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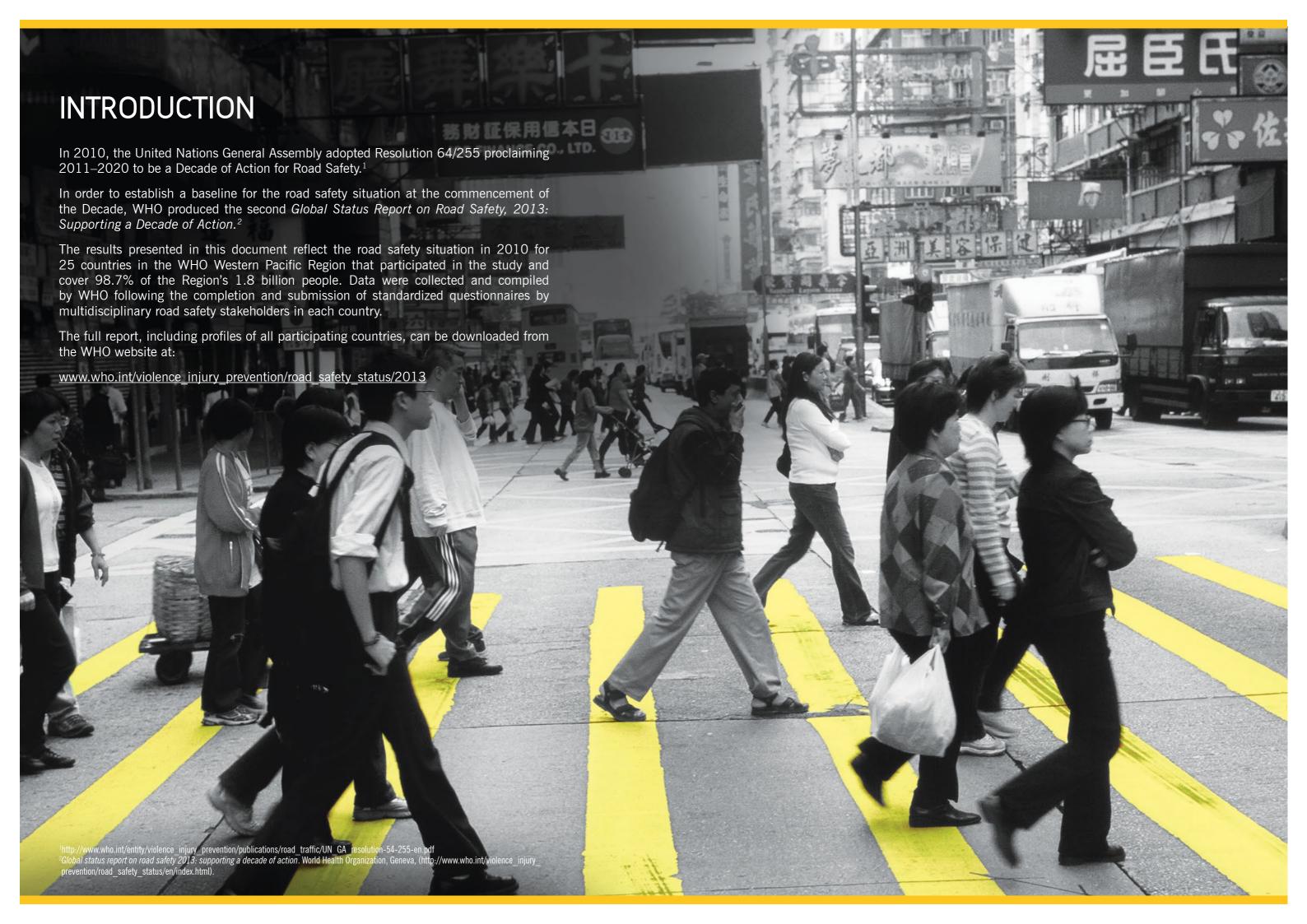
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