



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



51st DIRECTING COUNCIL 63rd SESSION OF THE REGIONAL COMMITTEE

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

Provisional Agenda Item 4.4

CD51/7 (Eng.)

1 August 2011

ORIGINAL: SPANISH

PLAN OF ACTION ON ROAD SAFETY

Introduction

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

Background

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

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

3. Following the 2004 publication of the *World Report on Road Traffic Injury Prevention*, the first report on the issue prepared jointly by the World Health Organization (WHO) and the World Bank, PAHO published a status report on road safety in the Region of the Americas [in Spanish only] in 2009. This report provides information and analyses that measure the burden of fatal and nonfatal injuries on public health in the Americas, in addition to revealing the lag in investment in road safety, the adoption of national policies, the reliability of information, and the enactment of relevant legislation.

4. This Plan of Action is based on the strategy for road traffic injury prevention outlined by WHO in 2001 in the *World Report on Road Traffic Injury Prevention*, and the aforementioned resolutions WHA57.10, A/RES/64/255, A/RES/58/289, CD48.R11 (2008), and CD50.R16 (2010). These resolutions call for the strengthening of international cooperation. The United Nations Road Safety Collaboration was established in response to this call. Chaired by WHO and with the participation of United Nations Regional Commissions, since 2004 the Group has brought together nongovernmental organizations, foundations and private sector entities to coordinate responses to road safety issues. Resolution A/RES/64/255 calls upon the Member States of the United Nations to draw up national road safety plans.

5. This document is also based on the declaration of the States Parties to the Constitution of the World Health Organization (WHO), which recognizes certain principles basic to the happiness, harmonious relations, and security of all peoples, one of which states that: “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.”

6. These road safety policies are aligned with the areas of action of the Health Agenda for the Americas 2008-2017. The activities outlined in this plan of action are designed to reduce obesity and increase physical activity, while proposing the promotion of safe areas for pedestrians and cyclists and advocating the promotion of safe and sustainable public transportation systems. They are also aligned with the proposed Strategy and Plan of Action on Climate Change; and the Strategy and Plan of Action on Urban Health, which will be presented at the 51st Directing Council.

7. Several meetings on road safety have been held in the Region, among them the II Ibero-American Congress on Road Safety in Buenos Aires, Argentina, in October 2010 and the Second Ibero-American and Caribbean Congress on Road Safety, held in Mexico City in May 2011. At these meetings, the participants made commitments consistent with the WHO and United Nations resolutions on road safety.

Analysis of the current situation

8. In 2007, the adjusted mortality rate from road traffic injuries worldwide was 18.8 per 100,000 inhabitants and 15.8 per 100,000 inhabitants in the Region of the Americas, with variations among the countries ranging from 4.3 to 21.8 per 100,000 inhabitants. On average in the Region, 80% of the victims are men, and each year traffic accidents cause around 140,000 deaths and an estimated 5 million injuries. In 11 countries (Brazil, Bolivia, British Virgin Islands, the Dominican Republic, Guyana, Mexico, Paraguay, Peru, Saint Lucia, Suriname, and Venezuela) the mortality rate from traffic injuries is higher than the average for the Region.

9. Mortality rates in the United States of America and Canada, at 13.9/100,000 inhabitants and 8.8/100,000 inhabitants, respectively, have fallen substantially over the past 30 years. In South America, however, Colombia is the only country to report a decline in mortality over the past 10 years, while two Caribbean countries, Bahamas, and Jamaica, have reported similar trends more recently. Thirty-nine percent of people who die from road traffic injuries in the Region are vulnerable users (pedestrians, cyclists, or motorcyclists), while 47% are motor vehicle occupants, particularly in North America, which has the highest rate (74%). The pedestrian death rate is over 50% in some countries, such as El Salvador (63%) and Peru (78%).

10. In addition to the suffering that traffic injuries and deaths cause to victims and their families, these injuries place an excessive burden on the health services and generate a high cost for society as a whole. In the United States, costs related to traffic injuries were in excess of US\$ 99 million in 2005. In that same year in Brazil, another study found that the cost of traffic injuries was \$10 million per year, equivalent to 1.2% of the country's gross domestic product (GDP). In Belize, a study with data from 2007 estimates a total economic cost of \$11 million, representing 0.9% of GDP.

