents are still all too often presented as individual tragedies, whereas in fact they involve our collective responsibility. Our adversary is fatalism.

For it is not the roads that kill. Cars do not kill. In fact, in every accident, human beings cause the death of other human beings. Through negligence. Through lack of prudence. Through a deliberate refusal to abide by the rules governing the sharing of a public space, the highway. Or through indifference to others. Over and above the individual responsibility of each driver, we must emphasise the capital importance of the steps taken by the public authorities to influence the behaviour of all of us. Naturally, they must prevent and punish the actions of dangerous drivers. But they must also ensure that all of us drive with greater care and with particular vigilance with regard to others.

“...road accidents can no longer be regarded as being due to unfortunate mischance or as an inevitable accompaniment of the modern world. They are a public health problem on the planetary scale.”

–President Jacques Chirac

Road safety policy is also aimed at correcting a major inequality. We are not all equal where accidents are concerned. Some have heavy, robust vehicles equipped with all possible internal protection systems for themselves, while other road-users are extremely vulnerable: those in lighter vehicles, pedestrians, cyclists and motorcycle riders, and horse-drawn vehicles. And as ever, the most vulnerable are the hardest hit.

At the heart of the commitment to road safety there is a fundamental combat for a society that is more humane, one with greater solidarity and respect for others. We share the highway. Road safety is something we provide for each other.

When the political will is there, it is possible to take steps against inadequate road safety. The experience of a number of countries over the last twenty years is evidence of just that. Technological progress also enables us to envisage new protective measures. The report of the World Health Organisation and the World Bank surveys all of these means of acting upon the behaviour of road users, upon vehicles and upon roads. If we are to be effective, a holistic approach must be developed.

Research to gain greater knowledge of road accidents must be supported by the public authorities. This is a prerequisite for any appropriate and effective prevention policy. We cannot tolerate excessive speed, by which accidents are made dramatically worse. There can be no compromise on alcohol or drugs at the wheel, since these are major risk factors. Lastly, we must develop substantially the use of restraint devices such as safety belts and seats designed for children, the safety benefits of which are proven.

Such radical changes presuppose training, education even, starting in childhood. They also entail the implementation of an effective policy of controls and sanctions to ensure both obedience to a clearly defined set of rules and protection of individual rights. Prevention and punishment are two wholly complementary aspects of action.

At the same time, roads and vehicles must continue to evolve to provide greater protection for their users. The fight for greater road safety begins with the design and maintenance of roads and their signage. As for cars, thanks to the efforts of their makers, they are making ceaseless progress toward greater safety for passengers and also, increasingly, pedestrians, in the event of collision. Due to this, those countries with car industries have a particular responsibility with regard to all other countries.

To conclude, the development of a culture of safety requires commitment on the part of the main channels for public opinion, in particular the media, as well as associations and non-governmental organisations, whose role is absolutely essential in the raising of collective awareness on this issue.

The theme of this day must also lead us to reflect on how those injured on the roads and the families of victims are cared for. We must improve the situation of those who, whether directly or indirectly, find themselves faced with the consequences of a tragedy on the roads: diminished mobility, major disability or brain damage. Let us never forget that traffic accidents are frequently a cause of disablement. The refusal to resign ourselves to road accidents also means strengthening the solidarity of society with their victims.

Mr. Director General, Ladies and Gentlemen--It is my wish that this World Health Day should mark a step forward in the collective awareness of this evil which strikes at our modern world. France is determined to play its full part in global public health policy to combat road traffic injuries and deaths. France will do so most notably by taking part in measures for cooperation and the sharing of experience.

This is a combat that squarely confronts all of us - individuals and States - with our responsibilities. It is a combat against suffering and resignation. It is a combat for life. You can rely on France's commitment to that combat.

I thank you.



World Report on Road Traffic Injury Prevention

Main messages

The *World Report on Road Traffic Injury Prevention*, the first report on the subject developed jointly by WHO and the World Bank, presents the current knowledge about road traffic injuries and what can be done to address the problem.

Road traffic injuries are a huge public health and development problem

Road traffic crashes kill 1.2 million people a year or an average of 3,242 people every day, injure or disable between 20 million and 50 million people a year and rank as the 11th leading cause of death and account for 2.1% of all deaths globally.

The majority of road traffic injuries affect people in low-income and middle-income countries, especially young males and vulnerable road users

90% of road traffic deaths occur in low-income and middle-income countries. Countries in the WHO Western Pacific Region and the WHO South-East Asia Region account for more than half of all road traffic deaths in the world. More than half of all road traffic deaths occur among young adults between 15 and 44 years of age. 73% of all road traffic fatalities are male. In low-income and middle-income countries, the most vulnerable road users are pedestrians, cyclists, users of motorised two-wheelers and passengers on public transport.

Without appropriate action, the problem will only worsen

Road traffic injuries are predicted to become the third largest contributor to the global burden of disease by 2020. Road traffic deaths are predicted to increase by 83% in low-income and middle-income countries, and to decrease by 27% in high-income countries. These figures amount to a predicted global increase of 67% by 2020.

The costs of road traffic injuries are enormous

It is estimated that every year, road traffic crashes cost US\$518 billion globally; US\$65 billion in low-income and middle-income countries, exceeding the total amount received in development assistance; between 1% and 1.5% of gross national product in low-income and middle-income countries; and 2% of gross national product in high-income countries. Road traffic injuries put significant strain on health care budgets. For everyone killed, injured or disabled by a road traffic crash there are countless others deeply affected.

Many families are driven into poverty by the cost of prolonged medical care, the loss of a family breadwinner or the extra funds needed to care for people with disabilities. Road crash survivors, their families, friends and other caregivers often suffer adverse social, physical and psychological effects.

Road traffic crashes can be prevented

Road traffic crashes are predictable and can be prevented. Many countries have shown sharp reductions in the number of crashes and casualties by taking action including:

- setting, raising awareness of and enforcing laws governing speed limits, alcohol impairment, use of seat-belts, child restraints and crash helmets;
- formulating and implementing transport and land-use policies that promote fewer, shorter and safer trips; encouraging the use of safer modes of travel, such as public transport; and incorporating injury prevention measures into traffic management and road design;

- making vehicles more protective for occupants, pedestrians and cyclists, and more visible using daytime running lights, high-mounted brake lights, reflective materials on cycles, carts, rickshaws and other non-motorized forms of transport.

Role of the public health sector

While the health sector is only one of many bodies involved in road safety, it has an important role to play, particularly in systematically collecting data through surveillance and surveys; researching the causes of road traffic crashes and injuries; exploring ways of preventing and reducing the severity of injuries; helping to implement road safety interventions; working to persuade policy-makers and decision-makers to address the major issue of injuries in general; translating effective, science-based information into policies and practices; and promoting capacity-building in all these areas.

Improved road traffic injury prevention is important to the public health sector as it would result in fewer hospital admissions and a reduced severity of injuries. An important public health gain would be achieved if more people could choose to walk or cycle instead of driving, without fearing for their safety.

Road safety should be addressed using a 'systems approach'

Making a road traffic system less hazardous requires understanding the system as a whole, understanding the interaction between its elements—vehicles, roads, road users and their physical, social and economic environments—and identifying where there is potential for intervention. This systems approach moves away from focusing solely on the behaviour of the individual and addresses road safety holistically.

Road safety is a multisectoral responsibility

Road safety is a shared responsibility. Reducing risk in the world's road traffic systems requires commitment and informed decision-making by government, industry, non-governmental organizations and international agencies. It also requires participation by people from many different disciplines, such as road engineers, motor vehicle designers, law enforcement officers, health professionals and community groups.

Recommendations

The *World Report* provides recommendations on how to improve road safety. These recommendations should be considered as flexible guidelines for adaptation to local circumstances, and should be applied across a wide range of sectors and disciplines. Recommendations from the *World Report* on how policy-makers can improve road safety:

1. Identify a lead agency in government to guide the national road traffic safety effort

Each country needs a lead agency on road safety. This agency should engage all significant groups within the country concerned with road safety. It should have the authority and responsibility to make decisions, control resources and coordinate efforts by all sectors of government—including health, transport, education and the police. The lead agency should be adequately financed and should be publicly accountable for its actions.

Many different models of lead agency can be effective but each should be tailored to the country's own circumstances. For example, the agency might be a designated, stand-alone bureau, or a committee or cabinet representing several different government agencies. It might undertake projects itself or delegate work to provincial and local governments, research institutes or professional associations.

2. Assess the problem, policies, institutional settings and capacity relating to road traffic injury

An important element in addressing road safety is ascertaining the magnitude of the problem and how countries are able to deal with it. This entails assessing the number of traffic deaths, injuries and crashes, as well as understanding which road users are most at risk, which geographic areas are most affected and contributing risk factors such as poor road conditions or unenforced drink-driving regulations.

Useful information can often be obtained from police, ministries of health or transport, health care facilities, insurance companies, motor vehicle manufacturers, or government agencies. Data should comply with international standards and should be collected in simple, cost-effective information systems. It should be shared widely among relevant authorities and concerned groups.

Where available, data on the economic impact of road traffic injuries should be collected and disseminated to help increase awareness of the scale of the problem.

3. Prepare a national road safety strategy and plan of action

Each country should prepare a road safety strategy that involves transport, health, education and law enforcement agencies, among others. The strategy should call on the expertise of road safety scientists, engineers, urban and regional planners and health professionals. It should take into account the needs of all road users—including pedestrians, drivers and passengers in cars, trucks, two- or three- wheeled motorized and non-motorized vehicles, and users of public transport. It should involve groups from government, the private sector, nongovernmental organizations, the mass media and the general public.

A national road safety strategy should have sufficient funding to develop, implement, manage, monitor and evaluate actions over at least five years. Once the road safety strategy is prepared, a national action plan—which specifies actions, time-frames, and resource allocation to implement the strategy—should be developed.

4. Allocate financial and human resources to address the problem

Well-targeted investment of financial and human resources can reduce road traffic injuries and deaths considerably. Information about other countries' experiences is useful in assessing the costs and benefits of specific interventions, and in setting priorities for the use of scarce financial and human resources.

Where there is a lack of expertise in developing and implementing effective road safety programmes, appropriate training in fields such as statistical analysis, road design, trauma care, urban and regional planning, and health planning should be a priority.

International networks and conferences provide valuable opportunities to exchange knowledge, establish alliances and potential partnerships, and strengthen country capacity. Efforts should be made to increase the involvement of representatives from low-income and middle-income countries in setting global and regional agendas for road safety at these and other forums. Possible income sources to finance these and other investments in road safety include fuel taxation, road and parking charges, vehicle registration fees and fines for traffic violations.

5. Implement specific actions to prevent road traffic crashes, minimize injuries and their consequences and evaluate the impact of these actions

Specific actions to prevent road traffic crashes and to minimize their consequences should be based on sound evidence and analysis of road traffic injuries. They should be culturally appropriate and tested locally. There is no standard package of interven-

tions suitable for all contexts and countries. However, all countries can follow several good practices.

These practices include setting and enforcing laws requiring seat-belts and child restraints for all motor vehicle occupants, and helmets for riders of bicycles and motorized two-wheelers. Appropriate speed limits should be set and enforced. Blood alcohol concentration limits should be established and enforced using random breath-testing at sobriety checkpoints. Law enforcement programmes should be reinforced with public information and education campaigns.

Daytime running lights should be required for two-wheeled vehicles and obligatory daytime running lights for four-wheeled vehicles should be considered. Motor vehicles should be designed for crashworthiness to protect occupants and vulnerable road users.

The management of existing road infrastructure to promote safety is essential. Safety features should be incorporated into land-use and transport planning, and new road projects should be subject to road safety audits.

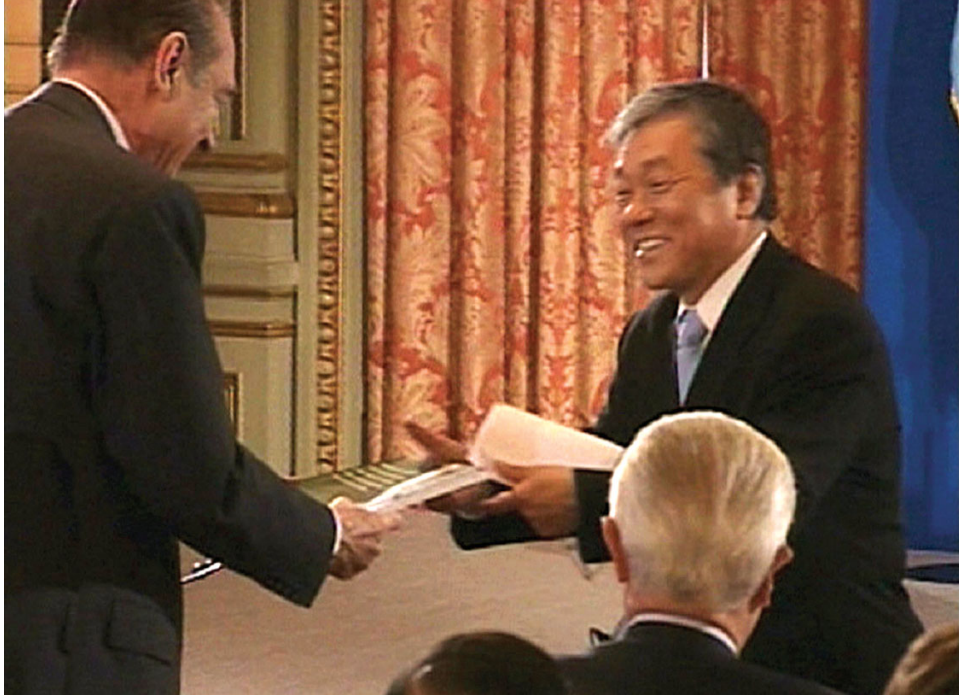
The chain of help for road crash victims should be strengthened, from care at the crash scene to treatment at the health facility and on through rehabilitation.

6. Support the development of national capacity and international cooperation

Several United Nations agencies and other inter-governmental organizations are active in promoting road safety. However, there is little large-scale, coordinated planning among them, and no single agency has the responsibility to ensure such coordination. Roles and responsibilities must be clearly assigned to ensure a firm, collective commitment from the UN family and other organizations to create and implement a global plan for road safety.

The donor community urgently needs to dedicate more resources to helping low-income and middle-income countries improve road safety. Currently, the level of funding and support given to road safety is far below that allocated for other health problems of comparable magnitude.

Finally, international nongovernmental organizations and the private sector should help spark action and raise awareness locally and globally, as committed employers and socially responsible corporate entities.



Road safety and health

The Fifty-seventh World Health Assembly,

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

Having considered the report on road safety and health;¹

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

Noting with appreciation the adoption of resolution 58/289 by the United Nations General Assembly inviting WHO to act as a coordinator on road safety issues within the United Nations system, drawing upon expertise from the United Nations regional commissions;

Recognizing the tremendous global burden of mortality resulting from road traffic crashes, 90% of which occur in low- and middle-income countries;

Acknowledging that every road user must take the responsibility to travel safely and respect traffic laws and regulations;

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

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

Noting the large number of activities on the occasion of World Health Day 2004, in particular, the launch of the first world report on traffic injury prevention,²

1. CONSIDERS that the public health sector and other sectors – government and civil society alike – should actively participate in programmes for the prevention of road traffic injury through injury surveillance and data collection, research on risk factors of road traffic injuries, implementation and evaluation of interventions for reducing road traffic injuries, provision of prehospital and trauma care and mental-health support for traffic-injury victims, and advocacy for prevention of road traffic injuries;
2. URGES Member States, particularly those which bear a large proportion of the burden of road traffic injuries, to mobilize their public-health sectors by appointing focal points for prevention and mitigation of the adverse consequences of road crashes who would coordinate the public-health response in terms of epidemiology, prevention and advocacy, and liaise with other sectors;
3. ACCEPTS the invitation by the United Nations General Assembly for WHO to act as a coordinator on road safety issues within the United Nations system, working in close collaboration with the United Nations regional commissions;

¹ Document A57/10.

² World Report on Road Traffic Injury Prevention. Geneva, World Health Organization, 2004.

4. RECOMMENDS Member States:

- (1) to integrate traffic injuries prevention into public health programmes;
- (2) to assess the national situation concerning the burden of road traffic injury, and to assure that the resources available are commensurate with the extent of the problem;
- (3) if they have not yet done so, to prepare and implement a national strategy on prevention of road traffic injury and appropriate action plans;
- (4) to establish government leadership in road safety, including designating a single agency or focal point for road safety or through another effective mechanism according to the national context;
- (5) to facilitate multisectoral collaboration between different ministries and sectors, including private transportation companies, communities and civil society;
- (6) to strengthen emergency and rehabilitation services;
- (7) to raise awareness about risk factors in particular the effects of alcohol abuse, psychoactive drugs and the use of mobile phones while driving;
- (8) to take specific measures to prevent and control mortality and morbidity due to road traffic crashes, and to evaluate the impact of such measures;
- (9) to enforce existing traffic laws and regulations, and to work with schools, employers and other organizations to promote road-safety education to drivers and pedestrians alike;
- (10) to use the forthcoming world report on traffic injury prevention as a tool to plan and implement appropriate strategies for prevention of road traffic injury;
- (11) to ensure that ministries of health are involved in the framing of policy on the prevention of road traffic injuries;
- (12) especially developing countries, to legislate and strictly enforce wearing of crash helmets by motorcyclists and pillion riders, and to make mandatory both provision of seat belts by automobile manufacturers and wearing of seat belts by drivers;
- (13) explore the possibilities to increase funding for road safety, including through the creation of a fund;

5. REQUESTS the Director-General:

- (1) to collaborate with Member States in establishing science-based public health policies and programmes for implementation of measures to prevent road traffic injuries and mitigate their consequences;
- (2) to encourage research to support evidence-based approaches for prevention of road traffic injuries and mitigation of their consequences;
- (3) to facilitate the adaptation of effective measures to prevent traffic injury that can be applied in local communities;
- (4) to provide technical support for strengthening systems of prehospital and trauma care for victims of road traffic crashes;
- (5) to collaborate with Member States, organizations of the United Nations system, and nongovernmental organizations in order to develop capacity for injury prevention;
- (6) to maintain and strengthen efforts to raise awareness of the magnitude and prevention of road traffic injuries;
- (7) to organize regular meetings of experts to exchange information and build capacity;
- (8) to report progress made on the promotion of road safety and traffic injury prevention in Member States to the Sixtieth World Health Assembly in May 2007.

Eighth plenary meeting, 22 May 2004
A57/VR/8



United Nations General Assembly

Fifty-eighth Session, 84th Plenary Meeting

Wednesday, April 14, 2004, 10 a.m.
Agenda item 160
Global road safety crisis

On April 14, 2004 the United Nations General Assembly held its first Plenary Session to address the Global Road Safety Crisis. In addition to leaders of key UN agencies directly responsible for health and safety, 20 different nations from around the globe attested to the tremendous economic and human toll this epidemic is taking on their nations. They all acknowledged the importance of this problem, the urgent need for collective action and made a commitment to address the road traffic injury epidemic. More than 60 nations co-sponsored UN General Assembly Resolution 58/289, which passed with unanimous consent. This resolution acknowledged the importance of global road safety, and designated WHO as coordinator for road safety issues within the UN system.

In the absence of the President, the Hon. Julian R. Hunte (Saint Lucia), Mr. Zarif (Islamic Republic of Iran), Vice-President, took the Chair.

Mr. Javad Zarif, UN Vice President and General Assembly Acting President, Deputy Foreign Minister for Legal and International Affairs of Islamic Republic of Iran

Members will recall that the plenary meeting this morning is held in connection with World Health Day and the launching of the *World report on road traffic injury prevention*, pursuant to resolution 58/9 of 5 November 2003.

Day after day, sombre accounts of death and serious injury resulting from road traffic accidents are reported in countries around the world. Each year, road traffic accidents account for more than 1 million deaths and injure or disable between 20 and 50 million people. A growing crisis such as this, which affects all State Members of the United

Nations, now has its proper place on the international agenda. This plenary meeting of the General Assembly on the global road safety crisis provides us with an opportunity to examine the multifaceted issues concerning road safety and, importantly, to focus on the development of effective strategies to address it.

When global road safety was first taken up at its fifty-fifth session, the General Assembly noted the rapid increase in road traffic deaths globally and its impact on national economies, especially in developing countries. Since then, the United Nations has taken steps to bring this matter to the forefront for consideration and action. It is an initiative carried out with the cooperation of the World Health Organization (WHO), the World Bank and other United Nations agencies.

World Health Day, which we celebrated just one week ago, for example, was dedicated to road safety. The theme for the Day, "Road safety is no accident", underscored that road traffic tragedies are indeed avoidable. The recently launched *World report on road traffic injury prevention*, co-produced by the WHO and the World Bank, sets out in detail the core issues surrounding road accidents, including their global impact, risk factors involved and ways to address them.

It is evident that, if trends in the global road traffic crisis continue, it could become a major global health crisis, with significant economic and social consequences. The statistics available to us allow us to make a balanced assessment of the situation as it now stands and of the path it is likely to take in the future if we do not intervene in a decisive and urgent way.

The statistics are startling. According to WHO and World Bank estimates, the global economic costs of road accidents and the injuries that result amount to some \$518 billion. Developing countries account for some \$65 billion of this amount, which is more than they receive in official development assistance.

A majority of motor vehicles are operated in the developed world and it might be expected that a majority of fatalities would occur in the developed world. The statistics, however, paint quite a different picture. Low- and middle-income countries account for about 85 per cent of deaths and a disproportionately high percentage of disability globally.

Around the world, road injuries are among the leading cause of death for people aged 15 to 44, who are in their most productive years. In 2000, road traffic accidents ranked as the ninth leading cause of mortality and morbidity, accounting for 2.8 per cent of all global deaths and disability. Projections of the WHO suggest that if these trends continue, by 2020, road traffic injuries could rank third among causes of disease or injury, ahead of such other health problems as tuberculosis and HIV/AIDS.

The social costs are incalculable. The loss of breadwinners and the long-term care of people disabled in road traffic accidents drive many families into poverty or further into poverty, particularly in the developing world. From this perspective, the potential consequences for sustainable development are clear.

This meeting, therefore, must be a catalyst for our further action and for strengthening international cooperation.

The General Assembly continues to raise awareness among Member States of the need to critically examine the national and international public policy dimensions of global road safety. Our initiatives in this regard must re-emphasize the setting of strict international standards, worldwide cooperation and, in the case of developing countries, capacity-building to implement those standards to the highest level. Addressing the broader issues of accident prevention, including in the development of infrastructure that takes into account both people and vehicles, also merits urgent consideration.

The international community as a whole has been encouraged to be a part of that process: Governments, international organizations, civil society and the private sector. We are asked to make youth in particular the target of our initiatives. I consider the Stakeholder Forum on global road safety that is to take place tomorrow to be a timely initiative, and would like to encourage participation.

"A growing crisis such as this, which affects all State Members of the United Nations, now has its proper place on the international agenda."

—Mr. Javad Zarif

The success of some countries in sharply reducing crashes and injuries underscores that accidents and casualties can be prevented. What this shows us is that we can reduce the risk of death and injury if we take a systematic approach to understanding how people, vehicles and the environment interrelate. It also requires a broad approach encompassing areas including emergency health services, education for prevention, legislation and law enforcement.

I believe that Member States are in agreement that we must do more to address the issue of road traffic safety and make it a focus of attention of the United Nations system. Important courses of action have been proposed in the joint WHO-World Bank report. Governments and United Nations agencies need to take more action in this area. We also need to encourage civil society and the private sector to become our partners in these initiatives. We have proposed that the global road safety crisis be viewed from the broadest perspective, from health to law enforcement. Necessary resources should be mobilized to assist developing countries to improve road safety, consistent with the gravity and urgency of the road traffic problems they face.

I believe we are now poised to make a difference, to reduce risk and to save lives. We must take decisive action, and we must take it now.

Ms. Louise Fréchette, UN Deputy Secretary-General

This meeting of the General Assembly brings much needed attention to a global crisis that exists right in front of our eyes yet that, with some noble exceptions, has until now been strangely off the radar screen of public policy. 1.2 million men, women and children are killed in traffic accidents every year. Surely, that should be enough to make road safety a leading issue in global public health.

As with so many other public health problems, the poor suffer disproportionately. More than 80 per cent of those 1.2 million deaths occur in low- and middle-income countries. And in those countries, those most at risk of being injured or killed in a crash are pedestrians, cyclists, motorcyclists and people who use informal means of public transport.

The human consequences of road crashes are frequently devastating. Survivors and their families must cope with the painful and often long-term consequences of injury, disability and rehabilitation. The cost of care and the loss of a primary breadwinner can drive a family into poverty.

The economic costs are also enormous. Road traffic injuries cost most countries between 1 and 2 per cent of their gross national product: a total of more than \$500 billion every year. The cost in the low- and middle-income countries exceeds the amount they receive in development assistance.

It need not be so. People hold a fatalistic view of road crashes, often encouraged by the use of the word “accident” instead of “crash” or “collision”. Yet, many of the risks involved are entirely within our control. Many crashes can be prevented, while the effects of many others can be reduced. We have a lot to do to raise awareness. We must ensure that hard-earned gains in public health and development are not undermined by those preventable deaths and injuries.

Yes, we have a lot of work to do. But we know what works, and we have the knowledge at hand to make the necessary changes. This is a multisectoral problem, falling not just within the domain of ministries of transport. Ministries of health, finance, environment, education, justice, police and others all have to work with the transport sector to improve road safety.

We can take heart in the widespread enthusiasm shown by so many organizations and experts throughout the world, teaching and learning about road safety and taking the initiative to make roads safer. The United Nations family, including the World Health

“A global crisis that exists right in front of our eyes...has until now been strangely off the radar screen of public policy.”

–Ms. Louise Fréchette

Organization, UNICEF, the United Nations Development Programme, the World Bank and others, will continue to play its role.

I call upon Member States and civil society to take concerted action on key issues such as wider dissemination of safety devices, improved design of roads and vehicles and firmer action against speeding and those who drive while their reactions are impaired by alcohol or drugs.

I also call upon the donor community to make additional investment in this area. Current support for road safety in developing countries is insufficient. Such contributions would be cost-effective. Even more important, they would save lives.

Road safety is no accident, as has been said. It requires commitment at the highest levels of leadership. The less we do about it, the more lives will be shattered. I urge the Assembly to adopt a resolution that reflects our unanimous will to improve global road safety. Let us remind ourselves, and one another, that working together, we can save lives.

Dr. LEE Jong-wook, Director-General of the World Health Organization

The first person to be killed by a car was Bridget Driscoll of the United Kingdom. She was 44 years old and a mother of two. She was knocked down at London's Crystal Palace on 17 August 1896. The car was traveling at 12 kilometers per hour. She never knew what hit her. The British coroner recorded a verdict of accidental death. Speaking at the inquest, he warned: "This must never happen again."

Twenty years ago, Michel Zeller was driving to work when his car collided with a truck. He was not killed, but he was in a coma for six months. He attended our World Health Day celebration last week in Geneva, in a wheelchair, as his injuries have left him paralyzed for life. His wife spoke on his behalf, because he has lost the use of his voice. She herself found it very difficult to speak, not because of any injury but because of the trauma of recalling what had happened. Her message was that this must never happen to anyone again. On behalf of her family and the millions of others who are afflicted in the same way every year, I bring the same message to the Assembly today.

I thank the Government of Oman for taking the lead in bringing this topic to the General Assembly today.

The deaths, injuries and economic losses caused by road accidents can be prevented. The *World report on road traffic injury prevention*, which we launched last week in Paris, set out the known risk factors and the prevention measures that are known to be effective. Some of these are to set and enforce laws on seat belts, child restraints, helmets and drinking and driving, to promote daytime running lights and to improve visibility for all road users. In addition to setting laws and raising awareness, countries need to create policies that promote safer vehicles,

safer traffic management and safer road design. The countries that have been most successful in improving safety have been those that have engaged many different groups from Government, civil society and industry in a coordinated road safety programme. Every sector, especially the transport, education, health and law enforcement sectors, has a role to play in tackling the problem.

The public needs to increase its contribution by strengthening emergency services for victims, improving data collection, contributing to policymaking and promoting prevention activities. International agencies, the donor community and nongovernmental organizations all have an important role to play in promoting road safety. Each one of us, whether as pedestrians, as drivers or as decision makers, can contribute to this effort. Road safety is no accident. Traffic injuries decrease wherever people recognize that they can be prevented and act accordingly. Let us all decide here and now to give road safety the priority it deserves.

"The deaths, injuries and economic losses caused by road accidents can be prevented...Let us all decide here and now to give road safety the priority it deserves."

—Dr. LEE Jong-wook



Mr. Yousef bin Alawi bin Abdulla, Minister Responsible for Foreign Affairs of the Sultanate of Oman

(Spoken in Arabic) Allow me at the outset to express my sincere gratitude to the Secretary-General for his valuable report on the global road safety crisis (A/58/228). The report represents a qualitative breakthrough in our deliberations on this humanitarian crisis, which affects the lives of individuals and communities throughout the world. I would also like to express my appreciation to Dr. LEE Jong-wook, Director-General of the WHO, for his thorough overview of the major themes of the *World report on road traffic injury prevention*.

We congratulate the WHO and the World Bank on the issuance of that important document, with the contributions of more than 100 experts representing all continents and many different sectors. We also wish to commend the friendly Government of France for hosting a conference in Paris on 7 April 2004, which highlighted the consequences of road traffic accidents and means of prevention.

Throughout the history of mankind the individual has been at the centre of development. The success of any development plan depends, to a great extent, on meeting human needs. There may be obstacles that stand in the way of enjoying the fruits of development. However, solutions must be sought. Road traffic accidents and injuries are a major issue and a public health problem of great concern to individuals, families and communities.

On the social front, statistics indicate that nearly 3,000 people perish each day due to road traffic accidents, resulting in more than 1 million deaths every year. Moreover, 20 million to 50 million persons are injured every year, some sustaining life-long disabilities. Studies indicate that if appropriate action is not urgently taken to remedy this problem, it is likely that road traffic injury could become the third largest cause of death in developing countries by 2020.

On the economic front, road traffic injuries have negative consequences for the economies of the world. Statistics show that roughly \$518 billion is spent annually on road traffic injuries, injuries that affect the most productive groups. The least developed and other developing countries account for about 85 per cent of these accidents, which in turn further burdens their already overburdened economies. Aware of this unfolding crisis, we

believe that no effort should be spared in enhancing and supporting programmes aimed at improving safety for all road users and sparing them the scourge of this humanitarian crisis.

Allow me, in this context, to point to the steps implemented by my Government at the national level since 1997. They include, inter alia, the enactment of legislation, the establishment of a national road safety agency, updating comprehensive regulations to meet the needs of the injured and their rehabilitation and the creation of a registry to obtain detailed information on the consequences of injuries, with the aim of minimizing the crisis and with the ultimate goal of creating for our citizens an environment that is conducive to achieving further social and economic development.

We believe that our deliberations on road safety should go beyond the ceremonial, and that serious and immediate steps should be taken at the national, regional and global levels. This requires strong political will and concerted, sustained efforts across a broad range of sectors, from road users to Governments and car manufacturers, as well as regional and international organizations, which must work together to identify sound measures and criteria to counter this unfolding crisis.

Oman's initiative to raise global awareness about road safety, through General Assembly resolution 58/9, which called, inter alia, for a worldwide effort to raise awareness of the road safety crisis and its consequences, was based on that premise. The resolution also emphasized the need to put in place mechanisms to improve safety for road users through reducing the negative impact of road accidents.

In that context, I am pleased to present draft resolution A/58/L.60/Rev.1, on which my Government held numerous consultations with other Member States to arrive at a consensus reflecting the ambitions of our countries and the expectations of our peoples. The draft resolution builds on the practical commendations contained in the Secretary-General's report and in the *World report on road traffic injury prevention* of the World Health Organization and the World Bank. The main points of the draft resolution before the Assembly, which we hope will be adopted without a vote, are as follows.

First, it invites the World Health Organization, working in close cooperation with the United Nations regional commissions, to act as a coordinator on road safety issues within the United Nations system.

Secondly, it requests the Secretary-General, in submitting his report to the General Assembly at its sixtieth session, in accordance with resolution 58/9, to draw upon the expertise of the United Nations regional commissions, as well as the World Health Organization and the World Bank, on road safety.

Thirdly, it underlines the need for further strengthening international cooperation, taking into account the needs of developing countries by enhancing their financial and institutional capacities, to deal with issues of road safety.

The sponsors of the draft resolution are Afghanistan, Algeria, Argentina, Armenia, Australia, Azerbaijan, Bahrain, Bangladesh, Brunei Darussalam, China, Djibouti, Ecuador, Egypt, Guatemala, Guyana, Iceland, India, Indonesia, Ireland, the Islamic Republic of Iran, Israel, Kazakhstan, Kuwait, Lebanon, Luxembourg, Malaysia, Moldova, Monaco, Morocco, Pakistan, Panama, the Republic of Korea, Romania, Rwanda, Saudi Arabia, Singapore, Slovenia, South Africa, the Sudan, Switzerland, the Syrian Arab Republic, Thailand, the former Yugoslav Republic of Macedonia, Trinidad and Tobago, Tunisia, Turkmenistan, the United Arab Emirates, the United Kingdom, Venezuela, Viet Nam, Yemen and Zambia.

The responsibilities and challenges ahead are great and require strong political will within the framework of effective global participation between member States, regional and international organizations and civil society. That partnership should include initiatives, programmes and the exchange of expertise on road safety issues, in addition to the promulgation of legislation at a level commensurate with our goals and aspirations to reduce road traffic injuries for succeeding generations.

“No effort should be spared in enhancing and supporting programmes aimed at improving road safety for all road users.”

–Mr. Yousef bin Alawi bin Abdulla

In conclusion, we are facing a critical crisis and further cooperation is crucial through the active involvement of the United Nations, its specialized agencies and civil society for a safer and more stable environment for all people.

**Mr. Séamus Brennan, Minister for Transport of Ireland,
Representing the European Union**

I have the honour to speak on behalf of the European Union. Furthermore, the following countries also align themselves with this statement: the 10 acceding countries which will become members of the European Union at a special ceremony in Dublin on 1 May 2004 — Cyprus, the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia; the candidate countries Bulgaria, Romania and Turkey; the countries of the Stabilisation and Association Process and potential candidates Albania, Bosnia and Herzegovina, Croatia, the former Yugoslav Republic of Macedonia and Serbia and Montenegro; and the European Free Trade Association countries, Iceland and Norway, members of the European Economic Area.

Today's debate comes at the end of a week in which we have all been asked by the United Nations and the WHO to place a particular emphasis on road safety. Traffic collisions are at epidemic levels in many States and there seems to be widespread acceptance that they are an inevitable consequence of ever-increasing mobility. That view feeds on and encourages the type of behaviour that creates the environment that gives rise to such collisions in the first place. Challenging that behaviour and the premise on which it is based requires the advocacy of champions. Bringing the subject of road safety to this plenary today reflects the vision and commitment of Minister bin Alawi bin Abdulla of Oman that societies around the world must address both the causes and the results of traffic collisions.

Against the background — as we have heard already today — of 1.2 million deaths and 50 million injuries on our roads, the launch in Paris last week of the *World report on road traffic injury prevention* by the World Health Organization and the World Bank presents a timely commentary on road safety in its broadest sense. The report presents an overview of road safety on a global basis, emphasizing the scope of the problem and discussing policies aimed at the prevention of collisions and the reduction of their effects.

The consequences of our acceptance of the inevitability of traffic collisions have been clearly established in very stark terms by the WHO. Failure to act could see injuries from road traffic placed as the third highest contributor to the global burden of disease and injury by 2020.

However, many societies and Governments have chosen to face this challenge. Indeed, mentalities, I believe, are changing as regards road safety. Road accident fatalities are no longer accepted as an inevitable corollary of increased mobility. On the contrary, the continuous reduction of road accident levels is now considered a challenge — a challenge which indeed warrants considerable efforts.

For example, in Australia and Canada, great progress has been made. Similarly, in Europe we can look to the successes of countries like Sweden, the Netherlands and the United Kingdom. Against the background of rising vehicle populations and increases in driver numbers, these States have actually recorded dramatic reductions in road casualty levels. In parallel to these success stories, other European countries have also achieved considerable improvements. It is important to underline that these successes are generally based on the adoption of wide-ranging planned approaches to road safety policy with ambitious targets, where all of the actors are engaged in the delivery of a strategic approach. Over the past number of years, such an approach has seen road deaths in my own country, Ireland, fall dramatically.

It was also appropriate that the efforts undertaken at the national level should be mirrored and complemented at the level of the European Union. In fact, the European Union has recognized that there is scope for greater advances if all of the member States are prepared to share not just a vision for the future, but also the best practices that have

delivered such progress at the national level in the past. Referring to recent developments in this regard let me highlight the European Road Safety Action Programme, which was presented by the European Commission in June 2003. It has at its centre the goal of the realization of a reduction of 50 per cent in the number of people killed in traffic collisions by 2010 as compared to 2001. In the current European Union of 15 member States, there are 1.3 million accidents annually, causing 40,000 deaths and 1.7 million injuries, with an estimated economic cost of 2 per cent of the gross domestic product of the European Union. Our aim therefore translates into 20,000 fewer deaths per year.

