



# Policies to promote safe mobility and transport for children

FACT SHEET NO. 2.5 · MAY 2007 · CODE: RPG2\_Traf\_A1

## Degree of implementation of policies aimed at preventing road traffic injuries in children and young people

This summary is based on data on 10 road traffic safety policies specifically aimed at children and young people. Data were drawn from an Environment and Health Information System (ENHIS-2) project survey of national experts dealing with transport safety policies in 27 countries in the WHO European Region in 2005–2006 (see below under Geographical coverage). Information on the health and environment context and policy relevance and an assessment of the situation in the WHO European Region is provided.

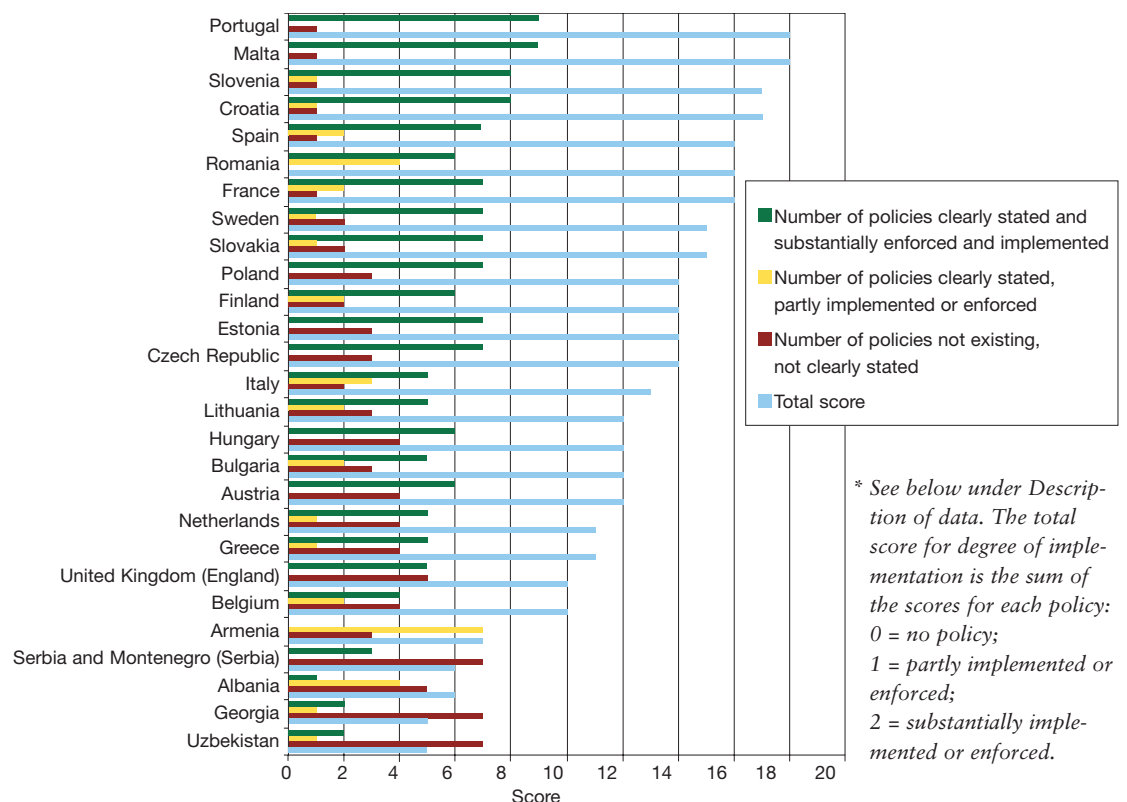
### KEY MESSAGE

☹ Road traffic injuries (RTIs) are the leading cause of death in children and young people aged 5–24 years, but are preventable if a range of evidence-supported policies are implemented and enforced. Over 50% of reporting countries have legislation and regulations in place to improve road traffic safety among children and young people. In a number of countries, the high indicator score shows a political commitment to improve road safety, although there is scope for improvement across the Region.