11. Some 80% of the Region's population lives in urban areas. Urbanization has been rapid and haphazard, resulting in major challenges for urban planning and road safety.

12. In order to make travel in the Region safer, PAHO is working with WHO to strengthen activities in the Region. It has also brought in a series of global and regional partners such as the Economic Commission for Latin America and the Caribbean (ECLAC), the Inter-American Development Bank (IDB), the Andean Development Corporation (ADC), bilateral and multilateral organizations, civil society organizations, foundations (Bloomberg Philanthropies), and the private sector with a view to adopting an intersectoral policy for the issue of road safety.

Proposal

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

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

Road Safety Action Plan (2012-2017)

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

Indicator

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

Activities

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

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

Indicators

- Number of countries with maximum urban speed limits of 50 km/hour. (Baseline: 20. Target: 30 by 2017.)
- Number of countries with speed limit enforcement programs. (Baseline: 4. Target: 15 by 2017.)
- Number of countries and cities that have set blood alcohol limits for drivers equal to or less than 0.05g/dl. (Baseline: 10. Target: 20 by 2017.)
- Number of countries with programs that ban driving under the influence of alcohol. (Baseline: 4. Target: 15 by 2017.)
- Number of countries with laws on compulsory helmet use for all motorcycle occupants. (Baseline: 12. Target: 25 by 2017.)
- Number of countries with programs to promote and enforce helmet use. (Baseline: 13. Target: 25 by 2017.)
- Number of countries with laws on compulsory seat belt use for all vehicle occupants. (Baseline: 20. Target: 30 by 2017.)
- Number of countries with a program to promote and enforce seat belt use (Baseline: 18. Target: 30 by 2017.)
- Number of countries with laws on the mandatory use of child restraint systems in vehicles. (Baseline: 21. Target: 30 by 2017.)
- Number of countries with programs to promote and enforce the use of child restraint systems. (Baseline: 5. Target: 15 by 2017.)

Activities

Speed

- 2.1 Recommend the setting of speed limits that protect the most vulnerable road users from injuries and death (pedestrians, cyclists and motorcyclists), especially in urban areas, where speed limits should not exceed 50 km/h and should be reduced to 30 km/h in school zones. This recommendation is based on that of the WHO *World Report on Road Traffic Injury Prevention 2004*.
- 2.2 Promote, in an intersectoral manner, policies to decentralize road safety management so that local governments have the capacity to lower national speed limits.
- 2.3 Promote public awareness and understanding of the effects of speed and the reasons for setting speed limits.

Consumption of alcohol and other psychoactive substances

- 2.4 Advise lawmakers on the enactment of laws stipulating allowable blood alcohol levels for drivers of equal to or less than 0.05 g/dl, and promote their strict enforcement.
- 2.5 Advise lawmakers on the importance of setting blood alcohol limits equal to or lower than 0.02g g/dl for young drivers.
- 2.6 Promote enforcement of the law to ensure that offenders do not go unpunished, setting up police checkpoints (also known as “sobriety checkpoints”) to test blood alcohol levels at pre-established locations and random alcohol testing on public roadways. These types of measures are extremely cost-effective and reduce crashes by as much as 20%.
- 2.7 Promote the design and implementation of public policies to reduce general alcohol consumption of proven effectiveness in improving road safety, such as: tax and price increases, regulation of alcoholic beverage sales (restrictions on hours, days, locations, and sales to minors), and regulations on alcohol advertising and promotion.
- 2.8 Promote the creation of programs that ban driving under the influence of other psychoactive substances (for example, recreational drugs).
- 2.9 Advise legislators for the enactment of laws that regulate driving under the influence of other substances (for example, recreational drugs).

Helmets

- 2.10 Advise lawmakers on the enactment of laws that make helmet use compulsory for all passengers of two- or three-wheeled motor vehicles and bicycles, and ensure that helmets meet quality standards.
- 2.11 Promote compliance with the law, working in hand in hand with government law enforcement entities.
- 2.12 Support the transit sector in setting up a data collection system on helmet use rates.