The European Parliament and the Council of European Ministers of Transport have on many occasions subscribed explicitly to this goal. In doing so, they have placed road safety very high on the political agenda; it will remain there, requiring a constant effort.

The Programme identifies, as the main causes of collisions and as major contributing factors to their effects, excessive speed, drinking and driving and the non-use of protective measures, such as seat belts and motorcycle helmets. For this reason, it underlines the urgent need for stricter enforcement of existing legislation in that respect. Furthermore, the Action Programme provides European States with an overview of the

relevant information and the actions — legislative and otherwise — which are required in order to achieve the goal of a 50 per cent reduction of road accident fatalities. It also describes structures through which we can better address these issues and provides the information required to replicate the performance of those States that have taken the lead in road safety policy.

The Programme I speak about also places great emphasis on the absolute need to engage civil society in the delivery of better road safety. To that effect, it encourages actors in the public and private sectors to sign a Road Safety Charter, in which those actors should list their individual aims and actions concerning road safety. I had the privilege of hosting a ceremony in Dublin last week, where, in the presence of the Ministers of Transport of the European Union, the Charter was signed by some 39 organizations and companies, each of which made specific, measurable commitments to improving road safety.

The European Union Action Programme also places great emphasis on the need for the gathering of collision data and information relating to the collision prevention programmes deployed in each of the member States. That will be achieved through the establishment of the European Road Safety Observatory, which will disseminate information on best practices in addressing road safety challenges.

Of course, it is clear to all that we should exchange best practices across all nations worldwide, not just within the European Union. We can all learn from the relevant experience of other nations in this context. To meet this challenge, the draft resolution proposed for adoption at this plenary meeting promotes the concept of the designation of one organization through which the concept of the sharing of information and experience can be promoted on a worldwide basis.

The success of road safety programmes in many countries over the past years and, indeed, decades bears testimony to the possibilities that exist for addressing what has become one of the greatest threats to global health. Replicating that success through the promotion of such programmes worldwide is a challenge for all — and an opportunity. I urge all to take up this challenge and to drastically reduce the number of our people that needlessly lose their lives on roads every day of every year.

Mr. Norman Mineta, Secretary of Transportation of the United States of America

It is a great honour to have this opportunity to represent my country today as the General Assembly turns its attention to the critical issue of road traffic safety. This is an issue about which my country cares deeply and passionately. I would like to commend the

“The European Parliament and the Council of European Ministers of Transport...have placed road safety very high on the political agenda; it will remain there, requiring a constant effort.”

—Mr. Séamus Brennan

Sultanate of Oman for its leadership in bringing this issue to the forefront of the international agenda, because road traffic safety is, indeed, a global problem. We have heard this morning from the Deputy Secretary-General, Ms. Louise Fréchette, and the Director-General of WHO, Dr. LEE Jong-wook, about the magnitude of the challenge that we face.

More than 1 million human beings lose their lives every year because of traffic crashes. That is 1 million mothers and fathers, sisters and brothers, husbands and wives who do not make it home. Adding to the tragedy is the fact that so many of those deaths are preventable.

The costs are tremendous in terms of human lives and pain and suffering, as well as in terms of economic costs and the lost opportunities. The United Nations estimates that the economic cost of road traffic injuries is \$518 billion per year. Imagine the additional pain and suffering that could be alleviated if our nations could instead invest those lost monies in education, health care, economic development, transportation and other pressing needs.

If we do nothing, however, even more people will die needlessly. WHO projects that by the year 2020 traffic crashes will rank third among all contributors to the global burden of disease — ahead of malaria, ahead of tuberculosis and ahead of HIV/AIDS.

But my message to the Assembly today is that we need not accept morbidity as the price of mobility — anywhere in the world. Experience has shown that the increased freedom and productivity that transportation brings do not have to come at the price of the safety of our citizens. In the mid-1960s, the United States began focused efforts to make road travel safer. At that time, our country had a death rate of 5.5 fatalities for every 100 million-vehicle miles traveled. Since then, much has changed. The United States population has grown substantially, and the number of both cars and drivers on our roads has increased tremendously. Yet, during that same period, we were able to cut the death rate by 72 per cent, to 1.5 fatalities per 100 million vehicle miles traveled. That is a truly astonishing accomplishment over a relatively short period of time.

But we know that we can do better. We must do better. 43,000 deaths a year in the United States is unacceptable. That is why President George W. Bush's Administration has established the goal of further reducing the traffic death rate by a third by 2008, to one death per 100 million vehicle miles traveled.

I take particular pride in our country's record when it comes to protecting our most vulnerable citizens: our children. In a single generation, the United States has dramatically reduced the number of child fatalities in traffic crashes. Today, that number is at a historic low. The approach that we used to help protect our children is illustrative of our traffic safety strategy. In 1966, we established within the national Government one single agency focused on road traffic safety, and we gave it authority to act and a dedicated funding source to get the job done. The agency began collecting reliable data on how safe our children were when riding in motor vehicles. We soon learned a very important fact: more children were killed in highway crashes than by any disease.

Using the data, we were able to develop a comprehensive approach to reducing child fatalities. Our engineers designed cars to better absorb impact and to protect children in the event of a crash. They designed car seats, and we educated parents on the importance of using them to keep their children safe, instead of allowing them to ride on a lap, or on the floor, or in the back of a truck. We established standards for vehicle and child seat manufacturers, and our legislators passed child passenger safety laws to ensure that this very vulnerable segment of our society was protected. And finally, our traffic safety agency has been working for 30 years to improve emergency medical services and trauma systems so that crash victims are properly cared for after a crash.



We recognize that the nature of road safety problems differs from country to country, and so too must our solutions. Still, there is much we can learn from one another. It is my sincere hope that today's meeting will mark the beginning of a broad-based and ongoing international collaboration focused on all aspects of road traffic safety: the behaviour of drivers, passengers and pedestrians; vehicle safety; and the roadway environment.

“No public health crisis is so clearly curable. No other cause of death is so clearly preventable.”

—Mr. Norman Mineta

I am here today to declare that the United States stands ready to share its experience and expertise with the global community and itself to learn from other nations as we work together to prevent roadway deaths and injuries. We will continue to work within the United Nations, particularly within Working Parties 1 and 29 of the Economic Commission for Europe, to exchange information on best practices and to develop recommendations for a comprehensive road injury prevention strategy addressing vehicle, human behaviour and infrastructure aspects.

In a message to the international community on World Health Day 2004, our President, George W. Bush, expressed America's strong commitment “to traffic safety and to the goal of saving more lives throughout the world”.

The time for action is now. Providence has given us an opportunity to change history. No other public health crisis is so clearly curable. No other cause of death is so clearly preventable, if only the world's leaders join together to educate each other and our citizens about how to stop the needless deaths on our roads.

That is the job before all of us. If we stand resolved to do our jobs, millions in our global family will be spared pain and heartache, and that is a goal worthy of all of our efforts.

Mr. Omurxak Tussumov, Head of Traffic Police, Ministry of Internal Affairs of Kazakhstan

(Spoken in Russian) First, I wish to thank the President for having convened this meeting of the General Assembly devoted to the question of the global crisis in road traffic accidents. The relevance and timeliness of this endeavour is beyond question, bearing in mind the fact that traffic accidents are becoming a prime cause of human death. According to forecasts by the WHO, by the year 2020 road accident injuries could become a more serious threat than malaria, tuberculosis and AIDS. Of special concern is the fact that, increasingly, the victims of road traffic accidents are young people.

Analysis of the situation shows that road accidents have a physical and psychological impact not only on the victims, but also on their families. They have a negative social and economic impact, particularly on health, and are draining resources from economic and social objectives. Bearing in mind the scope of the crisis, we feel that efforts must be made by the United Nations and its specialized agencies and programmes to develop a comprehensive policy in the area of road traffic safety. We fully share the view that United Nations agencies could include road traffic safety in their strategies in such areas as sustainable development, the environment, gender issues and policies related to the interests of children, women and the elderly.

We also feel that road traffic safety should be the focal point of attention of countries whose roads are part of international transit corridors. The Almaty Programme of Action to expand cooperation among landlocked and transit developing countries emphasized particularly that the main problems of road safety are the absence of unified technical standards and poor technical servicing. Given the extreme urgency of the problem, Kazakhstan considers draft resolution A/58/L.60/Rev.1, submitted by Oman, as enhancing security for road traffic throughout the world, with special emphasis on the need to strengthen international cooperation in order to bolster the measures taken by developing countries and countries in transition in particular to build their capacity to provide for road safety. It is very important that a coordinating role within the context of the

United Nations on issues of road traffic safety be given to WHO, whose work will be supported by the United Nations regional commissions.

Kazakhstan is the centre of the Euro-Asian continent. The overall length of our roads is more than 100,000 kilometres, 13,000 of which are of international importance. Roughly 15 million people live in the territory of Kazakhstan, using more than 1.4 million cars. The Government of Kazakhstan gives priority attention to road safety matters. Legislation in the area of traffic safety in the Republic is nearly complete. The basic provisions of the State system have been enshrined in our law on road traffic safety, which governs the legal norms for ensuring road traffic safety.

The law establishes the legal norms regulating road safety issues. It lays down the principle of prioritizing the lives and health of citizens over the economic imperatives of business activities, as well as State responsibility for ensuring road safety. It also sets out the authorities of government and State organs and establishes the responsibilities of participants in road safety management whose activities are linked to transport and traffic organizations.

Three State programmes regulating traffic and road safety have been established and integrated since we achieved independence. We also have established two advisory bodies whose work it is to prepare strategic proposals in this area. We are a party to the United Nations Convention on Road Traffic and to other conventions in this area.

We wish to point out in particular that the way in which we manage traffic and traffic safety conforms to international requirements and that large towns in Kazakhstan have automated traffic control systems. Here, we make use of the latest technologies. In connection with national legislation, our Ministry of the Interior is addressing the issue of road traffic safety and is administering a uniform State policy.

On 7 April we observed the traditional celebration of World Health Day. This year we will address the problem of injuries resulting from road traffic accidents. Kazakhstan fully supports the Secretary-General's appeal for international cooperation and unity in this global campaign.

“[Our] law establishes the legal norms regulating road safety issues, lays down the principle of prioritizing the lives and health of citizens over the economic imperatives of business activities, [and outlines] State responsibility for ensuring road safety.”

—Mr. Omurxak Tussumov

Ms. Karla González, Former Vice-Minister for Transport of Costa Rica

(Spoken in Spanish) I am pleased to be here on behalf of my country to speak about a subject that is of such sensitivity in today's world. Roads are the constant scene of death, and this is something we are all obliged to correct. Costa Rica has demonstrated its firm political commitment to addressing the issue of road safety. This is reflected in our national road safety programme, through which we have proposed to tackle the issue by means of measures in six areas: infrastructure, traffic police, the education system, driver licensing procedures, strengthening legislation, and related information campaigns.

On infrastructure, we have identified projects in our country that have ignored road safety or have been devoid of road safety content: it had been our habit to build roads without introducing the necessary road safety criteria into their design. In Costa Rica, this is now changing.

Secondly, over the past two years we have completely changed the role of the traffic police, who used to engage in passive supervision and who reacted only after an accident had taken place; we are ensuring that they begin to carry out more active supervision. I believe that our police now understand that they have a primary role to play in accident prevention.

Thirdly, President Pacheco has signed a degree introducing road safety education into curriculums from kindergarten to college.

Specifically with regard to the courses that must be taken to obtain a driving license, we are modifying both the theoretical and practical tests.

“It had been our habit to build roads without introducing the necessary road safety criteria into their design. In Costa Rica, this is now changing.”

–Ms. Karla González

On information campaigns, let me highlight the seat-belt campaign my country launched a mere six months ago under the motto “For love’s sake, use your belt”, with the support of the International Automobile Federation. We were surprised to find that only six months on, our legislators have adopted a law making seat-belt use mandatory in Costa Rica.

Costa Rica is pleased to be a sponsor of draft resolution A/58/L.60/Rev.1, introduced by Oman, precisely because we believe these to be key elements in preventing continued deaths on our roads. Costa Rica believes that all the actions that have been proposed, and which I have just outlined, have enabled us in just one year to prevent 50 deaths compared with the previous year. We have thus achieved a one-point reduction in death rate per 1,000 inhabitants since beginning our national road safety programme about two years ago. We firmly believe that this battle is worth the effort; we can win only by making it a priority both for government and for civil society.

Mr. Zhang Yishan, UN Deputy Permanent Representative of China

(Spoken in Chinese) In observance of this year’s World Health Day, WHO and the World Bank launched the *World report on road traffic injury prevention*. The Chinese delegation takes this opportunity to convey its heartfelt thanks to the WHO, the World Bank and experts from a number of countries for preparing that report. We believe that the report’s recommendations for improvements will be very useful to all Governments in further improving road safety.

The present situation with respect to global road safety is most grave. Worldwide, an estimated 1.2 million people are killed in road accidents each year and another 50 million are injured or disabled. The result is a direct economic loss in excess of \$500 billion. It is projected that by 2020 traffic deaths will reach 2.34 million a year, making them the



third largest factor in the overall burden of disease and injury — well ahead of AIDS, tuberculosis and lower respiratory infections. It is worth noting that 90 per cent of traffic accident injuries occur in low- and middle-income countries, a trend that continues.

Those facts demonstrate that traffic injuries are an increasingly serious public health hazard. Without immediate effective preventive action, traffic injuries will have even more serious economic and social consequences for all countries, especially the vast number of developing countries.

As the *World report on road traffic injury prevention* points out, “Road safety is no accident”. Traffic injuries can be controlled and prevented through rational analysis and appropriate measures. All Governments bear primary responsibility in that regard; at the same time, the business, health, education and media sectors and non-governmental organizations must pool their efforts. We support close cooperation among the General Assembly, the regional economic and social commissions, the WHO and the World Bank with a view to increasing the attention devoted to this problem. It is our belief that, with

the concerted efforts of the international community, the goal of reducing global road traffic injuries can definitely be achieved.

China is a developing country with a population of 1.3 billion. It faces a grave road safety situation. In the period 2001 to 2003 China's traffic death toll exceeded 100,000 per year, with annual injuries averaging more than 500,000 and with economic losses of some 3 billion Yuan renminbi: more than \$300 million. The major causes of traffic injuries are the lack of safety awareness among drivers, poor road conditions and traffic environment, and inadequate management standards.

The Chinese Government attaches great importance to its work on road safety. President Hu Jintao and Prime Minister Wen Jiabao have repeatedly issued key directives with regard to firmly reversing the trend towards increasing numbers of road accidents. The State Council has made clear that a goal of the Government is to significantly reduce injuries from traffic accidents from the present high rate, to get them under control and to affect a gradual decline.

In order to achieve that goal, last year the State Council established an inter-ministerial joint conference mechanism for road traffic safety, with the Ministry of Public Security as the lead agency and with the participation of 15 governmental departments to coordinate and plan road traffic safety activities. In October 2003, the Standing Committee of the National People's Congress of China adopted a road traffic safety act, the primary aim of which is to protect the safety of people. Taking into full consideration the many risk factors of road traffic, that law codifies the various preventive legal measures, including in particular clear provisions for the safety of vulnerable road users, such as pedestrians. The law will enter into force on 1 May. We are sure that it will play an important role in improving road traffic safety and in preventing traffic injuries in China.

“Without immediate effective preventive action, traffic injuries will have even more serious economic and social consequences for all countries, especially the vast number of developing countries.”

—Mr. Zhang Yishan

Mr. Viktor Kiryanov, Head of the Road Traffic Safety Inspectorate of the Ministry of Internal Affairs of the Russian Federation

(Spoken in Russian) Road traffic injuries continue to be among the most urgent socio-economic problems facing the world community. The Secretary-General's report “Global road safety crisis” and the report of the WHO fully illustrate the urgency of the problem and lay out a strategy for the inclusion of all countries of the world in a solution to the crisis.

Among one of the most important areas of strategy development is the participation of State structures — above all, the Governments of our countries — in developing and implementing national road safety programmes, with the support of State financing. Naturally, these programmes must take into account the experience of Governments in addressing road traffic injuries.

The Russian Federation fully shares the concern of the United Nations with regard to the global crisis in road traffic safety, as reflected in the resolutions adopted on 22 May and 5 November 2003. Unfortunately, the situation with respect to road traffic safety in the Russian Federation remains highly unfavourable. In 2003, there were 204,267 accidents on Russian roads, in which 35,600 people died and more than 244,000 were injured. Moreover, an increase in road traffic injury indicators has been observed four years in a row. Since 2002, the number of accidents has increased by 10.8 per cent, the number of deaths by 7 per cent and the number of injuries by 12.7 per cent.

As in the past, a major role in traffic injuries is played by the human factor, in particular by aggressive driving. As members know, this problem was addressed during the Fourth Road Safety Week, observed in the countries of Europe on the initiative of the United Nations Economic Commission for Europe from 5 to 11 April, and the special seminar that was held in Geneva within the framework of the Week.

The illegal aggressive behaviour of drivers is the primary cause of the high rate of accidents. In the Russian Federation, almost 80 per cent of road traffic accidents are connected with driver violations of traffic rules. The most common violations causing accidents are, inter alia, drunk driving, speeding and driving on the wrong side of the road. We fully understand the tragic nature of the situation and feel that a solution to the crisis lies in a comprehensive approach to the problem of road accidents, including by improving road traffic safety legislation and by implementing the relevant international norms.

The Russian Federation is currently working on improving and strengthening legal accountability for flagrant traffic violations, the main cause of road accidents incurring death and injury. My country is actively seeking the most effective measures to ensure the maximum possible reduction of social and economic losses from accidents. At the federal and regional levels, we are developing a number of measures, including the organization of passenger transportation, especially that involving children; the prevention of traffic injury for children of school and pre-school age; the improvement of construction and operational safety in transportation and of traffic organization in towns; and other important steps. Special attention is being given to the infrastructure necessary to ensuring pedestrian safety. Bearing in mind the importance of that problem, a number of measures are being taken in towns and developed areas to separate pedestrian and traffic movement.

Among the activities aimed at improving basic road traffic safety, the Council of Federation of the Federal Assembly of the Russian Federation plans to hold parliamentary hearings in June on the subject of optimizing the legal basis for ensuring road traffic safety in our country. The positive results achieved in that area include several changes and additions to the legal norms governing road traffic, above all the traffic regulations of the Russian Federation. Those norms are based on the relevant international conventions and agreements and on the recommendations elaborated by the Economic Commission for Europe Inland Transport Committee and its Working Party on Road Traffic Safety.

We would also note that an important stage has been reached with respect to the improvement of international legal road traffic safety norms with the elaboration of a substantial package of amendments to the 1968 Vienna Conventions on Road Traffic and on Road Signs and Signals, as well as to the 1971 European Agreements supplementing the Conventions. This work has been done by the Working Party on Road Traffic Safety, with the participation of a delegation from the Russian Federation. A new system of regulations and traffic signs is being developed for tunnel safety and we shall be introducing a new model national driving test that will considerably facilitate international traffic. In our opinion, one of the most important innovations of the amendments is the reduction in the acceptable level of blood alcohol from 0.8 to 0.5 mg/ml. In the near future, the Russian Federation will address a confirmed package of amendments to the Secretary-General.

In conclusion, I highly commend the work of the Working Party on Road Traffic Safety of the United Nations Economic Commission for Europe, which could fully assume the function of a global forum on road traffic and ensure that the draft resolution to be adopted at this meeting, of which we are a sponsor, will be a further step towards solving a worldwide problem of modern civilization affecting the lives and health of those who travel by road.

Ms. Nabeela Abdulla Al-Mulla, UN Permanent Representative of Kuwait

(Spoken in Arabic) My delegation extends its gratitude to the delegation of the Sultanate of Oman for its effective and special efforts to address the problem of road safety, a global issue with a negative impact, and a cause of real suffering.

“One of the most important areas of strategy development is the participation of State structures—above all, the Governments of our countries—in developing and implementing national road safety programmes, with the support of State financing.”

—Mr. Viktor Kiryanov

The United Nations system should coordinate international efforts to limit the impact of road accidents. That is in full accordance with the noble objectives for which the Organization was established. We hope that the Assembly will adopt the draft resolution presented earlier by Mr. Yousef bin Alawi bin Abdullah, Minister Responsible for Foreign Affairs of the Sultanate of Oman.

My delegation became aware of this agenda item when it was introduced at the fifty-seventh session of the General Assembly. We have heard all the horrific statistics published on the negative impact of road accidents, in particular that approximately 1.26 million people worldwide were killed in such accidents in 2000. The number of deaths from injuries of all kinds is expected to rise to 8.4 million by 2020. We have learned that road accidents are the third largest cause of death worldwide.

Like all our brother States of the Gulf Cooperation Council, we suffer from the negative effects of road accidents. The latest official statistics, published in the context of World Health Day, show that in Kuwait, road traffic accidents reached 36,000 in 2002, causing approximately 315 deaths. In 2003, there were 45,000 road accidents, causing 372 deaths, mostly of men between 21 and 40, which are the most productive years for men in any society. This situation demands that the Government and society work tirelessly to prevent road accidents. One must take into account the fact that Kuwait's population does not exceed 1 million.

At the regional level, road accidents in the Gulf States are the leading cause of death: there is one death every two days as a result of road accidents. Kuwait and its brother countries of the Gulf Cooperation Council attach all due importance to this issue, as reflected in the periodic meetings among traffic officials of those States to coordinate their approach to reducing the number of road accidents. Road safety week, the so-called Traffic Week, is held simultaneously in all the Gulf States; there are Traffic Week seminars and public awareness and education campaigns on the need for safety measures and enforceable legislation to reduce traffic accidents, which, as I said, are the leading cause of death in our countries.

We have also held a series of meetings and seminars on this subject. In particular, I refer to the first seminar on road traffic safety, held in Muscat in 1992, and the recent Qatar meeting devoted to road accidents, in which more than 1,600 researchers and specialists from all sectors participated.

We shall continue our international and regional efforts to create an awareness and world interest network in order to mitigate the effects of road accidents on people's lives, especially because this crisis is caused mainly by human beings. We must find a solution and prevent the incidents that cause death and disability.

Kuwait believes that these statistics are more than mere numbers. They should motivate us to attach great importance to this issue at the international level — the same degree of importance that we attach to other deadly phenomena, such as war, epidemics and malaria, AIDS and other diseases. This is all the more true because the social and economic consequences of road accidents — which leave people dead or handicapped — on poor societies and developing countries, particularly in South and East Asia, are very clear. Statistics indicate that the annual cost of road accidents is approximately \$580 billion. Thus, it is urgent that international assistance and cooperation be extended to the developing countries that are most affected.

In that connection, we stress the need to develop international plans and programmes to prevent such accidents. Such programmes must take into account the financial situation of developing countries so that they do not become an additional burden on those countries. They must also take into account differences among the various legislative systems of States.

To that end, Kuwait welcomes the efforts of WHO in this area, which have aimed to highlight the issue and which made road safety the main theme of World Health Day on

“These statistics...should motivate us to attach great importance to this issue at the international level—the same degree of importance that we attach to other deadly phenomena, such as war, epidemics, malaria, AIDS and other diseases.”

—Ms. Nabeela Abdulla Al-Mulla

7 April 2004. We also pay tribute to the joint initiative of the French Government and WHO, which led to the convening of an international conference on road safety and accident prevention, held in Paris on 7 April. My country will study the recommendations contained in the World Report issued at that conference.

Mr. A. Gopinathan, UN Deputy Permanent Representative of India

We thank the Acting President and the Deputy Secretary-General for their introductory remarks. We also commend the WHO for its contribution to this debate, including through the *World report on road traffic injury prevention*. We express our appreciation to the delegation of Oman for its steadfastness of purpose in inscribing this item on the agenda of the General Assembly and in highlighting it.

We in India attach importance to addressing the problem of road traffic safety and to reducing the adverse consequences of traffic accidents. The Ministry of Road Transport and Highways has been entrusted with responsibility for formulating road safety policies. The Ministry compiles data on road accidents and prepares annual road safety plans.

Various initiatives being implemented include publicity campaigns, grants-in-aid to nongovernmental organizations for organizing road safety programmes and creating awareness, a national highway accident relief service scheme, refresher training for heavy vehicle drivers and the setting up of model driving training schools. Publicity programmes include the printing of calendars and the broadcasting of advertisements on radio, television and other mass media. A road safety week is organized every year to raise awareness. Last year, 22,000 drivers of heavy vehicles in the unorganized sector were provided refresher training through non-governmental organizations and local institutions. Awards have been instituted at various levels to recognize important contributions made to road safety.

The linkage between poverty and underdevelopment on the one hand and road safety on the other has been brought out very clearly in the report of the Secretary-General (A/58/228), as well as in the report co-published by WHO, which was released on 7 April. Factors such as driver fatigue, old and unsafe vehicle design, unclear marking of intersec-

tions and unsatisfactory driver training are some of the more important contributory factors to road accidents. The Secretary-General's report points out that a number of strategies and policies have contributed to dramatic decreases in road crashes in developed countries. It goes on to say, very correctly, that those strategies cannot simply be transferred to, or replicated by, developing countries in a purely mechanical way.

Given this scenario, the imperative, in our view, for increasing international cooperation to assist the developing countries to effectively address issues of road safety cannot be overemphasized. We appreciate the efforts being made in this regard through the World Health Organization. We would also like to acknowledge the work done by the regional commissions of the United Nations, particularly the Economic and Social Commission for Asia and the Pacific (ESCAP). ESCAP has, along with a number of other initiatives, developed an aggregated and

computerized Asia-Pacific road accident database. That database, together with its user-friendly software, is aimed at improving road safety by providing a tool to administrators and policy makers to analyse the safety situation in comparison with that of other countries. The software also assists in the development of appropriate strategies and realistic targets and in the monitoring of the effectiveness of national road safety action plans. We are happy that India proposed that initiative for the work programme of the very first session of the ESCAP Committee on Transport, Communications, Tourism and Infrastructure Development. We are collaborating with ESCAP on a pilot project in India for the development of a national road accident database. This project is being funded by the Government of India.

“The imperative for increasing international cooperation to assist the developing countries to effectively address issues of road safety cannot be overemphasized.”

–Mr. A. Gopinathan



Despite the initiatives already under way, there is scope for further international cooperation. Such cooperation needs, in our view, to extend beyond the development of international instruments or the universalization of standards that may have been developed in one region. We are happy that draft resolution A/58/L.60/Rev.1, which we will be adopting today and which we feel privileged to have sponsored, recognizes the importance of supporting the efforts of developing countries to build capacities in the field of road safety and of providing financial and technical support for their efforts. We look forward to the effective fulfillment of that commitment.

Ms. Laxanachantorn Laohaphan, UN Permanent Representative of Thailand

I should like to begin by adding my voice to those of representatives who have spoken before me in expressing our appreciation to you, Sir, to the Secretary-General and to the Director-General of the WHO for sharing your thoughts and visions on the issues of global road safety. I wish to commend the Government of France, the WHO and the World Bank on their initiative in preparing and launching last week the *World report on road traffic injury prevention* to promote much-needed awareness on this issue. I also wish to thank the Government of Oman for taking a lead in bringing this topic before the General Assembly. My thanks also go to His Excellency the Permanent Representative of Oman for his hard work, patience and guidance throughout the process of formulating the draft resolution at hand in document A/58/L.60/Rev.1.

Preventing road accidents is not anyone's responsibility in particular. Yet, it is everyone's problem. Therefore, to succeed in our endeavour of making our roads safer, concerted efforts and commitments are needed at both local and international levels.

The WHO report thoroughly analyses global road safety problems and presents practical and flexible recommendations for the improvement of road safety. Those recommendations coincide with a majority of Thailand's multisectoral policy in tackling road safety issues. I wish to share the essence of those policies with the Assembly, as they may be of relevance to the efforts undertaken by Member States.

It is now evident that in many countries, especially developing ones, motorized-transport deaths and injuries lead to significant social and economic losses. Thailand is no exception. Road accidents are one of the top three public health problems in Thailand. In 2002, social and economic losses resulting from motorized-transport deaths and injuries in Thailand amounted to 2.13 per cent of the country's gross domestic product. In that year, over 13,000 deaths and more than 1 million injuries were caused by road accidents. Several thousand victims were disabled and lost their livelihoods. Three fourths of the victims were motorcyclists, with an average mortality rate of almost two deaths per hour. Fully aware of the magnitude and impact of this problem, the Government has placed the reduction of road traffic injury high on its national agenda. Since 2002, the Government has emphasized the urgent need to design systemic policies to tackle road safety problems at all levels: local, municipal, provincial and national. The Government realizes that, first and foremost, political commitment and consistent, strict enforcement of road traffic laws at the municipal, provincial and national levels are needed in order for initiatives related to road safety to generate the intended results.

“Preventing road accidents is not anyone's responsibility in particular; yet, it is everyone's problem... To succeed in our endeavour of making our roads safer, concerted efforts and commitments are needed at both local and international levels.”

–Ms. Laxanachantorn Laohaphan

In 2003, the Government established the Road Safety Operations Centre (RSOC) to be the lead agency in coordinating efforts of various sectors of the country in designing and implementing multi-sectoral, integrated and systematic action plans that would effectively tackle the nation's road safety problems. Headed by a Deputy Prime Minister, the Centre has the sufficient authority and leadership to prepare a plan of action to mobilize resources and encourage cooperation from government agencies, private organizations, nongovernmental organizations and civil society. RSOC has been able to establish several initiatives aimed at reducing accidents and improving safety on roads: introducing a “Don't drink and drive” campaign to alert drivers, motorcyclists and other road users to the dangers of drinking and driving; requiring motorcyclists to wear safety helmets and to turn on their headlights during daytime to increase their visibility to other motorists; imposing mandatory requirements for wearing seat belts; and enforcing speed limits, improving road conditions and encouraging the use of rest areas to ensure greater safety on the roads.

To complement those initiatives, the Government enacted legislation that increases fines and penalties for traffic violations. A policy that emphasizes stringent and prompt enforcement of the laws was adopted at the same time. Traffic police throughout Thailand are now equipped with blood-alcohol meters. Motorcyclists are now required to wear safety helmets, and automobile passengers are required to wear seat belts at all times. Traffic police are now assisted by community volunteers to randomly set up checkpoints on major highways, expressways and local roads to detect violators. Any driver that has an excessive blood-alcohol level is fined and detained instantly before being summoned to court for penalties and community services. Motorcyclists who do not wear safety helmets are being ticketed on the spot.

Aside from stringent rules and regulations for motorists, the Government has also examined other issues associated with road safety in an attempt to address these problems in an integrated manner. Financially, we are trying to mobilize more financial resources to support road safety initiatives through the establishment of a Road Safety Fund. On data collection, the Government is upgrading injury and accident surveillance systems to collect standardized and reliable accident data for future planning. On the infrastructure front, various government agencies are improving road safety by promoting safer road planning and design, reducing hazardous locations and improving road conditions by repairing black spots and installing more traffic signs, and inducing greater use of rest areas by improving the facilities and services provided. Through education, the Government is instilling safe driving and transportation habits in children and teenagers, who are the most vulnerable to road accidents. On public relations, the Government is attempting to raise

public awareness of the importance of safe driving practices and vehicle safety standards, while fostering a friendly attitude on all roads. Last but not least, our private sectors are actively involved in promoting road safety campaigns such as those on no cellular phone use while driving and on the offer of free safety helmets with a motorcycle purchase.

Thailand's Road Safety Operations Centre has been in operation for less than two years. Nevertheless, results to date are encouraging. Public awareness of the importance of safe driving and riding practices is rising, as reflected in the decreasing numbers of drunk driving incidents recorded in metropolitan areas and in the decreasing number of motorcyclists who are fined for not wearing safety helmets.

In support of efforts undertaken at the international level, the Government designated 2004 as the National Year of Road Safety in order to complement the WHO global road safety campaign. As roads continue to serve as an economic and social link between peoples, Thailand will continue to do its utmost to improve road safety in Thailand. We would also be happy to share our road safety initiatives and their results with interested countries.

As the Secretary-General and the Director-General of the WHO have clearly stated, with close coordination and collaboration from all relevant sectors, road accidents can be prevented. My delegation therefore wishes to encourage all Member States to deploy their best efforts in assessing and addressing national road safety problems, drawing upon the recommendations of reports of the Secretary-General and of the WHO as basic guidelines. My delegation also wishes to call on countries that possess expertise on road safety to share their best practices and knowledge with other countries to complement their endeavours.

At the same time, my delegation wishes to urge the United Nations system, including the WHO, and other relevant international organizations to strengthen their support to Member States that need assistance in carrying out their initiatives. My delegation strongly believes that, with the commitment of all Member States and the international community as a whole, together we can strive to make our roads safer and to maximize the benefits of road transport for all countries and peoples.

Mr. Ahmed Aboul Gheit, UN Permanent Representative of Egypt

(Spoken in Arabic): The delegation of Egypt thanks the Minister for Foreign Affairs of Oman and the Omani delegation for their vigorous efforts to mobilize international support in addressing the global road safety crisis. Egypt is a sponsor of draft resolution A/58/L.60/Rev.1, which is before the Assembly this morning, because it is aware of the growing need for a holistic approach to improving global road safety and for stanching the continuing flow of blood from traffic accidents. That is true especially because traffic injuries are sapping human and productive potential in countries throughout the world, especially in developing countries — which desperately need all their sources of economic and human energy to meet the challenges of development.

Egypt shares the pain and suffering of the rest of the world with respect to road tragedies. Like other countries, Egypt suffers human and economic losses; it loses citizens who could be contributing to development. Moreover, road accidents entail vast costs in the provision of medical treatment for victims, and they drain our productive capacity.

For years, Egypt has been developing and implementing policies intended to tackle the crisis. Most Government organs participate in implementing those policies, and civil society — through various organizations within the country — is playing a key role by launching awareness campaigns and providing support and assistance to victims and their families.

The draft resolution before the Assembly lays out a clear vision with respect to engendering and enhancing international cooperation to address the road safety crisis.

“Traffic injuries are sapping human and productive potential...especially in developing countries, which desperately need all their sources of economic and human energy to meet the challenges of development.”

—Mr. Ahmed Aboul Gheit

Here, Egypt welcomes the draft resolution's invitation to the WHO, working in close cooperation with the United Nations regional commissions, to act as a coordinator on road safety issues within the United Nations system, and its request that regional expertise be drawn upon.

The information and statistics set out in the *World report on road traffic injury prevention*, co-published by the WHO, further clarify the dimensions of the global crisis; the report stresses the pressing need for concerted international efforts to address the global road safety crisis. These tasks must not remain the sole preserve of the WHO and the regional economic commissions: it is the duty of all relevant regional and international institutions and organizations to participate. The private sector too has a pivotal role to play.

Egypt calls upon the Secretariat to include in the report of the Secretary-General to be submitted to the General Assembly at its sixtieth session an overview of the areas in which support can be extended to developing countries. As I have noted, those countries are at a disadvantage in facing up to the road safety crisis. We hope that this would further contribute to the attainment of the Millennium Development Goals.

Mr. Iftekhar Ahmed Chowdhury, UN Permanent Representative of Bangladesh

As we speak today, another 3,000 deaths are occurring as a result of road traffic accidents. Another 100,000 people are sustaining injuries. Those staggeringly high casualty figures are nearly as high as those for global conflicts, HIV/AIDS, anti-personnel mines and other major global public health concerns.

Most often, road traffic accidents do not attract as much media attention, but their impact on society can be just as adverse. Ninety per cent of these injuries occur — and will continue to occur — in developing countries. The dead or injured are often young, in their productive years, which leaves their families and economies deprived and affected. What is alarming is that, if the current trends continue, those numbers will increase by 65 per cent over the next 15 years, probably making road accidents one of the top few global public health concerns. The lack of reliable and accurate data on road traffic casualties renders it even more difficult to assess the actual extent of losses, both human and socio-economic.

What is encouraging is that most of these tragic losses can be prevented and even significantly reduced if their root causes are addressed effectively and collectively. What is required is an immediate mass awareness campaign about the seriousness of the global road safety

problem at the national and international levels. What is most desirable is a true partnership among all stakeholders, including Governments, global and regional organizations, civil societies, private sectors and the international donor community in order to be able to face up to the challenge together.

Bangladesh, being a densely populated developing country in the midst of a significant societal transformation, has long identified and placed the road safety problem amongst its major national public safety concerns. The high prevalence of death and injuries from road traffic accidents every year cause us irreconcilable human suffering and irreplaceable loss of valuable lives and resources. A strong and steady civil society movement, entitled "We demand safe roads" with a manifesto entitled "Roads must be safe, not death traps", has since 1989 garnered tremendous public awareness and support to our national road safety movement. The Government is making every effort to own and drive the national road safety policies and programmes.

22 October, preceding United Nations Day, is observed in Bangladesh as the National Safe Road Day. On that day we reaffirm our national resolve to save every life possible from the tragic consequences of road accidents and hold country-wide awareness programmes. These include the collection of blood donations, the organization of seminars and rallies, and publications for citizens encouraging them to exercise greater individual

"We seek the support of friends and global institutions in this endeavour...financial and technical assistance to implement road safety programs must be forthcoming."

