UNIT 6

Multisectoral collaboration

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Overview

The World report on road traffic injury prevention observes that the world faces a road safety crisis that has not been fully recognized (1). It points out that international organizations, donor countries, governments and nongovernmental organizations have important roles to play in addressing this crisis and strengthening road safety around the world. The report strongly emphasizes the use of a systems approach to the global road safety crisis. This refers not only to academic analysis of the elements or systems that contribute to road traffic injuries, but also to the need for different sectors to work together. The report notes that road safety is a shared responsibility, and calls for multisectoral collaboration. The need for collaboration was further stressed in the World Health Assembly resolution WHA57.10 on road safety and health (2), which recommends that WHO Member States should facilitate multisectoral collaboration between different ministries and sectors. This unit examines the role of multisectoral collaboration in road traffic injury prevention. It discusses the rationale for collaboration and outlines different forms and levels of collaboration for road traffic injury prevention.

Objectives

By the end of this unit, the trainee should be able to:

• explain why there is a need for multisectoral collaboration to prevent road traffic injuries;
• describe different forms of collaboration for road traffic injury prevention at international, national and local levels;
• discuss the roles that different institutions involved in road traffic injury prevention can play;
• discuss how to effectively use collaboration to strengthen efforts to prevent road traffic injuries in his or her own city, region and country.

Why collaborate?

The need for collaboration arises from the diverse nature of the problem of road traffic injuries. The problem has multiple determinants, affects many people and sectors, and requires action by different sectors. Many sectors are involved in road safety (Figure 6.1) and it is important for them to collaborate to try and influence the likely success of road safety initiatives that are undertaken at national, regional and international levels. The benefits of multisectoral collaboration are summarized in Box 6.1.

FIGURE 6.1
The key organizations and players influencing road safety policy

What kind of collaboration can be developed?

Different forms of collaboration can be developed. Collaboration can, for example, be organized around complementary issues at international, regional, national and local levels. The issues might be research, information sharing, implementation of interventions, policy development, advocacy, support to victims and their families, fund-raising and capacity development. Collaboration can also be formal or informal. We provide examples of these forms on the next pages.
BOX 6.1

What can collaboration in road safety deliver?

- increased access to resources
- more efficient use of resources
- enhancement of accountability
- development of innovations
- broadened awareness
- lasting relationships
- sustainable development of activities
- broad sharing of responsibility for different activities
- stronger ownership by stakeholders
- use of strengths of different partners
- sharing of knowledge and technology
- better balanced design of projects

Source: reference 3.

International collaboration

The World report on road traffic injury prevention observes that although joint international road safety efforts had taken place in the past, there had been little coordinated planning between the agencies involved on a large scale (1). No international lead agency took responsibility for ensuring that such coordinated planning was in place. The report calls for a change in this situation so that responsibility is clearly assigned, specific roles are allocated to specific agencies, duplication is avoided and a firm commitment is made to produce and implement a global plan for road safety. The United Nations General Assembly and World Health Assembly have responded to this challenge and there is now a growing United Nations Road Safety Collaboration (Box 6.2).

BOX 6.2

United Nations Road Safety Collaboration

Since the adoption in 2004 of United Nations General Assembly resolution 58/289 on Improving global road safety (4), WHO has been actively involved in coordinating road safety within the United Nations system. The United Nations resolution invited WHO, in collaboration with the United Nations regional commissions, to coordinate road safety efforts among the United Nations agencies. Having accepted this mandate, WHO has facilitated the development of a group of United Nations and other international road safety organizations – now referred to as the “United Nations Road Safety Collaboration”. As at February 2006, this group comprised over 40 agencies, including 11 United Nations entities. The number and range of participating organizations (governmental and nongovernmental organizations, donors, research agencies, and the private sector) from the transport, health, and safety sectors attest to the broad support for this collaborative effort. The group has articulated common objectives for its work, which include addressing the main risk factors identified in the World report on road traffic injury prevention (1).
There are other kinds of international collaboration. For example, the Global Road Safety Partnership is a global partnership between business, civil society and governmental organizations collaborating to improve road safety conditions around the world. The Global Road Safety Partnership is one of four Business Partners for Development programmes initiated by the World Bank. Business Partners for Development is a project-based initiative that studies, supports and promotes strategic examples of partnerships for the development of communities around the world.

