

**WHA57.10 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;<sup>1</sup>

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, working in close cooperation with 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,<sup>2</sup>

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 sector 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 of the United Nations General Assembly for WHO to act as a coordinator on road safety issues within the United Nations system, working in close cooperation with the United Nations regional commissions;

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<sup>1</sup> Document A57/10.

<sup>2</sup> *World report on road traffic injury prevention*. Geneva, World Health Organization, 2004.

4. RECOMMENDS Member States:

- (1) to integrate prevention of traffic injuries 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 by 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 prevention of road traffic injuries as a tool to plan and implement appropriate prevention strategies;
- (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 financing 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 on progress made in promotion of road safety and traffic-injury prevention in Member States to the Sixtieth World Health Assembly.

(Eighth plenary meeting, 22 May 2004 –  
Committee A, second report)