—Mr. Iftekhar Ahmed Chowdhury

civic responsibility and to observe safety measures on the road. Despite our limited resources and institutional capacities, we plan to take this social movement to the regional and global levels through governmental and non-governmental organizations, civil society and private sector partnerships. We seek the support of friends and global institutions in this endeavour.

It is in this spirit of ownership that Bangladesh has joined the list of sponsors of draft resolution A/58/L.60/Rev.1 on the global road safety crisis. We express our deep appreciation to the Permanent Representative and delegation of Oman for their tireless efforts in negotiating this consensus text, which enjoys cross-cutting support. The WHO and the World Bank are also deserving of high praise for their proactive institutional approach to the global road safety crisis, including the launching of the first *World report on road traffic injury prevention*, and for the observance of the World Health Day this year with the theme “Road safety”. It could not have been more befitting.

Indeed, now is the time to act on the key recommendations of the report, particularly the systems approach on five critical areas for effective interventions for safer roads. Minimizing risk and optimizing safety is key. While countries develop a strong will and well-organized national social awareness movements to prevent our roads from becoming death traps, commensurate financial and technical assistance to implement those road safety capacities must be forthcoming. Bangladesh also attaches great importance to the sharing of best practices on road safety among Member States and within the United Nations system through the dissemination and management of knowledge using United Nations regional commissions, the United Nations Department of Public Information and the WHO. As a member of the Economic and Social Council and Chair of the Committee on Information, we will do our utmost to achieve these objectives. The engagement of and networking among the media, civil society and the private sector are of paramount importance, as Governments alone can only do so much.

Last but not least, Bangladesh calls upon all Member States and the Secretariat to consider the proclamation by the United Nations of an international day to be observed by peoples of the world as their global road safety day. Such a day, we strongly believe, would heighten awareness among the wide range of actors and sectors about their required level of involvement. We would suggest 22 October in that regard.

Let us act now, together, coherently and in a sustained manner to evolve public health and development strategies to minimize the scourge of road accidents. Let us ensure that these are mutually reinforcing, taking us closer to the Millennium Development Goals

Mr. Hjalmar W. Hannesson, UN Permanent Representative of Iceland

While road traffic safety should first and foremost be addressed at the national and regional levels, it should also clearly be dealt with at the international level, preferably within the United Nations system. At the outset, I would therefore like to express Iceland's continued support for the laudable Omani initiative and thank the delegation of Oman for bringing this important subject matter to our attention.

The Icelandic Government has recently published a traffic safety plan to the year 2012. The main aim is to make Iceland a model society in road traffic safety and to raise awareness among the public that one accident is one too many. We have already experienced a reduction in fatal and other serious accidents, but the goal is a further 40-per cent decrease in such accidents in the next eight years. From 1980 to 1989, the death toll was 10.3 per 100,000 inhabitants, but in 1990 to 2000 it was reduced to 7.8.

The emphasis of the new traffic safety plan will be on safer speed; the use of safety equipment, such as seatbelts and safety seats for children; safer drivers with improved

“If all drivers in Iceland were to respect speed limits, fatal accidents would be 35 to 40 per cent fewer.”

–Mr. Hjalmar W. Hannesson

education and tests; preventing driving under the influence of alcohol, drugs or fatigue; improving the safety of roads and their environment; and strengthening police patrol and the effectiveness of the justice system in dealing with traffic law violations.

A study published in Iceland on the occasion of World Health Day on 7 April found that, while cars and roads have become safer, the three main risks to road traffic safety are speeding, drunk driving and not using seat belts. All these risks are very much within the responsibility as well as control of the individuals concerned.

It is believed that, if all drivers in Iceland were to respect speed limits, fatal accidents would be 35 to 40 per cent fewer. It has also been established that, in the years 1998 to 2000, 46 per cent of the people who died in traffic accidents in Iceland did not use seat belts. Many of them could have saved their own lives by using them. Driving under the influence of alcohol is still a problem, but here the emphasis is on preventive measures. Surveys indicate that some progress has been made.

In Iceland, good cooperation between all the parties concerned has been essential in achieving success in improving road traffic safety and many campaigns have been launched throughout the years to engage and increase awareness among the public. The study that was issued on World Health Day was made by a committee consisting of representatives from all sectors of society, including the Government, the municipalities, non-governmental organizations and the private sector. The study established that traffic law violations make up 72 per cent of all registered law violations in the country, at an enormous cost to society, both in human and financial terms.

It is those negative consequences to our societies that make it worthwhile for all of us to also address this problem at the international level. In recent years, research on traffic safety has increased and, hopefully, more knowledge will result to add to traffic safety worldwide. For our part, we stand ready to share our experiences with other countries.

Mr. Isikia Rabici Savua, UN Permanent Representative of Fiji

My delegation extends its gratitude to the Secretary-General for his report on the global road safety crisis (A/58/228). The report presents an excellent overview of the humanitarian crisis that affects the lives of individuals and communities globally.

We would also like to thank Dr. LEE Jong-wook, Director-General of the WHO, for his statement on the theme of road safety, as part of the World Health Day observance on 7 April 2004. My delegation extends many thanks also to the WHO for including the theme of road safety as part of World Health Day, on 7 April 2004. This is a clear indication that road safety is not only a political and social concern but, more important, a health and safety issue as well. I would also like to extend our appreciation to the Permanent

Representative of Oman for spearheading and fine tuning the draft resolution on global road safety (A/58/L.60/Rev.1), which I am certain will provide a common platform on which all Member States can be persuaded to reduce the number of road accidents.

According to statistics released by the Global Road Safety Partnership, a programme initiated by the World Bank, about 1.2 million people are killed in road accidents each year; most of these occur in developing countries. The developing countries' share of the death toll is a staggering 86 per cent, while they account for a mere 40 per cent of the world's motor vehicles. That imposes a financial burden of more than \$60 billion each year — an amount exceeding the entire annual flow of official development assistance to those countries. It also adds to the severe pressure placed on medical facilities and utilizes much-needed finances, which

could be more gainfully used elsewhere in the development process.

A survey recently conducted by the WHO in United Nations Member countries shows that road accidents are the second leading cause of death for people between the ages of 5 and 29 and are the third leading cause of death for people between the ages of 30

“Our human resources are too valuable to squander. Our global responsibility [is] ensuring that protection of human life will remain our highest priority.”

—Mr. Isikia Rabici Savua

and 44. The latter group actively contributes to the national economy, and the demise of such people results in loss of income to their families and loss of skills and labour to the national labour market. The WHO report forecasts that there will be an 80-per-cent increase in traffic fatalities in low- and middle-income countries by 2020 if preventive measures are not taken immediately.

As road safety is a global issue, the draft resolution will require our collective efforts to set up mechanisms that will drive strategies to assist in reducing road accidents. It is important to note that most accidents and injuries are preventable — if adequate



resources and suitable measures are in place. While the primary responsibility lies with Member States, there is an even greater need to strengthen partnerships among Member States and between States and the United Nations system for sharing knowledge and best practices and maximizing the use of limited resources. In this regard, regional coordination and cooperation must also be reinforced to assist developing countries in their respective regions.

Allow me to cite some of our national statistics. Indications are that road accidents decreased by 25 per cent over the period 1995-2002, while the number of licensed motor vehicles increased by 31 per cent over the same period. The situation is characterized by the fact that in 2002 all types of road accidents witnessed an 11 per cent decrease compared to 2001. Casualties sustained in road traffic accidents increased by 10 per cent in 2002 compared to 2001, and 34 per cent of casualties are made up of pedestrians. Forty-seven per cent of the total casualties and 52 per cent of total fatalities were recorded in the 20-40 year-old age bracket. While fatalities fell by 6 per cent, serious hospitalized cases rose by 30 per cent. The highest number of accidents occurred on Fridays and Saturdays.

Children are no exception; they are more vulnerable and more prone to road accidents. In Fiji children of 15 years of age and under accounted for 16 per cent of total casualties and 19 per cent of fatalities in 2002.

This reduction in the trend of accident statistics reflects the efforts of the Fiji National Road Safety Council to reduce accident figures. Those efforts include proactively launching awareness campaigns around the country to promote road safety for all road users, and for children in particular. Educating road users has been the hallmark of the Council in both rural and urban areas. The success of the Council's work is the result of a cordial relationship and a partnership between the Government and the private sector.

Fiji will continue to give priority to road safety. It is an issue worth investing in, in terms of money, time and resources. My country is willing to participate in regional initiatives in this regard among Pacific island States.

In conclusion, our human resources are too valuable to squander. Our global responsibility has to provide an environment conducive to ensuring that protection of human life will remain our highest priority.

Mr. Toshiro Ozawa, UN Permanent Representative of Japan

Traffic fatalities and injuries are serious problems in all our countries. As the *World report on road traffic injury prevention* was released by the WHO just last Wednesday, this is an opportune time for us to take up road safety issues here in the

General Assembly and to consider the role that the United Nations can play in promoting traffic safety in Member States.

To be effective, action on road safety must reflect the different situations of traffic rules and regulations and practices that prevail in each country. National Governments usually have the best knowledge of these matters, and thus it is they that should assume the primary responsibility for preventing road injuries, working in close cooperation with municipal and provincial authorities.

The United Nations can assist the efforts of Member States by promoting and facilitating cooperation among them, notably through facilitating the exchange of information about best practices. Each of us can learn from the others' experiences, both success stories and mistakes. The information exchanged, by its nature, is quite technical. Today, expertise on such matters resides in the regional economic commissions. Attempts to strengthen the exchange of information should therefore draw upon their expertise and should avoid duplicating the work that the regional economic commissions have already carried out. Japan believes that this principle should be respected when the World Health Organization assumes its role as a coordinator of road safety activities.

I would like to mention some of Japan's experiences. The number of traffic fatalities in my country hit a peak in 1970, with 16,765 victims. In response to the pressing need to take appropriate measures on this huge social problem, the Basic Law of Road Safety was enacted in the same year, and five-year plans have been implemented since then. In 2002, the number of fatalities fell to 8,326, about half of the 1970 level. Also, Japan is improving safety standards for motor vehicles, taking into account the worldwide harmonization of technical regulations and also promoting the development and wider use of advanced safety vehicles that utilize information technology.

From 1996 to 2003, national authorities implemented emergency measures to reduce traffic injuries, focusing on locations with a high incidence of accidents. The first step was to identify 3,196 such locations, using the data on accidents and traffic compiled respectively by the National Police Agency and the Ministry of Land, Infrastructure and Transport. The authorities on road management and the Public Safety Commission then carried out joint spot checks and detailed analyses of the causes of those accidents and implemented integrated and systematic measures, such as the improvement of intersections and traffic signals. These measures have had the effect of reducing traffic injuries by 30 per cent at those locations.

This latter experience has taught us many lessons. First, a collaborative approach by the Government agencies concerned is indispensable. Secondly, accurate data are a prerequisite for any effective plan of action. Thirdly, each action has to be evaluated so that there will be a continuing process of improving policy.

While the primary responsibility for road safety lies with national Governments, it is true that developing countries often have limited capacities to address this issue. Japan is aware of this problem and we try to assist those countries which have the political will but lack sufficient resources to act on their resolve. For example, the Government of Japan contributed approximately \$9 million to Nepal to improve the condition of 10 intersections in Katmandu in 2001. This project included the paving of roads, erecting fences to prevent pedestrians from crossing roads, and installing traffic signals for both drivers and pedestrians. In addition, the behavioural aspects of people with regard to road safety were addressed through the preparation of posters for road safety and textbooks for traffic

rules and through educational and training programmes.

There are a variety of actors who have a role to play in promoting road safety. We need to bear in mind the responsibilities of each of them. The United Nations is also an actor, but we should consider what real added value it can and will offer. With concerted efforts by all concerned, I believe that we can tackle the huge challenge of road safety efficiently and effectively.

“To be effective, action on road safety must reflect the different situations of traffic rules and regulations and practices that prevail in each country.”

—Mr. Toshiro Ozawa

Mr. John Dauth, UN Permanent Representative of Australia

I am honoured to be addressing the Assembly today and I am particularly glad, I have to say, to have the occasion to do so on the important topic of global road safety. I will be brief, as I know we are trying to get through a number of speakers before lunch. These few comments by Australia are in addition to the statement delivered earlier by the Permanent Representative of Fiji on behalf of the Pacific Islands Forum Group, with which we fully associate ourselves.

We consider the issue of road safety to be of great importance and have accorded it a high priority on our domestic political agenda. Our efforts at improving road safety have included a breadth of measures, such as requiring minimum safety standards in the manufacture of motor vehicles, investing in improving the quality and safety of roads, targeting known risk factors associated with motor vehicle accidents through strengthened policing, improving driver behaviour through raising public awareness of risk factors, and initiating programmes to assist young and novice drivers to become better drivers.

Australia is pleased to report that our measures aimed at improving road safety have been highly successful. Whereas in 1970, the number of road traffic deaths recorded in Australia was 30.4 per 100,000 people, by 2003 that figure had dropped by 73 per cent to 8.2 per 100,000 people.

Australia believes that the road fatality rate can be further reduced. To this effect, the Australian Government and Australian State and Territory Governments have adopted a national road safety strategy, supported by action plans, which aims to reduce the road fatality rate per 100,000 people by 40 per cent further, from 9.3 in 1999 to no more than 5.6 by 2010. Achieving this target would mean saving around 3,600 lives over the decade to 2010. It is a difficult target, but is one to which there is national commitment.

In the light of this commitment, which we all share, to do more to achieve improved road safety, Australia welcomes Oman's initiative, and particularly the work of our colleague, the Ambassador of Oman, and his instrumental role in bringing the issue of road safety to the attention of this Organization. While national initiatives may remain the cornerstone of efforts to improve road safety, there is no question that we can all benefit by sharing our experiences in this field, by exchanging information as to best practices and by learning from one another's successes.

What this draft resolution achieves, in inviting the World Health Organization — in cooperation with the various regional commissions — to act as a coordinating body on this issue is to facilitate the very exchange of information that I have spoken of. We are therefore delighted to co-sponsor the draft resolution.

Mr. Luis Gallegos Chiriboga, UN Permanent Representative of Ecuador

(Spoken in Spanish): The delegation of Ecuador first wishes to commend the Permanent Mission of the Sultanate of Oman for introducing onto the General Assembly's agenda an issue of such importance to contemporary society as that of the global road safety crisis. Secondly, we wish to reaffirm the readiness of the Government of Ecuador to cooperate with the United Nations in its current endeavour to achieve a significant reduction in accidents and lives lost through what we might describe as a "road traffic culture" for the international community.

As is rightly reflected in the Secretary-General's report, deaths and injuries resulting from traffic accidents have led to a crisis in the public health sector globally. It is therefore necessary to take urgent measures to address the magnitude of the problem, which in 2000 caused the deaths of approximately 1.2 million people. This prompts us to assert the firm resolve of the Government of Ecuador to pursuing its work not only to

"There is no question that we can all benefit by sharing our experiences in this field, by exchanging information as to best practices and by learning from one another's successes."

—Mr. John Dauth



improve roads, but also to ensure proper signage and an effective monitoring system that will allow us to provide timely assistance to people injured in vehicular collisions and constantly to update the road traffic education system.

Ecuador is a sponsor of the draft resolution before the Assembly, which we are convinced will be adopted by consensus. We feel absolutely certain that only cooperation between citizens and the relevant authorities in every country will make it possible to reduce the frequency of traffic accidents and significantly to lower the resultant death rate in the future. At the same time, international cooperation on road traffic issues is a significant factor in addressing this difficult challenge more effectively, since the exchange of information and improved knowledge of the techniques applied will allow us to enrich the domestic databases of each country. This, in turn, will help those countries to identify better ways of resolving the regrettable collateral effects of traffic accidents.

These injuries increase the number of people with disabilities, which affect their lives and those of their families and place a severe strain on the health system at the national and international levels, not only because it places greater demands on specialized personnel, but also because it has a marked impact on the fragile budgets allocated by Governments for the prevention and treatment of human health problems.

Notwithstanding all this, it is gratifying to be able to state that in Ecuador there is already a kind of road traffic culture, as I mentioned at the outset, which has been cultivated in primary and secondary schools, where students receive in their classrooms guidelines that teach them not only about traffic laws, but also about appropriate personal behaviour and the kind of first aid they could provide in the event of a vehicle collision. What was rare a few years ago is now common practice, such as the use of seat belts, which has saved countless lives on the Ecuador's highways and city streets, and the population's belief that the best way to avoid traffic accidents is to know and comply with the rules governing this activity and to take individual responsibility for operating a vehicle only when physically and psychologically capable of doing so.

The delegation of Ecuador wishes to place on record its satisfaction at the continued presence of this important item on the agenda of the United Nations. That is a guarantee of concerted international attention, because this forum is the most appropriate and secure way to seek solutions on road traffic issues, through understanding and cooperation in both the technical and the legal areas, because very often those who cause accidents do not accept responsibility for their lack of skill or incapacity. It is thus neces-

“[Road traffic] injuries...have marked impact on the fragile budgets allocated by Governments for the prevention and treatment of human health problems.”

–Mr. Luis Gallegos Chiriboga

sary to harmonize legislation so that the guilty can be brought to trial not only in the countries where they cause the accident, but also in those to which they have fled, thus preventing them from enjoying impunity for the deaths or physical disabilities they have caused.

Mr. Benno Laggner, UN Permanent Mission of Switzerland

(Spoke in French) We are happy to be here today to reaffirm our resolve to work together to combat this scourge to today's society: road traffic accidents. We commend the Secretary-General and the representative of the Government of Oman to the United Nations for their initiative in having brought the cause of combating the lack of road safety to the highest level. We also welcome the issuance of the excellent report on road traffic injury prevention, published jointly by the WHO and by the World Bank in connection with World Health Day, which, for the first time in its history, was devoted to road safety. The WHO is right in proclaiming loudly and clearly that road accidents are not inevitable.

We also hail the efforts of the Economic Commission for Europe (ECE), which proclaimed the week of 5-11 April as Road Safety Week, devoted to the topic of aggressive driving behaviour. Throughout that period, all ECE members simultaneously embarked on campaigns under the slogan "Respect is safety" — respect for the rules of the road of course, but also, and above all, respect for others and respect for life.

Switzerland, which also experiences road safety problems and has set itself the goal of halving the number of people killed and seriously injured by 2010, shares the same goal as the European Union in that regard and intends to associate itself with its approach. In order to attain the envisaged goals, no matter what they may be, it is not enough to simply apply short-term specific measures. Such measures need to be integrated into a more general framework, which, in addition to technical undertakings, requires very strong political will. All actors concerned should be involved in the design, development and implementation of this policy.

We also need to develop a comprehensive and consistent approach to ensure that society and the economy treat road safety and mobility as equally important; that road users follow behaviour that is responsible and respectful of others; that vehicles are safe from a technical standpoint; that infrastructure is designed, maintained and used in such a way as to ensure the safety of its users; and, lastly, that victims be promptly rescued in keeping with the highest standards. These goals can be achieved through, among other things, training, education, a policy of monitoring and effective sanctions, incentive schemes and many other measures. However, they can also be achieved through cooperation and coordination at the international level to develop experience-sharing activities based, among other things, on the accumulated knowledge within the United Nations system, perhaps by means of worldwide conventions on traffic rules and road signposting.

Switzerland fully endorses the role of WHO as a coordinator on road safety issues within the United Nations system, in keeping with the provisions of draft resolution A/58/L.60/Rev.1. We would wish to see close coordination and cooperation established between WHO and the ECE, which have solid experience in this area. There is no doubt that the fact that these two organizations are based in Geneva will encourage synergy in this field.

Today we are taking an important step in the right direction, but let us not forget that accident prevention is a long-term endeavour that will yield fruit only over the long term. We should therefore further step up our efforts to achieve our aims. Switzerland is ready to do that.

"Let us not forget that accident prevention is a long-term endeavour that will yield fruit only over the long term."

—Mr. Benno Laggner

Mr. Rastam Mohd Isa, UN Permanent Representative of Malaysia

Malaysia would like once again to thank and commend the Government of the Sultanate of Oman, and particularly Ambassador Al-Hinai, for the extremely proactive and constructive role it has played in generating serious discussion on the question of the global road safety crisis. We see this plenary meeting today as a very important follow up to the General Assembly discussion of last October, which led to the adoption of resolution 58/9, and to the ongoing work being carried out by various Governments, organizations and individuals in promoting a fresh and concerted approach to the problem of road traffic accidents and in dealing with its impact and ramifications.

We congratulate the WHO on devoting the theme for this year's World Health Day to road safety, thus drawing world attention to this emerging global menace. We also congratulate WHO and the World Bank for their excellent work on the *World report on road traffic injury prevention*, which was issued in Paris in conjunction with World Health Day on 7 April 2004. We commend both organizations and the more than 100 experts who worked hard to produce the report for the very comprehensive attention given to all aspects of the problem and for the valuable recommendations made in the report. The report certainly provides a chilling reminder to all that "Road traffic injuries are a major but neglect-

ed public health challenge that requires concerted effort for effective and sustainable prevention".

The current figures and projections relating to death and injury caused by road traffic accidents are staggering. The report says that unless there is new commitment to prevention, these figures are projected to increase by about 65 per cent over the next 20 years. Similarly, the economic costs are extremely high and the social costs incalculable, in particular in terms of the trauma inflicted upon victims and their families.

It is clearly illustrated that the developing countries, where road traffic deaths and injuries are very high, possess limited capacity to implement the necessary measures in order to enhance road safety within their borders. There is certainly no dearth of commitment or effort to increase awareness within Government and society in those countries. There is an urgent need, no doubt, for greater international cooperation towards providing support and assistance to enable developing countries to improve their capacity to deal with this problem. The building of partnerships involving all parties concerned within countries and on a global basis should be encouraged.

The Government of Malaysia pays serious attention to the problem of road traffic death and injury. As illustrated in the *World report on road traffic injury prevention*, Malaysia is taking serious efforts to improve road safety and reduce fatalities. As a rapidly developing country, Malaysia has seen a dramatic increase in vehicle ownership, averaging 8 per cent per annum, from 7.7 million in 1996 to 12.8 million vehicles in 2003. This translated into an increase in the number of road accidents from 189,109 cases in 1996 to 298,651 in 2003. At the same time, the number of fatalities resulting from road accidents decreased slightly from 6,304 cases in 1996 to 6,282 cases in 2003. However, the number of deaths per 10,000 vehicles decreased from 8.2 deaths in 1996 to 4.9 deaths per 10,000 in 2003. As illustrated in the World report, the National Road Safety Council of Malaysia has set a target of reducing fatalities to a ratio of less than three deaths per 10,000 registered vehicles by 2010.

The significant decrease in the number of deaths caused by road traffic accidents is attributed to the Government of Malaysia's long-standing and abiding commitment to addressing the problem of road safety among Malaysians. There has been a nationwide road traffic safety campaign and awareness programme since 1997 based on the concept of the four Es: enforcement, engineering, education and emergency services. It is our belief that if all 4Es are implemented in an integrated manner by all related Government agencies, the

"The economic costs are extremely high and the social costs incalculable, in particular in terms of the trauma inflicted upon victims and their families."

—Mr. Rastam Mohd Isa

private sector, civil society and citizens, the target of a 30 per cent fatality reduction in road traffic accidents could be achieved.

The Road Engineering Association of Malaysia has also undertaken a comprehensive review of Malaysian road and highway standards in the light of the country's modern traffic requirements. Significant consideration has been given to the special needs of vulnerable road users, such as motorcycle riders, bicyclists and pedestrians, in particular school children. The implementation of the exclusive motorcycle-only lane policy and the switching on of daytime running lights has reduced the number of fatalities involving motorcycle riders. Construction of pedestrian bridges and crossings across major roads and thoroughfares in city areas near schools and the deployment of school traffic wardens have also reduced the number of traffic accidents involving school children. The Ministry of Transport has adopted a "zero pothole" policy. Road surfaces are maintained and resurfaced with porous asphalt surfacing to prevent puddles forming on road surfaces and to guarantee improved riding comfort to road users. This has proven to reduce the number of road traffic accidents in Malaysia.

We are fully aware of the findings, cited on page 22 of the World report, "Globally, road traffic injuries are a leading cause of death among young people who drive cars or ride motorized two-wheelers" with death rates especially high among teenagers. By increasing the legal riding age from 16 to 18 years, Malaysia has significantly reduced rates of motorcycle crashes. To prevent death and injury among children, Malaysia is also encouraging the domestic development of helmets suitable for children.

Malaysia has been and continues to be an active participant at the regional and international levels in formulating strategies for the development and sustainability of road infrastructure and the institution of measures aimed at reducing the number of road traffic accidents and, consequently, the number of fatalities. In line with these efforts, Malaysia is involved in the Global Road Safety Partnership under the aegis of the World Bank, the World Road Association, the Land Transport and Safety Committee of the Association of South-East Asian Nations (ASEAN), the ASEAN Sub-Working Group on Road Transport and Road Safety, as well as the Road Engineering Association of Asia and Australasia.

Road traffic accidents, which cause death, injury and disability, are of grave concern to us. Nobody is immune to their effects. In this regard, Governments, the United Nations and its relevant agencies, other international and regional organizations, civil society and individuals have an important role to play in galvanizing international and regional efforts to address and mitigate this problem. Malaysia is once again pleased to support the present effort in this Assembly and to co-sponsor the draft resolution before us.

Mr. Saeed H. S. Al-Jomae, UN Permanent Mission of Saudi Arabia

(Spoke in Arabic): With respect to draft resolution A/58/L.60/Rev.1, I should like first to thank the Government of Oman for its role in sensitizing the entire world to the serious implications of road traffic. I also wish to thank the WHO and the World Bank for their efforts in publishing the *World report on road traffic injury prevention* before us today.

A close reading of the report reveals the dimensions of the human catastrophe arising out of road accidents. However, the growing awareness of Governments and non-governmental organizations throughout the world of the gravity of this phenomenon represents a first step on the right path. We are reassured by the happy fact that we are learning how to deal with this problem.

As opposed to other scourges that are more difficult to address, such as HIV/AIDS and malaria — the costs of treatment of which are enormous — the issue before us today will not cost any more than the price of prevention at all levels of society. As was said at a symposium held in Oman in preparation for the conference,

"The solution to this problem lies in the political will to ensure collective responsibility."

—Mr. Saeed H. S. Al-Jomae

“The solution to this problem lies in the political will to ensure collective responsibility, to put an end to drunk driving and to enforce the use of safety belts”.

Saudi Arabia is among those countries enjoying a network of roads planned on the basis of the most modern road safety criteria and speed-limit standards. We have adopted a number of measures, the most important of which include mandatory safety belts for drivers and passengers and systematic inspection and insurance of vehicles. The audio-visual media and the press are also working to raise awareness of the dangers of speeding, especially before official holidays, and its costs to the national economy. Rest areas have also been built to allow travelers to take a break en route. As well, symposiums are regularly held to raise awareness among young people, who are the most vulnerable group. All these activities have the objective of implementing the high-level plan of 2000, which aims to reduce the number of road accident fatalities by 30,000 by the year 2015.

We now have the *World report on road traffic injury prevention*. It serves to summarize our activities and lay out what remains to be done. The report also contains recommendations and policies that we believe are good guidelines for mitigating the impact of traffic injuries.

Mr. Anders Milton, President of the Swedish Red Cross, Representing the International Federation of Red Cross and Red Crescent Societies (IFRC)

The International Federation of Red Cross and Red Crescent Societies (IFRC) welcomes the attention given in the General Assembly to the issue of global road safety. Road traffic injuries will kill perhaps 1.25 million people this year, and road traffic injuries are the leading cause of death worldwide for persons aged between 15 and 44. Much of that humanitarian disaster can be prevented.

Worldwide, the estimated cost is a staggering \$518 billion — and, for many countries, between 2 and 3 per cent of gross domestic product. In transitional and developing countries, the cost of road deaths and injuries is estimated at double the value of all development assistance provided to those countries: a sobering statistic indeed.

The IFRC 1998 World Disasters Report included a chapter entitled “Must millions more die from traffic accidents?” The central message of that chapter is that everyone has a role to play in tackling the disaster. Just as our national Red Cross and Red Crescent societies work against communicable diseases, they are involved on a daily basis in prevention activities and in the provision of first aid and other support where road traffic injuries occur. As part of the Red Cross and Red Crescent movement’s response to this issue, 25 European Red Cross societies have come together, with the support of the European Commission, to mount a road safety campaign in Europe in 2004. It targets children, under the slogan “You’ve only got one life, so take care”.

In virtually all countries, the national Red Cross or Red Crescent society gives high priority to working for increased road safety. In Laos, for example, the very high death rate due to road accidents and its heavy impact on youth led the Red Cross society to open a special training programme aimed at young people so that they could begin peer education on road safety, traffic rules, basic first aid and general tips.

Similarly, the Jordan Red Crescent society has been motivated by the human and economic costs of road accidents. Action in Jordan plans for what the society describes as a vast mobilization campaign aimed at improving knowledge and changing attitudes. The programme is one of the main priorities for the society in 2004, and the campaign will be launched on 4 May to link with World Red Cross and Red Crescent Day, with a special message of support from His Majesty the King.

Another programme that deserves reference is the mock rescue exercise staged in Uganda on World First Aid Day, 2003. In that case, the Red Cross society, collaborating with the police, the fire brigade and the major city hospitals, and with the support of the

“Must millions more die from traffic accidents?”

—Mr. Anders Milton

Shell oil company, conducted a programme to test and improve disaster preparedness techniques and to ensure the availability of the medical support required in the event of a major emergency.

The International Federation notes those examples to show that in many countries the dialogue with government at all levels works well and effectively.

To be successful, local-level partnerships need multilateral support. But partnerships at the global level are also necessary. We are particularly pleased with the partnership developed between the International Federation and its member national Red Cross and Red Crescent societies around the world, together with Sweden, the Netherlands, and the United Kingdom and, very important, the World Bank, the WHO and private partners. The result is the Global Road Safety Partnership (GRSP), which is hosted at the International Federation secretariat in Geneva. The GRSP is an active global partnership dedicated to the improvement of road safety in transitional and developing countries. It builds local partnerships among business, civil society and Governments in order to stimulate the sharing of information and experience, to bring forward policies and actions and to broker projects aimed at the effective and sustainable reduction of road deaths and injuries. The dissemination of knowledge and the expertise collected also make the programme relevant for Governments and civil society organizations around the world. Death and injury on the roads is a social and public health issue that all parts of society must address. Whether as Governments, business or civil society, we must work together.

We strongly support the recommendations contained in the World Report published last week by the WHO and the World Bank. We also strongly support the call for the designation of a coordinating body to facilitate and coordinate these activities within the United Nations and with multilateral agencies. The IFRC and the GRSP stand ready to work with such a coordinating body. We also congratulate the WHO on its decision to make road safety the theme for World Health Day this year. In our view, it is only with that kind of forefront advocacy that we will be able to get our message out effectively.

We will continue to give these issues very high priority. We look forward to working with all concerned parties to find effective ways of addressing the terrible loss of life and resources that the global road safety crisis has caused.

Ms. Carol Bellamy, Executive Director of The United Nations Children's Fund (UNICEF)

The United Nations Children's Fund (UNICEF) is gratified by the General Assembly's decision to hold this important meeting in conjunction with World Health Day. It dramatizes the conclusion that the rising rate of road traffic injuries is in fact a public health crisis of far-reaching proportions—one that could undercut the child rights agenda reflected in the Millennium Development Goals as well as the Plan of Action approved two years ago at the General Assembly's landmark special session on children (resolution S-27/2, annex).

The WHO–World Bank study, which was made public last week, shows that traffic accidents are well on their way to becoming the third leading cause of global death and disability by the year 2020. However, there is an element of hope in this rather gloomy picture: traffic injuries are both preventable and treatable.

The solutions involve a range of activities that can engage the entire United Nations system. They include such measures as improvements in road infrastructure, development of safer vehicles, stricter law enforcement, expanded health and hospital services, urban and environmental planning and programmes to promote public awareness and advocacy. Experts refer to the mix as the three “E’s”: education, engineering and enforcement. UNICEF's role begins at the beginning, with education. For UNICEF, promoting road safety and injury prevention

“The rising rate of road traffic injuries is in fact a public health crisis of far-reaching proportions—one that could undercut the child rights agenda reflected in the Millennium Development Goals.”

–Ms. Carol Bellamy

for children is a natural fit with our country programmes of cooperation in everything from childhood development to adolescent support.

In Viet Nam, for example, childhood injury prevention activities have been integrated into the existing country programme, which includes development of a school curriculum on child safety and advocacy and mass-media efforts to raise awareness concerning the importance of road traffic safety. Practical information is also readily accessible in UNICEF's widely used "Facts for Life" booklet.

In that connection, I want to join others in taking this opportunity to commend the Sultanate of Oman and that country's Permanent Representative to the United Nations for their contribution to raising public awareness of the issue. Their dedication and hard work have been truly exceptional.

At the same time, UNICEF first Goodwill Ambassador to Oman, the rally driver Hamed Al Wahaibi, has been educating students in road safety from a professional perspective. And UNICEF Oman — our country office — in partnership with the Ministries of Education and Health and the Royal Oman Police, marked World Health Day by polling some 20,000 students concerning their views, ideas and suggestions on how to tackle the key causes of road traffic injuries and deaths. The polling was focused in the regions with the country's highest accident rates.

The key to preventing traffic fatalities and injuries will ultimately hinge on the emphatic exercise of political will at both national and international levels and the creation of partnerships to help catalyse new action with the private sector, non-governmental organizations and civil society at every level. At the same time, we recognize the vast experience acquired over more than 50 years by the Working Party on Road Traffic Safety of the United Nations Economic Commission for Europe, notably through its international conventions.

Many countries are becoming engaged. Next week in Bangkok, UNICEF and the Alliance for Safe Children will convene a regional conference on child injury that we hope will draw new attention to the importance of strong preventive measures if the region is to implement the Millennium Development Goals.

We at UNICEF welcome the draft resolution on road traffic safety (A/58/L.60/Rev.1), including its call for the establishment of a United Nations focal point to coordinate activities and to exchange information on good practices. At the same time, we would urge that there be explicit recognition of children and — with their full lives ahead of them — of the disproportionate burden that they bear as a result of road traffic injuries.

We at UNICEF stand ready to support and work with national Governments to transform that and other commitments into action, secure in the knowledge that in taking steps to invest fully in children today, we will ensure the enduring right of every child, in every generation, to grow to adulthood in dignity, in health and in peace.

Mr. Jean-Louis Sarbib, Senior Vice President of the Human Development Network of the World Bank

I thank the General Assembly for allowing me to speak, and I am honoured by this opportunity to address the Assembly on the global road safety crisis. I would like to thank in particular the Sultanate of Oman for its leadership on this issue.

Last week, as all know, the WHO and the World Bank jointly issued the report the Assembly is discussing today. The document sets out our views. We have heard many references to it. But let me cite once again a few numbers that are unacceptable. Each day, 3,000 people die and 75,000 are injured on account of poor road safety; 80 per cent of those deaths occur in developing countries, which own only 20 per cent of the vehicles. And, as many have said before me, it costs them between 1 and 2 per cent of the gross domestic product — sometimes double what they receive in official development assistance.

Road safety is also a social equity issue, with road crashes having a disproportionate impact on the poor, who have limited access to post-crash emergency care and face



costs and a loss of income that can easily push families into poverty. Global road fatalities worldwide are projected to increase by more than 65 per cent over the next 15 years. But that global number hides increasing differences. Fatalities are likely to increase by more than 80 per cent in low- and middle-income countries, but they will decrease by more than 30 per cent in high-income countries.

This is clearly a situation that calls for action. Quick, concerted and purposeful action can make a difference and reverse these unacceptable trends. The costs of inaction are too huge to ignore, and the proven benefits of sustained safety measures justify a united response by government, business and civil society. Governments need to act at the country level — we have heard of many such actions — and development agencies need to act at the global level.

The United Nations provides a unique platform for considering these issues, and our dialogue today and tomorrow will help map out important directions for the future. We must act with a sense of urgency and must focus on the results we want to achieve, especially in low- and middle-income countries, where needs are greatest.

But we can act with the confidence that we have proven prevention tools and with the knowledge that responsibility for deaths and injuries in the road transport system should no longer be placed on road users alone. Historically, a blame-the-victim approach to managing road safety performance has been actively promoted. But today, we more readily accept the fact that people make errors and that there are critical limits to human survival and recovery from injury. Our vision has shifted to the building and operation of a more forgiving road transport system able to absorb human errors in a way that does not result in death or long-term disability and loss of health.

Capacity-building will underpin our future road safety efforts, and success will be determined by the effectiveness of measures taken at three levels: building the capacity of countries to design and implement sustainable road safety strategies and measure their results; building the capacity across the World Bank Group to align and coordinate sector strategies and operations with results and country outcomes; and building the capacity of the World Bank Group and its development partners to collaborate more effectively and to harmonize efforts for greater road safety.

Our dialogue will continue beyond the next two days; no doubt it will take time to reach a consensus on the best way forward. But to focus our future deliberations, we

“Road safety is also a social equity issue, with road crashes having a disproportionate impact on the poor...every life is precious and deserves to be protected on our roads.”

—Mr. Jean-Louis Sarbib

should remind ourselves constantly of the benefits that countries could enjoy if we were indeed able to successfully scale up and accelerate measures to improve safety outcomes.