Seat belts and child safety seats for the transportation of children

- 2.13 Promote the enactment of laws requiring automobile manufacturers and importers to equip all vehicles with seat belts for every seat.
- 2.14 Promote stricter laws and stepped up efforts to ensure that seat belts are used by all vehicle occupants.
- 2.15 Support the transit sector in setting up data collection systems on seat belt use rates.
- 2.16 Undertake law enforcement initiatives in conjunction with government sectors and civil society, supported by intensive information programs in the media.

- 2.17 Support lawmakers in the enactment and enforcement of laws on the use of child safety seats that meet quality and safety standards.
- 2.18 Establish mechanisms to promote and improve access to those seats, such as protocols in maternity clinics whereby each newborn is discharged from the clinic in a child safety seat, and child safety seat donation programs.
- 2.19 Support the transit sector in setting up data collection systems on the use of child safety seats.

Distractions

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

Objective 3: Improve mass transit policies through the adoption of the principles of safety, equity, and accessibility to promote the exercise of human rights.

Indicator

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

Activities

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

Objective 4: Have organized and integrated prehospital care services for victims of road traffic injuries.

Indicator

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

Activities

- 4.1 Strengthen prehospital care services as part of integrated health services networks that include hospital and rehabilitation services.
- 4.2 Develop training strategies for community health workers in the areas of first aid, basic resuscitation and other basic techniques that reduce “inadequate post-trauma care.”

Objective 5: Improve the quality of data on road traffic injuries so that mortality and morbidity rates reflect victim characteristics.

Indicators

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

Activities

- 5.1 Improve linkages among the sectors involved in data collection and reporting on road traffic injuries to ensure that, in addition to characteristics, they document the victims’ survival status, as well as any determinants and environmental factors (such as road conditions, time of day, weather) in the crashes.
- 5.2 Improve the use of coding from the “International Statistical Classification of Diseases and Related Health Problems” (ICD-10) in vital records so that they accurately reflect the characteristics of victims of traffic accidents.
- 5.3 Increase use of the definition of death from road traffic injuries when death occurs up to 30 days following a traffic accident in order to harmonize data from different sources.
- 5.4 Improve the information on the injured who receive victim care services (prehospital, hospital, and rehabilitation).

¹ Taking into account countries that reported more than 50 nonfatal injuries per traffic fatality in the Status Report on Road Safety in the Region of the Americas, 2009.

- 5.5 Establish mechanisms to ensure that information concerning victims left with sequelae and/or physical or mental disabilities is reported.
- 5.6 Train human resources to improve the quality of information at all stages: data collection, analysis, and interpretation.

Objective 6: Promote the development of infrastructure conducive to the safe transit of all users of urban roads and highways, particularly pedestrians, cyclists, and motorcyclists, who are the most vulnerable road users.

Indicators

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

Activities

- 6.1 Recommend to the relevant sectors that they modify the current highway infrastructure, with emphasis on urban intersections, in order to better safeguard the movements of vulnerable road users such as pedestrians, cyclists, and motorcyclists.
- 6.2 Urge the health sector to promote intersectoral collaboration to support safety audits of existing infrastructure and the application of engineering solutions with demonstrated effectiveness in improving safety outcomes.
- 6.3 Support Member States to work in conjunction with the sectors responsible for road infrastructure, to require that new road projects be subject to road safety audits that include qualitative studies on traffic patterns to help justify the implementation of cost-effective measures.

Objective 7: Recommend and support the sector responsible for creating or strengthening a technical vehicle inspection system for the entire vehicle fleet, including two- or three-wheel vehicles. In addition, encourage industries to bring their safety standards into line with the recommendations of the Member States.

Indicator

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

Activities

Encourage the health sector to support the ministries responsible for:

- 7.1 Promoting enhanced technical safety requirements for new vehicles introduced on the market.
- 7.2 Emphasizing the importance of performing annual technical inspections on all vehicles in circulation to assess whether they meet safety requirements.
- 7.3 Recommending that the responsible sectors prohibit the circulation of vehicles that do not meet safety requirements.

Monitoring, analysis, and evaluation

14. This action plan contributes to the achievement of Strategic Objectives 3² and 6³ of PAHO's Strategic Plan. The expected results at the regional level to which this Plan will contribute are outlined in Annex C. Monitoring and evaluation of this Plan will be aligned with the Organization's results-based management framework and its performance monitoring and assessment processes. Progress reports will be prepared for this purpose, based on the information available at the end of each biennium.