**National multi-agency coordination**

In many countries, responsibilities for road safety are spread over different levels of government. In most countries, road safety programmes have the following arrangements:

- Ministries of public works and associated agencies are responsible for provision and maintenance of roads.
- Ministries of transport are responsible for traffic laws and regulations, and for certification of vehicles and drivers. In some countries, some of these activities may be the responsibility of the police department.
- Ministries of the interior are responsible for the enactment of laws and their enforcement in traffic, and the education of drivers and the other road users.
- Ministries of education are responsible for road safety education.
- Ministries of health are responsible for emergency medical services, hospital treatment and rehabilitation of disabled people.
- Ministries of finance are responsible for the allocation of sufficient resources to the relevant agencies.

Though the government sector has a responsibility for promoting and ensuring road safety, it is essential that all the other players also be involved as partners in this activity, in order to increase the potential for better results. The development of multisectoral institutional capacity, both in the governmental and nongovernmental spheres, is key to developing road safety, and can only be delivered by a national political commitment. To get all organizations and individuals together, it is important to have mechanisms that make it possible for this to happen. A lead agency in government should be identified to guide the national road safety effort. This is discussed in Unit 7.

### Activity

**Task**

Prepare a two-page summary on any form of multisectoral collaboration on road traffic injury prevention you know of in your country. In your summary, indicate the aim, objectives, activities, achievements and challenges faced.

**Expected results**

This exercise is intended to assist the trainees with assessing the role of collaboration on road traffic injury prevention. This should make them appreciate both the benefits and challenges of collaboration on road traffic injury prevention. They can describe collaboration on research, advocacy, an intervention and capacity building. The trainees can also work in groups of three to four persons so that they complement each other’s knowledge.

### Local community-based collaboration

People’s potential for improving their own situation is enormous. The concept of community involvement in health and development has been promoted to counter strategies that fail to involve people in creatively thinking and contributing to finding solutions to problems that society faces. An avenue for community participation can be through the primary care programmes and training of community health workers, nongovernmental organizations, community-based organizations and other grassroots groups.

Road safety projects need to be supported and initiated by communities that live in different parts of a nation. The government and municipal bodies of a city or province can form an active association with all stakeholders, including nongovernmental organizations, researchers in universities, hospitals and policy-makers, to work on programmes for the
prevention of road traffic injuries. An example of an effort at securing the involvement of different sectors of the local community in injury prevention, including road traffic injuries, is the Safe Community Movement (Box 6.3). Another effort at collaboration that has mobilized members of the community for advocacy is provided by Mothers Against Drunk Drivers (Box 6.4).

**BOX 6.3**

**Safe Community Movement**

The Safe Community movement started in Sweden at the end of the 1980s, following the first World Conference on Accident and Injury Prevention, held in Stockholm, Sweden, in 1989. More than 500 delegates from 50 countries participated. A major premise of the meeting was that community-level programmes for injury prevention are key to reducing injuries. At the conclusion of the conference, a “Manifesto for Safe Communities” was issued, summarizing important principles for injury control. The Safe Community movement has been developed by the WHO Collaborating Centre on Community Safety Promotion at the Karolinska Institute in Sweden. A safe community can be a municipality, a county, a city, or a district of a city, working with safety promotion, and injury, violence and suicide prevention. The programme can cover all age groups, genders and areas. The movement recognizes that it is the people who live and work in a community who have a good understanding of their community’s needs, problems, assets and capacities. The involvement and commitment of community members are important in identifying and mobilizing resources for effective, comprehensive and coordinated community-based action on injuries. To date, 83 communities have been designated as members of the Safe Community Network.

Source: reference 5.

**BOX 6.4**

**Mothers Against Drunk Drivers**

The mission of Mothers Against Drunk Drivers is to stop drunk driving, support the victims of this violent crime, and prevent under-age drinking. The organization was founded in May 1980, in California, United States of America, by Candy Lightner after her 13 year old daughter was hit by a drunk driver, who happened to be a repeat offender. Chapters were quickly started across the United States in the early 1980s. Mothers Against Drunk Drivers is today one of the key road safety advocacy groups in the United States, as well as in other countries such as Australia, Canada, New Zealand, and the United Kingdom.

In the 1980s, Mothers Against Drunk Drivers popularized the concept of “designated drivers.” Today, it is a household term, and bars and restaurants nationwide ask patrons to “designate a driver.” Grassroots activism by Mothers Against Drunk Drivers has resulted in the passage of a number of federal and state anti-drunk driving laws in the United States. The organization’s most well-known legislative campaign accomplishment came in 1984 when a United States federal law required all states to increase the legal drinking age to 21 or else lose highway funding. In the mid-1980s, Mothers Against Drunk Drivers launched an anti-impaired driving campaign and also undertook a legislative agenda that focused on administrative licence revocation, open container laws, a maximum blood alcohol content of 0.08%, a victim’s bill of rights, compensation for victims of crime, and several other measures.