### RATIONALE

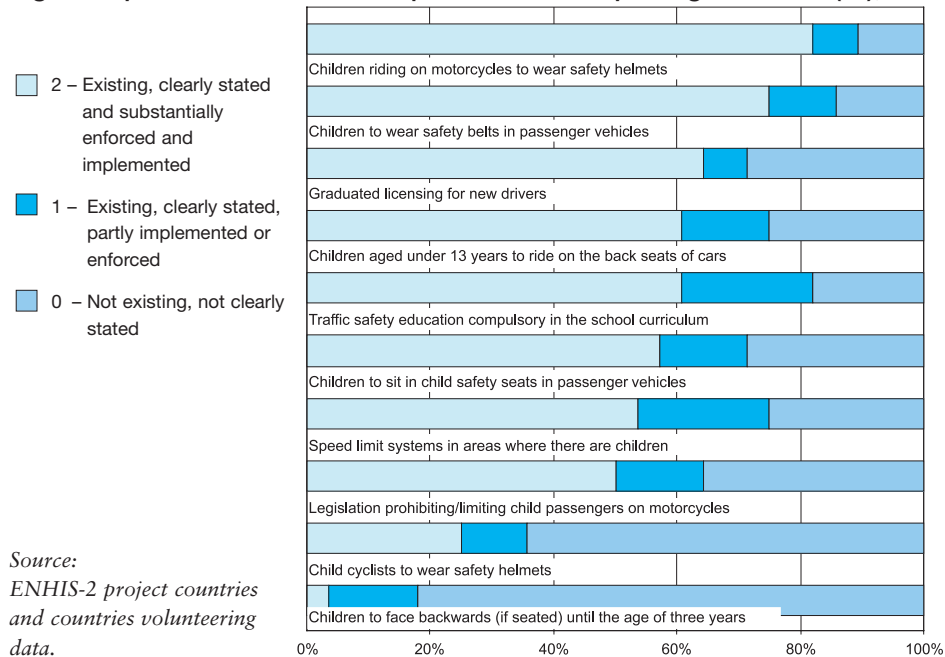
This indicator gives a snapshot of the existence, implementation and enforcement of specific national policies to promote safe mobility and transport for children in the Region, as assessed by national experts. The policy data encompass legislative, licensing and educational action.

**Fig. 1. Implementation of 10 policies\* aimed at preventing road traffic injuries in children and young people in selected European countries, 2006**



Note. Serbia and Montenegro became two separate Member States of WHO in September 2006. In this fact sheet the data refer to the period before that date and relate to the then entity of Serbia and Montenegro (Serbia).

Fig. 2. Implementation of the 10 policies in the reporting countries (%), 2006



Source: ENHIS-2 project countries and countries volunteering data.

## PRESENTATION OF DATA

Figure 1 shows the total score for implementation of the 10 policies in the reporting countries. A higher index reflects wider scope and comprehensiveness of the policies. Where European Union (EU) legislation sets the regulatory framework, for example on safety belts, similar policies are present in each country. Figure 2 shows the overall level of implementation/enforcement reported for each policy in the countries. The most widely enforced regulations cover seat belt use and safety helmets for motorcyclists. Policies with the most limited coverage are legislation on the use of bicycle helmets and rear-facing seats for children aged under three years.

## HEALTH – ENVIRONMENT CONTEXT

RTIs are a major public health problem, especially for children. Key risk factors include speeding, driving under the influence of alcohol, under- or incorrect use of seat belts and child restraints (1), failure to use helmets on motorcycles and bicycles, poor road design and roadway environment, unsafe vehicle design (especially car fronts), under-enforcement of road safety standards and poor enforcement of road safety regulations (2,3). An increasingly dangerous pedestrian environment often encourages greater use of cars, which leads to higher volumes of motorized traffic and greater risks to pedestrians. Young drivers are over-represented in certain types of crash, including single-vehicle accidents, loss-of-control accidents, accidents involving excessive speed and/or alcohol use and accidents when the driver is tired, at night and at weekends. Crashes when seat belts are

not worn and passengers are young often involve young drivers (4). As such, adolescents are a group who would benefit greatly from the introduction of effective road safety policies. Effective measures for reduction of RTIs exist and have been reviewed by the World report on road traffic injury prevention (2). Approaches include legislation on, for example, the setting and enforcing of speed limits, and programmes seeking to raise awareness and influence attitudes and behaviour. Measures include the incorporation of safety features into land use and transport planning; setting and enforcing appropriate speed limits; enactment of laws requiring seat belts and child restraints for all motor vehicle occupants; enactment of laws requiring cyclists and drivers of motorized two-wheelers to wear helmets; enactment of legislation setting blood alcohol concentration limits for drivers; and revision of the road infrastructure to improve traffic safety and to provide safer cycling and pedestrian routes and traffic calming. The most effective contribution to safer mobility and transport is to strengthen all links in the chain from the possible crash scene to the health facility. The wide range of interventions requires coordinated action by institutions and authorities in a number of sectors such as transport, public health, police, finance, education, land use and environment, with the participation of civil society, including the private sector, professionals, the media and nongovernmental organizations. In particular, infrastructural or transport authorities should be more involved with developing and implementing effective measures. This complexity requires a clear assignment of responsibilities among relevant institutions at national and local level (5), as well as multisectoral action, long-term political commitment and the allocation of appropriate human and financial resources (2).