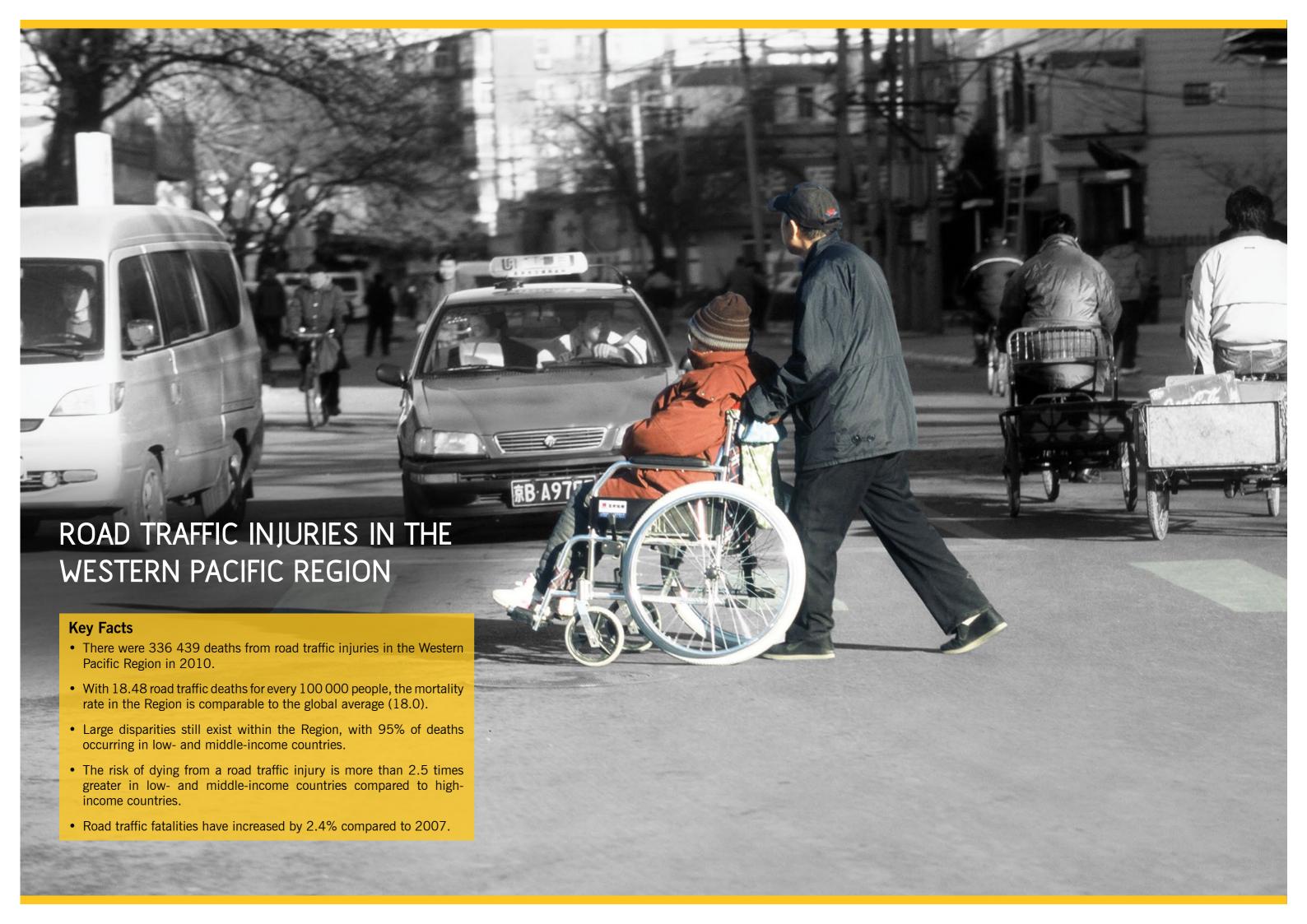
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ROAD SAFETY IN THE WESTERN PACIFIC REGION 2013







