China is undergoing rapid motorization and urbanization. As a consequence, hundreds of thousands of people lose their lives every year due to road traffic crashes. According to the results of the 3rd National Retrospective Survey on Causes of Death, the road traffic fatality rate was 15.2 (per 100 000 population) and 15.3 (per 100 000 population) in 2004 and 2005, respectively. That means between 197,600 and 198,770 people died as a result of a road traffic collision in those two years.

Road traffic injuries are the leading cause of death for persons aged 15–44 years and this age group account for more than half of the deaths. In addition to the high death toll, in excess of half a million people sustain non-fatal injuries on Chinese roads every year.

Road safety in China must be tackled by a systematic approach where all relevant factors related to the road environment, the vehicle and the users are seen as contributors to crash, injury and death.

In rural areas, most of those killed are vulnerable road users – riders of motorbikes or bicycles as well as pedestrians – while in cities, drivers and passengers of cars are most at risk. Between 1990 and 2008, the number of motor vehicles in China jumped 11-fold, and the rate of motor vehicle ownership per thousand population increased 9-fold. With such rapid motorization much attention needs to be paid to improving the awareness of road users to the risks as well as to adhering to the rules of the road.
The overall goal of RS10 China is to support the Chinese Government to implement good practices in road safety in line with the national road safety strategy. The focus of the project will be on drink–driving as well as speeding in the two implementation sites with the aim of reducing these two risk factors and thus saving lives.

The objectives of the project in China are to:
- Develop or strengthen appropriate road safety legislation;
- Increase public awareness around the two risk factors through the development and implementation of a mass media campaign;
- Improve enforcement in the two project cities through capacity development and training;
- Increase the capacity of local organizations to advocate and raise awareness about road safety and targeted interventions; and
- Monitor and evaluate the impact of the interventions.

Activities to be implemented during the first phase (2010–2011) of the project include:
- Reviewing and evaluating road safety policies on drink–driving and speeding and recommending amendments.
- Developing and improving the information collecting system on road traffic injury in two project cities in order to monitor and evaluate the impact of the project.
- Strengthening the enforcement capacity for drink–driving and speeding through a series of workshops and other training programmes for police.
- Advocating, educating and communicating to the general public about drink–driving and speeding through appropriate social marketing strategies and expanded enforcement programmes.
- Evaluating the road infrastructure in each site.
- Building capacity on road safety among professionals.

### Drink–driving law

| BAC limit – general population | 0.02 g/dl |
| Random breath testing and/or police checkpoints | Yes |
| Road traffic deaths involving alcohol | 4% |

### Speeding laws

| Set nationally | Yes |
| Amendable by local authorities | Yes |
| Maximum limit (urban roads) | 50km/h |
| Maximum limit (rural roads) | 70km/h |

### Project implementation sites:
The project is being implemented in Dalian in Liaoning province and Suzhou in Jiangsu province both of which are also Healthy Cities.

- **Dalian – Liaoning Province**
  - Population (2009): 6,170,000

- **Suzhou – Jiangsu Province**
  - Population (2009): 6,332,900

The boundaries shown on the map do not imply the expression of any opinion whatsoever on the part of the WHO concerning the legal status of the country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

© World Health Organization

Department of Injuries and Violence Prevention and Disability, 2010