Research collaboration

There are gaps in knowledge on road traffic injuries that need to be addressed through research. Research collaboration can take a number of forms, for example:

- providing a mechanism of sharing knowledge and experience among researchers and institutes in a country;
- establishing a form of sharing information on the funding of research projects by donors;
- bringing together researchers and institutions in different countries in a networking arrangement.

Research collaboration can play an important role in sharing knowledge, experience, expertise and resources. It can reduce unnecessary duplication of efforts. Two examples of research collaboration in road traffic injuries are the Injury Prevention Initiative for Africa (Box 6.5) and the Road Traffic Injuries Research Network (Box 6.6).

Key points

- The need for collaboration arises from the diverse nature of the problem of road traffic injuries. The problem has multiple determinants, affects many people and sectors, and requires action by different sectors.
- Multisectoral collaboration has benefits such as increasing access to resources, sharing responsibilities and strengthening ownership of activities by stakeholders.
- Collaboration on road safety needs to be organized around complementary issues at international, regional, national and local levels.

Definitions of key concepts

- Partnership: collaboration between two or more persons and groups who agree to pool talent and resources, and share benefits. The partnership may be formal or informal. In some cases, a contract or agreement is signed.
- Network: an interconnected system of people and groups collaborating on an issue. Like partnership, the network may be formal or informal, and may involve signing a contract or an agreement.

BOX 6.5

Injury Prevention Initiative for Africa

The Injury Prevention Initiative for Africa is a nongovernmental organization that was established in 1997 to promote safety and injury research in Africa. It does this by:

- conducting research on epidemiology and control of all types of injuries;
- developing and conducting training programmes in injury epidemiology, surveillance, prevention and acute care;
- promoting advocacy for the prevention and control of injury;
- facilitating the exchange of knowledge on injuries in Africa;
- providing liaison between African and international stakeholders in injury control.

The current membership of this Initiative comprises individuals from 14 African countries: Egypt, Eritrea, Ethiopia, Ghana, Kenya, Mauritius, Mozambique, Nigeria, Rwanda, South Africa, Uganda, United Republic of Tanzania, Zambia, and Zimbabwe. The Injury Prevention Initiative for Africa is supported mainly by funding from WHO and the Canadian Network of Surgeons International.

Source: reference 7.
Questions to think about

a) Based on your work experience, describe a collaboration project that you have participated in. What were the main objectives of the project? How many people were involved, and what were their work and training backgrounds? Were the project objectives achieved? If they were, explain the role played by each member of the project.

b) Discuss the roles of the different sectors involved in road traffic injury prevention in your country. How well do these sectors collaborate in your country? What areas of collaboration need to be improved? What improvements do you recommend?

c) Identify and discuss the challenges that professionals with an interest in international collaboration on preventing road traffic injuries face. How can these challenges be addressed?

References


Further reading


Trainee’s evaluation of Unit 6: Multisectoral collaboration to prevent road traffic injuries

This form is to be completed by the trainee at the end of this unit to assess the content and approach used. This evaluation is helpful to the trainee, trainer and developer of this manual.

1. To what extent did you achieve the objectives set for this unit? (Please check once using “X” for each objective)

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<th>Objectives</th>
<th>Completely successful</th>
<th>Generally successful</th>
<th>Completely unsuccessful</th>
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<td>Explain why there is a need for multisectoral collaboration to prevent road traffic injuries.</td>
<td></td>
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<tr>
<td>Describe different forms of collaboration for road traffic injury prevention at international, national and local levels.</td>
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<tr>
<td>Discuss the roles that different institutions involved in road traffic injury prevention can play.</td>
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<tr>
<td>Discuss how to effectively use collaboration to strengthen efforts to prevent road traffic injuries in his or her own city, region and country.</td>
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</table>

2. What is your overall rating of the content presented in this unit? (Please check one using “X”)

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<th>Better than expected</th>
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3. How do you rate the balance between theoretical and practical content in this unit? (Please check one using “X”)

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4. a) Did you find the activities presented in the unit helpful? (Please check one)

   Yes_______ No________

b) If yes, in what ways were they helpful? What improvements do you suggest?
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c) If no, what were the shortcomings? What suggestions do you have to make them helpful?

  ______________________________________________________

5. What did you like most about the unit?

  ______________________________________________________

6. What did you like least about the unit?

  ______________________________________________________

7. What did you learn most from this unit?

  ______________________________________________________

8. Explain how your organization, community, city and country, and other interested parties will benefit from your having read this unit.

  ______________________________________________________

9. What do you think should be added to this unit?

  ______________________________________________________

10. What do you think should be dropped from this unit?

  ______________________________________________________