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

Action by the Directing Council

16. The Directing Council is invited to review the information contained in this plan of action and examine the possibility of approving the draft resolution presented in Annex A.

² SO 3: To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries.

³ SO 6: To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions.

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PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



51st DIRECTING COUNCIL
63rd SESSION OF THE REGIONAL COMMITTEE

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

Provisional Agenda Item 4.4

CD51/7 (Eng.)
Annex A
ORIGINAL: SPANISH

PROPOSED RESOLUTION

PLAN OF ACTION ON ROAD SAFETY

THE 51st DIRECTING COUNCIL,

Having examined the *Plan of Action on Road Safety* (Document CD51/7);

Recognizing the burden that road traffic injuries represent in the Region of the Americas as the leading cause of death in children aged 5 to 14 and the second leading cause of death in people aged 15 to 44, as well as the urgent need to adopt public health measures and promote public policies in coordination with other sectors to reduce the burden of lost lives and suffering caused by traffic accidents;

Recalling World Health Assembly Resolution WHA57.10 (2004) on road safety and health and the resolution of the United Nations General Assembly, A/RES/58/289 (2004) on improving global road safety, the celebration of World Health Day 2004, with its emphasis on road safety, and the release of the *World Report on Road Traffic Injury Prevention*, the *Global Status Report on Road Safety*, and the status report on road safety in the Region of the Americas;

Recalling also Resolution CD48.R11 (2008) of the Directing Council of the Pan American Health Organization, *Preventing Violence and Injuries and Promoting Safety: A Call for Action in the Region*;

Recalling further that in March 2010, the United Nations General Assembly proclaimed the Decade of Action for Road Safety 2011-2020 (A/RES/64/255);

Recognizing the opportunities offered by the adoption of a public health approach that promotes multisectoral action in which the health sector plays a coordinating role in tackling the urgent need to effectively protect the poor, marginalized, and most vulnerable population, the people who are most affected by traffic accidents in the Region,

RESOLVES:

1. To adopt the *Plan of Action on Road Safety*.
2. To urge the Member States to adopt intersectoral public policies that include, among other measures, the following:
 - (a) prioritize road safety through the development of national, subnational, and local plans for the Decade of Action for Road Safety;
 - (b) improve the urban road and highway infrastructure;
 - (c) improve mass transportation policies and laws by adopting the principles of safety, equity, and accessibility to promote safety and protect the human rights of all persons;
 - (d) reduce the incidence of risk factors (speed and alcohol consumption) in traffic-related injuries and increase the use of protective equipment (helmets, seat belts, and child restraint systems in automobiles);
 - (e) set urban speed limits at up to 50 km/h; promote decentralization so that local governments can adjust speed limits; promote public awareness about the need for setting speed limits;
 - (f) adopt a maximum blood alcohol level for drivers that is equal to or less than 0.05 g/dl;
 - (g) enforce the laws on compulsory helmet use, taking quality and safety standards into account;
 - (h) enforce the laws on compulsory seat belt use, taking quality and safety standards into account, and promote seat belt use;
 - (i) enforce the laws on the compulsory use of child restraint systems in automobiles taking quality and safety standards into account, and promote the use of these systems;

- (j) establish or improve a technical vehicle inspection and testing system;
 - (k) strengthen the technical and institutional capacity for providing care to victims of road traffic injuries, particularly in the prehospitalization phase, hospital care, and rehabilitation;
 - (l) improve data on traffic accidents by designing surveillance services to increase understanding and awareness of the burden, causes, and consequences of road traffic injuries, so that victim prevention, care, and rehabilitation programs and investments can be better targeted, monitored, and evaluated;
 - (m) promote studies that yield scientific and technical information on the risks associated with distractions, both inside and outside the vehicle, that can cause traffic accidents (for example, the use of electronic devices, such as cellular phones and navigation systems; eating, drinking, or smoking while driving, and highway billboards).
3. To request the Director to:
- (a) support the Member States in their efforts to improve road safety and in the preparation of national and subnational plans for the Decade of Action for Road Safety;
 - (b) facilitate the identification and sharing of good practices for the prevention of road traffic injuries;
 - (c) encourage and support the national focal points network and foster collaboration with other networks of experts, professionals, and nongovernmental organizations;
 - (d) provide cooperation for the creation of technical and policy-making capacity to facilitate data collection and dissemination, and promote research and surveillance systems related to the prevention of road traffic injuries;
 - (e) provide technical assistance to improve prehospital treatment and care for victims of traffic accidents;
 - (f) promote associations and collaboration with international agencies, networks of experts, civil society, foundations, the private sector, and other social actors in order to further an intersectoral approach.