Road traffic injuries killed more than 900 people each day in the Western Pacific Region.

WHO estimates that in 2010, 336 439 people were killed on the roads of the Western Pacific Region with an overall mortality rate of 18.48 per 100 000 people. Within such a diverse region, mortality rates ranged from 1.8 to 68.3 per 100 000 people.

Road traffic mortality in the Region has increased by 2.4% since 2007.

Compared to the other WHO regions, the Western Pacific reported the highest number of fatal road traffic injuries, making it clear that more action is required to reverse the current trend.

The greatest burden of road traffic injuries in the Western Pacific Region falls on the young and the economically active.

Seventy-five per cent of all people killed on the Region's roads in 2010 were male. In addition. 49% of all reported road deaths occurred among people aged 15–44 years. Within high-income countries, 30% of deaths occurred among those in this age group, whereas in low- and middle-income countries, the percentage was 62%. Because of the profound impact on the young and economically active, the prevention of road traffic injury should be recognized as a priority issue for economic development and poverty reduction.

Road users in the Region's lowand middle-income countries are twice as likely to die on the roads compared to those in the Region's high-income countries.

Large disparities in road traffic injuries exist within the Region. Some 95% of road traffic injury deaths occurred in low- and middle-income countries, where mortality rates are more than 2.5 times higher (20.05 deaths per 100 000 population) than in highincome countries (7.80 per 100 000).

The coordinated and evidenced-based approaches demonstrated in these highincome countries are key to their road safety successes and achievements, and the lessons learnt can serve as important guidance for low- and middle-income countries.

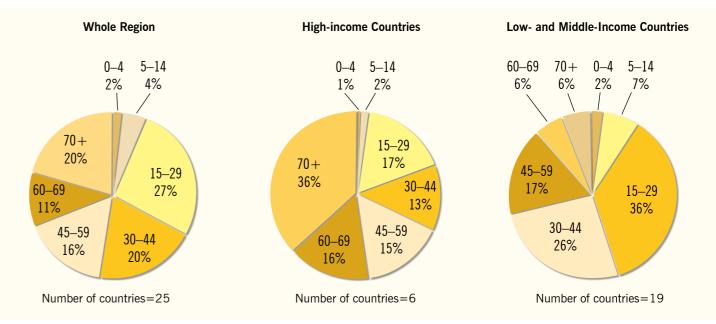
The economic impact of road trauma is very high.

The health consequences of road traffic crashes impose a high economic cost. Nine countries provided estimates on the impact of traffic-related injuries to their economies, with losses to gross domestic product ranging from 1.1% to 3.5%.



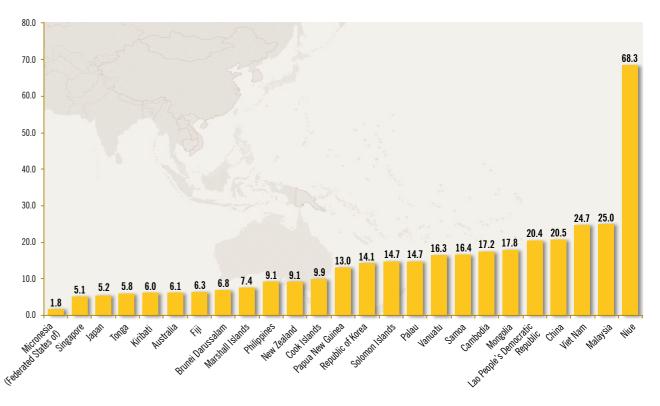
Children are particularly vulnerable to road traffic injury, estimated to be the second leading cause of death in those aged 5-14.

Figure 1. Age distribution of road traffic deaths in the Western Pacific Region by income status, 2010.



Source: WHO

Figure 2. Mortality rates (per 100 000 population) for road traffic injuries in Western Pacific Regional Countries, 2010



Source: WHO



Explosive motorization in countries in the Region has seen a 25 increase in registered vehicles.

The Region has undergone rapid motorization, with the number of reported registered vehicles increasing by 25% between 2007 and 2010. Of the more than 400 million vehicles, 40% are motorcycles or other motorized two- and three-wheelers, significantly increasing the risk and exposure to road trauma.

The majority of those killed on the roads in the Western Pacific Region are "vulnerable" road users.

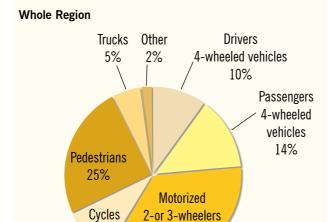
Of all road traffic deaths in the Western Pacific Region in 2010, 69% were attributed to riders and passengers of motorcycles, pedestrians and cyclists.

In high-income countries, these highly exposed road users represented 65% of the total killed on the roads, whereas in low- and middleincome countries, they accounted for 70% of all deaths.

National policies for the protection of vulnerable road users are scarce.

Nineteen countries conduct safety audits as part of new road infrastructure programmes. Nine countries reported national or subnational policies for the separation of vulnerable road users, reducing their exposure to the risk of road trauma. Six countries have completed assessments of all or part of their road networks through the International Road Assessment Programme. Many more countries in the Region could benefit from similar assessments.