We have been modeling the relationship between traffic fatalities and economic growth in the regions we serve at the World Bank, and we have estimated the savings in lives and injuries that might be achieved over the next 15 years if further safety investments were made. For example, we estimate that more than 2.5 million lives could be saved if the projected rate of fatalities per vehicle could be reduced by a further 30 per cent by 2020. That appears to be a reasonable and achievable goal. Using the estimates of the ratios between deaths, hospitalized injuries and minor injuries presented in the World Report, that would represent saving 37.5 million hospitalizations and approximately 175 million minor injuries.

Obviously, these are just working estimates and they may be understated. Greater reductions in fatalities per vehicle might be achievable, or we may even be able to reach those goals more quickly. Some evidence also suggests that fatalities in the developing world might be significantly higher than those reported and adjusted for in our analysis, which would further push up our estimates of lives saved or injuries prevented. Maybe we could target savings of up to 3 to 4 million lives, 45 to 60 million hospitalizations and 210 to 280 million minor injuries over the next 15 years. We will work further on these estimates to quantify the results that could be achieved. When we relate them to each and every single life, it makes a big difference.

The essential point to make today is that every life is precious and that every life deserves to be protected on our roads. Even with conservative targets for improved safety performance, we can envisage saving many lives and preventing many more incapacitating injuries, alleviating human pain and suffering and, perhaps, preventing yet another source of imbalance between rich and poor nations.

These potentials are achievable. Gains in people's well-being should inspire all of us to greater global efforts. At the World Bank, we stand ready to play our part.

Mr. Javad Zarif, UN Vice President and General Assembly Acting President

We have heard the last speaker on this item.

The Assembly will now take a decision on draft resolution A/58/L.60/Rev.1, entitled "Improving global road safety".

I should like to announce that, since the publication of the draft resolution, the following countries have become co-sponsors: Costa Rica, Fiji, France, Germany, Liechtenstein, Nepal, Nauru, Portugal, Qatar, the Russian Federation, Senegal and Turkey.

May I take it that the Assembly decides to adopt draft resolution A/58/L.60/Rev.1?

Draft resolution A/58/L.60/Rev.1 was adopted (resolution 58/289).

May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 160?

It was so decided.

The meeting rose at 1.15 p.m.



General Assembly

Distr.: General
11 May 2004

Fifty-eighth session
Agenda item 160

Resolution adopted by the General Assembly

[without reference to a Main Committee (A/58/L.60/Rev.1 and Add.1)]

58/289. Improving global road safety

The General Assembly,

Recalling its resolutions 57/309 of 22 May 2003 and 58/9 of 5 November 2003,

Having considered the report of the Secretary-General on the global road safety crisis,¹

Noting the recommendation contained in the report of the Secretary-General that a coordinating body be identified within the United Nations system to provide support in this field² and the recommendation that the United Nations regional commissions undertake certain activities,³

Convinced that responsibility for road safety rests at the local, municipal and national levels,

Recognizing that many developing countries and countries with economies in transition have limited capacities to address these issues, and underlining, in this context, the importance of international cooperation towards further supporting the efforts of developing countries, in particular, to build capacities in the field of road safety, and of providing financial and technical support for their efforts,

Commending the initiative of the Government of France, the World Health Organization and the World Bank in launching the *World Report on Road Traffic Injury Prevention* in Paris on 7 April 2004, in observance of World Health Day, with the theme 'Road safety is no accident', which contains a number of recommendations,

Also commending the United Nations regional commissions and their subsidiary bodies for responding to the above-mentioned resolutions and to the report of the Secretary-General,

1. *Takes note* of the recommendations contained in the *World report on road traffic injury prevention*;
2. *Invites* the World Health Organization, working in close cooperation with the United Nations regional commissions, to act as a coordinator on road safety issues within the United Nations system;
3. *Requests* the Secretary-General, in submitting his report to the General Assembly at its sixtieth session in accordance with resolution 58/9, to draw upon the expertise of the United Nations regional commissions, as well as the World Health Organization and the World Bank;
4. *Underlines* the need for the further strengthening of international cooperation, taking into account the needs of developing countries, to deal with issues of road safety.

84th plenary meeting
14 April 2004

¹ A/58/228.

² Ibid., para. 44 (a).

³ Ibid., para. 44 (k).

United Nations Press Conference Summary

Paul Hoeffel, Chief of NGO Section of the UN Department of Public Information, led a press conference after the UN General Assembly on the global road safety crisis, April 14, 2004. Dr. LEE Jong-Wook of WHO, Dr. Jeffrey Runge of NHTSA, and Ms. Karla González, former Vice-Minister of Transport of Costa Rica were featured speakers for the press, and explained why their organizations had committed to making road safety a high priority. Each speaker made a brief statement and then the floor was opened for questions. The following are excerpts from the press conference followed by a summary of answers to questions.



Dr. LEE Jong-wook, Director-General of the World Health Organization



“It is refreshing for the WHO to now focus on the road safety issue, placing it at the same level of priorities with other serious diseases such as HIV/AIDS and malaria.”

Diseases such as HIV/AIDS, tuberculosis and malaria are important topics for WHO and the UN, but now road safety is becoming an important priority as well. Clearly with 1.2 million people dying every year—3000 people every day—and with 20-50 million wounded, the costs to the health system, to society and to the families are enormous. Road traffic injuries are a major public health issue and now one of the ten biggest causes of death in the world. By 2020, this will be the third biggest cause of death ahead of HIV/AIDS, and Tuberculosis. Even right now it is one of the leading causes of death for young people. This is the third leading cause of death for people between 30-40 years old.

This is clearly a very important public health issue, but we have to deal with the whole system, not only the health system, but car design, highway design, and awareness of this problem. So a political commitment to all of these different aspects and a multi-sectoral approach is called for.

The draft resolution calls for WHO to play the role of coordinator which also may be a daunting challenge. When I go back I will be meeting with my colleagues on how to do this, but we will certainly live up to this challenge. I also thank the government of Oman for championing this issue.

Dr. Jeffrey Runge, Administrator of the National Highway Traffic Safety Administration, U.S. Department of Transportation

I want to underscore very strongly the message President Bush delivered at World Health Day—the United States is absolutely committed to help reduce deaths across all countries around the globe.

I’m particularly happy that Dr. Lee is here, because it lends credence to something I have personally been crying in the wilderness for, for a couple of decades now—road

traffic injury is a disease, and like any other disease, it has an epidemiological basis. There are populations at risk, there are seasonal variations, and just as other diseases are predictable and therefore preventable, so is road traffic injury. We're losing a million and a quarter people to this disease worldwide with an estimated 20 to 50 million serious injuries. The economic burdens are heaviest for poor nations. The economic cost of crashes is twice what these poor nations receive in economic aid from more developed countries.

We look forward to working with the UN, especially with the Economic Commission for Europe's WP1, which recently has begun an expanded role to consider not only road infrastructure issues, but also human factors and protective equipment. To go along with their sister Working Party 29, which has dealt with vehicle safety regulations. This interaction of vehicles and roadways and human factors is really the way to make great strides, and we really look forward to our future work with the UN on these issues.



“Governments, at the highest level, must first recognize that these road crashes are both predictable and preventable before they will make the investments needed to change the situation.”

Ms. Karla González, Attorney and former Vice-Minister for Transport of Costa Rica

We firmly believe that today's UN General Assembly meeting highlights the importance of global road safety and confirms that political will is necessary to achieve our goals. Governments should not view traffic accidents as a normal and natural aspect of life. On the contrary, they should be angry enough to take concrete and specific actions to reduce the devastating consequences of road traffic injuries. My country has done just that.

Costa Rica implemented a National Road Safety Plan four years ago focused on road infrastructure. Previously, we built roads without taking into consideration safety aspects in their design and construction. This is now changing. The Minister of Transport Mr. Javier Chaves Bolaños has taken specific actions in order to integrate safety measures into the design of our roads, demonstrating that with sufficient political will, a difference can be made.



“For change to happen, there is no magic solution. All sectors must work together. Success will happen only after political will and cultural change takes place. The effort must be constant in order to generate change.”

The police also play a significant role in reducing traffic accidents. We worked hard to change their mindset from a passive role to an active one. They must enforce the traffic laws on the highways. When the police are present in a preventive manner, they make a significant difference. Additionally, Costa Rica has taken a systemic approach to road safety and included not only the Ministry of Transportation, but also the Ministry of Public Education. Beginning in kindergarten, students now learn about road safety. Road Safety is not only important for drivers, but is important for pedestrians as well. It is crucial that even the youngest road users understand this.

Lastly, over the last six months, we launched a Safety Belt Campaign. Since 1997, seat belt use was thought by some to be an individual decision and therefore it was no longer legal to mandate the use of safety belts. On April 13, 2004, after countless efforts and a strong campaign, we again have a law in effect that will mandate the use of safety belts for all drivers. This would not have been possible without the underlying support we have had from Sweden and organizations like the FIA Foundation, and the Global Road Safety Partnership who have supported in full our National Plan for Road Safety.

Questions and Answers

When asked what special system was being created to prevent injuries worldwide, Ms. González explained that no one thing alone solves the problem; instead, “you have to have a group effort, you have to have civil society engaged, and you have to have the political will to change.”

Dr. Lee reiterated this by pointing to the key ingredients for past successes in reducing traffic related fatalities - government commitment at the highest political level, and a lead agency to champion the cause. Specific measures such as seat belts, drunk driving and road design to absorb human error would come out of this central agency.

Strong national leadership is essential, as Dr Runge pointed out. “It is essential that every economy looks at its own injury problem and develops counter measures that are specific to that nation.” The attitude towards road injuries must change in all countries, “It starts with the realization that these are not random acts of God, these are not accidents, these are predictable and therefore preventable events that do not have to occur.”

In response to a question on current vehicle safety, Dr. Runge pointed out that over 90% of crashes are due to human error and solely focusing on the vehicle will not solve the road injury problem. Dr. Mark Rosenberg, Executive Director of the Task Force for Child Survival and Development, was asked to respond from the audience. He noted that in the U.S., it is rare for a crash to be fatal. In developing countries, however, crashes are fatal one third of the time and the victims are mostly pedestrians, bicyclists or families on scooters. Cars do not protect these vulnerable victims. Although vehicles are important, it is also essential to build roadways that separate the motorized traffic from non-motorized traffic and pedestrians.

A reporter asked about the role of the private sector in road safety and in the UN resolution. The Stakeholders Forum, on April 15, brings together both public and private sectors, including NGOs, manufacturers, and transport organization. The World Report on Road Traffic Injury Prevention included input from many experts in the private sector. Ms. González noted the involvement of the FIA Foundation in mobilizing the seatbelt campaign in Costa Rica.

In response to another question on the low number of countries that reported data to the WHO for the World report, Dr. Lee said he was pleased with the response and had expected fewer countries to submit their data. Although only 75 countries submitted data, many countries do not collect data, and therefore have no data to submit. Dr. Runge reiterated the value of data, “In my mind there is nothing so important for a nation to do than to collect data on what is harming its citizens...The better the data that we have and the more precision that we have the better we will be able to target counter measures to where they are most appropriate.”





Global Road Safety— A Shared Responsibility

Stakeholders Forum

On April 15, 2004 a United Nations Stakeholders Forum brought together a diverse set of organizations that work on road safety around the world. This historic meeting was held in the ECOSOC Chamber of the United Nations and assembled over one hundred participants including governments and government organizations, NGOs, the private sector, researchers, advocates and survivors to learn from each other and explore how they might move forward together. Panel members were invited to speak about the road safety epidemic and their own role in finding solutions to prevent road traffic injuries both in their countries and globally. They addressed issues highlighted in the *World Report on Road Traffic Injury Prevention (World Report)* and multi-sectoral strategies to mobilize all sectors of society to address the crisis.

Welcome and Introduction—*H.E. Ambassador Fuad Al-Hinai*, Permanent Representative of the Sultanate of Oman to the UN

About a year ago, the UN General Assembly placed the global road safety crisis on its agenda. H.E. Secretary-General, Kofi Annan then submitted a report, which discussed road traffic injuries and the challenges related to the prevention of road crashes and their impacts. Last October, the General Assembly discussed road safety and decided to hold a plenary meeting and a stakeholders meeting in 2004 in connection with World Health Day and the launching of the *World Report*.

All member states face the same road safety problems—excessive and improper speed, use of alcohol and drugs, failure to wear seat belts and crash helmets, lack of impact protection provided by vehicles, and poor road design. Most crashes are due to human error—failure to observe the driving rules and poor control of the vehicles. With global deaths and injuries rising at an alarming rate, member states decided to seek solutions at



“All member states face the same road safety problems—excessive and improper speed, use of alcohol and drugs, failure to wear seat belts and crash helmets, lack of impact protection provided by vehicles, and poor road design.”

the international level. We need to learn from each other; disseminate best practices; encourage road users to comply with traffic laws; encourage car manufacturers to make safer vehicles; and improve road infrastructure. Governments alone will not be able to achieve all this without the active participation of civil society, the private sector and NGOs. Your input on recommendations and a plan of action is extremely important. Resolution 58/289 adopted by the General Assembly yesterday

has invited the WHO, in close cooperation with UN regional commissions, to act as coordinators. My delegation intends to fully cooperate and offer assistance to the WHO in this task.

Dr. Mark Rosenberg (Meeting Moderator):

This is a historic two-day session. Yesterday at the General Assembly, there were 26 speakers from around the world, representatives of governments and NGOs, committing themselves to making global road safety a priority. This has never happened before. There were 60 co-signers of the resolution and more countries calling to be added even after it had passed. Dr. Lee, Director-General of WHO, spoke at a press conference afterwards, saying this issue needs to be a WHO priority.

Today, we will hear how this effort at the UN got started. There will be a set of presentations on the problem, and then three speakers will help us frame this problem. After that, there will be a series of stakeholder panels where we will have representatives from sectors that are important in working on this issue. One panel will look at what governments can do, including national governments and multinational organizations. Another panel will look at what the private sector can do. We'll hear about the role of NGOs and civil society and about the role of people and organizations in providing technical assistance and support. Finally, we'll summarize what we've heard today and what we've heard from you about follow-up activities.



How We Got Started and Where We Are Going

The Realization of a Dream—Dr. Bruce Browner, Director of Orthopaedics, Hartford Hospital / Member of the Bone and Joint Decade

Holding an international meeting at the UN on the global road safety crisis is a milestone for the BJD and the realization of a personal dream. As traffic crashes are the leading cause of serious musculoskeletal injury, this problem was adopted at the start as an important focus for the BJD. The decade-long campaign seeks to raise awareness of the significance and cost of all musculoskeletal disorders and to stimulate cooperative

improvements in prevention and treatment. Early support from UN Secretary-General Kofi Annan helped us gain endorsements from 50 national governments and over 800 organizations. Learning of our commitment to work with developing countries on the road safety problem, the Secretary-General gave his approval for the BJD to hold an independent road safety meeting at the UN.

At the first organizing meeting in January 2002, representatives from WHO and the WB agreed on the value of holding a highly visible meeting at the UN to raise awareness, generate political will and stimulate collaborative action to control the epidemic of traffic crashes, deaths, and injuries. To meet the challenge of coordinating UN agencies and a variety of other constituencies, we turned to the Task Force for Child Survival and Development, which has proven its ability to lead successful global efforts to enhance childhood immunizations in the developing world. Executive Director Mark Rosenberg and his associate, Margaret McIntyre, have provided outstanding leadership and management for this project. Through their efforts, the Global Road Safety Steering Committee was established including BJD, WHO, WB, UN DESA, UNICEF, UNDP, the FIA Foundation, GRSP, ASIRT, and the Task Force. Our efforts took a giant leap forward when Ambassador Al-Hinai and the Omani mission became involved in the road-safety initiative.

Through the American Academy of Orthopaedic Surgeons' International Committee, I met Wahid Al-Kharusi, a thoughtful, articulate orthopaedic surgeon from Oman who is physician to the Sultan and a leader of the Gulf Coast Orthopaedic Council. Dr. Al-Kharusi became a member of the BJD International Steering Committee and worked with us on the UN road-safety meeting. He will discuss the critical role played by His Majesty Qaboos bin Said of Oman and his government. I must acknowledge the extraordinary commitment and statesmanship of Ambassador Al-Hinai. His diplomatic skill and tireless efforts resulted in road safety being placed on the UN agenda and in the passage of key resolutions in the General Assembly that mandated these two days of meetings and established a plan for action for subsequent General Assembly sessions.

For more than 20 years, I have worked in some of America's busiest trauma centers. I thought I knew all there was to know about road traffic injuries, but working for the last 6 years on the international level has opened my eyes to a larger reality. Although we have more than 40,000 traffic deaths annually in the U.S., the number of deaths and injuries in developing countries is far worse. Since major advances in prevention will not stop all the injuries, we must help our colleagues in developing countries to raise the level of trauma care through education and volunteerism. The international medical community must be involved. We face a growing global crisis and must take action together now.



“For more than 20 years, I have worked in some of America’s busiest trauma centers. I thought I knew all there was to know about road traffic injuries, but working for the last 6 years on the international level has opened my eyes to a larger reality.”

The Social Injustice of Road Traffic Injuries—

Dr. Wahid Al-Kharusi, Head of the Khuola Hospital in Muscat, Oman / Member of the Bone and Joint Decade

We are here to increase global awareness with respect to the problems and seek potential solutions for road traffic crashes. Also, we must make everyone aware of the burden resulting from road traffic crashes and that it affects both rich and poor countries. Invariably, it affects sustainable development, especially in developing countries. Road traffic crashes are not accidents, because, they are predictable and preventable. We want to build safe roads for all vulnerable road users through a holistic and systemic approach.

We need to reach victims and their families and improve their safety on the road, as well as their treatment, rehabilitation, and social reintegration. We have to develop and improve the political will locally and the global awareness of all. We must encourage co-

operation between government agencies in different sectors, UN bodies, NGO's, and the private sector because one entity alone cannot solve this problem.

What is our target? To reduce road traffic injuries, in number as well as extent, and to reduce deaths. We must do this by developing community-based preventive programs at the municipal and national levels. We need to encourage technical assistance, especially for those countries needing both financial and technical support. We have to employ and encourage new developments and research especially with regard to safer motor vehicles. Furthermore, we must improve our roads and the attitudes of road users, specifically the drivers.

Oman was the first Arab country to endorse the BJD. With Ambassador Al-Hinai and Ambassador Talib bin Al-Raisi in Oman, we have been working on solutions. I appreciate all the people who have worked on this issue of global road safety like WHO, the World Bank, the FIA Foundation, the Task Force for Child Survival and Development, and Aircast. Without them, we would not be here today.

What has brought us all here today is the human face of road traffic injuries. A young lady in Oman has been on life-support for the last nine years. Although our government has sent her to five different countries for help, our efforts have not succeeded in allowing her to breathe without a ventilator or to leave the hospital. Similar incidents occur repeatedly. I dedicate this day to those like her who have suffered serious road traffic injuries.

With the leadership of Ambassador Al-Hinai at the UN, and the help of many others, we started the first steering committee in October 2002. After serious lobbying, we got the first resolution passed in May 2003. A second resolution was passed in November 2003, and, in April 2004, the third resolution passed. Through this sort of collaborative work, we also helped to produce the *World Report on Road Traffic Injury Prevention*.

Oman has played a critical role at the UN as well as globally. By raising awareness, lobbying for support, and working with others, Oman managed to get three resolutions passed in a short time. We are following up with the coordinating body of the WHO and working with other agencies under the leadership of Ambassador Al-Hinai and his dynamic team in New York under the guidance of the Minister Responsible for Foreign Affairs in Oman. We have to work very closely with the WHO regional offices, and they have to co-operate with the UN. We have to work for a UN ministerial meeting soon in order to review programs and determine if there will be any conventions, or a charter. But to do all this, we must realize that as Thucydides said so many years ago “justice will come only when those who are not injured are just as indignant as those who are.” Road traffic crashes are not accidents, and we must make the road safe for the vulnerable road users. It is their right.

The Perfect Plague—Dr. Mark Rosenberg, Executive Director, The Task Force for Child Survival and Development

I want to acknowledge the people who have helped us get where we are. First, I want to acknowledge the members of the Global Road Safety Steering Committee: the Omani mission, WHO, UNDP, UNICEF, WB and UN DESA. Also a number of NGO's and private-sector organizations: ASIRT, the BJD, the FIA Foundation, GRSP, and the Task Force as Secretariat. I also want to thank many other people who have worked tirelessly on road safety. This includes governments who have been working on this issue, such as Korea, Vietnam, Kenya, Sweden, UNECE, and in the U.S., NHTSA and the CDC. Donors have also been very important. A number of bilateral aid organizations and foundations have contributed significantly. In the auto industry, there's been a mountain of research and



- They Are NOT ACCIDENTS -Predictable & Preventable
- Responsibility of us all.
- We must ACT NOW
- For vulnerable road users everywhere deserve better and safer road travel.
- Not an accident.

“We must realize that as Thucydides said so many years ago “justice will come only when those who are not injured are just as indignant as those who are.”

improvement in automobile vehicle design and in other aspects of road safety that would not have happened without the support and constant improvement of that industry.

There are three components of the road safety system that determine injury rates: roadways, vehicles and road users. Low- and middle-income countries are adding more and more vehicles to roadways that are not designed with safety in mind, without enforcing basic laws, and sometimes without even having basic laws. This leaves vulnerable road users to suffer the consequences.

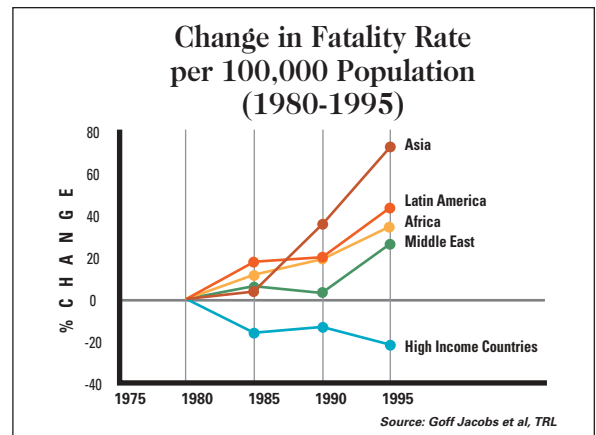
Why does the epidemic of road traffic injuries constitute “the perfect plague?” This is the perfect plague because it is both perfectly predictable and perfectly preventable. Some of you may have read the book or seen the movie, “The Perfect Storm.” This is a story about a storm that came to the north Atlantic where the right combination of wind, rain and tides contributed to the most devastating storm that area had ever seen. Waves were over 100 feet tall; there wasn’t much chance to survive for anyone caught in that. That was the perfect storm, and the three elements we have here are contributing to this as the perfect

plague. It is a disaster just as bad and in many ways much worse than that storm was. There is a stunning piece of research by Goff Jacobs at TRL that shows the rate of acceleration of the problem, the growth of disparities in rates by region, and the rapid increase in health inequalities. There are different patterns for RTIs in developing countries, and their rate of increase is related to the rate of motorization.

In developing countries, death rates are much higher per crash. In the U.S., 10,000 crashes result in only 66 deaths. In Kenya 10,000 crashes, result in many more deaths—almost 1800. And in Vietnam, there are more than 3,000 deaths per 10,000 crashes. It’s because in the U.S., people are protected by a steel cage. They are protected by front air bags, side air bags, seat belts, side-impact protection and rollover protection. In the developing countries, road users are vulnerable. We send people underwater in a protective steel cage to look at sharks; but with pedestrians, it’s like sending people into the same situation with no protection, sending them to the sharks without a protective cage.

The vehicles themselves are much more lethal in developing countries. They are more lethal because they operate in inadequate infrastructures. In the U.K., vehicles do kill people, but the comparable rates in India are 200 times higher. So we have high death rates per crash, the vehicles are more lethal, and we are putting more of those lethal vehicles into these countries at rates we can predict. This is perfectly predictable (we know the production function) and perfectly preventable. This perfect plague is sneaking in under the radar. The daily toll of traffic deaths is scattered and not newsworthy, unlike plane or train crashes. Traffic deaths happen one at a time; we see the dots but don’t put them together. No one demands safety, and no one sector owns it. We accept these crashes as part of life and call them “accidents,” something over which we have no control. Our biggest enemy is fatalism.

Tony Bliss from the World Bank helps raise awareness by going into countries and asking, “How many deaths would you like on your roads this year? I can produce any



“This is the perfect plague because it is both perfectly predictable and perfectly preventable...our biggest enemy is fatalism.”

number you want. Do you want to reduce it to 40,000? This is what it would cost. Do you want to reduce it to 30,000 deaths? This is what that level would cost. I can reduce it to almost zero if you are willing to pay.” Maybe engineers and economists can talk like that, but can doctors and people in public health talk about producing 40,000 deaths? Can mothers, fathers, and survivors talk about it? If we talked about it in that sense, there would be outrage.

This plague is man-made and we can stop it. These curves that Goff provided remind us of the curves at the beginning of the AIDS epidemic. For AIDS, though, there was no easy diagnostic test, no cure, and no treatment. But for road traffic injuries, there are many interventions we can use. The vehicle, the road user, the infrastructure—it’s not rocket science. You will hear again and again a package of eight steps: build political will; have a coordinating agency, collect the proper data, design safe roadways, reduce speed, use seat belts, wear helmets, and don’t drink and drive. We have the package, but we need political will and commitment to action. Goethe said, “Willing is not enough, we must do,” but let us say, “Doing is not enough, we must do together.”

We need to forge a consensus and agree on common principles and a common path of action. We need to leverage our scarce resources, not only financial resources, but our intellectual resources, knowledge and our human resources as well. How do we share these resources? How do we build coalitions to pull key stakeholders together across sectors, regions, boundaries and organizations? How do we pull together heavily burdened countries with technologically advanced countries? It will take focus and effort. We need to work out a strategy and a structure for managing this process. We need to work out the relationships critical to success. That is why we are here together; this is what we need to do.

Finally let’s ask ourselves what kind of ancestors we want to be. We missed one of the biggest public health disasters that have ever occurred, the disaster of AIDS. My friend, Dr. Jim Kim, now at WHO, used to ask all of us in public health what we would tell our children when they ask us, “What did you do to stop the AIDS epidemic?” He said we would need to be able to tell them that we did something, that we took it seriously, that we helped. I don’t want to worry about what we will tell our kids when they say, “Dad or Mom, what did you do to try to stop the road traffic injuries epidemic when you had all the tools ready to go?” With so many solutions in hand, we must be sure that we don’t miss this plague. Our goal today is to think about this and list actions each sector can take and determine what we can do collectively.

The Growing Epidemic of Road Traffic Injuries

The WHO/World Bank World Report on Road Traffic Injury Prevention—Dr. Margie Peden, Coordinator, Unintentional Injury Prevention, WHO

I am honored to present the *World Report on Road Traffic Injury Prevention*. Last week we celebrated World Health Day. Every year, WHO hosts this event to celebrate its founding in 1946. The event focuses on one issue to promote awareness, discussion, prevention and treatment. World Health Day 2004 focused on road traffic injuries and their prevention. The slogan for the day was “Road safety is no accident.” Hundreds of events were celebrated around the world, ranging from music and drama, a poetry contest on the theme of road safety in Uganda, to speed enforcement campaigns in New Zealand, safety awards in the United Arab Emirates, and a launch of a seat belt initiative in China. We also launched the *World Report on Road Traffic Injury Prevention*, jointly developed by WHO and the World Bank.

This report compiles causes, risks and interventions for road traffic injuries. The report took 18 months to develop and included the work of more than 100 experts from over 40 countries representing the fields of health, transport, education, law enforcement, social sciences and others. Experts from international organizations, governments, academia, private enterprises, foundations and NGOs were consulted. I thank all the contributors, advisors, editors, reviewers and donors who assisted in the preparation of this report.

Road traffic injuries are huge public health and development problems. You have heard the figures—each year 1.2 million people are killed and between 20 and 50 million more are injured or disabled. Most of these deaths and injuries occur in low- and middle-income countries where most victims are vulnerable road users—pedestrians, cyclists and users of unofficial public transportation. Unless we act now, these disturbing statistics will worsen. By 2020, road traffic injuries will increase by more than 65%. Low- and middle-



“This meeting and the resolution that passed yesterday are just the beginning. We need to act now and work together with the political support we have raised. This support, if sustained by all of us, will save lives.”

income countries, where rapid motorization is taking place, will bear the brunt of these increases. The costs are enormous; according to TRL, half a billion dollars is spent on traffic crashes every year. Countries spend between 1-2% of their gross national product on crashes. For every person killed or injured in a collision, families, friends and community are left behind. But road traffic injuries can be prevented; in high-income countries, an established set of interventions has helped significantly reduce the incidence and impact of road traffic injuries.

Road safety requires political will and deliberate action by governments and partners. The most successful countries are those who have strong political will and a systems approach to road safety. By systems approach, we mean looking at the whole system and the interaction between vehicles and road users in order to identify potential interventions. The systems approach recognizes humans make mistakes and that a road traffic system must accommodate their weaknesses. Successful countries engage different groups from government, civil society and industry in a

coordinated program of road safety. Traditionally, road safety has been assumed to be the responsibility of the transport sector, and public health has been slow to get involved. So, during World Health Day last week, Dr. Lee, the Director-General of WHO, asked the public health community to help improve road safety by strengthening road emergency services for victims, improving data collection, contributing to policies, developing prevention activities or by simply ringing the alarm bell.

Many approaches can be used to tackle road safety. The report presents interventions known to work in most cities, including legislation, enforcement and education related to speed, alcohol, seat belts, child restraints, helmets and visibility. We need to illustrate these effective interventions with examples from developed and developing countries. The report also discusses the need to formulate policies that promote safer vehicles, traffic management and road design. The report offers six recommendations for countries: designate a lead agency in government to coordinate national road safety efforts; assess the problem; prepare a national road-safety strategy; allocate financial and human resources; implement interventions; and support international cooperation. This meeting and the resolution that passed yesterday are just the beginning. I urge you to read the report. We need to act now and work together with the political support we have raised during these meetings. This support, if sustained by all of us, will save lives.

**A New Challenge for Sustainable Development—
Ms. Alison Drayton, Deputy Director for the Division for
UN Affairs, UNDP**

Road traffic injuries need to be seen as part of sustainable development. Often the greatest impetus to moving government forward is for governments to see that there is a cost dimension to not addressing things and that there are positives in economic terms in acting on these issues. That is why cost data can give valuable perspective on road traffic injuries. This is a growing crisis, particularly in developing countries where the numbers



“The greatest impact of road traffic injuries is on men in their most economically productive years, and the costs are probably much higher than we suspect.

Understanding those costs will be a major incentive for policy-makers to act.”

have the potential to rival those for HIV/AIDS. Interventions can make a difference. Since the greatest impact of road traffic injuries is on men in their most economically productive years, ages 17-39, the costs are probably much higher than we suspect. Understanding those costs will be a major incentive for policy-makers to act. This was borne out in the U.S. where efforts to address the problem intensified after cost analysis of injuries showed where marked savings could be realized. Increased investment in preventing injuries, which was relatively small, led to savings in terms of years of life.

The Global Fund for AIDS, TB and Malaria was initiated after a cost analysis by the Commission on Macroeconomics and *Health* showed that for each of these diseases, human, social and financial costs were high enough to impact a country’s development. We need a similar study, on Macroeconomics and *Safety* to help us understand the impact of road traffic injuries on economic development. Safety should be a priority in its own right, but its linkage to poverty reduction and economic development are also important to understand.

The level of investment in road safety, particularly in low-income countries, is insufficient to address current challenges. Countries can increase investment through reallocating resources and by more efficient use of resources. More help will be required, but in this area, partnerships at the national level between governments and

stakeholders and technical assistance between North and South, and South and South, could also make a huge contribution. The economic costs are 1-5% of GNP, regardless of the level of economic development of a country. The U.S. is the highest, with 5%; India, 3%; U.K., 2%; and Malaysia, 1%.

As a result, the General Assembly might consider a comprehensive cost study that would collect global data, including better data on incidence of injuries and the care they require. The General Assembly might also look at dealing with direct and indirect costs, valuing human life and disabilities. Costs to society, to community, to family and to the individual also need to be considered. This needs to be seen as an issue of sustainable development. For policy actions to move forward at the national level, the linkages between these areas must be recognized and clarified.

Dr. Rosenberg: If you look at the resolution passed yesterday, you will see a clear reference to sustainable development. It is important to find ways to link our issue with other issues that have been tied to sustainable development.

Ms. Drayton: Sustainable development goes back to the Rio Conference in 1992 and the new partnership between North and South. The idea began with the view that development, as achieved in the North is unsustainable if one presumes development is only achieved through economic means. For development to be sustainable, one must balance the 3 pillars of sustainable development: economic development, social considerations, and environmental sustainability. The idea is that we all must try, while advancing our countries, to do so in a way that does not destroy the planet.

Setting Our Sights on Safety

The Morality of Mobility: Choices about Life or Death on Our Roads—Dr. Claes Tingvall, Director of Traffic Safety, Swedish National Road Administration

Let's examine the link between how we view injuries in the road traffic system and the actions we take, giving examples of the link between values and actions. There are two main ways of looking at the road transport system. One, which I think is the most common, is the way the road-transport sector looks at the problem. And that is, the system or environment is safe, but citizens are stupid and irresponsible, killing themselves and others. This kind of approach to road safety is one where we are willing, as a society, to spend money on the safety of the road-transport system if the profits are higher than the investments made. In this approach, the enemy is the individual citizen and the victim is society. Of course, this is not the right way to describe the road transport system. The following approach is better—the road transport system is an ill-designed man-machine environment, where all citizens are at varying, though constant, risk of losing their health. The first approach can't cope with normal citizens. We need as professionals to relate to the safety of citizens using the roads.

"Human life and health is paramount, and it is our role as professionals to deliver a safe road transport system where the individual still has a large but defined responsibility." We use this statement when we talk about the workplace or other types of professionally designed environments. If we use this definition of the responsibility of professionals, we must have a safety philosophy to ensure people stay alive and healthy on the road. All those working on safety know that the only way to create safety is to bring the erring human into the loop—the humans that we are, not a prototype of someone perfect. That is how other safe, man-made environments have developed over the years. The alternative, blaming the victim, is really the big catastrophe in prevention.

Imagine an empty road. To most citizens, it looks safe and wide, and there is a speed limit. But the road does not give us as humans any leeway to make a mistake. A second of distraction might lead to catastrophe. In our country, we have redesigned a lot of roads by using this kind of value/safety philosophy and have done something that is not an innovation; it simply brings the erring human into the loop. We put mid-barriers on the road. If we had done so from the start, it would have cost 1% more but the road would be 90% safer. One of the first myths we have to kill is that safety costs money.

This is also an example of a systems approach to safety. We considered the human aspect and how vehicles actually function. In this case, Swedish carmakers told us what kind of environments their cars needed to utilize all the built-in safety components. Another example of how we as professionals and professional organizations must think once we've adopted this value statement is how we use the transport system. Most of us in this field belong to huge organizations, and we're trying to tell the public how to use the road transport system. But the best thing we can do is to do the right thing ourselves.

"Making safety an integral part of the responsible behavior of the health sector." This fantastic statement is from the WHO European report launched the same day as the *World Report*. Organizations can use their value statements to set an example of how to use the road transport system. The report says that travel should be carried out safely, but also says the best and the safest vehicles should be available and should be operated with-



"Human life and health is paramount, and it is our role as professionals to deliver a safe road transport system where the individual still has a large but defined responsibility."

in the speed limit, with the best safety equipment, without consuming alcohol or drugs. Here's an example from Sweden: in regard to the public transport system and the buses used in this system in Stockholm, subcontractors lose their contracts if they do not operate safely. We believe this is significant; it comes back to the link between values, the way we look at the road transport system, and the actions we take to ensure something good happens.

Working for Safety: The UNECE's Working Party on Road Traffic Safety—Mr. Bernard Périsset, Chairman of WP1, UNECE

I'm pleased to be here as the chairman of the WP1, but I'm also here in a personal capacity, because road safety is something I have worked towards for a long time. The



“As the chairman of WP1, I commit to sharing what we have learned to improve practices worldwide, and helping to end this deadly scourge on the road.”

toll of road crashes flies in the face of the fundamental ethical right which guarantees the physical and mental integrity of every individual and it is our duty to do all in our power to bring an end to this deadly scourge. We cannot tolerate the intolerable; we cannot concede that mobility has a price paid in mourning victims. We must act without delay to take up the challenge of the lack of road safety, to mobilize the actors concerned and to define a coordinated and proactive approach. We can collectively reach the goal that we cannot reach alone. That is why we're here.

WP1 is part of the Economic Commission for Europe created in 1947. It can work in favourable environments using synergy with other groups that work in other important areas of road safety. I'm talking about WP29, the world forum for the harmonization and regulation of vehicles. There is also a group that works with infrastructure, and a group that works on dangerous goods. There have been serious crashes in tunnels in Europe, and the UNECE was the first to promptly set up a working group on safety in tunnels that made recommendations, which have now become a reality.