## POLICY RELEVANCE AND CONTEXT

The increasing evidence of the significant impacts on the environment and health of unsafe transport supports the need for effective action to address transport-related issues at national and international levels. Sustainable transport enables the adoption of measures to promote cleaner and safer means of transport, such as walking and cycling. Road safety is a cornerstone of policies promoting sustainable transport (6).

In 2004, the United Nations (UN) General Assembly accepted a resolution on improving global road safety, which mandated WHO to coordinate road safety efforts across the UN system (7). In the same year, WHO launched world and European reports on road traffic injury prevention (1,8) and the World Health Assembly passed resolution WHA57/10 urging Member States to:

- integrate traffic injury prevention into public health programmes;
- assess the real burden of RTIs;
- implement a national strategy on prevention of RTIs;
- designate a single national focal point for prevention of RTIs, and facilitate multisectoral collaboration between different ministries;
- raise awareness about risk factors, in particular the effects of alcohol abuse;
- take specific measures to prevent and control mortality and morbidity from road traffic crashes, and to evaluate the impact of such measures;
- enforce existing traffic laws and regulations and work with schools, employers and other organizations to promote road safety education to drivers and pedestrians;
- legislate for and strictly enforce the wearing of helmets by motorcyclists, and make mandatory both the provision of seat belts by car manufacturers and the wearing of seatbelts by drivers (9).

In 2005, the UN General Assembly adopted a second resolution on road safety inviting member states to: implement the recommendations of the World report on road traffic injury prevention, participate in the First United Nations Global Road Safety Week, and recognize the third Sunday in November of every year as the World Day of Remembrance for Road Traffic Victims.

In 2002, a high-level meeting on transport, environment and health adopted the Transport, Health and Environment Pan-European Programme (PEP) to bring together and focus the activities of the UN Economic Commission for Europe and the WHO Regional Office for Europe on a number of key priority areas selected in the course of an intergovernmental preparatory process. These priorities and related action aim to: foster greater integration of environmental and health aspects into transport policy, address issues related to

## ASSESSMENT

urban transport, and promote a shift towards more sustainable modes of transport. In addressing these priorities, the PEP pays special attention to the needs of the countries in eastern and south-eastern Europe, the Caucasus and central Asia, as well as ecologically sensitive areas (10).

In 2004, the Fourth Ministerial Conference on Environment and Health adopted the Children's Health and Environment Action Plan for Europe, which includes four regional priority goals to reduce the burden of environment-related diseases in children. One of the goals (RPG II) aims to reduce mortality and morbidity from injuries, including from RTIs, and to ensure the provision of safe conditions which also facilitate more physical activity among children (11).

In 2005, the WHO Regional Committee for Europe adopted a resolution on the prevention of injuries in the Region (EUR/RC55/R9) (12). This urged Member States to give high priority to the prevention of violence and unintentional injury by: developing national action plans and surveillance, strengthening capacity to address injuries, promoting research on and implementation of effective interventions for prevention and care of victims; and supporting the network of national focal persons for violence and injury prevention.

The EU 2001 Transport White Paper sets out an ambitious action programme from 2001 to 2010 aiming to reducing road fatalities by 50% by 2010 (13). In 2003, this target was repeated in the European road safety action programme, which introduced the concept of shared responsibility (14).

The Working Party on Accidents and Injuries set up by the European Commission (EC) Directorate-General for Health and Consumer Protection to support road safety from a public health point of view published a final statement in 2005 with strategies for action and road safety. This advises that prevention action should be focused on vulnerable users, capacity-building, and inclusion in programmes for health promotion, delivery of health care and evaluation (3).

Overall, the prevention of injuries and creation of a safer Europe are of high public health priority in European policy-making, as emphasized by EC Communication of 23.6.2006 on Actions for a Safer Europe and the adoption by the European Parliament in December 2006 of a Council Recommendation on the prevention of injury and the promotion of safety (15,16). This recommends Member States to: (i) develop a national injury surveillance and reporting system; (ii) set up national plans for preventing accidents and injuries and initiate interdepartmental cooperation; and (iii) ensure that injury prevention and safety promotion is introduced systematically into the vocational training of health care professionals.

Twenty-seven of the twenty-eight countries reported action under national policies to promote safe mobility and transport for children. Legislation for child safety belt usage is included in road safety legislation and regulations and is to a large extent enforced and implemented. Most countries enforce the wearing of safety belts. Malta, Slovakia and the United Kingdom (England) have specific regulations covering the use of seatbelts. Legislation ensuring that children aged under 13 years ride on the back seats of cars is less widely implemented and enforced, and the majority of countries have no policy requiring seated children to face backwards until the age of three years. Only Portugal fully enforces this policy.