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CD51/7(Eng.)
Annex B

**Report on the Financial and Administrative Implications for
the Secretariat of the Proposed Resolution**

1. Agenda item: 4.4: Plan of Action on Road Safety

2. Linkage to Program Budget:

a) Area of work: Sustainable Development and Environmental Health

b) Expected result:

RER 3.1 Member States supported through technical cooperation to increase political, financial, and technical commitment to address chronic noncommunicable conditions, mental and behavioral disorders, violence, road safety, and disabilities.

Indicator

3.1.5 Number of countries implementing institutional development mechanisms (human/financial resources, training, intersectoral partnerships) related to road safety.

RER 3.2 Member States supported through technical cooperation for the development and implementation of policies, strategies, and regulations regarding chronic noncommunicable conditions, mental and behavioral disorders, violence, road safety, disabilities, and oral diseases.

Indicator

3.2.7 Number of countries implementing a multisectoral national plan to prevent road traffic injuries, aligned with PAHO/WHO guidelines.

RER 3.3 Member States supported through technical cooperation to improve capacity to collect, analyze, disseminate and use data on the magnitude, causes and consequences of chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, and disabilities.

Indicator

3.3.5 Number of countries that have a national health information system that includes indicators of road traffic injuries.

RER 3.4 Improved evidence compiled by the Bureau on the cost-effectiveness of interventions to address chronic noncommunicable conditions, mental and behavioral disorders, violence, road traffic injuries, disabilities, and oral health.

Indicator

3.4.5 Number of countries with cost analysis studies on chronic non-communicable conditions conducted and disseminated.

RER 6.5 Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs and guidelines for preventing and reducing unhealthy diets and physical inactivity, and related problems.

Indicator

6.5.2 Number of countries that have created pedestrian and bike-friendly environments, as well as physical activity promotion programs in at least one of their major cities.

3. Financial implications

(a) Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):

Five years: US\$ 2,850,000

Specifics: Staffing: \$520,346 annually, 5-year total \$2,601,730.

These resources are already budgeted in the regional office (one regional adviser), and in the offices of two countries (two posts in Mexico and two posts in Brazil). A technical post is added in the Regional Office.

Monitoring and evaluation of achievement of the targets:
\$50,000 annually, 5-year total \$250,000.

Monitoring and evaluation will be carried out using the status report on road safety in the Region of the Americas, PAHO (2009), and the reports planned for 2012 and 2014 as the baseline, and extrabudgetary resources already have been committed under an agreement signed in November 2009 between WHO and Bloomberg Philanthropies in the amount of \$250,000 for 5 years.

(b) Estimated cost for the biennium 2012-2013 (estimated to the nearest US\$ 10,000,

<p>including staff and activities): \$1,040,000 (2 years)</p> <p>(c) Of the estimated cost noted in (b), what can be subsumed under existing programmed activities? \$894,000</p>
<p>4. Administrative implications</p> <p>a) Indicate the levels of the Organization at which the work will be undertaken: Regional, subregional and at the country level.</p> <p>b) Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile): A professional post (Master's Degree in Social Sciences and/or Public Health) to provide regional technical support for coordination and monitoring of the implementation of specific projects at the country level.</p> <p>c) Time frames (indicate broad time frames for implementation and evaluation): 2012-2017</p>



PAN AMERICAN HEALTH ORGANIZATION
Pan American Sanitary Bureau, Regional Office of the
WORLD HEALTH ORGANIZATION