WP1 works in this environment. There are 55 member countries but it also works with NGOs on preventive roadwork, various foundations on roads and all road users. The work of WP1 may be divided into three “pillars.” The first concerns the regulatory system. It's good to have recommendations and exchanges, but traffic needs to have rules and the WP1 is the “guardian” of important international legal instruments, more precisely the Conventions of 1968 on road traffic and road signs and signals, which have a global scope. The merit of this international road traffic law is that it harmonizes the rules for behavior and the system of road signs and signals throughout the world, thus making a fundamental contribution to the strengthening of road safety. This law must constantly keep abreast of new discoveries and changes. The WP1 brings the regulations up to date in order to take account of new technological developments and meet the growing demands of society with regard to safety and protection of the environment. These conventions are already applied in more than 50 countries, including many non-ECE members, and they are open to all members of the United Nations Organization.

The second domain concerns two Consolidated Resolutions, one on road traffic, the other on road signs. They relate to such issues as alcohol, speed, communication, and education and, to specific target groups, such as pedestrians, cyclists, children and other vulnerable road users. The third domain concerns the gathering and dissemination of information on national regulations with regards to safety and the exchange of information and experiences of “best practices” as well as the launch of “road safety weeks”, which are organized every four years. During the past ten years, the WP1 has focused one campaign on young road users and another on vulnerable road users. For this year's road safety week, the topic selected was “Aggressive Driving Behavior”.

WHO has been given responsibility for coordinating activities within the UNECE system in close concert with the regional commissions. One of the regional commissions with experience and expertise, UNECE's WP1, wants to participate in this effort and can help with recommendations and regulations. First, we can listen and know what the needs are, where the problems are, what we can do, and how we can help others. This summer, we'll contact the people and organizations involved in this to grasp the problem, define it, and advance some solutions.

But, policies on road safety cannot be successful without strong political will. This political will for this effort was expressed yesterday. Second, there must be a vision. Third, we have to define clear-cut goals. Then we must develop a strategy including specific measures and assessment criteria for these measures and ensure follow-up. As the chairman of WP1, I commit to sharing what we have learned to improve practices worldwide, and helping to end this deadly scourge on the road. Implementing an effective, global, consistent and concerted approach is needed to address the global road safety crisis.

Adopting Targets and Taking Action—Mr. David Ward, Director General, FIA Foundation for the Automobile and Society

When I was 17, I was riding in a mini with a bunch of other teenagers, doing what teenagers do—driving stupidly. Because the U.K. government had been campaigning with something called, “Clunk, click, every trip”, I was wearing my seat belt despite being given a hard time. Ten minutes later we had a head-on collision. I survived with heavy bruising, and the doctor told me that he was glad I was wearing my seat belt, because if I hadn't, I wouldn't be here today. At the time I brushed it off, but as I get older, it makes me think of the value in this kind of work.

I was struck by Claes Tingvall's comment on human failure. To put it another way, human beings fail because they want mobility; they strongly desire the freedom to move around. They also tend to be optimistic and ignore risks. That's why it's a tough task to keep safety on the agenda. Human beings naturally treat safety as a secondary issue—as an afterthought. So we must overcome this tendency to ignore risk. We need a paradigm shift in the way we view safety. We need to make safety integral to the design of our mobility system, which is the essence of the systems approach.

Although the economic and social costs of road traffic injuries are huge, and the investments are cost effective, we still find that there is insufficient demand for safety in our road transport system. That is the big challenge—to raise demand for road safety. Here's an analogy from economics: in the 1930s, major industrialized economies faced a crisis, a major world recession with massive unemployment, which led to political extremism and a world war. An economist, John Maynard Keynes, had this insight: the problem was demand deficiency; causing low output, low growth and low employment. What was missing was a demand stimulus. And that's what we have today in road safety. We know what to supply to provide road safety. The *World Report* shows what needs to be done. But the demand side is painfully weak. What we have at the moment is a 'sub-optimal equilibrium' of death and injury on the road that we know is preventable. So we must learn the lesson that economists learned in the 1930s—the importance of demand management, of raising the demand for safety. I believe it's important to select targets, indicators and assessment systems and to benchmark measures of road safety, because this is the way to stimulate action and awareness to create that missing demand, to measure progress, and to promote best practices.

Here are some examples related to experiences in Europe. The European Union (EU) decided to target a 50% reduction in deaths and serious injuries by 2010. All EU mem-



“We must create demand for safety by selecting targets, tracking indicators, developing assessment systems and benchmarking measures.”

bers accepted this target and will be measured against it. The French government, for example, has begun a major campaign of road safety enforcement. When President Chirac launched it, he commented that the U.K. was experiencing half the level of casualties occurring in France. The thought that we Brits could outperform the French in something as basic as this was appalling! President Chirac made constant references to this, making safety a competitive issue between nations. Creating competitive demand for safety is something important we can do in terms of target setting. We've done this through the Euro NCAP program, where industry has to compete to prove they can make safer cars, and it's worked really well. Carmakers now advertise using Euro NCAP standards and compete to be the best in passenger-safety protection. That's one way of benchmarking, assessing and creating a demand for safety. We're also trying to internationalize the Euro NCAP project with sister programs in other countries.

More recently we have supported the European Road Assessment Program, to do what we've done in the car industry with the road authorities. We are rating roads for their safety performance because, we know, roads can be deficient however, small levels of investment can make them much safer. Last week in Dublin, the EU adopted a road safety charter by which civil society, the business sector and NGOs, could themselves make measurable commitments to act on road safety. These are examples of target setting and creating benchmarks to generate demand for road safety. There is tremendous potential across the world to encourage that sort of target setting. The UN can play an important role on a regional level by encouraging governments and stakeholders in their regions to agree on road-safety targets.

We must also work hard to make a multi-sectoral stakeholder approach a reality. Everybody lives in communities they are comfortable with, and they speak a certain language. There's a transport engineer language and presuppositions, a public health language and presuppositions, and law-enforcement presuppositions. All these groups have their role, and we have to learn to cross over professional boundaries and languages. Sometimes that's going to be uncomfortable and challenging, but the greatest danger we face is speaking comfortably within our own communities and feeling satisfied. It's a good idea to go into communities we aren't always comfortable with, feel challenged and share a genuine dialogue where we can make a big difference.

This is an intensely political process, not something that can be solved with purely technical solutions. It's about getting into society and persuading people to change safety from an afterthought to an integral component of the way we run the mobility system. Politicians will engage in this if we can develop realistic agendas they can deliver in the kind of time frames that politicians live with. It's hard, but in the last year with the tremendous work that's been done by the organizations here today, we've done far more than I expected. If we keep this up, we'll be very satisfied with what we've achieved.

What Governments Can Do

Ms. Karla González, Attorney and Former Vice-Minister for Transport, Costa Rica

In my country about 600 people out of a population of approximately four million die each year from road crashes. Once we realized how big the problem was for our people, we took action. I'm pleased to see the recommendations in the *World Report* because those recommendations are just what Costa Rica decided to implement two years ago. We prepared a national action plan for road safety, and asked the government of Sweden for assistance. We also went to the GRSP and FIA Foundation for help.

Two problems were very significant in the death rate on our roads. One was drinking and driving; the second was not using seat belts. We've been working hard for 2 years

on these two problems and have achieved real changes in our country. With regard to drinking and driving, we've changed the culture and the mindset through the constant presence of our police during the night and during special events in the streets. People are now scared to take the steering wheel after they've been drinking. Regarding the second problem, up to now, our country had no law requiring the use of seat belts, but the ratio of crashes urged us to change legislation regarding its use. So, we first created a campaign to convince Costa Ricans to use their seat belts, and then, just two days ago—after a strong battle in congress—we made seat belt use mandatory through specific legislation.

The campaign—'Por Amor Use el Cinturon' (For love's sake, use a seat belt)—was very successful in making Costa Ricans aware of the importance of seat belts. We worked on it over the last ten months, with the support of the FIA Foundation. I strongly believe that there must be a link between governments and society in order to achieve road safety. Reducing car crashes continues to be a priority for us.

What happened yesterday here at the UN was historic. We have to believe that as leaders at the governmental level, in the private sector and of NGOs, we can make a difference.



“There must be a link between governments and society so that we can achieve road safety.”

Ms. Marilena Amoni, Associate Administrator for Program Development and Delivery, Traffic Injury Control Programs, NHTSA, U.S. Department of Transportation

Road safety is a global problem and a local problem. In the U.S., we know too well the tragedies that road traffic crashes cause. I want to share our experiences in the U.S. and hear from you about ways to improve. NHTSA is the lead agency in the U.S. for reducing deaths, injuries and economic costs, including health care costs, due to motor-vehicle crashes. I would like to acknowledge and recognize the work of my colleagues at the National Center for Injury Prevention and Control, at the CDC for their efforts to reduce motor vehicle injury and death. These colleagues collaborated on World Health Day—just one example of a long-standing tradition of collaboration that began with Injury in America in the 1980s.

We are not strangers to the tragedies of road crashes. In 2002, there were about 6.3 million police-reported crashes, 43,000 people died and over 3 million injuries occurred, costing the U.S. \$230 billion. When NHTSA first started to work on reducing preventable and predictable deaths and injuries, the death rate was 5.5 per 100 million vehicle miles. We have reduced that to 1.5 deaths per 100 million vehicle miles. Our goal is to reduce the rate to 1.0 by 2008. We've made huge strides, however, our death rates show there's still much work to do. And we need to do it systematically.

In the U.S., we use a formula that others can adapt to their situation. First, we have a single central agency with the authority to address road safety. We work with many other federal agencies, but we are the lead agency. Second, NHTSA not only has the authority but also the resources to do the job. Third, we established a reliable data set that enables us to define the problem and measure progress through an annual performance measure. Fourth, we take a comprehensive approach to address the human, vehicle and environmental factors at each phase of a crash: pre-crash, during the crash



“We use a formula that others can adapt to their situation: a single central agency with authority, the resources to do the job; a reliable data set; and, a comprehensive approach to address the human, vehicle and environmental factors.”

and after the crash. NHTSA’s authority as lead agency includes establishing minimum vehicle-safety standards, identifying effective behavior interventions and establishing standards for emergency medical services. Our strategies, based on sound science and strong data, combine education, enforcement, engineering and emergency medical services. Finally, we realized early on that the road-safety problem was too big to handle alone. So for years, we’ve worked with many partners, such as other government agencies, states, NGOs, and the private sector.

However, in the behavioral area our international activity has been intermittent. We haven’t done enough to learn from you the practices you’ve tried in your countries and to share what we’ve done in our country. We hope that the *World Report* will stimulate cooperation between countries. We are working with the UNECE WP1 on road safety and WP29 on the harmonization of vehicle regulations. We would like WP1 to continue in this role and work with WHO as a collaborating body. We know countries must adapt interventions to their own culture. Only by working together can we accept this global challenge. Yesterday, U.S. Secretary of Transportation Norman Mineta made a commitment, that this marks the start of a broad-based, ongoing international collaboration focused on all aspects of road safety: the behavior of drivers, riders, passengers and pedestrians; vehicle safety; roadway environment; and emergency medical services.

Dr. Stephen Blount, Associate Director, Global Health; Director, Office of Global Health, U.S. Centers for Disease Control and Prevention

We have made big steps and yesterday was a milestone, but there are more steps to be made. What can the health sector do? First, we can document health-related impacts of traffic crashes on society and include road safety as a part of health promotion and disease prevention efforts. We can support research into the causes, consequences and solutions to road-traffic safety issues and tailor science-based programs to protect vehicle occupants and vulnerable road users in local settings. Finally, we can strengthen free hospital and trauma care for victims of traffic crashes. It is important for the U.S. to look at our partners worldwide and think of how we and other high-income countries can support the development of road-safety systems in low- and middle-income countries.

We have much to learn from those of you from abroad, this is a two-way street. We have lessons to offer, but we’re also anxious to know what you have learned. We need to share what we have learned through research and program evaluation. Our agency has developed a guide to community preventive services that we use to improve enforcement of seat belt laws and the use of sobriety checkpoints and child-passenger safety seats. We have learned in the last few years about the graduated driver’s license program as a way to reduce injuries among the youngest drivers and the value of interventions to reduce speeding and alcohol-impaired driving. The U.S. Department of Health and Human Services (HHS) can provide technical assistance to developing countries to aid in establishing surveillance-data collection; provide training in injury prevention and research to help tailor interventions; meet the unique needs of communities; and support developing multi-sectoral institutional capacities.

In most societies, the work of the government must complement and be coordinated with agencies outside government. We have worked with donor agencies to increase support for road traffic safety for the development of infrastructure.

It is important, from the government’s view, to generate demand for road-traffic safety. Government agencies can declare road traffic safety an urgent problem if we first

conduct research on the economic and human cost of road traffic injuries and on effective and locally relevant solutions; convene experts in the field and stakeholders from various sectors; and use modern strategies and tools to raise awareness about this issue.

Now, let me share some lessons learned from the AIDS epidemic that apply to improving road-traffic safety. First, build the evidence base for rapid action. Document the deaths, injuries and disabilities due to road traffic injuries and use that information to develop persuasive arguments. Second, document the economic costs of road traffic injuries and how much can be saved through prevention. In most cabinets, the Ministry of Finance has the most say in political and social decisions and in how they are implement-



“We must build a workforce that will tackle injury prevention and control, today and tomorrow—in the behavioral sciences, media and communications, economic analysis and policy development.”

ed. So it is important to frame our arguments for them. It is also important to work closely with advocacy groups to put the injury issue onto global and local agendas.

Another lesson is to work aggressively across many sectors, not only in health, but also in education, transport and law enforcement. We all have the common goal of reducing traffic deaths. Finally, we have learned another lesson from the AIDS epidemic, that looking strategically, not only at this year or the next year, but five years out is important. We must build a workforce that will tackle injury prevention and control today and tomorrow—in the behavioral sciences, in media and communications, in economic analysis and in policy development. I hope you can help us in the injury field deepen our understanding of these lessons and apply them broadly.

Let me turn to some specific actions that CDC offers the global community. First, we have a National Center for Injury Prevention and Control (NCIPC), and we’ve worked with the injury department of WHO in Geneva to develop guidelines for injury surveillance and contributed to the development of the *World Report*. We’ve provided expertise to many countries in traffic-related injury prevention. We worked closely with UNICEF in Southeast Asia to get traffic and other injuries on the global agenda. The NIH also has an important role. The Fogarty International Center (FIC) and seven partners of NIH have just announced a new program to address the growing burden of morbidity and death in the developing world due to trauma and injury. The program addresses a broad range of training needs. Fogarty and its partners have committed about \$7 million over the next five years. In summary, governments must work closely with many partners. If we don’t work together, we’ll find ourselves five or ten years from now lamenting that we didn’t apply lessons available to us. I don’t think we’ll do that.

Dr. Rosenberg: Steve, we know that you have your hands full with AIDS, it’s a global disaster and a top priority for WHO and for CDC. At CDC, you must also respond to threats of bioterrorism and other emergencies everyday. How can you carve out time to take global road safety on as a priority? What would help you make this a real priority?

Dr. Blount: We try to focus on the problems not only of today, but also of tomorrow. If we don’t do that, we will find ourselves overwhelmed by the problem of road traffic injuries. Our financial, human and technical resources are stretched, so we must work closely with others to put these issues on the global agenda.

Dr. Rosenberg: It’s a challenge to get a new issue on the public-health agenda and move it forward. Marilena, I know that it is not easy to work in a bureaucracy and sometimes problems arise when you try to get one sector to work with another. What problems have you struggled with?

Ms. Amoni: Our first challenge is that we're a public-health agency housed in the U.S. Department of Transportation (DOT). Our agency was set up by a physician and used medical models. That helped us learn how to translate what we do in our agency within the context of transportation. It's the same for the public health sector working with HHS and with the Department of Justice (DOJ). But in collaboration, you must be willing to share the credit, the work and the responsibility. Sometimes you have to push your administrator's agenda, but ultimately we all work for the President and the American people. This problem is so big all sectors must work together. We have a good example of public/private collaboration in the U.S. with the motor-vehicle manufacturers. Two organizations—the Air Bag Seat Belt Safety Campaign and the Network of Employers for Traffic Safety—represent a commitment from the private sector to work on these issues and share it with the government. This is a big tent, there's room for everybody, but you must be willing to share the credit.

Dr. Rosenberg: A question for Karla—you talked about leading a fight in two areas. One was drunk driving, where you tried to change the culture, and the other was getting people to wear seat belts. These address the issue of creating demand for safety. Does what you are trying to do resonate with the people in your country? Did Costa Ricans have the demand for safety or did you create it?

Ms. González: Costa Ricans did not have a clear idea that road safety is a public-health problem. Governments stress the importance of road safety but must be careful in giving statistics and numbers. It is a mistake to raise the problem in general terms without setting specific targets. When politicians get specific, the press sees it as a kind of commitment. This made a big difference in my country, because people saw what was being done to reach the target. And this required publicizing the matter constantly. We set specific targets so the matter could be debated at the national level. We tried to develop a road-safety culture. Drunk driving and seat belts were clear things we could focus on, and although these seat belt laws were not passed, people still became convinced they did not want to become a crash statistic.

Dr. Rosenberg: In public health, we sometimes say you have to respond to what people demand, but you created a demand. This was strong leadership. And now some people want to comment from the floor.

Dr. Prakash Heda (Orthopaedic Surgeon, Nairobi Hospital, Kenya): Public awareness started in 1998 under the umbrella of the International Society for Orthopaedic Surgery and Trauma, when all the stakeholders came together. In just three or four months, the number of crashes fell. Public awareness campaigns were present but they were weak. However, when this project was taken over by WHO and the UN, it revived. The demand for road safety increased among the public. Our minister of transport now requires the use of seat belts even in the public wagon or "matatu." Wagonloads became markedly restricted, and driver licenses and vehicles were reexamined. The public supported this; 57% of them used the public wagons. For the last two months, it has gone very well in Kenya. I think public awareness campaigns have reached the existing road users with very good results and this is the best example of it.



Dr. Rosenberg: Matatus are public conveyances like minivans, and they are driven in Nairobi. There are seats for 14 passengers but they carry an average of 40 passengers a trip. The government passed a law that no one could ride matatus unless they were belted in. This created an automatic limit; only 14 people, including the driver, could be belted in. This was first resented but is now respected and is an important example of government action.

Dr. Alberto Concha-Eastman (Regional Advisor, Pan American Health Organization): I want to call attention to several needs for road safety:

1. Improved legislation on insurance coverage to protect victims by providing appropriate immediate medical treatment; appropriate psychological support; full coverage for rehabilitation; full coverage of legal expenses; and benefits paid by the offender's insurance or the offender to the injured.
2. Legislation regarding professional or commercial drivers to allow them enough sleep and rest periods; lower or eliminate competition designed to make them speed up; and have more regular checks for compliance with their drivers' licenses, including alcohol checks.
3. Funds should be available for research. Reliable information systems should be strengthened or created.
4. This effort should include goals to significantly reduce the toll of deaths and injuries on the road.



Dr. Charles Mock (Investigator, Harborview Injury Prevention and Research Center):

One component that has not been mentioned is treatment. Prevention should be the emphasis. But much can be done that's low cost but effective in improving injury care around the world. With the combined efforts of WHO and the International Society of Surgery, a publication called "Guidelines for Essential Trauma Care" is coming out next month as a formal WHO publication. It lays out recommendations on what is needed for the care of injury patients at the spectrum of health facilities, from small clinics to large urban hospitals.

Mr. Stein Lundebye (Senior Transport Engineer, World Bank): Ms. Amoni, yesterday the Secretary of the DOT said that the U.S. government is ready to help reduce the global road-safety problem and share experiences with other countries. NHTSA's expertise would be very useful to developing countries. However, NHTSA has no mandate to work outside the U.S. When will NHTSA establish an international office so they can share their expertise with developing countries?

Ms. Amoni: We have a request before Congress, seeking authority to work internationally in the behavioral program. We already have the authority for the vehicle part of the agency. In the absence of that, we can still work in certain forums and continue to work on a bilateral basis. But we have requested authority, and Congress will work with us.

Dr. Rosenberg: The authority for an agency to work not only in its own country but to support global programs is important. It is natural for a country to look at a problem first within its own borders. So we need to get our national authorities, wherever we live, involved in the global issue, but that takes legislative change, and that's where creating demand can be effective and important.

Mr. Thomas Bleiner (President and Founder, Astrongroup Technologies SA): This century is technologically marked by the landing on Mars. But man has not yet found a way to enhance instruments and solutions to accelerate road safety on earth nor the budget dedicated to safety's work. I want to ask this congress to help create an overarching commission that can interact with governments, authorities and members of the UN. This commission would facilitate experimentation on new road-safety technologies. New products are not coming on the market to help solve the problem of traffic deaths. I am a professional racecar driver and one day found myself in a race with poor visibility due to heavy rain; I almost crashed into the car in front of me. Since then, my mission has



been to develop new collision-avoidance technologies to reduce crashes, and I have invented a laser system that allows for better visibility in rain and fog. However, I've encountered many bureaucratic problems. Only through quick integration of new technologies can we reduce this global road-safety problem. We need the help of the UN. With the creation of

this overarching commission at the UN, we could create and implement projects that could save many lives.

Ms. Camilla Taft (Director, SAFE Kids Worldwide): We are an NGO focused on unintentional injury prevention for children 14 and under. We operate in 16 countries to create coalitions and a grass-roots safety movement to protect children as a means of creating safer roads for everyone. In the U.S., the movement for road safety got a big boost from demand for a law for child safety seats. Targeting our efforts for children has great potential to create the demand for safety and the political will to generate safer roads for us all. We look forward to collaborating with many of you.



Dr. Ken Bridbord (Director, Division of International Training and Research, Fogarty International Center, NIH): In developing our new Finklea Training Program, we've effectively collaborated with the NCIPC, PAHO and WHO. Our program is designed to build research and public health capacity in low- and middle-income countries. This program is modeled on an AIDS international training and research program that began 16 years ago. Through that program emerged many of the leaders in the developing world who were at the forefront of combating HIV/AIDS. We need to invest long-term for capacity building to deal with problems like AIDS or road traffic injuries.



Ms. Amoni: The role of our agency has become one not only of scientific endeavor, but also of facilitator and convener of various groups. We wouldn't be where we are today in the U.S., if it weren't for physicians, citizens, victims, and advocates like Mothers Against Drunk Driving, putting a face on the problem. Citizens also have a responsibility, and that responsibility not only covers respecting the rules of the road, but also administering aid. When we look at each sector, we must look at the role we can play as facilitators, making tools available to give everyone a platform to say what they have to say.

What the Private Sector Can Do

Dr. Rosenberg: We do not have all of the private sector represented here, but we have some important perspectives. What can the private sector do to contribute? How can they enhance road safety? What can they do as an individual, a single organization, or as part of a collective effort?

Mr. Ivan Hodac, Secretary General, European Automobile Manufacturers Association (ACEA)

I'm glad you invited the ACEA to participate because we're an important part of the issue of global road safety. The ACEA and other global manufacturers are fully committed to improve road safety. The auto industry has already done much to improve global road safety. For instance, in Europe since 1970, casualties have been halved while the number of motor vehicles on the road has tripled. Most of this has been done through improved vehicle safety technologies. The problem facing us is not European, but global and the association of manufacturers takes it seriously.

We must look at road safety in a different way. Road safety is an integrated problem, a problem of the vehicle, the infrastructure and the driver. We must work on enforcing existing rules. By simply enforcing the rules, the French cut their casualties by about 30% in two years. We have to improve vehicles and infrastructure. It does not help to build pedestrian safe vehicles if pedestrian crossings are not illuminated, if the pedestrian does-

n't behave and if the pedestrian is not protected in some way. What are carmakers doing? First, manufacturers will continue to improve vehicle safety, both active safety and passive safety. We're going to introduce the IBSESB air bags and new technologies for vehicles. However, technologies can help the driver, but cannot take responsibility for him.

We are also working with other stakeholders to establish crash causation data. It is crucial to exchange and analyze statistics in order to determine the causes of crashes. We'll continue working with WP29 in Geneva on global vehicle harmonization which is vital to improving road safety. We'll continue to participate in special training programs and sessions. Although the companies are doing this themselves, we want to do it at the industry



“We must work on enforcing existing rules. By simply enforcing the rules, the French cut their casualties by about 30% in two years.”

level too. Carmakers are involved in many regional and local initiatives; basically, every company is putting road safety on its agenda. We must also do this at the industry level. Most companies also have programs concerning the safety of their employees. Since this industry employs several million people around the globe, this also helps improve road safety.

We are working with other initiatives like the GRSP in Geneva at the level of the companies. We ask manufacturers to support efforts to improve global road safety. We want to be part of the integrated approach to road safety and are ready to do our part. It is not possible to look only at the vehicle and say you have to improve technologies. We can make a difference only if the vehicle, driver and infrastructure come together to tackle road safety.

Mr. Jens Hügel, Head of Sustainable Development Division, International Road Transport Union

The IRU was founded in 1948 as an association of national road transport organizations, including carriers of both passengers and goods. It speaks for the operators of coaches, buses, taxis and trucks, from large fleet operators to driver owners. The IRU has both local representation and global reach through its 180 members in 67 countries and together their members comprise the entire road transport industry worldwide.

The IRU's social responsibilities are set out in its Constitution, which indicates that the IRU must work "in the interest of society as a whole" with the main objective of promoting sustainable development. Until now, we are the only mode of transport that has been striving for sustainable development as a constitutional obligation.

Over the years, the IRU has assumed its responsibilities in combating the environmental downside of the sector's activity, whilst continuing to remind everyone of the major economic and social benefits it brings. A milestone was the signing of the *Charter for Sustainable Development*, by all the IRU Member Associations, at the IRU-Congress in Budapest in 1996.

Road safety was perceived as a very important element in the above-mentioned Charter and the strategy for its implementation is based on the IRU “three I’s” for Sustainable Development: Innovation, Incentives and Infrastructure. Innovative technical measures are the best way to make vehicles safer and at the same time reduce their environmental impact. Governments must encourage transport operators to rapidly introduce the safest technology and practices. And safe transport requires safe and sufficient transport infrastructure.

The “three I’s” interrelate with each other. For instance, defensive and anticipatory driving to avoid crashes is also energy-efficient driving, avoiding the consumption



“The key to success in striving for sustainable development and road safety is a constructive cooperation between partners in industry and trade, in government and in the media following the IRU motto: working together for a better future.”

peaks linked with accelerating, decelerating, stopping and starting. It is also a style of driving that produces fewer exhaust emissions, simply because less fuel is burned. However a safe and adequate infrastructure is a sine qua non precondition to achieve sustainable development and road safety.

The next logical step in the IRU Agenda for Sustainable Development and Road Safety was the IRU's *Guide to Sustainable Development*. The guide's modules provide examples, intended to facilitate the development of tailor-made measures and programmes in different countries. The modules contained in the Guide include a *Well-Driven Campaign* and *Driver Training*.

Finally the IRU has published two volumes of *Best Industry Practices*, which document the achievements of road transport operators in the fields of safety, energy savings, and emissions reduction.

The World Bank has estimated that, worldwide, road traffic crashes now result in 1.2 million deaths and between 20 and 50 million injuries annually. The trend in the European countries is, however, generally encouraging. In the European Union, the number of crashes resulting in bodily injury has fallen by 15% since 1970, and the number of persons killed, by more than 40%, despite the constant increase in road traffic. Although the trend is not yet positive in some of the

Central and East European Countries, there is every reason to be confident that similar results can be achieved there too.

Out of every 100 vehicle crashes resulting in bodily injury in the EU, an average of only one to two buses and coaches and six to eight trucks are involved. This means that commercial vehicles are underrepresented in crashes and are rarely the cause. In order to better understand why such crashes occur, the IRU and the European Commission have signed a contract to co-fund a study designed to provide statistically reliable data on the causes of crashes involving trucks. The IRU has long insisted that such data are needed to allow better-informed policymaking in this area. The study data will help decision-makers to develop cost-effective policies for reducing the number and severity of such crashes.

We are taking action in 2004. Firstly, the IRU provides, through its National Associations, direct incentives through its annual award of "Diplomas of Honour" to exemplary drivers. Secondly, the IRU reconfirmed its longstanding commitment to improving road safety when its President, Paul Laeremans, signed the European Road Safety Charter in Dublin in the presence of European Commission Vice President, Loyola de Palacio, on April 6. Thirdly, the United Nations Economic Commission for Europe organized, in close cooperation with the IRU, its 4th European Road Safety Week in April, devoted to the theme of aggressive driving behavior. Fourthly, the IRU intends to launch an Industry Road Safety Charter at its Congress in Yokohama on April 22, demonstrating the commitment of its associations and transport operators to further improving their road safety record.

In conclusion, the IRU has a number of road safety instruments and the IRU has a clear commitment to road safety. It has developed a strategy to achieve it—its “three I’s” Strategy for Sustainable Development: Innovation, Incentives and Infrastructure—and translated it in cooperation with its Member Associations down to the transport operators. We committed ourselves again by signing the EU Charter for Road safety and our industry committed itself to implement various road safety initiatives by signing the IRU Charter for Road Safety during our World Congress in Yokohama.

The key to success in striving for sustainable development and road safety is a constructive cooperation between partners in industry and trade, in government and in the media following the IRU motto: **working together for a better future!**

Mr. James Micali, Chairman and President, Michelin North America

Michelin produces tires for almost every type of vehicle—bicycles, trucks, earth-movers, and even the space shuttle. Tires are critical to safe travel. At Michelin, safety has been a core concern since the company was founded more than 100 years ago. One of our five corporate values is respect for people. There's no better way to respect people than to make sure you produce the safest tires possible. This is a global issue because most companies in the automotive industry manufacture and distribute on a worldwide basis. So the problem needs an integrated global solution.

There are two separate paths to progress in improving global road safety. The first path is technology. Advances in tire technology and performance have contributed greatly to enhanced safety, and will continue. We have the Michelin PAX system, a "run-flat system," and other run-flat technologies that permit drivers to control their vehicles even if a tire is completely out of air. Drivers can go 100 miles or more and avoid changing a tire on a busy road. Other solutions are progressing, including systems that tell drivers when their air pressure is low. In a few years, this technology will also have a maintenance feature that automatically maintains correct tire pressure. This optimizes the driver's ability to control the vehicle and its braking performance. Michelin and the tire industry generally can help improve safety through embracing these product innovations.

The second path is through information. Tire manufacturers and tire-industry associations must help educate the marketplace about tire safety and safe travel in general. Information flows from the tire industry to government and regulatory bodies to help them establish product standards and performance criteria. These standards help the public make decisions about tires. Information also flows to vehicle makers, who partner with us in developing new products and ensuring that existing products are used safely. Most important, information is available today more than ever to the user, who is directly responsible and in direct control over how those tires are utilized.

In most of the world, drivers can get this information about tire safety from their tire dealer, from a manufacturer, the Internet or from the government. But more must be done to educate the public about tire safety. That's why the tire industry has developed programs like Tire Safety Week in the United States. It's also why Michelin has invited WHO to join us at the 2004 Challenge Bibendum in Shanghai to share its global road-safety message with all our automotive-industry participants. More importantly, more information is needed to help drivers in developing countries. For instance, drivers need to understand that choosing the correct tires for their vehicles and properly maintaining them is key to avoiding crashes. Furthermore, radial tires, now the standard in developed countries, will provide a new level of safety as their use increases in the developing world. Michelin is working to enhance communication and education on all these issues and our efforts will continue.

Dr. Rosenberg: There has been, at times, a tendency to polarize the public and private sectors. But if we want to make progress, it has to be progress with the private sector, with manufacturers specifically. How do we overcome any possible distrust? This distrust probably goes both ways. Sometimes people working on these large-scale issues feel the private sector can't be trusted to do the right thing. And the private sector often feels that governments can't be trusted to do things right. What can we do to overcome distrust and get people working together?

Mr. Hodac: If you have specific issues on which public authorities and the private sector must work together to achieve certain goals, you will overcome this distrust. For example, we are working in Europe on a system where there will be a device in a vehicle that, in a



“This is a global issue because most companies in the automotive industry manufacture and distribute on a worldwide basis. So the problem needs an integrated global solution.”

crash, will automatically send a signal and first aid or an ambulance will be sent to the crash location. The “golden hour” is critical in enhancing road safety and preventing death. Now this can happen only if the vehicle manufacturers, telecoms and public authorities work together. If you take one out of the equation, it doesn’t work. Enforcement of existing rules is also important. Public authorities, the EU Commission and industry associations first addressed this six months ago, when they published a communication addressed to other member states asking them to enforce regulations regarding drinking and driving, speeding and seat belt use.

Mr. Micali: The best way to move forward is through education. Many good things have been done in the automobile and tire industries in terms of safety, such as air bags and seat belts. The real feat is to get people to apply those safety measures. Michelin has been working hard to get states to pass seat-belt laws. They are key. You can have the safest car and the best tires, but if people don’t use them or disable them, they’ve done a disservice not just to themselves but also to the motoring public. Education and enforcement is step one.

Dr. Rosenberg: In the U.S., there have been recalls of tires that weren’t safe. People felt tire manufacturers had data, kept it secret, and changed some versions of the truth. NHTSA and some other agencies brought this to light, but cases like this create mistrust. How do we overcome that? Companies differ and we need to recognize that and give a fair shake to different companies. What do you think about this question of trust on both sides?

Mr. Micali: Hopefully, people recognize that companies differ from others just like people differ. As a result of that incident in the U.S., legislation now requires early reporting and companies, both domestic and foreign importers, must comply. This legislation should avoid repetition of that incident, and Michelin will comply.

Mr. Hügel: I support what the panel speakers said. A fair, honest dialogue is important and awareness campaigns are important, but they should be based on fact. Let us come back to crash causation. In an crash between a truck and a car, the first perception is that the big guy is the bad guy, he caused the crash and you have to get rid of him. There is an automatic misinterpretation of the situation. However, if you examine the facts this may not be the case. With those facts, you go to the government and discuss how to address those issues.

Dr. Rosenberg: Jens, your union oversees taxi drivers as well as truck drivers. Charlie Mock, a trauma surgeon who has done extraordinary work in Ghana and other countries, pointed out that in Ghana, about 8% of truck drivers were legally intoxicated while driving. Can your organization help a country or government address a problem like that?

Mr. Hügel: We must get the black sheep off the market. Law enforcement must be present and those offenders should not be on the road. We constantly discuss these issues with the government. I am contradicting myself now by saying maybe there is a silver bullet to address this issue and that is, show that road safety equals profitability. It equals profitability for the taxi driver. He needs to understand that if he rushes from one person to the next to earn quick money and does not follow driving regulations, he will crash, which means no car and no income. However, if he drives safely, he will have a more reliable car, pay less money for maintenance and have a longer-term income. So maybe safety is a “silver bullet,” **road safety is like money in your pocket.**

Dr. Rosenberg: Claes Tingvall said that there might be another low-cost way to reduce the biggest factor in a lot of road crashes—infrastructure design. Sometimes that can be done cheaply, but the public frequently blames their tires or the drivers. And yet, the biggest single area where improvements could be made is frequently in infrastructure. How could the three of you push governments to improve infrastructure?

Mr. Micali: In most countries, there are automotive and tire manufacturing associations. We can work together in particular countries to obtain appropriate resources, especially funding. Enforcing existing laws to get drivers to do what they know they should is important. As much as good infrastructure would help, that would be even better.

Mr. Hodac: The motor vehicle is one of the most regulated products in the world. It is easy to legislate businesses, however it's difficult to legislate to push public authorities to improve infrastructure. We have a serious problem with this in the EU. The only way it can work is to convince governments that a program of road safety is an integrated program to which the driver, the infrastructure and the vehicle all contribute. Industry and motorists pay taxes, and that money should be used to improve infrastructure, education, and enforcement. You can improve road safety only via an integrated approach.

Mr. Micali: If you improve the infrastructure, you also improve protection of the environment. If we emphasize to public authorities that safety and environmental protection go hand in hand, it would be helpful.

Mr. Hügel: I want to support what Ivan said. Money earned with the road-transport industry should go back into the road-transport industry. Money earned by infrastructure charging should go back into building or maintaining roads.

Dr. Aaron Primack (Program Officer, Division of International Training and Research, Fogarty International Center, NIH): When infrastructure improves, it may increase problems for pedestrians. For example, the last time I was in Uganda, I noticed a new road between Ginga and Imbale. It was straighter, better paved, and had a yellow line down the middle. It had little lighting because there's no electricity in the area. This road had markedly more people walking on it because it is so much "safer" to walk on the road than to walk in the fields nearby. Cars were also driving a lot faster than on the old road, making it more dangerous for the pedestrians. So better technology and infrastructure may, in turn, lead to other problems.

Dr. Rosenberg: We often mistake investment in road infrastructure with investment in safety. **Most of the money that goes into building roads is not for safety.** For example, the Asian Development Bank is a significant investor in infrastructure in East and South Asia and invests about \$2.5 billion. However, only \$1 million goes into safety. **The ratio is more than 2500 to 1 infrastructure to safety.** No wonder we get roads like Aaron describes, and I suspect there are worse roads. Roads built without attention to safety, are recipes for disaster. Let's not mistake building roads with promoting safety. Other comments? Questions?