Legislation covering the wearing of safety helmets when riding in motorcycles is included in traffic laws and regulations in almost all reporting countries. Only 10 countries, however, legislate for the wearing of safety helmets by children for cycling, and of these, only seven (the Czech Republic, Croatia, Finland, Malta, Portugal, Romania and Sweden) substantially implement and enforce the legislation (in Portugal this legislation only applies to child passengers on bicycles). This is an important area for coordinated action: children are exposed to dangerous traffic situations when cycling and preventive action should be taken to ensure that they are safe when cycling.

About 75% of countries have speed limits in areas where children may come into contact with traffic, but only around 54% substantially implement and enforce them. Further enforcement is required, and attention should focus particularly on the extension of areas where the speed limit is below 30 km/h as well as the setting of speed limits in urban areas, which remain at 60 km/h in some countries. Scientific consensus suggests this should be reduced (17,18).

Traffic safety education is included in school curricula in many countries, frequently as part of legislation on education. In some instances it is part of traffic safety law. However, evidence suggests that education is not effective in isolation and must be part of a comprehensive package of road safety policies.

Graduated licensing for new drivers is regulated by legislation on traffic, specifically in acts covering drivers' licences, for example, in Austria, Malta, Slovakia and Sweden. Countries with special regulations for traffic education and graduated drivers' licences have usually created these policies recently.

Overall, legislation and regulations on road safety were developed earlier in the countries belonging to the EU before May 2004 (EU15) than in the new member states and in other areas of the WHO European Region. For example, Hungary has had traffic policies and regulations aimed at reducing the risks for children since 1975, Serbia and Montenegro

(Serbia) since 1988 and Lithuania since 2002. The lower RTI mortality rates reported by several of the EU15 may, therefore, reflect a comparatively longer-term investment in road safety. If so, the effects of more recent policy developments in other countries should become visible in the coming years.

This indicator only considers policies focused specifically on children and young people. Many policies for the general population, such as those on drink-driving, also benefit children and young people.

The indicator should be interpreted cautiously: a high score does not necessarily mean that the most effective package of preventive policies is in place. In the medium to long term, the ultimate assessment of the effectiveness of a policy is represented by outcome indicators, such as trends in RTIs and the resulting deaths.

## DATA UNDERLYING THE INDICATOR

### Data source

Experts working in environment and public health institutions dealing with transport safety policies in ENHIS-2 countries and countries volunteering information (see below under Geographical coverage).

### Description of data

This indicator was developed in collaboration with the Child Safety Action Plan, a project of the European Child Safety Alliance (EUROSAFE). The 10 policies under scrutiny are:

1. children to sit in EU-approved child safety seats in passenger vehicles (up to age 12 years or by weight, although the type of seat required obviously varies with age);
2. children to wear safety belts when riding in passenger vehicles;
3. children aged under 13 years to ride on the back seats of cars;
4. children to face backwards (if seated) until the age of three years;
5. child cyclists to wear safety helmets;
6. legislation prohibiting/limiting child passengers on motorcycles;
7. children riding on motorcycles to wear safety helmets;
8. speed limit systems (such as traffic calming and 30 km/hr speed limits in residential areas or in areas where there are many children) specifically aimed at protecting children in areas where they are present (schools, playgrounds, etc.);
9. traffic safety education (including pedestrian education) compulsory in the school curriculum;
10. graduated licensing for new drivers.

The underlying data and descriptive information on the level of implementation and enforcement of the 10 policies are given in ENHIS-2 database.

### Method of calculating the indicator

This indicator is computed as the sum of scores given to 10 policies. The score for each policy has a range from 0 to 2: 0 = no policy, 1 = existing legislation, clearly stated and partially implemented or enforced, 2 = existing legislation, clearly stated and substantially implemented or enforced.

### Geographical coverage

ENHIS-2 project countries (Austria, Bulgaria, the Czech Republic, Estonia, Finland, France, Greece, Hungary, Italy, Lithuania, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia and Spain) and countries that volunteered information (Albania, Armenia, Bel-

gium, Croatia, Georgia, Malta, Serbia and Montenegro (Serbia), Sweden, the United Kingdom (England) and Uzbekistan).

### Period of coverage

Snapshot, 2005–2006.

### Data quality

The final score of this composite policy indicator needs to be interpreted with care. Countries with the same indicator score do not necessarily have the same policies and the same level of implementation. In addition, since the definitions are semi-quantitative, it is difficult to get a precise assessment of the actual implementation and coverage of the programmes. Because of these limitations, it is equally important to

examine each of the indicator's components in addition to the overall score when interpreting results and drawing conclusions. For example, the effectiveness of policies resulting in reduced speeds or use of seatbelts/child restraints is far more important than that of education. Yet, this different "effectiveness weight" is not reflected in the computation of the indicators. Furthermore, high scores in this indicator should not be confused with the achievement of a better overall safety performance, which is ultimately defined by outcome indicators such as mortality and morbidity. Direct comparisons of scores between countries without examining the individual components are discouraged.

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