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PROGRESS REPORT ON THE IMPLEMENTATION OF THE DECADE OF ACTION FOR ROAD SAFETY IN THE AFRICAN REGION

Information Document

CONTENTS

<table>
<thead>
<tr>
<th>Paragraphs</th>
</tr>
</thead>
<tbody>
<tr>
<td>BACKGROUND</td>
</tr>
<tr>
<td>PROGRESS MADE/ACTIONS TAKEN</td>
</tr>
<tr>
<td>NEXT STEPS</td>
</tr>
</tbody>
</table>
BACKGROUND


2. The Decade focused on five pillars: road safety management; safer roads and mobility; safer vehicles; road user behaviour; and post-crash care. The Decade called for improving the quality of data collection for road traffic injuries and mortality, and enhancing multisectoral collaboration to raise awareness and mobilize resources. A report reflecting the status of implementation of the Decade in the WHO African Region was presented to the Sixty-seventh session of the Regional Committee for Africa.

3. The road traffic death rate in the Region remains the highest in the world, rising from 26.6 to 27.2 per 100,000 population between 2015 and 2019, although great disparities exist between Member States.

4. This report is the second progress report on the implementation of the Decade of Action (2011–2020) in the Region. The available statistics are from the 2018 Global status report on road safety. The Region is currently conducting the fifth round of the global status report to be published in October 2023.

PROGRESS MADE/ACTIONS TAKEN

5. The 2020 target of halving road fatalities by 50% was not achieved across the African Region. This is a reflection of persisting weaknesses in all five pillars necessary to ensure road safety.

6. According to the 2018 report, 41 (93%) Member States had a lead national agency dedicated to road safety and 28 (64%) countries had a national strategy for road safety. However, funding and implementation of the strategies were inadequate, as were intersectoral collaboration and coordination mechanisms.

7. Best practices for safer road infrastructure include requiring all Member States to conduct audits on minimum standards and establishing design standards for road infrastructure. Twenty-one (48%)

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5 All 44 countries participating in the survey, all except Cameroon, Guinea-Bissau and Sao Tome and Principe.

6 Angola, Botswana, Burkina Faso, Cabo Verde, Cameroon, Chad, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Ethiopia, Gabon, Ghana, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Senegal, Seychelles, South Africa, Uganda, United Republic of Tanzania.
Member States\(^7\) require audits on minimum standards for new and existing road infrastructure, while 35 (80%)\(^8\) have design standards for the safety of pedestrians and cyclists.

8. None of the Member States surveyed implemented all the eight most recommended vehicle safety standards.\(^7\) Only South Africa implemented four out of eight safety standards; all others implemented none, or only one safety standard.

9. Policies, and more importantly enforcement to prevent major risk factors for road traffic injuries are lacking in most Member States. According to the report, only seven Member States (16%) meet the best practice requirements for speed laws, one (2%) for drink driving, eight (15%) for helmet use, 16 (36%) for seat belts and one (2%) for child restraint laws.\(^10\),\(^11\)

10. Implementing the recommended best practice for post-crash care was limited in many Member States. Sixteen\(^12\) out of 44 surveyed have a single national emergency number for timely and coordinated emergency response. Eighteen (41%) Member States\(^13\) have a formal certification for pre-hospital providers\(^14\) and nine (20%) Member States\(^15\) have conducted a national assessment of emergency care systems, both measures intended for improved quality of pre-hospital and trauma care.

11. The quality and completeness of road traffic data in the African Region remains a major concern, with significant discrepancies between reported and WHO-estimated road traffic mortality data. Regional fatality estimates were over four times higher than reported data, which points to considerable underreporting in most Member States except five.\(^16\)

12. The legislative framework for reducing road injury risk factors remains weak, whereas the market for unregulated used vehicles is steadily growing, increasing the risks of crashes.\(^17\) Coordinated multisectoral efforts remain insufficient to improve road and vehicle safety and to establish strategies for safer road users and the post-crash response required to meet the global target.

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\(^8\) All 44 countries surveyed, all except Burundi, Comoros, Equatorial Guinea, Gabon, Guinea, Guinea-Bissau, Lesotho, Malawi, Mauritania and Senegal.

\(^9\) Recommended eight vehicle safety regulations: seat belts; seat-belt anchorages; frontal impact; side impact; electronic stability control; pedestrian protection; ISOFIX child restraint anchorage points; and motorcycle anti-lock braking systems.


\(^12\) Benin, Burkina Faso, Cameroon, Ethiopia, Ghana, Guinea-Bissau, Kenya, Liberia, Mauritius, Niger, Nigeria, Rwanda, Sao Tome and Principe, Seychelles, South Sudan and Togo.

\(^13\) Angola, Benin, Chad, Côte d’Ivoire, Ethiopia, Equatorial Guinea, Eswatini, Gabon, Ghana, Lesotho, Mauritius, Namibia, Niger, Nigeria, Seychelles, South Africa, Togo and Zimbabwe.

\(^14\) Prehospital providers are individuals trained to provide care, beginning at the scene of the crash up to arrival at the health facility and may include bystanders, emergency medical technicians or paramedics.

\(^15\) Angola, Burkina Faso, Cameroon, Democratic Republic of the Congo, Equatorial Guinea, Ghana, Mauritius, Namibia and Uganda.

\(^16\) Botswana, Mauritius, Namibia, Seychelles and South Africa.

NEXT STEPS

13. **Members States should:**
   
   (a) strengthen leadership and funding of lead agencies in charge of road safety to promote multisectoral collaboration and coordination between health, transport, law enforcement and other stakeholders, including State and non-State actors;
   
   (b) develop and implement national road safety strategies that include monitoring and evaluation plans, in line with the Global Plan for the Decade of Road Safety 2021–2030;\(^\text{18}\)
   
   (c) invest in human and financial resources to implement evidence-based strategies on the safe systems approach to preventing and responding to road crashes, and promote safe, green and affordable public transport systems;
   
   (d) improve road safety data quality by strengthening efforts to collect reliable, timely, and comparable data;
   
   (e) increase awareness and context-specific prevention initiatives through community engagement and youth networks to reduce road traffic injuries and deaths in the Region;
   
   (f) use artificial intelligence and innovative technologies to develop evidence-based approaches towards the most vulnerable populations.

14. **WHO and partners should:**
   
   (a) Establish platforms for knowledge and best practice exchange between sectors and across the Region.
   
   (b) Conduct research to facilitate the implementation of evidence-based approaches to road safety legislation and enforcement. Research efforts should include collection of data on the disability and economic burden of road traffic injuries.
   
   (c) Strengthen networks of road safety champions and organizations to support awareness raising and advocacy on road safety as a leading public health issue.

15. The Regional Committee is invited to note this progress report.

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