Mr. Tom Walsh (President, Safety Cost Improvement, Network of Employers for Traffic Safety): I was formerly the safety director for the United Parcel Service, which has about 350,000 people in 183 countries, but today I speak to you as a representative of the Network of Employers for Traffic Safety. NHTSA provided us with seed money to draw employers of the private sector together. We provide detailed traffic-safety behavior information to employers who have employees who drive on the job or to and from work. The most dangerous time someone spends in their community is in their vehicle. Many crashes that occur during the commute to and from work are preventable. Many states focus on behavior, not infrastructure or vehicles. I encourage other countries to do what NHTSA did, which was provide seed money. We are a separate non-profit now and do not depend on federal funds. Other countries should look at this from their own perspective in terms of doing something similar to stimulate an organization where employers can do something positive about traffic crashes while bettering employee relations and safety.

Ms. Kate McMahon (Road Safety Program Manager, Department of Transport in the U.K.): Occupational road risk is important to consider. Many of our road deaths include people who drive on the job, like truck or bus drivers. We want to communicate the economic case to employers for improving road safety and persuade them that they can save money by reducing crashes. Employers would increase productivity because they won't have their operators and vehicles off the road, and they would save money with lower insurance premiums. The way to do this is through a better safety culture in the firm. First, we need to measure the number of crashes they have. **Many firms have no idea how many crashes their employees have unless they are actually at their workplace; there is huge potential for saving lives and casualties and costs for employers.**



Mr. Micali: Often companies don't track data well, nor do they even relate workers' compensation, damages, costs and time lost from work or the legal liability they may incur from these crashes. If data is captured, you can build a strong case that safety is not only the right thing to do, it's good business.

Dr. Rosenberg: When the former Secretary for the U.S. Treasury ran Alcoa, a large manufacturing company, he set a goal of no occupational deaths. His "Zero Tolerance" program dramatically reduced occupational deaths. What you suggest is maybe we could do the same thing with deaths on the road for employers and industry. It's a good idea and also touches the area of metrics—what we measure gets done.

Dr. Al-Kharusi: Regarding road safety, most deaths, morbidity and disability occur in countries that can't afford to do something. What do you think the private sector can do to help raise money to help these countries resolve their problems, not only regarding road safety, but also on basic things like pre-hospital care and rehabilitation? How do you feel about supporting activities that support road safety globally?

Mr. Hodac: The companies themselves have initiatives all over the world. Members of the Association of Southeast Asian Nations (ASEAN), the Japanese association and the Americans, have initiatives in almost all the developing countries. But how do we put it together as an industry? I can tell you that we're looking at it. I hope that what happened today and yesterday and last February with the initiative of FIA will put global road safety on the map and help create something that will financially help.

Mr. Micali: The reality is that companies contribute today, and they will probably contribute more tomorrow. They will contribute more to the markets where they think there will be some kind of economic return. The trick is figuring out how to persuade companies that investing in infrastructure, is not only the right thing to do but it will produce an economic return. The key is to look at this together.

Dr. Rosenberg: If you look at those areas where the rates of injury and death are expected to increase the most, it is the developing countries where the markets are the most expansive. If we can think of mechanisms and find a way to use them, it will work to our advantage. This is another reason why the perfect plague could be perfectly prevented. Jens, what do you think?

Mr. Hügel: First, the reality is that business won't give money to fund wheelchairs or medical support. Transport benefits the economy, and with that benefit, you can address the health issues. Second, for the transport operator, it's a win-win to look for road safety and also to make money with it. Last, we'll work together in public-private partnership with governments and work with the media to develop and implement road-safety policies.



Mr. Patrick Sankey, Director General, The International Road Federation

(Statement read by moderator)

The International Road Federation (IRF) welcomes a series of new initiatives within the international community highlighting road safety as an urgent issue of concern. IRF has long argued that road safety should be given priority status in policy making both nationally and internationally, in the light of the heavy social and economic costs of road crashes and their sequels.

In addition to today's United Nations Stakeholders Forum on "Global Road Safety—A Shared Responsibility", recent initiatives include the decision by the World Health Organization to designate road safety as the theme of World Health Day 2004 under the slogan "Road Safety is No Accident" and the decision by the United Nations Economic Commission for Europe (UNECE) to organize its fourth Road Safety Week under the slogan "Respect is Safety".

IRF issued a discussion paper entitled *Safe Mobility* in late 2003, where it points out that road safety policy must address at one and the same time, the triangle of user, vehicle and infrastructure. Contrary to the international governmental agencies, WHO and the UN, which frequently emphasize changing driver behavior, IRF highlights the role of public authorities to improve road safety through improving road design, installing high quality safety features and markings and carrying out timely maintenance. For IRF, drivers are prone to making mistakes, and roads should be designed to “forgive,” as far as possible, human error.



IRF, in partnership with the Transportation Development Foundation of the American Road & Transportation Builders Association has developed a new series of executive seminars on Roadway Safety. The educational seminar series, which is World Bank-approved, deals with all aspects of Roadway Safety, from the forgiving highway concept (safety in design) to motorist behavior (public announcement campaigns and safe practices) to worker safety, to safety audits, to enforcement.

Regardless of difference of emphasis, IRF enthusiastically subscribes to the new initiatives of the international community and in particular, to the WHO commitment to bring “an end to this deadly scourge, which takes the lives of 1.2 million people around the world each year, disables hundreds of thousands more, and affects millions of families and communities”.

Dr. Rosenberg: I want to thank the panel for the private sector. This is a great start for ongoing conversation and interaction.

The Role of NGOs and Civil Society

Excerpts from a video produced by Richard Stanley Productions for the FIA Foundation in support of World Health Day 2004

Ms. Moira Winslow: People are worried about wars in various parts of the world, but people forget that there is a war on the world’s roads. These are the forgotten dead, and the forgotten injured.

Mr. Max Mosley: The thing that motivates us and amazes us is that the political will to do anything about it is almost entirely missing. It doesn’t actually interest people.

Mr. Peter Adamson: No flood, no war, no famine, no earthquake ever killed on this scale and it is only beginning.

Mr. Jacques Goosen: Now, sooner or later, the people in the streets are going to say enough is enough. We will not tolerate the indignity and this almost negligence on the part of politicians any longer. And my message to politicians would be to catch a huge big wake up call.

Ms. Scarifa Lodewyk: My other son, his name was Usher and he was killed in a car crash. He being the eldest and doing so much, we were all so proud of him. He was always looking out for everybody. I can’t just say it’s a deep impact, I think it destroyed most of us. There was suddenly no life.

Secretary-General Kofi Annan: About 1.2 million people are killed each year. I think the UN has to get governments to acknowledge that this is a real problem and I think we can use the World Health Day to highlight the impact and also underscore the fact that these are avoidable.

Narrator: Aside from the human tragedy, the economic impact is rising dramatically. Global costs have risen to over \$500 Billion per year. In developing countries, the cost of

crashes exceeds the annual amount of all overseas aid. Experts are warning that this situation is going to get a lot worse.

Mr. Peter Adamson: The level of car ownership and vehicle use in the developing world are still very low. They are at the beginning. Car ownership, vehicle ownership is about 30 per 1000. In the industrialized world, it is nearer to 600 per 1000. So you would expect at that level, road deaths to be far fewer. The opposite is the case. Road deaths are very much higher in the developing world, already, even at this lower level of vehicle ownership. A quarter of a million children are killed every year on the roads of the developing world, far more than in the industrialized world. But worse still, that number is set to rise and rise as vehicle ownership rises, as it inevitably will.

Narrator: South Africa is typical of many emerging nations where road crashes are growing at an alarming rate. Each year over 15,000 people are killed on the roads there.

Mr. Petro Kruger: The road traffic crash problem in South Africa is unfortunately very serious and I don't think enough is being done to remedy the situation. We are looking at a daily death rate of 33 people. Nothing's done, nothing is done. It is swept off the road; it is swept out of your mind.

Ms. Elizabeth Dhludhlu: The politician doesn't talk about the crash. We must speak out and cry for the government to help us, because we have got the children, the people who are in danger are the people who cross the road, like the children when they are going to school because they don't understand that the cars are running faster than your feet.

Mr. Kofi Anan: World Health Day is an occasion to reflect for each individual government to see this as a major problem and play their leadership role. First of all, they need to recognize that there is a problem at the national level and also to understand that this is not an issue for the Minister of Transport alone, as it does affect the Minister of Finance, the Ministers of Health, Education and Justice.

Mr. Max Mosley: A lot of the measures that could be taken cost little or nothing. For example, almost every car has a seat belt, putting the seat belt on costs nothing, painting the white line in the right place, putting the stop sign at the right place and even basic law enforcement. You have to pay the police anyway, so they may as well try to enforce the laws. None of those things really cost money, all they do is save lives.

Mr. Peter Adamson: If we do nothing now, if the world lets things take its natural course, then we will see a manifold increase in deaths on the roads. We could see a disaster unfolding on an enormous scale and yet the means are there to do something about it and get a grip on that now.

Dr. Rosenberg: Thanks to the FIA Foundation and Richard Stanley; that was superb. Next, we will look at the role of NGOs and civil society, groups that play an important role in this effort. We have only a small sample, but want to get you thinking about the potential in this sector. To start, Mr. Baluja's video was quite illustrative of the conditions in India that lead to deaths and injuries on the road.

Mr. Rohit Baluja, President, Institute of Road Traffic Education (IRTE) in India

India accounts for over 10% of the world's deaths and crashes. In Delhi alone, 1800 people are killed yearly; 50% are pedestrians. The social cost of road crashes equals India's defense budget of \$12.5-billion U.S. dollars. The irony is that traffic management has not yet been properly defined. Civic and health departments hardly recognize their need to participate in road safety matters. The transport department which is the statutory body for upholding the road and transport laws remain confined to issuance of licenses and permits, and do not have any road safety cells. The paradox is no system for scientif-

ic collision investigation exists, and therefore the actual causes and consequences of such collisions are not known. The guilty go unpunished and remedial measures in road safety remain only hypothetical. Few understand the concept of traffic engineering. Civic road making agencies responsible for the traffic police and judging the quality of engineering, usually have no engineering background. The result is the lack of a road-user culture.

We have been working 12 years on road safety and have made eight recommendations. First, road safety cannot be cosmetic; every part of the road system—which includes the vehicle, road infrastructure, traffic engineering, driver training, education and awareness programs as well as the traffic laws—must have safety as an inherent virtue. Road safety cannot be an external element. In developing countries we have road safety weeks. We advertise in newspapers and have brochures. Even though we have all sorts of



“Road safety cannot be cosmetic; every part of the road system—the vehicle, road infrastructure, traffic engineering, driver training, education and awareness programs and traffic laws—must have safety as an inherent virtue.”

ideas, much of it is cosmetic. The upholders of law generally give directions for the public but hardly practice what they preach. The political leaders and upholders of law must demonstrate good practices if these are to penetrate the public.

Secondly, those who contribute to the basis and movement of traffic and those accountable for the consequences must be obliged to promote road safety, specifically, road making authorities, transport departments, health departments, enforcement agencies, environment departments, tourism and industry, insurance companies, and vehicle manufacturers. They have a duty to participate in creating the foundation for road safety.

The third recommendation concerns modernization in the developing world, which requires sudden growth in road development and transportation. These developing countries, without going through the process of building their road safety infrastructure, whether it may be driver training, engineering, or police training, are adopting consultants ad-hoc from the developed world without assessing whether these consultants can deliver road safety in a developing

country. Consultants return after completing their desired jobs and are never held responsible for any blunders they made. Application of systems in developing countries must keep in mind the past culture, history, political interference, budgets, environmental conditions, literacy levels, etc. Therefore, consultancies must be invited to first build the infrastructure in the areas of traffic engineering, traffic policing, road engineering, driver training, etc.

Research, the basis of development, cannot be compromised. Research in India and in other developing countries exists in a vacuum. Governments are not willing to invest in research. Government grants are given to conduct programs, but not for research. Automobile organizations, and other corporations do not want to invest in such research because they don't get any publicity in return. As a result, indigenous development from research is seriously handicapped. It is recommended that under the aegis of the UN, a stakeholders' statutory body be constituted. This body could be the basis of sharing, learning, standardizing processes and catalyzing required infrastructure in developing countries and of overseeing the road development system. As an example, we do not conduct scientific crash investigations. With 1.3 million serious and fatal crashes in the country, not even 100 undergo scientific investigation. If we do not know the causes and results of collisions, we cannot take remedial measures and cannot know who the actual culprits are.

Governments use fines from traffic violations as revenue in their budgets. Enforcement is measured with the quantity of fines collected, not by the rising number of violations. This anomaly must be corrected because the upward trend in the graph of collection of fines only means increasing violations and indiscipline, and that the collection of such fines doesn't contribute to building the road-user culture. Traffic fines should be directed into research, safety programs and traffic control systems and must not be taken as revenue.

NGO partnerships can play a key role in education and enforcement. A major problem in India is that we do not have a road traffic act, we have a motor vehicles act. So rules for pedestrians, cyclists, rickshaws and other non-motorized traffic are not enforced. NGOs can help the authorities in many ways such as assisting the police authorities in educative and persuasive enforcement, road safety education in schools and colleges, driver training and testing, vehicle certification, post crash management, etc. NGOs are the best means of catalyzing road safety because they can feel the pain and misery and be an effective agency between the public and government. NGOs can bring the world together.

The IRTE as an NGO has, with over 12 years of research, developed and tested to success landmark programs along with tools and systems in the areas of enforcement, driver training, traffic engineering, school education, youth participation, public awareness, etc. These can be seen on our website, www.irte.com.

A step toward a solution was establishing the World Road Safety Network (WRSN) in New Delhi last October. A collaborative network of road safety experts, WRSN is the first and largest program designed to support local initiatives and to reduce death. It is a major initiative, bringing experts from across the world to share research at no charge; this is a world step forward. As with terrorism, we need a global solution. As we cannot solve terrorism in any one country, so does the solution to bring road safety rest upon the world, upon all of us.

**Dr. Adnan Hyder, Assistant Professor and Leon Robertson
Faculty Development Chair, Department of International Health,
Bloomberg School of Public Health, Johns Hopkins University**



“If the developing world is losing \$500 billion a year because of traffic crashes and you took 1% of that and invested it in capacity development, there would be a tremendous impact.”

Let me begin by acknowledging that it took global road safety for an Indian and a Pakistani professional to be here side by side and join hands—that is the power of road safety. Today, I want to talk about the role of the public health professionals, academics and the research community regarding global road safety. From advocacy, to promoting and generating evidence, to implementation, this community can play many roles.

I will focus on two major roles—the generation of evidence and capacity development. Research is critical to our fight against road traffic injuries, particularly in developing countries. In fact, low- and middle-income countries cannot afford not to do research. We need to communicate this powerful message. This research could be useful in estimating program effectiveness of interventions that we know work, and in developing new interventions. It could also be useful in assessing the determinants and causes of road traffic injuries. Research and inquiry are critical features of our collaboration to reduce death and injury on the roads.

The second role for academics, public health professionals and the research community is in capacity development, especially in low- and middle-income countries. You need people to analyze traffic crashes and figure out why they occur, what are the possible solutions and how they would work. You need trained individuals, in a spectrum of fields, e.g., transport engineering, public health, and economic analysis. In addition, in developing, low- and

middle-income countries, that capacity is close to nonexistent. It is critical for the global community to help these countries develop that capacity. Instead of consultants coming in and solving problems, India will solve its own problems, using its own professionals, with its own analysis, with methodologies developed in India. Therefore, we need to call for greater investments in research and capacity development. These investments are critical because they will reap long-term economic benefits. If the developing world is losing \$500 billion a year because of traffic crashes and you took 1% of that and invested it in capacity development, there would be a tremendous impact on solution implementation and intervention testing in developing countries for the next many years.

In the end, leadership must come from developing countries themselves. It is not good enough for the U.S. to invest in this, or for the U.K. to invest in this, but governments, civil societies and NGOs in developing countries also need to allocate their resources to road safety, particularly in research and capacity development.

Ms. Rochelle Sobel, President, Association for Safe International Road Travel (ASIRT)



“NGOs have the responsibility to foster and sustain political will and demand accountability...We decided to become the organization that made governments collect data and that did something about road safety.”

These past months mark the realization of a dream and the start of a huge challenge. For those of us who have created a road safety NGO in response to the death of a loved one in a crash, the launching of the WHO report and passage of a UN road safety resolution represent a promise kept and many promises yet to be fulfilled. ASIRT is a U.S. based NGO promoting international road safety through education and advocacy. ASIRT is committed to the concept of one world, one road and works to protect citizens of countries and visitors.

ASIRT provides detailed road reports on 150 countries, enabling business travelers to make informed travel decisions. We have persuaded the U.S. State Department to collect crash fatality data involving Americans abroad. ASIRT urges Congress to mandate U.S. agencies with expertise in road safety and injury treatment to expand their international efforts and provide more assistance to developing countries. ASIRT fosters the participation of U.S. embassies in road safety initiatives in host countries and is actively involved in several. ASIRT partners with govern-

ment agencies, corporations and NGOs in other countries on road safety projects. ASIRT helps create and develop road-safety organizations in countries where few exist. ASIRT Kenya is establishing driving-school standards and trauma training for public-service vehicle drivers. ASIRT partnered with four Rotary clubs in Turkey, which, after extensive training sponsored by the American Embassy in Turkey, created road-safe communities and Rotary Clubs throughout Turkey wrote a manual on establishing safe communities. ASIRT encourages Rotary International to adopt road safety as a major initiative.

NGOs have the responsibility to foster and sustain political will and demand accountability. When government leadership changes, when road safety is pushed to the bottom of the political agenda, NGOs have the commitment and passion to motivate policymakers and legislators, to raise public awareness, capture media attention, and help create a political climate that demands road-safety improvement. NGOs have a structure conducive to multi-sectoral collaboration and coalition building. They have firsthand

knowledge of road-safety needs and capacity and can advocate for appropriate legislation. They are a valuable source of technical assistance.

International cooperation among NGOs enables sharing in many ways, for example, human and financial resources, best practices and strategies for implementing campaigns for better data collection. A network of NGOs can model the establishment of safe communities, first aid and trauma training, and safer pedestrian crossings. It can assist with the legal and emotional support provided by road-victim organizations and can sponsor regional or international NGO conferences. Such a network could establish a program of mentoring whereby fledgling NGOs can get guidance from more established NGOs. It can create a web-based interactive idea exchange and become a clearinghouse for transferable models.

A network of NGOs can sponsor international advocacy programs, media events and world remembrance days. It can help us work toward a time when dreams will no longer be shattered on the roads of the world.

Dr. Rosenberg: Rochelle, how did you get involved with this effort?

Ms. Sobel: On May 3, 1995, my son Aron, a 25-year-old senior medical student at the University of Maryland, volunteered in a hospital abroad and then toured Turkey for four days before coming home to graduate. Aron was killed on a bus along with 23 others. The driver was tired after driving many hours and was speeding, the road was on a long list of deadly curbs, and no emergency medical care was available. I asked the State Department how many Americans die abroad. They said they didn't collect that data. We decided to become the organization that made governments collect data and that did something about road safety. It wasn't just American lives we wanted to save, and that's why we work with-in countries and with travelers.

Dr. Rosenberg: It's striking how a terrible tragedy can be transformed into a constructive, valuable effort. Adnan, you've done research on how much countries, developing countries in particular, are spending on road safety. In one of your papers you said, "It's not true that developing countries are spending absolutely nothing on road safety—they are spending almost nothing." Can you explain that to us?

Dr. Hyder: A few years ago, we decided to explore this question in Uganda and East Africa and in Pakistan. We went as a team—myself from the health-systems perspective, a health economist and an injury epidemiologist. This information wasn't available in a table in some department of government. We had to look at the budgets for the police, civil engineering and road construction; we had to figure out how much a policeman makes in those countries and how much time they spend on traffic enforcement. We estimated that between seven and nine U.S. cents, per capita, are spent on average in countries like Pakistan and Uganda. So while there is some investment, it's close to what we call the null point. Our main argument was that if this investment were increased, the returns would be high. We are at the start of a curve, such that investments in effective interventions in developing countries would give huge returns, both in economic terms and in reductions in healthy life lost.

Dr. Rosenberg: Adnan, your research was well documented and valuable. There is a famous quote in the U.S., "Ask not what your country can do for you, ask what you can do for your country." Rohit, I will ask you not what you could do for your country, because you are doing valuable things for your country and for the world, but what could your country do for you? What could a government do for an NGO like yours?

Mr. Baluja: We are trying to show the government that this work is complete, has been implemented and is now showing results. We spent two years doing this research. We'd like the government to adopt it and multiply it. Our problem is that while we are now training traffic police in the country, science needs to be promoted and advanced. We expect the government to accept and acknowledge tested programs and use them.

Dr. Rosenberg: It is striking that you are not asking for money. You are just asking for the results of your testing to be incorporated, used and acknowledged. All of you here do extraordinary things with few resources. Out of your commitment and passion comes your power. Let's see if there are questions. I know someone is here from MADD, an advocacy organization that has done very good things around the world.

Ms. Wendy J. Hamilton (National President, Mothers Against Drunk Driving): It is really important to raise awareness about what victims suffer due to traffic crashes all over the world. Your response, Mr. Baluja, is incredibly important. It is not about the money, it's about acknowledging the problem and putting research into practice to save lives and prevent injuries. We have got to work together to do that.

Dr. Rosenberg: Last week I had the honor of speaking at PAHO on World Health Day. I made the point that **it's not just the deaths we must pay attention to, tragic as they are, but also the injuries that are 20 to 50 times more prevalent.** The people who survive are also important, not just the people who die. Afterwards, a woman said to me, "Dr. Rosenberg, did you really say, 'It's the injuries, not just the deaths?'" I said I did. And she said, "I am so glad to hear you say that. My sister was in a motor vehicle crash. She came out of a coma and became functional, and although she had a severe disability from the traumatic brain injury she was still beautiful. Because of the brain injury she was vulnerable, she was sexually abused, and people victimized her one after the other. She became pregnant and bore four children that she could not care for. Her children were on the street, living disheveled and on their own at very young ages, and now my sister has AIDS from the sexual abuse." She said, "I hope you'll share this with people. Let them know that these physical injuries are just one part of the social consequences of motor vehicle injuries." We need to keep the deaths and the injuries in mind. People working in NGOs do a good job of that.

Dr. Marcos Musafir (Chief of Emergency Medicine and Trauma at Federal University of Rio de Janeiro, Brazil / Member of the Bone and Joint Decade): If one of us has a car crash tomorrow, who'll take care of us? We need worldwide consensus and recommendations for all countries. As a poor country, Brazil doesn't have much money to put into prevention. But 5% of money collected in fines goes to education, Advanced Trauma Life Support courses, and programs for police and rehabilitation centers. It reduced 24% of deaths and injuries in Brazil. Information and education should be our goal.

Dr. Charles Mock: I want to highlight the importance of NGOs and civil society. I work in several different countries. I have noticed how much turnover there is in government. In Ghana, I have known seven ministers of health. That is true in any country, especially when there is an election and parties change; even if one party stays, people still change, whereas the people in civil society with a passion don't change. You are a continuing force that needs to be there to reinforce the message even when political agendas change.



Dr. Prakash Heda: NGOs, if they take initiative, can get most of the governments to come along. An important example is ASIRT Kenya. We tried to rehabilitate the children's traffic park. On April 6, the government met with all of the stakeholders, including the public. That park is now rehabilitated, and this program will be continued in the schools. This is a good example of everyone coming together for a common cause.

Dr. Goff Jacobs (Researcher, Transport Research Laboratory (TRL): One reason we are all gathered here today is the fact that I started researching road crashes in developing countries about 35 years ago, so this is the culmination of 35 years of research. Much of the work we have done has ended up in manuals, guidelines, reports and computer pro-



grams used all over the developing world. Whilst in the past we received excellent support from the British Department for International Development (DFID), I suspect the DFID is no longer much interested in road safety. **Couldn't powerful organizations like the World Bank, the Asian Development Bank and the representatives from the private sector make a bigger contribution towards funding valuable research,** maybe collectively through the GRSP? Also, regarding Adnan's point on the few cents spent on road safety, I estimate that the U.K. spends about 50 pounds per capita on road safety.

Dr. Rosenberg: So less than 10 cents is spent per person in Pakistan on road safety, where conditions are probably the most dangerous; compare that to almost \$90 in the U.K., almost 1000 times as much. Let me ask the panel if they have any final words before we thank them.

Mr. Baluja: We should join hands with NGOs and with governmental organizations to invite ASIRT to begin a chapter in India with us, to share our work with Adnan and with MADD. Let us join hands so we can begin this journey.

Dr. Hyder: Whether you are involved in program implementation or in intervention development, lay out the research agenda and share it with your colleagues. Some of us are searching for research topics; others have human resources available. Sharing these resources across boundaries and countries is one way to begin addressing this huge global research agenda on road traffic injuries.

Dr. Rosenberg: The only way researchers can do research on the most pressing issues is to hear from you and collaborate with those of you on the front lines implementing programs and collecting information.

Ms. Sobel: Every dream needs its champions, and the NGO community wants to thank the champions we have found in you, Mark, and in WHO, the World Bank and many other organizations. Thanks to all of you.

Mr. Baluja: For the last seven years we have worked with the police on enforcement. We have over 14,000 hours of film on various aspects of enforcement, including crashes, changing behavioral patterns and how engineering has gone wrong. Our institutional work is dedicated to the whole world—our research is yours. You can take it, ask for it, whatever you would like to do to share and learn from each other.

The Role of Technical Assistance Providers and Country Programs

Dr. Rosenberg: There was a good segue to this last panel as people were talking about the types of assistance that are needed, so we'll talk about that now.

Mr. Charles Melhuish, Lead Transport Sector Specialist, Asian Development Bank (ADB)

I have come a long way to attend this meeting, probably further than anybody else, but am here because I'm concerned about road safety. I live in the Asia Pacific region, the region of the world with the worst crash record of all. We've recognized this in the ADB for years and we've funded many studies and implemented many projects. We've provided help through development loans and technical assistance grants. But the road safety problem is expanding much faster than the effort going into addressing it.

The Asian Pacific region is dynamic and its economies are booming, with 8%-10% growth per year being common. Vehicle fleets in Asia are increasing quickly, doubling in less than 5 years or no more than 7, quite different than most of the world. But the level of motorization is still low. Vehicle fleets and ownership are low compared to that in North America or Europe, with 30 vehicles per 1000 population as opposed to 600 or 700 vehicles in the developed world.

Much of our problem in Asia is not related to who is inside the car, but who is outside the car. Most people killed or injured are pedestrians, motorcycle users, or other vulnerable road users. In our region, the motorcycle is the key vehicle. The majority of the fleet in many countries is a 2-wheeler. In Vietnam, it comprises 95% of the vehicle fleet. Inherently, we have unsafe road conditions in most Asian countries and this problem doesn't exist in other parts of the world to the same degree.

The ADB has done a lot of work on road safety and currently, I'm involved in a study of 10 ASEAN countries. It is a unique program in that we are putting together policies and programs in each country so they can tackle road safety in a more coherent way. ASEAN comprises some of the richest countries in Asia, like Singapore and Brunei, and



“We need to get political commitment from the developing countries. It is pointless to put money into road safety if there's no commitment to road safety.”

also has some of the least developed countries, like Myanmar and Cambodia. But most importantly all countries are concerned about their road safety problem and enthusiastic about this program.

After reading the WHO report, I would like to add more emphasis to the key problems that we have observed in some of our countries. The first relates to underreporting. In the ten countries we are working in, the official statistics don't reflect what is actually happening. Even medical statistics, although much larger than those of the police, are gross underestimates. In some of our countries, the number of deaths is underreported by over 90% and less than 1% of injuries are reported. The underreporting problem is huge, making it difficult for policymakers and politicians to recognize the problem.

Second, there are many governance problems related to road safety. We have heard about enforcement problems. Many of the police forces in our part of the world don't act as they might in other countries. But, it's not only the police; it's the way drivers' licenses are issued and the way vehicles are inspected or not inspected. There is also a big problem with insurance. In many parts of Asia, insurance doesn't provide the social safety net that it does in North America or Europe. Only the rich seem able to get money out of an insurance company. The son of one of my household staff was run over and killed, and she settled for less than \$2000. Her son is worth more than \$2000. This is what is happening in our part of the world. The poor are not adequately compensated by automobile insurance coverage.

I want to issue challenges to the different groups here. We need to give road safety much greater prominence and awareness in the developing world. Organizations like the UN are going to take the lead, and it needs leadership to get road safety recognized as a global problem. Those of us in development banks and bilateral-aid agencies need to increase funding and support for road safety. I find it difficult to raise money for road-safety programs. Road safety doesn't seem to be on the map from a donor's point of view, but maybe we could benefit by adding emphasis on the health and education impacts of safety. After all, the major costs are borne by health sector budgets.

Developed countries can do much more to share expertise with the developing world. There is a lot of knowledge that could be shared with our developing country partners. The private sector has a lot of expertise and skills that can be shared with developing countries. Private sector investments in road safety would be enhanced if there were good government programs tackling road safety. That would mean that private-sector efforts would gain greater benefits and awareness if public-private partnerships were encouraged and supported.

And, we need to get political commitment from the developing countries. It is pointless to put money into road safety if there is no commitment to road safety. I have spoken to many ministers in Asia and they agree that road safety is important. However, few countries actually put money where their mouths are to tackle the problem.

Not many NGOs are interested in the transport sector. We need more NGOs operating in the developing world to generate pressure on governments to tackle these problems. I urge the NGOs present to do this—come to Asia and start Asian organizations that can address road safety. All of us can tackle road safety by promoting it among ourselves and raising public awareness.

The work that has been done under the UN umbrella is terrific and has highlighted this problem on a global scale. We need to put forward a global road safety initiative and mobilize resources so that we can make progress with our developing country partners. We need to develop strategies and action plans for each country. Without an action plan, many resources will be wasted. To get synergy from all the different funds being put in by the private sector, public sector, multinational banks, etc., we need to have action plans for each country. We also need to prepare guidelines, model legislation, training courses, learning modules, etc., for developing countries. We can put them on a website to help agencies in developing countries find this information. We can do many things as donor agencies to consolidate this material to benefit others.

In Asia, we are killing more than half a million people a year and we are injuring about 20 million. Yet, many governments have not recognized this global epidemic. We need to highlight this problem and drive the message home that it is really important. The cost to countries in economic terms is much more than 1-2% of GDP; it's 2-3%, even 4% in some countries. The social implications are also horrific. The ADB is starting another program in four Asian countries to look at the socioeconomic impacts associated with road crashes. We need to know more about who the victims are and how they are affected to help us develop better programs to solve the problem.

Dr. Maryvonne Plessis-Fraissard, Director for Transport and Urban Development, World Bank

I am the new Director for Transport at the World Bank and am awed by the agenda in front of us on road safety, which is not a humanitarian or a personal issue but a development issue, and a development issue of scale.

The problem with road safety is that it does not pertain to only one sector. Within our own institution, as in ministries, it sits between several teams, making it difficult to tackle. Also, road safety clearly demands partnership. It's not something that can be done by the public or the private sector, by NGOs, or by civil society; it has to be dealt with in partnership and every institution has something to bring.

Also, it requires great leadership, and we need that leadership inside our institution. Yesterday, Jean-Louis Sarbib, our Senior Vice President, told you that this leadership is maturing. But it's our challenge to ensure that we have full support at the highest level, not just lip service. This is one of the two or three things that must be done in this sector in the next 10 years.

Our client countries are mature and capable. They may be poor, but they are not without initiatives and will need to ultimately take the responsibility. But like WHO, we see

that the problem is in generating demand for road safety. In that context, the World Bank will do three things:

1. Training and awareness. We need focus points in the government and in our own institution as well as a mandate. Training and awareness must start with us. We want to start training our own staff and engaging our health and transport partners. Ten or twenty years ago, the environment was something that people in the other room were doing. Today, you talk to the transport community and environment is part of their work. Who would think of doing transport work without considering the environment? We need to have the safety part of the agenda as a no-brainer as well. 15% of our \$3 billion portfolio is in transport and this will grow. We want to use that platform as a vehicle to forward this work.



“The problem with road safety is that it does not pertain to only one sector. Within our own institution, as in ministries, it sits between several teams and this is why it’s been so hard to tackle.”

2. Building knowledge and expertise. The best advocate for this is Adnan Hyder, who presented the need for scientific knowledge, strengthening experience, building knowledge, and developing a group of practitioners. We have country initiatives that can be used to build that knowledge. The World Bank would contribute towards knowledge sharing between clients and partners, but because it is a partnership, we don’t hold the knowledge. The knowledge is in this room and among our clients. The only thing we can do is help share, package and distribute it.

3. Setting goals for ourselves, as NGOs, public or private institutions, for the Bank, and also global goals. Our Senior Vice President said “if we were to reduce the fatalities from traffic crashes by 30% today, by 2020, we would save 2.5 million lives, 37.5 million hospitalizations, and 175 million minor injuries.” This goal is achievable. Due to underreporting, this figure is probably even greater. This is an example of a goal; the technical teams need to confirm that goal quickly so that we may work towards it. We could set targets of inputs, intermediate outputs, and outcomes as presented in the WHO goals. We could ensure standardized, consistent reporting to the international community.

These we would do in partnership. We would use the vehicle of our large portfolio in lending to provide the entry point into dialogue with countries. The Bank has a team that is responsible for monitoring and reporting to all of us on this progress. The partnership’s success will not be in the Bank, but in the results in client countries like Argentina, India, and China and all the countries that have initiatives already. They will help us achieve this global goal.

Dr. Rosenberg: Maryvonne mentioned Tony Bliss as part of the World Bank team. Another part of the team is Richard Scurlfield, who is a strong supporter and member of the Global Road Safety Steering Committee. Your team is incredible and has a very large challenge; it is wonderful that this leadership effort is coming from the World Bank.

Dr. Plessis-Fraissard: I just want to say that this is not just a transport team. It involves health and transport and is anchored in WHO and in the community of research and other regional institutions, not one person or sector. It is a network.

Mr. David Silcock, Chief Executive, Global Road Safety Partnership (GRSP)

I am heartened by the talk of partnership from Maryvonne. I'm going to discuss from a delivery perspective, what partnership means and how to implement it in practical terms.

GRSP brings together business, government and civil-society to tackle road safety problems in developing and transition countries. We began in 1999 as one of four Business Partners for Development programs started by the World Bank with support from the U.K., the International Federation of Red Cross and Red Crescent Societies, currently our host in Geneva, and a range of business and NGO organizations. The range of membership keeps growing, and many representatives of those organizations are here.



“It’s not just an issue for governments alone; NGOs and the business community suffer from the consequences...only by engaging those communities in the solutions can you get a sustainable result.”

So what is the big advantage partnership brings to the delivery issue? There are two key words—ownership and sustainability. There is ownership of the problem within the sectors of the community. It is not just an issue for governments alone; NGOs and the business community suffer from the consequences. They want to help deliver some of the solutions. Only by engaging those communities in the solutions can you get a sustainable result.

I was a consultant for years, one of these get-in/get-out guys who said do this, do that, but a lot of people didn't do this or that, and it was often a waste of time. By generating ownership on the ground, we generate sustainability. Also, we bring several elements to the table. One is access to resources, including technical resources or knowledge that our partners bring to projects and leverage on funds. A comment was made earlier about what the private sector is willing to do and what are they willing to pay. This isn't a handout or charity. This is investment in road safety in the countries where they work. It's part of their corporate culture and for some of them; it's a bottom-line issue. Their staff, their vehicles and their products are getting wrecked on the roads, and it makes sense to be part of the solution to that problem. The private sector also brings accountability and innovation. Too little accountability and too many sections of government related to road safety results in unwillingness to take risks and innovate.

We work with most of you to raise awareness and build lasting relationships. By working together with government and NGOs, and with the GRSP as a moderator, lasting trust can be built. We've only been in operation five years, so that's not yet lasting, but that will come.

We help build local capacity and transfer knowledge, but knowledge doesn't exist in a vacuum. It has to be applied to be of value. I endorse all the comments made on research and the need to identify the scale of the issues, but unless that research and the results are applied, evaluated and monitored, we'll get little from the research. We try to be a delivery organization, to apply these results in practical terms and to provide feedback if things do not work out.

What does GRSP do? We work in developing and transition countries as a broker, bringing together representatives of our global members and local communities to work with government on road-safety strategy. Partnership is not a panacea. Some things can be delivered better by working together, but some issues will always be a government responsibility. For example, only government can make a law.

We have two main strategies: partnership-based initiatives and demonstration projects. Our annual report shows the projects and places we're involved with. We have over 50 projects in 10 countries going on around the world. I wish it were more. If you join us, it would help. We also share knowledge, expertise and examples of good practice. I hesitate to say "best practice" because too often the best is the enemy of the good. We agonize

over doing it the best way, when for many of these issues, doing it a good way will give us a big payback.

Using those strategies, we encourage new working relationships. We often bring together organizations that are involved in some way with road safety but who have never met face to face, and sometimes didn't even know each other existed. And if they did, they didn't want to work together. It is not easy; it can take longer to build a partnership and deliver a project than it does just to say, "You do it" and get on with it. But, it will last if you do it that way.

We commission research on a modest scale, so there is feedback from the sponsors of GRSP into research and delivery. We run conferences and training courses, have a newsletter, issue good-practice guides, publish research results, and have a website where these things are available. We'd like to do more, but lack the resources. By establishing local partnerships in a country, we hope a sustainable operation will develop and generate leverage for government's to ask the World Bank and the ADB for more resources to help them deal with the problem.

