The panelists described the large public health impact of road traffic crashes. Dr Cordova acknowledged the importance of combating an epidemic as the one from H1N1 but stressed that the public health impact of road traffic crashes is larger. In Jamaica, 7% of the health budget goes to treatment of victims of road traffic crashes and in the US road traffic injuries costs billions of dollars annually.

The role of the health sector was discussed in several areas:

1. Providing care to the victims through emergency trauma care (with examples from Oman, the Russian Federation and the Red Crescent and Red Cross); longer term rehabilitation (Handicap International), as well as mental health support (US)
2. Data collection was illustrated through examples from Oman, Cambodia and the US. Health is best placed to provide data on deaths, injuries and disability. It can also contribute to such issues as the economic costs, or wearing rates of helmets or seatbelts
3. Policy: the health sector can contribute to the development of legislation and national or local policies
4. Prevention: as is done in Mexico and other countries, the health sector can contribute to behavioral changes among road users
5. Finally, the health sector sees first hand the damage caused by the lack of road safety. It has therefore an important role in advocacy

The importance of multisectoral collaboration was also stressed including through the example of Jamaica. No sector can address the issue alone or in isolation.

Panelists made recommendations on the role of the health sector during the Decade of Action. They called in particular for:

1. a more active involvement of the health sector in all countries
2. action based on solid scientific data
3. strengthening multi sectoral collaboration
4. further developing emergency and longer term trauma care