CD51/7 (Eng.)
 Annex C

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES
<p>1. Agenda item: 4.4: Plan of Action on Road Safety</p>
<p>2. Responsible unit: Sustainable Development and Environmental Health Area/Urban Health and Health Determinants Team</p>
<p>3. Preparing officer: Eugênia Rodrigues</p>
<p>4. List of collaborating centers and national institutions linked to this Agenda item:</p> <ul style="list-style-type: none"> • National Institute of Public Health (INSP), Cuernavaca, Mexico • Centers for Disease Control and Prevention (CDC), USA • Centre de Santé Publique et Sécurité dans les Milieux de Vie, Canada • Health and Violence Research Center, CISALVA Institute, Colombia • Center for Injury Control, Emory University, USA • International Injury Research Unit, Johns Hopkins University, USA • National Highway Traffic Safety Administration (NHTSA), USA
<p>5. Link between Agenda item Health Agenda for the Americas 2008-2017:</p> <p><u>Tackling health determinants</u></p> <p>Paragraph 40: The determinants of health should be tackled in order to effectively protect poor, marginalized, and vulnerable populations This refers to determinants that are related to a) social exclusion, b) exposure to risks, c) unplanned urbanization, and d) the effects of climate change. This approach requires revision of legislative frameworks, which currently provide adverse incentives for the improvement of health determinants.</p> <p><u>Reducing health inequalities among countries and inequities within them</u></p> <p>Paragraph 52: In trying to achieve greater equity, interventions to improve health should prioritize the poorest and most marginalized and vulnerable people. Indigenous peoples and tribal communities, as well as other groups, should be a priority. Countries should safeguard these groups' inclusion, their access to culturally acceptable health services, the collection and use of specific data for appropriate decision-making, and the full exercise of their rights as citizens. Health interventions should respond to the specific characteristics of each group.</p>

6. Link between Agenda item and Strategic Plan 2008-2012:

SO 3: To prevent and reduce disease, disability, and premature death from chronic non-communicable conditions, mental disorders, violence, and injuries

RER 3.1 Member States supported through technical cooperation to increase political, financial, and technical commitment to address chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, and disabilities.

Indicators

3.1.5 Number of countries implementing institutional development mechanisms (human/financial resources, training, intersectoral partnerships) related to road safety.

3.2.7 Number of countries implementing multisectoral national plan to prevent road traffic injuries, aligned with PAHO/WHO Guidelines.

3.3.5 Number of countries that have a national health information system that includes indicators of road traffic injuries.

RER 3.4 Improved evidence compiled by the Bureau on the cost-effectiveness of interventions to address chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, disabilities, and oral health.

Indicator

3.4.5 Number of countries with cost analysis studies on road safety conducted and disseminated.

SO 6: To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity, and unsafe sex, which affect health conditions.

RER 6.5 Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs, and guidelines for preventing and reducing unhealthy diets and physical inactivity, and related problems.

Indicator

6.5.2 Number of countries that have created pedestrian and bike-friendly environments, as well as physical activity promotion programs in at least one of their major cities.

7. Best practices in this area and examples from countries within the Region of the Americas:

The United States of America and Canada have been working for many years on a multisectoral approach to road traffic injury prevention and have succeeded in reducing deaths and injuries. Canada has one of the lowest death rates from road traffic injuries in the Region (8.8/100.000 inhabitants). Laws on drinking and driving are rigorously enforced in the United States of America, and the death rate associated with this risk factor is approximately 12%; this figure is actually low relative to that of the Latin American and Caribbean countries. In recent years, Brazil and Mexico have undertaken multisectoral initiatives to improve road safety by amending and enforcing laws related to risk factors in road traffic injuries, and initial outcomes point to a decrease in injuries and deaths. Colombia has invested in healthy spaces in major cities to improve the safety of motorcyclists by promoting the use of helmets and reflective vests and has experienced a decline in traffic-related deaths over the past decade. Initiatives are under way in South America to control drinking and driving and to improve information systems and civil society's involvement in road safety promotion activities. NGOs are working actively in the Region to improve road safety. There are examples of this in several countries, among them Argentina, Brazil, United States of America, Mexico, Uruguay, and Venezuela.

8. Financial implications of this Agenda item:

Total cost – 5 years: US\$ 2,850,000

(For further details see Annex B of this document).