Dr. Pascal Villeneuve, Chief of the Health Section, Programme Division, UNICEF

I'd like to highlight UNICEF's role in ensuring this exciting UN resolution comes into play in as many countries as possible. Low- and middle-income countries have the highest burden of injuries and deaths due to road crashes. The poor, poor children in particular, are disproportionately affected. In fact, if you look at the millennium development goals, many deal with children and reducing infant and child mortality, in particular. It is obvious these goals won't be achieved in some regions of the world if no major efforts are made to improve road safety. So it's fitting that international development objectives have been adopted.

The strength of UNICEF lies in our offices in over 145 countries. Not only do we have offices in the capital cities, we have sub-offices too. We have the capacity to engage governments and local communities and to support policies and service delivery. For an example of our commitment to improving road safety, let's look at Vietnam. In 2001, our office in Vietnam supported a research network undertaking a national mortality survey, the Vietnam Multi-Center Injury Survey (VMIS). It was done through household questionnaires to a nationally representative sample of 27,000 households. The VMIS showed that almost 70% of deaths in children were caused by injuries and from infancy to puberty, the second leading cause of death was road traffic injuries. As age increased, road traffic injuries become the leading cause of child death. The survey showed that in 2001, 4750 children died from traffic crashes, 30 children every day. Every year about 235,000 children were being injured in traffic crashes. This is important information for improving decision-making.

The analysis from the VMIS led to significant government action. Since 2001, childhood-injury-prevention activities in Vietnam have been integrated into the Vietnam-UNICEF Country Program of Cooperation to help the government of Vietnam address the growing epidemic of preventable injuries and reach the millennium development goal of reducing child mortality by two thirds by 2015. These injury-prevention projects include:

- Developing a school curriculum on child safety including road safety, training communicators and teachers on injury prevention and road safety, and introducing a new curriculum in schools.
- Activities linked to environmental modifications in severely affected communities, like road signals and speed limits.



“The millennium development goals, deal with children and reducing infant and child mortality...It's obvious these goals won't be achieved in some regions of the world if no major efforts are made to improve road safety.”

- Advocacy and media efforts to raise awareness of traffic safety, including TV spots on helmets for kids and TV reports on road safety.

Other countries are also becoming engaged. In April in Bangkok, UNICEF will hold a regional conference, together with the Alliance for Safe Children, on child injury. The conference will provide a forum for stimulating service findings and highlighting the importance of seriously addressing the child-injury problem if the region is to meet the MDGs. Participants will also share lessons learned to help countries develop appropriate policies and implement prevention strategies. National policies and action plans should be based on 6 blocks of actions. First, begin a situational analysis to improve access to accurate, representative and disaggregated data to illustrate the magnitude of the problem and identify underlying causes. Second, advocacy awareness is rising at national and local levels. Third, identify integrated, multi-sectoral, high-impact, cost-effective interventions that address the problem and are doable. Fourth, foster political commitment and the commitment of country-level partners with the identification of adequate resources. Fifth, implement interventions and achievements with high levels of coverage. We often know what needs to be done but don't know how to do it to achieve significant coverage levels. Finally, document lessons learned and experiences in programming for road safety.

Dr. Rosenberg: Historically, UNICEF has not had child injury and road safety as a priority. Now it has made this a significant priority in an agency dealing with important and life-threatening problems for children around the world. This is a significant step. We heard that GRSP has been a partnership for only five years. Partnerships are hard to do. David, what are some struggles you've had with partnerships? What do you think are the two or three key points about these partnerships, both at the global and the national level?

Mr. Silcock: It is easier at the global level to identify a concept and say that we want to work on this together. But it's up to the delivery point to say this is how we wish to deliver a project and your role is this, my role is that, and we're going to work together. It's the process of developing that joint activity that builds the relationship. And it's harder when you've got disparate groups coming together with the business community's goals, the NGOs' goals and government goals. You are looking for goals congruence to identify common elements in those disparate objectives and say, OK, let's work on those. Let's build trust by delivering something we can agree on. Over the period of project planning, delivery and evaluation there will be disagreements. If you can get through those and produce the project, you can all stand back and feel proud that you have actually done something. You then have a good basis for moving on to the next one. But it is not easy.

Dr. Rosenberg: Maryvonne, you spoke passionately about the success of the environmental protection movement and said that we would like to be in the same place where they are. We would like to do the same with safety. Are there secrets we can steal from them and apply to our own interests?

Dr. Plessis-Fraissard: We've thought of enriching the technical content of our work to include the cross-sectoral social, environmental, and institutional dimension. Historically, development was not understood as anything but a construction or reconstruction initiative. We were created to rebuild after the war, and at first we thought when we built something, it was done. It took time to integrate the need for sustainability. We learned a lot, especially in the 80s and 90s. We need to have safety become common knowledge. Look at the example of the President of France, what he's done. **He doesn't speak of it like a technical affair; it's a matter of decency, ethics, values, and citizenship.** You know if you share the road, he said, you have to take a few measures. Like you learn to wash your hands and not push your neighbor when you get out of school. It's a basic value for society that we have to engrain; that's been part of our work. That's why we must start with ourselves; for things that are attitudinal, you have to start in your own work environment. The example given for professional environments was powerful. In Sweden, they said if you

work for the government, you would abide by the rules of road safety. It should be standard to work at it from inside, because that's the best way to make a dent in the issue.

Dr. Rosenberg: Let's take questions or comments.

Mr. Jacques Roumani (Senior Operations Evaluation Officer, Inter-American Development Bank (IAB): The challenge ahead is huge, but the epidemic is preventable. The task is urgent, but manageable, and we are all impatient to do something. We must seize the moment before the problem reaches staggering proportions. In addition to the various initiatives at the policy and government level, I suggest that we include a recommendation for quick, sustained action at the local level to help communities in urban and semi-urban areas work with mayors, NGOs and community leaders willing to act but lack funds, organization and the know-how of proven solutions. The demand is there at the local level and growing, but there aren't enough people or resources to deal with it, even though the problems may be easy to fix. I propose creating an International Road Safety Corps, much like the U.S. Peace Corps; it would consist of young people willing to dedicate one or two years to helping reduce traffic deaths and injuries. The International Road Safety Corps would form a critical mass to tackle the problem worldwide. It could be set up under the auspices of the UN. It could be funded by the international community, development institutions and private donors and organized and coordinated on a regional basis. It could be guided by a nucleus of regional road-safety experts utilizing good practices worldwide, adapting them to local conditions and training international volunteers and local authorities. The Peace Corps and similar initiatives are cost-effective. Enthusiastic, intelligent young people could make a huge contribution to road safety. They could work on achieving measurable targets in collaboration with local authorities. This proposal could begin to be implemented before our next meeting. A working group could start on this. Maybe this idea could be included as a recommendation for feasibility analysis by the Stakeholders Forum today.

Dr. Rosenberg: I want to say to our panel that we all should leave with great faith in the extraordinary leadership we have at the institutions you represent. It bodes well for helping us achieve our goals. To make sure we have input from everyone here, I'd like to ask you to write down your ideas for moving forward so we can collect them and make sure they are published.



Future Action to Promote Global Road Safety

Summary—Dr. Mark Rosenberg, Executive Director, The Task Force for Child Survival and Development

Let's summarize where we are. We talked about several categories of action. We talked about the importance of building political will and its overriding importance, and we talked about building it at the global, national and local levels. It is a prerequisite for successful action. We talked a lot about country programs, what is required for success, and the capacity within the country to implement interventions to reduce road traffic deaths and injuries. But country programs that focus on building the local capacity to implement programs must have the data to be able to direct those efforts. We also talked about communication and the importance of finding ways to share our knowledge and the information that we gather describing the many different aspects of the elephant. Finally, we've discussed the importance of partnerships and the importance of our going forward together. We have heard loud and strong a desire from all of you to continue in this global partnership for safety.

We will take the suggestions that we get from you and invite you to submit more. To keep us together as a community when we go back to our places around the globe, we have an interactive Web site, www.globalroadsafety.org. We hope to put up the talks from yesterday and today, your discussion points, questions and answers, and ultimately a report on the proceedings of these two days. We'll also consider other ideas for building a partnership and try to figure out the best way to build on existing associations, while supplementing and complementing those efforts. You've heard that there are great resources we all bring to this effort; we need to find a way to index and share them. The UN has taken on this issue as a priority; that's a giant step forward.

Not only has the UN taken it on, but also WHO, UNICEF, and the World Bank have made this a priority. The ADB is committed to this. UNDP will work on this and link it to sustainable development. These are major steps and couldn't have been made without all of you.

Let me thank people who contributed to this mighty and successful effort. It could not have happened without the support of Ambassador Al-Hinai and his staff. His staff told me not to thank them, so the people I want not to thank include Mohamed Al-Hassan, Sarah Al-Mussa and Aura Valasquez. My deep thanks to Ambassador Al-Hinai and his country's leadership. I want to thank the members of the Global Road Safety Steering Committee and my colleagues at the Task Force. And finally, to those of you who are here, who came great distances, who have worked for a long time and who will commit with us to continue to work, to all of you who came so far without funding, without reimbursement and without enough time to say what you wanted to say, my greatest thanks.

Concluding Remarks—H.E. Ambassador Fuad Al-Hinai, Permanent Representative of the Sultanate of Oman to the UN

Together we have made history. Never before in the history of the UN have governments, civil society and NGOs come together to discuss road safety. At the start, I was met with skepticism about whether road safety was an important issue to be discussed in the UN and whether we should spend time discussing this issue rather than a political issue or a crisis in the world. Yet yesterday and today, speakers from 27 countries took the floor and agreed what an important issue this was and that it was time the UN discussed it. We have come a long way. I want to express thanks to the members of the Steering Committee, to all those who worked so hard to make this meeting a success. I especially want to thank Dr. Rosenberg and Margaret McIntyre; without them, this would not have been possible. To all of you who came from far away, thank you, I wish you all a safe journey home.

Stakeholders' Recommendations for Action

In discussions and written submissions, stakeholders suggested a number of action steps to improve road safety especially in low- and middle-income countries. While these suggestions were solicited and compiled at the end of the forum and there was no chance to systematically review or debate them, it was suggested that they might serve as starting points towards a unified agenda to address global road safety. Each of these topics should be explored in more depth.

Goals Setting and Performance Monitoring

It is important to select targets, indicators and assessment systems and to benchmark measures of road safety. There should be indicators and targets set not just for measuring the injuries, crashes, and economic burden of RTIs; there should also be attention paid to measuring the critical components of the system that must be in place to assure safety. This will create demand to measure progress and promote best practices. The UN can play an important role on a regional level by encouraging governments and the stakeholders in their regions to agree on road-safety targets. We could set targets of inputs, intermediate outputs, and outcomes to ensure standardized, consistent reporting to the international community.

Data Collection

Reliable information systems must be strengthened or created to be able to build the case for governments to view road safety as an important investment and to monitor progress against targets. Countries should use evidence-based criteria to select good or best practices, and try to evaluate the programs they choose to implement. A worldwide crash database would stimulate regional efforts to establish common methods of measurement of crash circumstances linked to death and specific injuries. Detailed cost data can help determine the economic impact of RTIs, including direct and indirect costs, appropriate valuations of human life, and disabilities, and describe how costs impact the society, community, family and individual.

Capacity Development

The international medical community should partner with low- and middle-income countries to strengthen emergency and long-term care for injury victims, including pre-hospital, hospital, rehabilitation, and job training for injured survivors of road traffic crashes. The private sector should incorporate road safety as well as transportation infrastructure components into their expansion and development plans. Technical assistance should be made more readily available to developing countries to aid in establishing surveillance and data collection. Human resources for the traditionally neglected field of road safety are often non-existent. Training personnel in injury prevention implementation and research can help meet the unique needs of communities and nations and support developing multi-sectoral institutional capacities. One way to build capacity would be through an International Road Safety Corps. It could be set up under the auspices of the UN. It could be funded by the international community, development institutions and private donors and organized and coordinated on a regional basis. It could be guided by a nucleus of regional road-safety experts utilizing good practices worldwide, adapting them to local conditions and training international volunteers and local authorities.

Legislation

Enforcement of traffic regulations is key to road safety but in many places laws are not only not enforced, but they often don't even exist. NGO partnerships can play a key role in education and enforcement by helping the authorities with persuasive enforcement, road safety education in schools and colleges, driver training and testing, vehicle certification, and post crash management. Many countries need a coordinated effort to improve legislation to allow professional or commercial drivers enough sleep and rest periods; to lower or eliminate competition designed to make them speed up; and to have more regular checks for compliance with their drivers' licenses, including alcohol checks. Road safety law standards should also address insurance coverage to protect victims by providing appropriate immediate medical treatment and psychological support; full coverage for rehabilitation, full coverage of legal expenses, and benefits paid by the offender's insurance or the offender to the injured.

Research

More research is needed on both the causes and the consequences of road crashes, injuries and deaths in low- and middle-income countries. Research should also examine how to implement complex health interventions, i.e. "good practices" in management-poor



settings, and how to reduce the rapidly increasing health disparities among developed and developing nations. In developing this research agenda, governments, academics and transport researchers should develop a shared research agenda and collaborate to use their resources most efficiently considering how to share the resources available for research across professional and geographic boundaries. Working together would support encouraging, guiding, and funding necessary research and establishing a

mechanism for sharing research results. An overarching commission that can interact with the governments, authorities and members of the UN could facilitate experimentation on new road-safety technologies and bridge the different sectors that need to be involved.

Knowledge Management

We need to leverage our scarce resources, knowledge and human capital to share what we have learned through research and program evaluation. Good practices in the area of road traffic injury prevention, mitigation of injuries, and treatment of injured persons should be developed and promulgated. Developed countries can do much more to share expertise and provide technical assistance for capacity building with the developing world. We should identify programs that already exist in each country and identify the key gaps in countries and regions, then put together the partnerships and resources to help close these gaps through collaboration. International cooperation among NGOs to foster the sharing of human and financial capital, research, and "best" practices would accelerate knowledge sharing. An e-newsletter and e-library could support the translation of knowledge into policy development and cost-effective interventions. Action plans should be developed to achieve rapid results at a reasonable cost. A web-based interactive idea-exchange and clearinghouse for transferable models could be developed to support knowledge sharing.

Global Collaboration

There was widespread support among participants that the momentum of these UN meetings should be continued through a second stakeholders forum that would be truly global in scope. Participants suggested that the second forum could provide an opportunity to track these suggested action steps. A statutory stakeholders body under the aegis of the UN could be the basis for standardizing processes, catalyzing required infrastructure in developing countries, overseeing the road development system, and sharing knowledge. In moving forward, we must assure participation from health care providers, urban planners, and the police as well as from the transportation sector.

Advocacy

Safety should be part of the transport agenda and viewed as a core component that should always be a consideration. The global coalition should provide technical support for advocacy at national, regional and global levels. Some key advocacy efforts that were suggested include annual events such as regular road safety days to raise safety consciousness, commemorations for victims of road crashes once a year through houses of worship, and improvements in developing countries in the level of trauma care through program support, education, and volunteerism. An important next step should be to focus on children and road traffic injuries. This could be the focus on another stakeholders forum.

Funding

Building a case for financial support and expanding the level of funding is an essential step for addressing RTIs globally. A road safety trust fund would be one way to generate the level of resources needed to support road safety activities in low- and middle-income countries. If there were funds available from such a fund, an agency like the World



Bank could establish mandatory road safety criteria, particularly related to the essential elements of the legal framework, enforcement and technical infrastructure that must be met in order to obtain funding for infrastructure projects. Tax revenues and income from fees and fines could be used to improve infrastructure, education, and enforcement. Private sector companies should measure the number of crashes they have and relate them to workers' compensation, damages, costs, time lost from work, and the legal liability they may incur from these crashes. Companies should

be helped to see that "road safety equals profitability" and there should be incentives to encourage companies to provide detailed traffic safety behavior data for their employees and companies overall. Health and disability insurance should be made available to low-income persons in developing countries where they frequently don't have the kind of financial safety net that insurance provides in developed countries. Finally, it was suggested that venture capital is needed to support an organized effort to develop new technologies that would promote safety in low- and middle-income countries, similar to the efforts that have been made to support new drugs and diagnostic technologies in low income countries facing AIDS, TB, and malaria.



Contributors

Reversing the epidemic of road traffic injuries requires a collaborative effort. The General Assembly meeting, Press Conference, Stakeholders Forum and Technical Briefings brought together key leaders who are passionate about road safety. Below, in alphabetical order, are the biographies of the individuals featured in this document.

Biographies

H.E. Yousef bin Alawi bin Abdullah has been Minister for Foreign Affairs of the Sultanate of Oman since 1982. Mr. Abdulla entered the Ministry of Foreign Affairs in 1972 when he was appointed as Second Secretary and transferred to the Omani Embassy in Cairo. That same year he was promoted to First Secretary. In 1973, He became the Charge'd-Affaires of the Sultanate of Oman in Lebanon and later that year was appointed as the Sultanate's Ambassador in Lebanon. In 1974, he became the Under-Secretary for the Ministry of Foreign Affairs. Mr. Abdullah has received medals of appreciation from France, Spain, England, Korea, Egypt and Italy, as well as the Sultan's First Class Medal and the Sultanate's Second Class Civil Medal.

Ms. Julie Abraham is Director of the Office of International Policy, Fuel Economy and Consumer Programs, Rulemaking for NHTSA. Ms. Abraham has been with NHTSA since 1992. Previous appointments include Director, Office of International Policy and Harmonization; Special Assistant to the Director, Office of Plans and Policy; and, Safety Defects Engineer, Office of Defects Investigations, Office of Safety Assurance. She heads the U.S. Delegation to international forums, including UNECE, NAFTA's Automotive Standards Council and APEC's Road Transport Harmonization Project. Ms. Abraham also chairs the UNECE Working Party on Passive Safety, which develops global regulations in the area of crash protection.

H.E. Ambassador Fuad Mubarak Al-Hinai was appointed by His Majesty, the Sultan of Oman, as the Permanent Representative of the Sultanate of Oman to the United Nations, with the rank of Ambassador Extraordinary and Plenipotentiary in 1998. Concurrently, Ambassador Al-Hinai is Non-Resident Ambassador to Colombia, Cuba and Venezuela. Before his present appointment, Ambassador Al-Hinai served since 1994 as Deputy Chief of the International Conferences and Organizations Department in Oman's Ministry of Foreign Affairs. From 1992-1994, he was Deputy Chief of the Ministry's Training Department. Ambassador Al-Hinai's diplomatic career includes appointments as Counselor and Charge d'Affaires at the Omani Embassy in Brunei Darussalam, First Secretary at Oman's Permanent Mission to the United Nations in Geneva, and First Secretary at the Oman Embassy in Cairo, Egypt.

Mr. Saeed H. S. Al-Jomae has been First Secretary of the Permanent Mission of Saudi Arabia to the United Nations since 1999. He joined the Ministry of Foreign Affairs in 1984. Mr. Al-Jomae received his Master's degree in Public Administration from Fairleigh Dickenson University in New Jersey.

Dr. Wahid Al-Kharusi is the Head of Khuola Hospital in Muscat, Sultanate of Oman. Dr. Al-Kharusi is President of Oman Sports Medicine and Secretary General in the Asian Federation of Sports Medicine. His specialties are sports injuries and trauma. Dr. Al-Kharusi is also the Deputy Secretary General for the Pan Arab Orthopaedic Association and President of the Gulf Cooperation Council Orthopaedic Association. He is a committee member of the International Center for Orthopaedic Education Committee, and currently is part of the Bone and Joint Decade as the Oman National Action Network Coordinator and member of the International Steering Committee.

H.E. Ambassador Nabeela Abdulla Al-Mulla, Permanent Representative of Kuwait to the United Nations, joined the Kuwaiti Ministry of Foreign Affairs in 1968. Until her current appointment, Ambassador Al-Mulla was Ambassador to Austria, and on a non-residency basis to Hungary, Slovakia and Slovenia. From 1996 to 1999, she served as Ambassador to South Africa, Namibia, Mauritius and Botswana, with residency in South Africa. In 1994 and 1995, Ambassador Al-Mulla was Ambassador to Zimbabwe, South Africa, Namibia, Mauritius and Botswana, with residency in Harare.

Ms. Marilena Amoni is the Associate Administrator for Program Development and Delivery, Traffic Injury Control Programs, NHTSA. She is responsible for behavioral research, program development, and implementation in traffic safety. She also serves as the agency's liaison with numerous public and private organizations. Ms. Amoni has over twenty-five years experience in the field of highway safety in both behavioral and vehicular programs and has held positions as the Acting Senior Associate Administrator for Traffic Injury Control, Director of the Office of Traffic Injury Control Programs, and Office of Enforcement and Emergency Services.

H.E. Kofi Annan of Ghana is the seventh Secretary-General of the United Nations. The first Secretary-General to be elected from the ranks of United Nations staff, he began his first term in 1997 and was appointed to a second term which began in 2002. Mr. Annan joined the United Nations system in 1962 as an administrative and budget officer with the World Health Organization (WHO) in Geneva. Since then, he has served on several commissions and offices within the UN. Before being appointed Secretary-General, Mr. Annan served as Assistant Secretary-General for Peacekeeping Operations and then as Under-Secretary-General. In 2001, the Secretary-General and the United Nations received the Nobel Peace Prize.

Mr. Rohit Baluja established the Institute of Road Traffic Education in 1991. Its members include police, doctors, educators, engineers, ex-serviceman, and journalists. Mr. Baluja authored the first Indian comprehensive Driving Manual with Rules of the Road, directed eight road safety films and conducted over fifteen national and international workshops in traffic management. Among his works recognized by the Government of India are Interceptors, School Children Road Safety Education in curriculum "School Conclave", and Road Safety Literacy Programme for Villages on Highways.

Ms. Carol Bellamy, Executive Director of the United Nations Children Fund (UNICEF), was appointed in 1995. Prior to UNICEF, Ms. Bellamy served as Director of the Peace Corps since 1993. Before that, Ms. Bellamy spent 11 years on Wall Street as a lawyer and banker, and five years in the New York State Senate. She became the first woman President of the New York City Council, a position she held until 1985. In addition, she served as a trustee for the New York City Pension System; as a member of the New York Metropolitan Transit Authority; and as First Vice President of the National League of Cities.

Mr. Brett Bivans recently left the Global Road Safety Partnership (GRSP) to take up a position with the International Center for Alcohol Policies (ICAP) as Director of Partnership Development. He was the first Manager of the GRSP in Geneva, Switzerland. Between 1996 and 1999, Brett was part of the World Bank's Finance and Private Sector Development team. Before joining the World Bank, he was based in Geneva and London working with a British-based trust. He was then director of an association of lawyers prior to moving to Switzerland in 1992. He holds a masters degree in Philosophy and Law from The Catholic University of America in Washington, DC.

Mr. Anthony Bliss is Senior Road Safety Specialist, Transport and Urban Development Department at the World Bank where the focus of his work is on the development and promotion of multi-sectoral strategies to improve road safety outcomes in low- and middle-income countries. Prior to his position at the World Bank, Mr. Bliss was General Manager of the Strategy Division at the Land Transport Safety Authority, New Zealand, where he was responsible for the implementation of the National Road Safety Plan and the New Zealand Road Safety Programme. He began his career in 1967 as a transport economist with the Ministry of Transport in New Zealand then moved to Australia to join the National Highways Planning Team at the Commonwealth Bureau of Roads. Mr. Bliss has also worked as a transport consultant and advisor to the Ministry of Finance and National Economy in the State of Bahrain.

Dr. Stephen Blount was appointed Associate Director for Global Health and Director of the Office of Global Health at CDC in 1997. From 1981 to 1986, Dr. Blount served as Director of Epidemiology for the Detroit Health Department, and in 1988, he served as the Director of Cancer Control Research for the Michigan Cancer Foundation. From 1988 to 1993, Dr. Blount headed the Office of Surveillance and Analysis in CDC's National Center for Chronic Disease Prevention and Health Promotion. From 1993 to 1997, Dr. Blount was assigned to the Pan American Health Organization where he served as the Director of the Caribbean Epidemiology Centre in Trinidad.

H.E. Séamus Brennan was appointed Ireland's Minister for Transport in 2002, having served as Chief Whip during the previous Dail. Minister Brennan previously held the Transport portfolio during his terms as Minister for Tourism and Transport from July 1989 to February 1991 and as Minister for Tourism, Transport and Communications from February 1991 to February 1992. A native of Galway, Minister Brennan now represents the Dublin South Constituency. At the UN General Assembly Session on the Global Road Safety Crisis he spoke for the EU since Ireland held the presidency of the EU at that time.

Dr. Bruce Browner is the Director of Orthopaedics at Hartford Hospital and the Gray-Gossling Professor and Chairman of the Department of Orthopaedic Surgery, University of Connecticut Health Center. He is Chairman of the International Committee of the American Academy of Orthopaedic Surgeons, a member of the International Steering Committee of the Bone and Joint Decade, and a member of the Association for Safe International Road Travel.

H.E. President Jacques Chirac was elected President of the French Republic in 1995 and reelected to a second term in 2002. He has also served twice as prime minister, the first time 30 years ago. President Chirac founded his own party, the Rally for the Republic movement (RPR), in 1976 and was elected its President. In 1977, President Chirac was elected Mayor of Paris, and remained so until 1995. He began his career in public service in the 1960s and has held various positions including Deputy for the Corrèze Department; State Secretary for Social Affairs; State Secretary for the Economy and Finance; Minister of Agriculture and Rural Development; Minister of the Interior; and Secretary-General of the Union des Démocrates pour la République (UDR).

H.E. Ambassador Luis Gallegos Chiriboga, Permanent Representative of Ecuador to the United Nations, has been in the Ministry of Foreign Affairs since 1969. After serving in many positions, including Head of the Department of Foreign Credit and Technical Assistance, Director of the Department of Planning, National Coordinator for the Latin America and the Caribbean / European Union, he became the Ambassador to the UN in 2002.

H.E. Ambassador Iftekhar Ahmed Chowdhury, Permanent Representative of Bangladesh to the United Nations, began his diplomatic career as a civil service probationer in Bangladesh in 1969. Ambassador Chowdhury's appointments include: Secretary of the Ministry of Foreign Affairs in Dhaka; Special Adviser to the Secretary-General of the United Nations Conference on Trade and Development (UNCTAD); Ambassador and Permanent Representative to the United Nations Office in Geneva; and Ambassador of Bangladesh to Qatar.

H.E. Ambassador John Dauth, Permanent Representative of Australia to the United Nations, previously served as Deputy Secretary in the Department of Foreign Affairs and Trade since 1998. Before that, he held the position of First Assistant Secretary in the South and South East Asia Division. From 1993 to 1996, Ambassador Dauth served as Australia's High Commissioner to Malaysia. Prior to that, following his appointment as Senior Private Secretary to Foreign Minister Gareth Evans, Ambassador Dauth was First Assistant Secretary in the International Security Division in Canberra.

Ms. Alison Drayton is currently the Deputy Director for the Division for UN Affairs, UNDP. Prior to UNDP, she was Counsellor in the Permanent Mission of Guyana to the United Nations. Ms. Drayton was an Advisor in the Office of the President of the General Assembly for 1993-94. She coordinated the Group of 77 on sustainable development issues during Guyana's Chairmanship of the G77 in 1999 and was Vice-Chairman of the Commission on Sustainable Development in 2000.

Ms. Louise Fréchette is the First Deputy Secretary-General of the United Nations. She chairs the Steering Committee on Reform and Management Policy and the Advisory Board of the United Nations Fund for International Partnerships (UNFIP). Before joining the United Nations, Ms. Fréchette was the Deputy Minister of National Defense of Canada from 1995 to 1998. Prior to that, she was Associate Deputy Minister in her country's Department of Finance. She served as Permanent Representative of Canada to the United Nations from 1992 to 1995.

Mr. Kul Chandra Gautam is currently Assistant Secretary-General of the United Nations and Deputy Executive Director of the United Nations Children's Fund (UNICEF) at its Headquarters in New York. He is responsible for providing leadership in strategic planning, programme development, resource mobilization, and promoting partnership for children and development among UN agencies, donors and civil society organizations.

H.E. Ambassador Ahmed Aboul Gheit, Permanent Representative of Egypt to the United Nations, joined the Egyptian Ministry of Foreign Affairs in 1965. Since then he has served as Assistant Foreign Minister of Egypt for Cabinet Affairs; Ambassador to Italy, Macedonia and San Marino; Cabinet Chief of the Minister of Foreign Affairs of Egypt; Political Adviser to the Minister of Foreign Affairs of Egypt; and Political Adviser to the Prime Minister of Egypt. Ambassador Gheit then joined the UN as Deputy Permanent Representative to the United Nations and then Counselor at the Permanent Mission of Egypt to the United Nations.

Ms. Karla González is an attorney and former Vice-Minister for Transport of Costa Rica. She is trained in Alternative Dispute Resolution and received her Licenciada en Derecho and Notary Public from the Universidad de Costa Rica and her MBA from the National University in San Diego. Ms. González was also the Under-Secretary of Transportation in 2002, Arbitrator for the Costa Rican Chamber of Commerce and Arbitrator for the Chamber of Real Estate Agents from 1998-2002.

Mr. A. Gopinathan is the Deputy Permanent Representative of India to the United Nations. Mr. Gopinathan joined the Indian Foreign Service in 1977. He has done postings in Egypt, Qatar, and Sri Lanka and has also served as India's Deputy High Commissioner in Mauritius. From 1987 to 1990, he functioned as First Secretary in the Permanent Mission of India to the United Nations, where he was the delegate to the governing body of the UNDP.

H.E. Ambassador Hjalmar W. Hannesson has been Permanent Representative of Iceland to the United Nations since 2003. Before his current appointment, Ambassador Hannesson simultaneously served as Ambassador to Canada, Colombia, Costa Rica, Nicaragua, Peru and Venezuela. He was Ambassador to the Holy See and served as Political Director and Deputy Permanent Secretary of State in Iceland's Ministry of Foreign Affairs. Ambassador Hannesson served as Ambassador to China, Japan, the Republic of Korea, Viet Nam, Indonesia, Thailand, the Democratic People's Republic of Korea, Germany, Switzerland, Austria, Greece, the German Democratic Republic, Hungary and Liechtenstein.

Mr. Ivan Hodac is Secretary General of the European Automobile Manufacturers Association (ACEA). Mr. Hodac, a Danish citizen born in Czechoslovakia, is a recognized expert in international and European public affairs. He started his career in 1976 as an assistant at the College of Europe in Bruges and later worked as a consultant and as Secretary General of a worldwide and EU trade association in the food sector. From 1992 to 2001, he was senior vice president and head of the European office for AOL Time Warner.

Mr. Paul Hoeffel is Chief of the NGO Section of the UN Department of Public Information (DPI). In 2002, he served as Spokesman for the United Nations Second World Assembly on Aging in Madrid. Mr. Hoeffel has held several positions in DPI, including Senior Editor in the Editorial Section from 1994 to 1998 and Programme Manager for the World Conference on Human Rights in Vienna in 1993. From 1989 to 1993, he was Editor of Development Forum, and from 1984 to 1986 he was Editor and Information Officer in the United Nations Office for Emergency Operations in Africa. Prior to joining the United Nations, Mr. Hoeffel worked as a journalist in Latin America and the U.S. for such publications as The Boston Globe, The New York Times Magazine, and Newsweek International, as well as for NBC News Radio.

Mr. Jens Hügel is head of the International Road Transport Union's (IRU) Sustainable Development Division, responsible for economic, social and environmental arguments and position papers for goods and passenger transport; IRU-internal policy coordination; presentations of IRU positions at international organizations, commercial partners, NGOs, and the scientific community; and project management of economic and environmental affairs. He is also the Secretariat for the Commission on Economic Affairs and the Passenger Transport Council.

H.E. Ambassador Abdul Mejid Hussein was the Ethiopian Permanent Representative to the United Nations. Before this appointment, he had been the Deputy Director to UNICEF from 1998 to 2000. Ambassador Hussein had been a Member of Parliament and was the Minister of Transport and Communications in Ethiopia from 1995 to 1998. His other achievements include: Chairman of Ethiopian Somali Democratic League, Minister for External Economic Cooperation in Ethiopia, Chief of Personnel of UNICEF in Pakistan, Senior Personnel Officer of UNHCR Switzerland, Assistant Representative UNHCR - Sudan, and Chairman of the Central Committee of the Somali People's Democratic Party. He was Vice President of the UN General Assembly and Vice President of the Economic and Social Council (ECOSOC). Ambassador Abdul Mejid died from natural causes in his hometown of Dira Dawa, Ethiopia on March 29, 2004.

Dr. Adnan Hyder is Assistant Professor and Leon Robertson Faculty Development Chair in the Department of International Health, Bloomberg School of Public Health, Johns Hopkins University. He is director of the Doctor of Public Health Program in International Health, and joint faculty at the Johns Hopkins Injury Research Center and Johns Hopkins Bioethics Institute. Dr. Hyder serves as a consultant to the Global Forum for Health Research in Geneva, and technical advisor to WHO.

Mr. Edwin J. (Joe) Judd, Director of the Programme Division for UNICEF, is responsible for the development of policy and programme designs for child and maternal health, HIV/AIDS, child nutrition, early childhood development, primary education, water and sanitation, adolescent development and participation and child protection. He also leads the development for worldwide partnerships with other key organizations. Prior to his current position, Mr. Judd worked with UNICEF as Representative in China and Mongolia; Deputy Director of the Programme Division; Senior Programme Officer and Urban Basic Services Advisor in Indonesia, Bangladesh, China and the Philippines. Prior to UNICEF, he was Community Services Advisor for the U.S. Department of Housing and Urban Development and served in the Peace Corps in Malaysia.

Mr. Viktor Kiryanov is Lieutenant General, Chief of the General Department of the State Road Traffic Safety Inspection (Traffic Police), Ministry of Internal Affairs of the Russian Federation. After serving in the Armed Forces of the Soviet Union, Mr. Kiryanov joined the State Traffic Inspection and served as Deputy Head of the State Traffic Inspection prior to his current role as concurrent Chief State Road Traffic Safety Inspector and Major-General.

Dr. Etienne Krug is the Director, Injuries and Violence Prevention, WHO in Geneva, Switzerland. Prior to October 2000, he held several positions working on violence and injury prevention in WHO. He coordinated the development of WHO's first World Report on Violence and Health published in 2002. From 1995 to 1999 Dr Krug was medical epidemiologist in the Division of Violence Prevention at the CDC in Atlanta where he conducted and published epidemiological research focusing on violence prevention at the national and international level, and won CDC's coveted Langmuir Prize.

H.E. Ambassador Dumisani Shadrack Kumalo is Permanent Representative of South Africa to the United Nations. Ambassador Kumalo is the former Director of the U.S. Desk in the Department of Foreign Affairs in Pretoria. Prior to joining government service, Ambassador Kumalo spent twenty years living in exile in the United States where he was attached to the UN Observer Mission of the African National Congress. Ambassador Kumalo presented his credentials to UN Secretary-General Kofi Annan on April 21, 1999.

Mr. Benno Laggner has been Counselor at the Permanent Mission of Switzerland to the United Nations since 2000. Prior to his current position, he worked at the Eastern and Southern Africa Desk at the Federal Department of Foreign Affairs in Berne and was Attaché at the Embassy of Switzerland in Ankara. He began his career as an Assistant at the Institute of Political Science of the University of St. Gallen and then received training as assistant to Dr. Kurt Furgler, former President of the Swiss Confederation; intern to the Secretary General's Office at the European Free Trade Association; and intern to the Federal Department of Foreign Affairs in Berne.

H.E. Ambassador Laxanachantorn Laohaphan, Permanent Representative of Thailand to the United Nations, joined the Ministry of Foreign Affairs in 1972 as Third Secretary in the Economic and Commercial Information Division. Prior to her current appointment, she served as Thailand's Permanent Representative to the United Nations in Geneva; Deputy Permanent Secretary in the Office of the Permanent Secretary in the Ministry of Foreign Affairs; Director-General, Department of International Organizations, Ministry of Foreign Affairs; Thailand's Ambassador to Australia, Fiji, Solomon Islands and Vanuatu; First Secretary of the Thai Embassy in Rome, Italy; and, Counselor of Thailand's Permanent Mission to the United Nations in New York.

Dr. LEE Jong-Wook, Director-General of the World Health Organization, has been a world leader in the fight against tuberculosis, and vaccine preventable diseases of children. Following his appointment as Director of the Stop TB Department in WHO in 2000, Dr. Lee built one of the most successful and dynamic global public-private partnerships for health, the Global Partnership to Stop TB. Dr. Lee began his WHO career in 1983 as a leprosy consultant in the South Pacific, and a year later was appointed team leader for leprosy control in the South Pacific. Prior to joining WHO, Dr. Lee worked for two years at the LBJ Tropical Medical Centre in American Samoa. He received his Medical Doctor degree from Seoul National University, and a Master of Public Health degree from the University of Hawaii.

Ms. Margaret McIntyre, Senior Associate Program Director at the Task Force for Child Survival and Development, is responsible for project management of three programs for the Task Force—Global Road Safety, PARTNERS TB Control, and collaboration and coalition building in public health. She joined the Task Force in 2002 as Knowledge Manager for the Center for Innovation in Health Informatics Systems. Prior to her joining the Task Force, Ms. McIntyre worked as Knowledge Manager—North America, for Egon Zehnder International and Knowledge Manager and Senior Consultant for Dove Consulting. She began her consulting career with McKinsey & Company and worked as an independent consultant for 14 years on strategic and operational issues as well as change management and leadership development. She began her career as a chemist, holds an MBA in marketing and founded a plastics company.