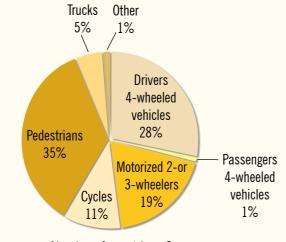
Figure 3. Proportion of those killed in the Western Pacific Region by road user type and income status



35%

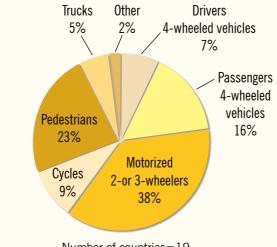
Number of countries=25

High-income Countries



Number of countries=6

Low- and Middle-Income Countries



Number of countries=19





Only one country in the Western Pacific Region has comprehensive road safety legislation.

Across the Region, Australia is the only country with comprehensive legislation covering all five main risk factors: speed, drink—driving, motorcycle helmet use, seat-belt use and child restraints.

Since 2007, five countries have strengthened road safety legislation relating to one or more risk factors (Malaysia, seat-belt use; Philippines, speed and motorcycle helmet

use; Samoa, motorcycle helmet use and drink—driving; Tonga, drink—driving; and Viet Nam, drink—driving).

This progress is commendable, but comprehensive road safety legislation must be further developed and implemented throughout the Region. WHO will work with Member States to review current legislation to identify shortcomings or loopholes, ensuring that key risk factors are thoroughly covered and enforceable. The ongoing Decade of Action for Road Safety provides a unique opportunity to prioritize revision and enforcement of critical road safety legislation.

Table 1. Legislation for five risk factors in the WHO Western Pacific Region

	Motorcycle helmets	Speed	Drink-driving	Seat -belts	Child restraints
Comprehensive legislation	A national* motorcycle helmet law that covers all riders, on all roads and all engine types, and requires an international or national helmet standard.	A national* speed limit law with urban speed limits of ≤50 km/h and the ability of local authorities to reduce speed limits where appropriate.	A national* drink—driving law based on blood alcohol concentration (BAC, and where the BAC limit for the general population is ≤0.05 g/dl.	A national* seat-belt law that applies to all private car occupants (front and rear seats).	A national* child restraint law.
Australia	Yes	Yes	Yes (0.05g/dl)	Yes	Yes
Brunei Darussalam	Yes	No	No (0.08g/dl)	No (not all seats)	Yes
Cambodia	No	No	Yes (0.05g/dl)	No (not all seats)	Yes
China	Yes	Yes	Yes (0.02g/dl)	Yes	No
Cook Islands	Yes	No	No (0.08g/dl)	No	No
Fiji	No	Yes	No (0.08g/dl)	Yes	Yes
Japan	Yes	Not reported**	Yes (0.03g/dl)	Yes	Yes
Kiribati	No	No	No (0.08g/dl)	Yes	Yes
Lao People's Democratic Republic	No	No	No (0.08g/dl)	No (not all seats)	Not reported
Malaysia	Yes	Yes	No (0.08g/dl)	Yes	No
Marshall Islands	No	No	No	No (not all seats)	No
Micronesia (Federated States of)	No	No	No	No	No
		8.1	V (0.05 (II)	V	V

Speed

A maximum speed of 50 km/h in urban areas is considered best practice in order to protect pedestrians and other vulnerable road users from serious injuries. Mounting evidence suggests the need to reduce the speed limit further (30 km/h) in high-density pedestrian areas.

Seven countries (82.3% of the Region's population) have comprehensive legislation that imposes urban speed limits not exceeding 50 km/h and gives local authorities the power to introduce lower speed limits if necessary.



Drink—driving

Alcohol is a major risk factor for road traffic crashes. With international research indicating that crash risk starts to increase exponentially from a blood alcohol concentration (BAC) of 0.04 g/dl, WHO recommends setting and enforcing drink--driving legislation for the general population, with a BAC limit of 0.05 g/dl.

Nine countries (90.7% of the Region's population) have comprehensive legislation against drink—driving. A further six countries have some form of legislation but do not specify a maximum BAC. Ten countries have drink—driving legislation that sets BAC at levels higher than 0.05 g/dl (ranging from 0.08 g/dl to 0.1g/dl). At these level of alcohol impairment, drivers are 2.7–4.8 times more likely to be involved in a crash compared to a driver who has not consumed alcohol.



Helmet use

Worn correctly, standard quality motorcycle helmets have been shown to reduce the risk of serious head injuries by 69%. Fourteen countries (97% of the



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