What works

Motorcycle helmets
- Using a motorcycle helmet correctly decreases the risk of death by about 40% and the risk of severe injuries by about 70%.
- When motorcycle helmet laws are enforced effectively wearing rates can increase to >90%.

Seat-belts
- Seat-belt use reduces the risk of serious and fatal injury by 40-65% among front-seat occupants and up to 75% among rear-seat occupants.
- Mandatory seat-belt laws, their enforcement and appropriate public awareness campaigns are effective in increasing rates of seat-belt wearing.

Drink–driving
- Drinking and driving increases both the risk of a crash and the likelihood that death or serious injury will result.
- The risk of involvement in a crash increases significantly above a blood alcohol concentration (BAC) of 0.04 g/dl.
- Enforcing sobriety checkpoints and random breath-testing can lead to reductions in alcohol-related crashes of about 20%.

Speed management
- A 5% increase in average speed leads to a 10% increase in crashes that cause injuries, and a 20% increase in fatal crashes.
- Speed is an important contributor in crashes involving vulnerable road users.
- Speed limits on urban roads should not exceed 50 km/h, while zones of 30km/h can reduce crash risk and injury severity and are recommended in areas where vulnerable road users are particularly at risk.

Trauma care
- Improvements in prehospital and trauma care could save as many as half a million of the 1.3 million people who die each year from road traffic crashes around the world.
- Strengthening trauma care systems can lower in-hospital mortality by up to 20%.

Data systems
- A robust road traffic injury data system combined with vital registration and hospital-based surveillance is essential to monitor progress and impact.
OVERALL GOAL OF RS10

The overall goal of the RS10 project is to support the governments in the 10 project countries to implement good practices in road safety in line with their national road safety strategies. This will be achieved primarily by focusing on behavioural risk factors, trauma care and data information system improvement.

Indicators

Outcome indicators
- Deaths
- Injuries by type
- Crashes

Intermediate indicators
- Helmet wearing rates and extent of helmets used that conform to a standard
- Seat-belt wearing rates determined through roadside surveys
- Proportion of alcohol attributable deaths
- Rates of speeding through observational studies
- Penalties / infringements issued

Process indicators
- Number of workshops conducted for each activity, number of people trained
- Number of motorcycle helmets distributed
- Media coverage
- National strategies and use of targets
- Legislation on particular risk factors

Activities
- Reviewing the current road safety legislation and proposing appropriate amendments where necessary.
- Developing road safety social marketing campaigns relating to specific risk factors to be addressed nationally and in specific intervention sites. These are aimed at sensitizing the general public about particularly risky behaviour, or at increasing their awareness about enforcement;
- Procuring equipment relating to the identified risk factors (e.g. alcohol breathalyzers, speed radars) and training police in their use;
- Training police in enhanced enforcement practices and supporting the implementation there of;
- Training other road safety personnel including health care workers about road traffic injury prevention;
- Improving the road traffic data information systems in two countries;
- Assessing the prehospital and trauma care needs in two countries and addressing these through training, provision of equipment, monitoring, etc.; and
- Ongoing monitoring of key indicators in the intervention sites.

International Consortium partners:
The World Health Organization (WHO) is responsible for overall coordination of the consortium partners; providing financial and technical support to elements relating to social marketing, legislative review and revision, and the procurement of enforcement equipment in all 10 countries as well as trauma care and data system improvement in two countries.
Contact: Dr Margie Peden
Email: pedenn@who.int

The Global Road Safety Partnership (GRSP) is responsible for capacity development of different stakeholder groups, in particular through a series of workshops relating to particular risk factors and strategies to address these in all 10 countries.
Contact: Ms Gayle di Pietro
Email: gayle.dipietro@ifrc.org

The International Injury Research Center from Johns Hopkins University (JHU) is responsible for ongoing monitoring and impact/outcome evaluation of the programme in all 10 countries as well as the development of a capacity development package for health care workers.
Contact: Dr Adnan Hyder
Email: ahyder@jhsph.edu

The Association for Safe International Road Travel (ASIRT) is responsible for engaging the nongovernmental organizations in Kenya, Turkey and Egypt and working with the media to promote road safety.
Contact: Mrs Rochelle Sobel
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