Mr. Charles Melhuish, the Lead Transport Specialist for the Asian Development Bank (ADB), has 32 years of experience working in economic and social development, most of which has been in the Asia Pacific region. He joined Manila-based ADB in 1982 as a transport economist. Currently as the Lead Transport Specialist of the ADB, Mr. Melhuish develops transport policies, oversees the quality of transport loan and grant assistance to all developing member countries, and manages knowledge related to transport development. He is responsible for the ASEAN Road Safety program, which is developing prioritized road safety action plans in 10 countries in Southeast Asia, and also manages a project identifying the socioeconomic input of road crashes in the Asian region. He currently represents the ADB on the Global Road Safety Partnership Steering Committee.

Mr. James Micali was appointed Chairman and President of Michelin North America (MNA) in 1996. He was named General Counsel and Secretary for Michelin North America in 1985, and became Executive Vice President of the legal and finance functions in 1990. Mr. Micali was named a member of the Groupe Michelin Executive Council in 2001. He served the rubber industry as Chairman of the Board of the Rubber Manufacturers Association for a one-year term from 2001 to 2002. He was recently elected to the board of directors of Sonoco, and, in 2004, he was named a distinguished senior fellow in political economy and leadership management at the Richard W. Riley Institute of Government, Politics and Public Leadership at Furman University.

Dr. Anders Milton, President of the Swedish Red Cross since 2002, representing the International Federation of Red Cross and Red Crescent Societies (IFRC), was Secretary General of the Swedish Medical Association from 1991- 2002. He has also been a Board Member for several health companies including Feelgood AB and Q-Med AB and has held several positions for SalusAnsvar AB including Chairman of the Board and Vice Chairman from 1994 to 2003. Dr. Milton served as Chairman of the Central Defense and Society Federation, President of the Liaison Committee for between the European Associations and WHO, and President of the Swedish Confederation of Professional Associations. Dr. Milton received his PhD, MD and BS degrees from Uppsala University in Sweden.

Secretary Norman Y. Mineta became the 14th U.S. Secretary of Transportation in 2001. Mr. Mineta served as a member of the U.S. House of Representatives, representing California's Silicon Valley. He co-founded the Congressional Asian Pacific American Caucus and served as

its first chair. After leaving Congress, Mineta chaired the National Civil Aviation Review Commission, which in 1997 issued recommendations on reducing air traffic congestion and reducing the aviation accident rate. Prior to joining the Commerce Department, he was a vice president at Lockheed Martin Corporation.

Dr. Murray Mackay is Professor Emeritus of Transport Safety at the University of Birmingham, U.K. He established and ran the Birmingham Accident Research Centre from 1965 to 1996, conducting in-depth, multidisciplinary crash investigation studies. Dr. Murray was an active proponent of the mandatory use of seat belts and child restraints and crash helmets for motorcyclists, and was a founding director of the Parliamentary Advisory Council for Transport Safety in the UK. He is a director of the European Transport Safety Council in Brussels and president of the International Research Council on the Biomechanics of Impacts. He has worked on traffic safety projects in a number of countries in SE Asia, the Arabian Gulf region and Africa. He has published and broadcast widely on transport safety issues and was a co-author of the book *Reducing Traffic Injury—A Global Challenge*.

H.E. Ambassador Toshiro Ozawa became the Permanent Representative of Japan to the United Nations in 2003. He began his career with the Ministry of Foreign Affairs in 1973. Some of his appointments include Deputy Director of the International Agreement Division, Treaty Bureau; First Secretary of the Embassy of Japan in the United States; Minister of the Embassy of Japan in Malaysia; Deputy Director General of the North American Bureau; Visiting Professor at Kyushu University, and; Consul General of Japan at Vancouver.

Dr. Margie Peden is currently Coordinator, Unintentional Injury Prevention of the World Health Organization. She coordinates the development and implementation of the 5-year WHO strategy on road traffic injury prevention as well as their work on injury surveillance and alcohol-related injuries. She is the executive editor of the *World Report on Road Traffic Injury Prevention*. Dr. Peden was an intensive care nurse, and taught intensive care, trauma nursing and research at the Carinus Nursing College, in Cape Town, South Africa. Dr. Peden was educated at the Universities of Cape Town and Stellenbosch in South Africa, her native country. She holds degrees in nursing and epidemiology. She obtained her PhD from the University of Cape Town in 1997. She also was a senior scientist at the Medical Research Council in Cape Town for seven years where she was involved with the development of an injury surveillance system for the country.

Mr. Bernard Périsset has been Chairman of the Working Party on Road Safety (WP1) for the United Nations Economic Commission for Europe (UNECE) since 1999. Mr. Périsset is currently a lawyer within the Swiss federal roads authority, in cooperation with many international organizations, particularly the UNECE, the European Conference of Ministers of Transport (ECMT), the Organisation for Economic Co-operation and Development (OECD), and the European Union. He was Chairman of the ECMT committee on road safety from 1990 to 1995. For a number of years, he worked on different projects to increase road safety in Switzerland. Mr. Périsset has been the Vice President of the Swiss Fund for road safety (FSR), and a member of the steering committee for the Swiss council on road safety, as well as many other organizations working in the field of road injury prevention.

Dr. Maryvonne Plessis-Fraissard is the Director for Transport and Urban Development in the World Bank. Before assuming this responsibility, she held several managerial positions in Infrastructure, in Transport and in Urban Development and has experience in Sub-Saharan Africa, the Middle East and Latin America. Before joining the World Bank in 1981, she taught mathematics at the University of Paris VII and carried out a number of consultancies modeling population changes and regional planning including with the French Census Bureau (INSEE), the Paris Region Urban Planning Institute (IAURIF), the Research Institute on Transport (now INRETS), and the Transport Directorate of the then European Community.

H.E. Ambassador Rastam Mohd Isa, the Permanent Representative of Malaysia to the United Nations, served as his country's Ambassador to Indonesia, Bosnia and Herzegovina and has served as Malaysia's Deputy Permanent Representative to the United Nations in New York. Ambassador Rastam joined Malaysia's Foreign Ministry as Assistant Secretary in 1974 and received his first foreign assignment as Second, and then First Secretary at the Embassy in Washington, DC. He has served as Principal Assistant Secretary at his country's Ministry of Foreign Affairs, Counselor at the Permanent Mission of Malaysia to the United Nations in New York, Minister Counselor/Deputy Head of Mission at his country's Embassy in Jakarta, Indonesia, Under-Secretary responsible for South East Asia and the South Pacific at the Ministry of Foreign Affairs, and High Commissioner of Malaysia to Pakistan.

Dr. Mark Rosenberg is Executive Director of The Task Force for Child Survival and Development, a nonprofit public health organization working to build coalitions to promote global health and human development. Prior to the Task Force, Dr. Rosenberg served 20 years with CDC where he worked on diarrheal diseases, AIDS, and violence and unintentional injury prevention. He was instrumental in establishing the National Center for Injury Prevention and Control at CDC and became the first director and Assistant Surgeon General from 1994 until 1999. He has been on the Board of Delegates and Board of Directors for the National Safety Council and is coeditor-in-chief of the International Journal of Injury Control and Safety Promotion. Dr. Rosenberg directs the Secretariat of The Global Road Safety Steering Committee.

Dr. Jeffrey W. Runge is Administrator of the National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation, the lead Federal agency for the prevention and control of motor vehicle death and injury in the United States. Dr. Runge, an emergency physician, educator and researcher, began his interest in injury prevention in 1974 as an Emergency Medical Technician. Prior to joining the Bush Administration, Dr. Runge practiced and taught emergency medicine and holds the title of Professor of Emergency Medicine at the University of North Carolina, Chapel Hill. He served as Assistant Chairman of the Department of Emergency Medicine at Carolinas Medical Center in Charlotte, and Director of the Carolinas Center for Injury Prevention and Control.

Mr. Jean-Louis Sarbib was appointed Senior Vice President, Human Development Network of the World Bank in 2003. He advises the institution and its client countries on innovative and integrated approaches to improving health, education, and social protection with a view to helping meet the Millennium Development Goals (MDGs). Prior to this he served as Vice President for the Middle East and North Africa Region. Mr. Sarbib joined the Bank in 1980 to work on Africa. He served as Senior Loan Officer to the East and South Africa Country Programs Department. Mr. Sarbib served as Deputy Division Chief of the Industry Department's Mining and Non-Ferrous Metals Division, Operations Advisor for the Africa Region, Country Operations Division Chief for the Sahel, and Director for the Western Africa Department. He shared a Vice Presidency of the Africa Region, with Mr. Callisto Madavo, in which he was responsible for Bank activities in 23 of Sub-Saharan Africa's 48 countries.

H.E. Ambassador Isikia Rabici Savua, Permanent Representative of Fiji to the United Nations, first joined his country's Foreign Service in 1988 as Counselor to the Permanent Mission of Fiji to the United Nations in New York. Ambassador Savua served as Fiji's Consul General in Sydney, Australia. Before joining the diplomatic corps, Ambassador Savua had a long military career. Commissioned in 1972, he earned the rank of Captain in 1976, Major in 1979, Lieutenant Colonel in 1982, and Chief of Staff of the Regular Fiji Military Force in 1987.

Mr. David Silcock is the Chief Executive for Global Road Safety Partnership (GRSP). He was cofounder and Managing Director of road safety consultants, Ross Silcock Ltd. He acted as a GRSP advisor before taking on the role of chief executive in 2002. Earlier in his career he worked in the Transport Operations Research Group at the University of Newcastle upon Tyne in the UK, leading research in road safety and teaching postgraduate courses. Mr. Silcock has experience in road safety and other transport projects in Asia, the Pacific Islands, and in Africa.

Mr. Richard Scurfield is the Sector Leader for Transport, Transport and Urban Development Department, World Bank, and a civil engineer with Masters degrees in Transport Engineering and Planning and Public Administration. He began his professional career building and planning highways in Ontario, Canada. In the UK, he worked briefly as a municipal traffic engineer in Southampton, England, before spending ten years as an international transport-planning consultant with British and U.S. consulting companies. He joined the Hong Kong Government in 1982 as an Assistant and then Deputy Commissioner for Transport. In 1989 he joined the World Bank as an urban transport specialist and now manages the transport group responsible for policy development and the overall coordination of transport activities within the bank.

Ms. Rochelle Sobel is founder and President of the Association for Safe International Road Travel, a nonprofit organization that promotes road travel safety throughout the world via education and advocacy. Following the death of her son, Aron, and 22 other passengers in a bus crash in Turkey in 1995, Ms. Sobel founded ASIRT. She is an educator in the Washington, DC, area, and has traveled to many countries to hold forums and raise awareness of road safety issues.

H.E. Ambassador Bruno Stagno Ugarte was appointed the New Permanent Representative of Costa Rica to the United Nations in 2002, and serves on the Commission on Sustainable Development. Prior to his current appointment, he was an Adviser in the Costa Rica Legislative Assembly and was a Professor at the University of Costa Rica, School of Political Science. Between 1998 and 2000, he was Chef de Cabinet of the Minister at the Ministry of External Relations and Worship of Costa Rica and from 1994 to 1998 served as Consul-General and Minister-Counsellor at the Embassy of Costa Rica in France. He holds a Master's Degree in Public Policy from Princeton University, a Master's Degree in Political Science from the Sorbonne, and Bachelor of Science in Foreign Service from Georgetown University.

Dr. Claes Tingvall is the Director of Traffic Safety for the Swedish National Road Administration. Previously, he was a professor and director at Monash University Accident Research Centre in Victoria, Australia and has authored approximately 100 scientific articles on injury epidemiology, car occupant protection/car safety rating, and safety policy. He has been involved in road safety while employed at the Folksam Traffic Safety Research, the Swedish Traffic Safety Office, the Monash University Accident Research Centre, and the Swedish National Road Administration.

Mr. Omurxak Tusumov is Head of Road Police Department, Ministry of Interior of Kazakhstan. Mr. Tusumov joined the Ministry of Interior in 1994 as Deputy Head of the Organizational and Analytical Unit and Head of the Road and Patrol Unit, Road and Patrol Department. He then became the Head of Car Searching and Inquiry and Administrative Practice Unit, Office of Vehicle Inspection of Karaganda oblast of Kazakhstan. After that he rose to Deputy Head of the Patrol Division, Head of the Patrol and Investigation Unit of the Road Police Department and then Deputy Head of the Road Police Department, and Head of the State Vehicle Inspection Division.

Dr. Pascal Villeneuve is Chief of the Health Section in the Programme Division, United Nations Children's Fund (UNICEF). Prior to his current position, he served as UNICEF Representative in Bamako, Mali. Dr. Villeneuve joined UNICEF in 1987 as Assistant Programme Officer in Brazzaville, Congo. His previous appointments include Programme Officer, Health Section; UNICEF Representative in Yaounde, and Cameroon; and Nutrition Adviser for the League of the Red Cross Societies in Mali and in Niger.

Mr. David Ward is Director General of the FIA Foundation for the Automobile and Society, a UK-registered international charity founded in 2001 by the Federation Internationale de l'Automobile (FIA), the worldwide federation of motoring organizations. Previously, he was Director General of the European Bureau of the AIT and FIA in Brussels, representing the interests of motoring organizations to the European Union (EU). This work included successful campaigns to support new EU automobile safety and environmental standards, and policies to promote sustainable mobility and consumer protection. He is a member of the European Commission's European Energy and Transport Forum and is also a member of the Board of Directors of the European New Car Assessment Programme (ENCAP), Europe's leading vehicle safety crash test program.

Mr. Zhang Yishan, Deputy Permanent Representative of China to the United Nations, has been a member of the Mission of the People's Republic of China to the United Nations since 1972. He began as a staff member and rose to the position of Ambassador in 1997. Mr. Yishan has been involved in the Department of International Organizations and Conferences as well as the Permanent Mission of the People's Republic of China to the United Nations in Geneva.

H.E. Dr. Javad Zarif, Acting President of the General Assembly, has been Deputy Foreign Minister for Legal and International Affairs of the Islamic Republic of Iran since 1992. He has served in different senior positions in the Iranian Foreign Ministry and at various international organizations. Professor Zarif holds a PhD in International Law and Policy from the Graduate School of International Studies, University of Denver. Dr. Zarif is a Visiting Professor of International Law at the University of Tehran, where he teaches human rights, international law, and multilateral diplomacy.

Stakeholders Forum Participant List

- Dr. Pyush Agarwal**, President, Life Conservation Technologies
- Dr. Neelam Agarwal**, Life Conservation Technologies
- Mr. Mohamed Al-Hassan**, Permanent Mission of the Sultanate of Oman to the UN
- Ambassador Fuad Al-Hinai**, Permanent Representative of the Sultanate of Oman to the United Nations
- Dr. Wahid Al-Kharusi**, Head of Khuola Hospital in Muscat, Oman / Member, The Bone and Joint Decade
- Ms. Sarah Al-Moosa**, Oman Mission
- Ms. Marilena Amoni**, Associate Administrator for Program and Delivery, Traffic Injury Control Programs, NHTSA
- Dr. Carlos Arreola-Risa**, Professor and Surgeon, School of Medicine, Tecnológico de Monterrey
- Mr. Rohit Baluja**, President, Institute of Road Traffic Education
- Dr. Paul G. Bedewi**, Deputy Director - Vehicle Safety and Biomechanics, FHWA/NHTSA National Crash Analysis Center, The George Washington University
- Ms. Isabel Ortins de Bettencourt**, Head of Road Safety Observatory, General Directorate for Traffic, Ministry of Interior, Portugal
- Mr. Brett Bivans**, Director of Partnership Development, International Center for Alcohol Policies
- Mr. Thomas Bleiner**, President & Founder, Astrongroup Technologies SA
- Mr. Anthony Bliss**, Senior Road Safety Specialist, Transport and Urban Development Department, World Bank
- Dr. Stephen Blount**, Director, Office of Global Health, CDC
- Dr. Christine M. Branche**, Director, NCIPC, CDC
- Dr. Ken Bridbord**, Director, Division of International Training and Research, Fogarty International Center, NIH
- Dr. Bruce Browner**, Director of Orthopaedics at Hartford Hospital; Member, The Bone and Joint Decade
- Dr. Noel Bufe**, Consultant in Traffic Safety and Injury Control
- Mr. Michael Cammisa**, Director of Safety, Association of International Automobile Manufacturers
- Mr. José Capel Ferrer**, Director of the Transport Division, UNECE
- Mr. Tom Chaffin**, Vice President, Traffic Safety Systems Division, 3M
- Ms. Brigitte Chaudhry**, Founder & National Secretary, RoadPeace
- Dr. Alberto Concha-Eastman**, Regional Advisor, Violence and Injury Prevention, Pan American Health Organization
- Dr. T. Bella Dinh-Zarr**, Director of Traffic Safety Policy, American Automobile Association National Office
- Mr. Alessandro Dolcetta**, CEO, Astron-FIAMM Safety SA
- Mr. Erik Donkers**, Chief Executive Officer, Viasta
- Ms. Alison Drayton**, Deputy Director, Division of UN Affairs, UNDP
- Dr. Karsten Dreinhöfer**, Director of Development, The Bone and Joint Decade
- Ms. Jacqueline G. Dukehart**, Program Assistant, SAFE KIDS Worldwide
- Mr. Bruno Dussert-Vidalet**, Product Manager, Astron-FIAMM Safety SA
- Mr. Jonathan C. Esslinger**, Director, Transportation & Development Institute of American Society of Civil Engineers
- Ms. Susana Estévez Gómez**, Head of International Relations, General Traffic Directorate, Ministry of the Interior, Spain
- Mr. Michael Ian Fanning**, Vice President, Public Relations & Government Affairs, Michelin North America, Inc.
- Ms. Mary Ann Fenley**, Director of Communications, The Task Force for Child Survival & Development
- Mr. Vladimir Filchenko**, Chief, Division of International Cooperation, Ministry of Internal Affairs, Russian Federation
- Ms. Chrystal F. Fourcard**, Associate Director, Community Health Promotion & Public Health Services New York City Health and Hospitals Corporation (NYCHHC)
- Ms. Anne Ginn**, Manager, Public Policy & Issues - Safety, General Motors Corporation

- Ms. Lorraine Giordano**, Medical Director, Office of Emergency Management, NYCHHC
- Ms. Karla González**, Attorney and Former Vice-Minister of Transport, Costa Rica
- Ms. Wendy Hamilton**, President, Mothers Against Drunk Driving (MADD)
- Dr. Stephen Hargarten**, Director, National Injury Research Center, and Associate Professor and Interim Chair, Medical College of Wisconsin
- Dr. Prakash Heda**, Orthopaedic Surgeon, Nairobi Hospital, Kenya
- Mr. Ivan Hodac**, Secretary General, European Automobile Manufacturers Association
- Mr. Patrick J. Holtz**, Washington Representative, American Motorcyclist Association
- Mr. Theo Holtzheuser**, Road Safety Network
- Mr. Jens Hügel**, Head, Sustainable Development, International Road Transport Union
- Dr. Adnan Hyder**, Assistant Professor and Leon Robertson Faculty Development Chair, Department of International Health, Bloomberg School of Public Health, Johns Hopkins University
- Mr. Goff Jacobs**, Researcher, Transport Research Laboratory (TRL)
- Mr. G. W. Jim Johnson III**, Chairman and CEO, Aircast Incorporated
- Mr. Richard Jordan**, Founder, NGO Committee on the UN and Sports
- Dr. Toby King**, Executive Director, U.S. Bone and Joint Decade
- Mr. Victor Kiryanov**, Lieutenant General, Chief, General Department of the State Road Traffic Safety Inspection, Ministry of Internal Affairs, Russian Federation
- Dr. Etienne Krug**, Director, Injuries and Violence Prevention, World Health Organization
- Dr. Mark Kulewicz**, Chairman, Safety Committee, Automobile Club of New York
- Ms. Meera Kumar**, Financial Relations Manager, Ford Motor Company
- Mr. Thomas Louizou**, Regional Administrator, Region II, NHTSA
- Mr. Stein Lundebye**, Senior Transport Engineer, World Bank
- Ms. Karen Lundegaard**, Journalist, Wall Street Journal
- Mr. Ricardo Martinez**, Safety Intelligence Systems Inc.
- Ms. Jennifer A. McCann**, Adviser, U.S. Mission to the United Nations
- Ms. Margaret McIntyre**, Senior Associate Program Director, Global Road Safety, The Task Force for Child Survival and Development
- Ms. Kate McMahon**, Road Safety Programme Manager, Department for Transport, United Kingdom
- Ms. Rose McMurray**, Associate Administrator, Policy and Program Development, Federal Motor Carrier Safety Administration
- Mr. Charles Melhuish**, Lead Transport Specialist, Asian Development Bank
- Mr. James Micali**, Chairman & President, Michelin North America
- Dr. Charles Mock**, Investigator, Harborview Injury Prevention & Research Center
- Ms. Adrienne Moses**, Injury Prevention Coordinating Manager, Downtown Bronx Medical Associates
- Ms. Mirian L. Moses**, Retired RN, Certified Child Passenger Technician, New York Black Nurses Association, Inc.
- Dr. Marcos Musafir**, Chief of Emergency Medicine and Trauma, Federal University of Rio de Janeiro; Member, Bone and Joint Decade
- Mr. Peter ter Meulen**, Director, The Institute for Traffic Care;
- Mr. Kenji Ogata**, Group Vice President, Toyota Motor North America, Inc.
- Dr. Margie Peden**, Coordinator, Unintentional Injury Prevention, World Health Organization
- Mr. Richard Pepe**, Deputy Director, Institute for Traffic Care
- Mr. Bernard Périsset**, Chairman, Working Party 1 on Road Safety, UNECE
- Ms. Heidi Pervin**, Project Manager - Arrive Alive, ChevronTexaco Corporation
- Dr. Maryvonne Plessis-Fraissard**, Director of Transport and Urban Development, World Bank
- Ms. Priya Prasad**, Director of Safety Research, Ford Motor Company
- Mr. Aron Primack**, Program Officer, Division of International Training and Research, Fogarty International Center, NIH
- Ms. Aliya Qurashi**, Injury Epidemiologist, SAFE KIDS Worldwide
- Dr. Junaid Razzak**, Assistant Professor, Department of Emergency Medicine, Emory University School of Medicine

- Mr. Frantisek Rochovansky**, Deputy Minister, Road Safety, Ministry of Transport of the Czech Republic
- Mr. Deysi Rodríguez**, Professor and Researcher, Research Program on Traffic and Transport, National University of Colombia
- Dr. Mark Rosenberg**, Executive Director, The Task Force for Child Survival and Development
- Mr. Jacques Roumani**, Senior Operations Evaluation Officer, Inter-American Development Bank
- Ms. Safiyya Marcia Sarkin**, UN Representative, Al Al-Khori Benevolent Foundation
- Mr. Josef Schleicher**, Director, External Affairs and Public Policy, DaimlerChrysler AG
- Mr. Richard Scurfield**, Sector Leader, Transport, The World Bank
- Dr. María Seguí-Gómez**, Adjunct Associate Professor, Department of Health Policy and Management and Center for Injury Research and Policy, Bloomberg School of Public Health, Johns Hopkins University; Spanish Ministry of Health Representative
- Mr. David Silcock**, Chief Executive, Global Road Safety Partnership
- Dr. Siroon T. Shahinian**, Chairperson, NGO Health Committee
- Mr. Kenneth David Shaw**, Director Road Safety, BP p.l.c.
- Mr. Chip Simone**, Photographer, The Task Force for Child Survival and Development
- Dr. David A. Sleet**, Associate Director for Science, NCIPC, CDC
- Ms. Rennie Sloan**, Communications Consultant, The Task Force for Child Survival and Development
- Ms. Rochelle Sobel**, Founder and President, Association for Safe International Road Travel (ASIRT)
- Dr. Charles Sorbie**, Professor, Department of Surgery, Queen's University
- Mr. Gary S. Spring**, Chair, American Society of Civil Engineering; Associate Professor and Chair of Civil Engineering, Merrimack College
- Mr. Richard Stanley**, FIA Foundation for the Automobile and Society
- Ms. Jessica Stanley**, FIA Foundation for the Automobile and Society
- Mr. Robert Stastny**, Head of Road Safety Unit, Ministry of Transport of the Czech Republic
- Mr. Alex Sullivan**, FIA Foundation for the Automobile and Society
- Ms. Gabriela Tanjala**, Second Secretary, Permanent Mission of Romania to the UN
- Ms. Camilla Taft**, Director, SAFE Kids Worldwide
- Ms. Sheila Taylor**, Executive Sponsor, Motor Vehicle Safety Network, ChevronTexaco
- Mr. Eric Thirer**, FIA Foundation for the Automobile and Society
- Ms. Jane Thorpe**, Partner, Alston & Bird; Chairperson of The Task Force for Child Survival & Development
- Dr. Claes Tingvall**, Director of Traffic Safety, Swedish National Road Administration
- Ms. Marsha Treiber**, Executive Director, Center for Pediatric Emergency Medicine, Bellevue Hospital
- Dr. Maria Vegega**, Chief, Behavioral Research Division, Traffic Injury Control Program, NHTSA
- Ms. Aura Velazquez**, Permanent Mission of the Sultanate of Oman to the UN
- Mr. Alexandru Voinicu**, Senior Inspector, Romanian Road Transport Authority
- Mr. Hans-Joachim Voss**, Managing Director Vehicles and Mobility, Verband der Technischen Überwachungs-Vereine e.V.
- Dr. Pascal Villeneuve**, Chief of Health Section, Programme Division, UNICEF
- Ms. Christie Vu**, Research Analyst, The Task Force for Child Survival and Development
- Ms. Tayce A. Wakefield**, Executive Director, Environment & Energy, General Motors Corporation
- Mr. Thomas Walsh**, President, Safety Cost Improvement, Network of Employers for Traffic Safety
- Mr. David Ward**, Director General, FIA Foundation for the Automobile and Society
- Mr. Mantill Williams**, Director of Washington Public Relations, AAA National Office
- Mr. Mark Young**, Senior Health Advisor, UNICEF
- Mr. Alfred Zahlaus**, Research & Development, Astron Group Technologies
- Dr. Abdullatif Zaouk**, Manager—Federal Outdoor Impact Laboratory, FHWA/NHTSA National Crash Analysis Center

Photo Credits

Front Cover Design: Chip Simone, The Task Force

A Clarion Call:

- p.6 *Vulnerable riders board overloaded trucks in Haiti*; photo by Mark Rosenberg, The Task Force
- p.8 *Auto Crash in India*; photo supplied by Rohit Baluja
- p.9 *Resolution Signer*; photo by Margaret McIntyre, The Task Force
- p.9 *Stakeholder Forum in the ECOSOC Chamber of the UN*; photo by Chip Simone, The Task Force
- p.10 *Traffic in India*; photo by P. Virot, WHO
- p.11 *Woman on moped*; photo by P. Virot, WHO
- p.13 *Secretary-General Kofi Annan*; photo by Richard Stanley, FIA Foundation
- p.14 *H.E. Minister Yousef bin Alawi bin Abdullah*; photo by Mark Rosenberg, The Task Force

UN Technical Briefing Summaries

- p.16 *Traffic in Beijing, China*; photo by Alan Hinman, The Task Force
- p.17 *Dr. Murray Mackay*; photo by Margaret McIntyre, The Task Force
- p.18 *Technical Briefing at the UN*; photo by Margaret McIntyre, The Task Force
- p.18 *Dr. Wahid Al-Kharusi*; photo by Margaret McIntyre, The Task Force
- p.19 *Technical Briefing Participants*; photo set up by Mark Rosenberg, The Task Force
- p.19 *H.E. Ambassador Abdul Mejid Hussein*; photo by Margaret McIntyre, The Task Force
- p.20 *Dr. Etienne Krug*; photo by Margaret McIntyre, The Task Force
- p.21 *Mr. Anthony Bliss*; photo by Margaret McIntyre, The Task Force
- p.21 *Mr. Brett Bivans*; photo by Margaret McIntyre, The Task Force
- p.21 *Mr. Edwin J. Judd*; photo by Margaret McIntyre, The Task Force
- p.22 *Ms. Julie Abraham*; photo by Margaret McIntyre, The Task Force
- p.23 *UN Ambassadors from Australia, Costa Rica and South Africa*; photo by Margaret McIntyre, The Task Force

WHO Section:

- p.24 *Omani Ambulance*; photo by Mark Rosenberg, The Task Force
- p.26 *World Health Day 2004 event in Paris*; photo by M.A. Montchamp, WHO
- p.28 *H.E. President Jacques Chirac*; photo by M.A. Montchamp, WHO
- p.33 *H.E. President Jacques Chirac and Dr. LEE Jong-Wook*; photo by M.A. Montchamp, WHO

General Assembly:

- p.26 *H.E. Séamus Brennan*; photo by Mark Rosenberg, The Task Force
- p.41 *Omani Mission*; photo by Mark Rosenberg, The Task Force
- p.45 *Secretary Norman Mineta and Dr. Jeffrey W. Runge*; photo by Mark Rosenberg, The Task Force
- p.48 *Bicycles on the road in Beijing, China*; photo by Alan Hinman, The Task Force
- p.53 *Bus overflowing with vulnerable passengers*; photo by Mark Rosenberg, The Task Force
- p.59 *Family riding a moped without helmets in Cambodia*; photo by Richard Stanley, FIA Foundation
- p.62 *Traffic jam at a market in Iquitos Peru*; photo by Alan Hinman, The Task Force
- p.69 *Road users on a mule cart in Peru*; photo by Alan Hinman, The Task Force

Press Conference:

- p.72 *Mr. Paul Hoeffel*; photo by Mark Rosenberg, The Task Force
- p.72 *Dr. LEE Jong-Wook*; photo by Mark Rosenberg, The Task Force
- p.73 *Dr. Jeffrey W. Runge*; photo by Mark Rosenberg, The Task Force
- p.73 *Ms. Karla González*; photo by Mark Rosenberg, The Task Force
- p.75 *Dr. LEE Jong-Wook*; photo by Mark Rosenberg, The Task Force

Stakeholders Forum:

- p.76 *Stakeholders Forum, ECOSOC Chamber*; photo by Chip Simone, The Task Force
- p.78 *H.E. Ambassador Fuad Al-Hinai*; photo by Chip Simone, The Task Force
- p.78 *Stakeholders Forum Participants*; photo by Chip Simone, The Task Force
- p.79 *Dr. Bruce Browner*; photo by Chip Simone, The Task Force
- p.80 *Dr. Wahid Al-Kharusi Presentation*; photo by Chip Simone, The Task Force
- p.81 *Dr. Mark Rosenberg*; photo by Chip Simone, The Task Force
- p.83 *Dr. Margie Peden*; photo by Chip Simone, The Task Force
- p.84 *Ms. Alison Drayton*; photo by Chip Simone, The Task Force
- p.85 *Dr. Claes Tingvall*; photo by Mark Rosenberg, The Task Force
- p.86 *Mr. Bernard Périsset*; photo by Chip Simone, The Task Force
- p.87 *Mr. David Ward*; photo by Chip Simone, The Task Force
- p.89 *Ms. Karla González*; photo by Chip Simone, The Task Force
- p.90 *Ms. Marilena Amoni*; photo by Chip Simone, The Task Force
- p.91 *Dr. Stephen Blount*; photo by Chip Simone, The Task Force
- p.92 *Dr. Prakash Heda*; photo by Chip Simone, The Task Force
- p.93 *Dr. Alberto Concha-Eastman*; photo by Chip Simone, The Task Force
- p.93 *Mr. Thomas Bleiner*; photo by Chip Simone, The Task Force
- p.94 *Ms. Camilla Taft*; photo by Chip Simone, The Task Force
- p.94 *Dr. Ken Bridbord*; photo by Chip Simone, The Task Force
- p.95 *Mr. Ivan Hodac*; photo by Chip Simone, The Task Force
- p.96 *Mr. Jens Hügel*; photo by Chip Simone, The Task Force
- p.97 *Mr. James Micali*; photo by Chip Simone, The Task Force
- p.99 *Ms. Kate McMahon*; photo by Chip Simone, The Task Force
- p.100 *Mr. Patrick Sankey*; photo by provided by The International Road Federation
- p.101 *CDC Participants*; photo by Chip Simone, The Task Force
- p.103 *Mr. Rohit Baluja*; photo by Chip Simone, The Task Force
- p.104 *Dr. Adnan Hyder*; photo by Chip Simone, The Task Force
- p.105 *Ms. Rochelle Sobel*; photo by Chip Simone, The Task Force
- p.107 *Dr. Charles Mock*; photo by Chip Simone, The Task Force
- p.108 *Mr. Goff Jacobs*; photo by Mark Rosenberg, The Task Force
- p.109 *Mr. Charles Melhuish*; photo by Chip Simone, The Task Force
- p.111 *Dr. Maryvonne Plessis-Frassard*; photo by Chip Simone, The Task Force
- p.112 *Mr. David Silcock*; photo by Chip Simone, The Task Force
- p.113 *Dr. Pascal Villeneuve*; photo by Chip Simone, The Task Force
- p.115 *Stakeholders Forum Participants and Speakers*; photo by Chip Simone, The Task Force
- p.118 *Surgery on a road crash victim in Ghana*; photo supplied by Charlie Mock
- p.119 *World Bank Participants*; photo by Chip Simone, The Task Force

Contributors

- p.120 *Bicyclist in Morocco*; photo by André Gallant

Global Road Safety Steering Committee

Association for Safe International Road Travel (ASIRT)

Ms. Rochelle Sobel, *President*

The Bone and Joint Decade

Dr. Bruce Browner, *Director of Orthopaedics, Hartford Hospital*

Dr. Wahid Al-Kharusi, *Head of the Khuola Hospital in Muscat, Oman*

FIA Foundation for the Automobile and Society

Mr. David Ward, *Director General*

Global Road Safety Partnership (GRSP)

Mr. David Silcock, *Chief Executive*

Permanent Mission of the Sultanate of Oman to the UN

Ambassador Fuad Al-Hinai

The Task Force for Child Survival and Development [Secretariat]

Dr. Mark Rosenberg, *Executive Director*

Ms. Margaret McIntyre, *Senior Associate Program Director*

United Nations Children's Fund (UNICEF)

Mr. Kul Gautam, *Deputy Executive Director*

Dr. Pascal Villaneuve, *Chief of the Health Section in Programme Division*

UN Department for Economic and Social Affairs (UNDESA)

Mr. Amr Ghaleb, *Chief, Focal Point Programme on the Family, Division for Social Policy and Develop*

UN Development Program (UNDP)

Ms. Alison Drayton, *Deputy Director, Division for UN Affairs*

The World Health Organization (WHO)

Dr. Etienne Krug, *Director, Injuries and Violence Prevention*

Dr. Margie Peden, *Coordinator, Unintentional Injury Prevention*

The World Bank

Mr. Anthony Bliss, *Senior Road Safety Specialist, Transport and Urban Development Department*

Mr. Richard Scurfield, *Sector Leader for Transport, Transport and Urban Development Department*

Sponsors

The Global Road Safety Steering Committee wishes to thank our sponsors for their support of the UN Meetings.

Astron-FIAMM Safety SA (Crash Avoidance Technologies)
The Bone and Joint Decade
The Centers for Disease Control and Prevention
The Coca-Cola Company
FIA Foundation for the Automobile and Society
Pfizer Inc.
The Task Force for Child Survival and Development
United Nations Children Fund (UNICEF)
United Nations Development Programme
The World Bank

The Global Road Safety Steering Committee wishes to thank our sponsors of this document.

The Bone and Joint Decade
The Centers for Disease Control and Prevention
FIA Foundation for the Automobile and Society
National Highway Traffic Safety Administration
The Task Force for Child Survival and Development



www.globalroadsafety.org

For more about The Global Road Safety Crisis or to download a free copy of this report, please go to www.globalroadsafety.org. This website outlines the problem of global road traffic injuries and deaths and features information about the Global Road Safety Steering Committee and their efforts in bringing this problem to the United Nations. It also includes links to the webcasts of the events outlined in this report; field stories outlining initiatives in different countries, companies and organizations; and examples of successful collaboration among countries. This website features an interactive discussion forum as well as recent publications, background information and documents, UN and WHA resolutions, and links to organizations involved in global road safety.

THE GLOBAL ROAD SAFETY STEERING COMMITTEE

Association for Safe International Road Travel (ASIRT)

The Bone and Joint Decade

FIA Foundation for the Automobile and Society

Global Road Safety Partnership (GRSP)

Permanent Mission of the Sultanate of Oman to the UN

United Nations Children's Fund (UNICEF)

UN Department for Economic and Social Affairs (UNDESA)

UN Development Program (UNDP)

The World Health Organization (WHO)

The World Bank

The Task Force for Child Survival and Development
[Secretariat]



Global Road Safety

The Task Force for Child Survival and Development

750 Commerce Drive, Suite 400

Decatur, Georgia 30030

phone: 404.687.5601 • fax: 404.371.1087

email: roadsafety@taskforce.org

www.taskforce.org

price \$30