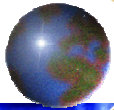
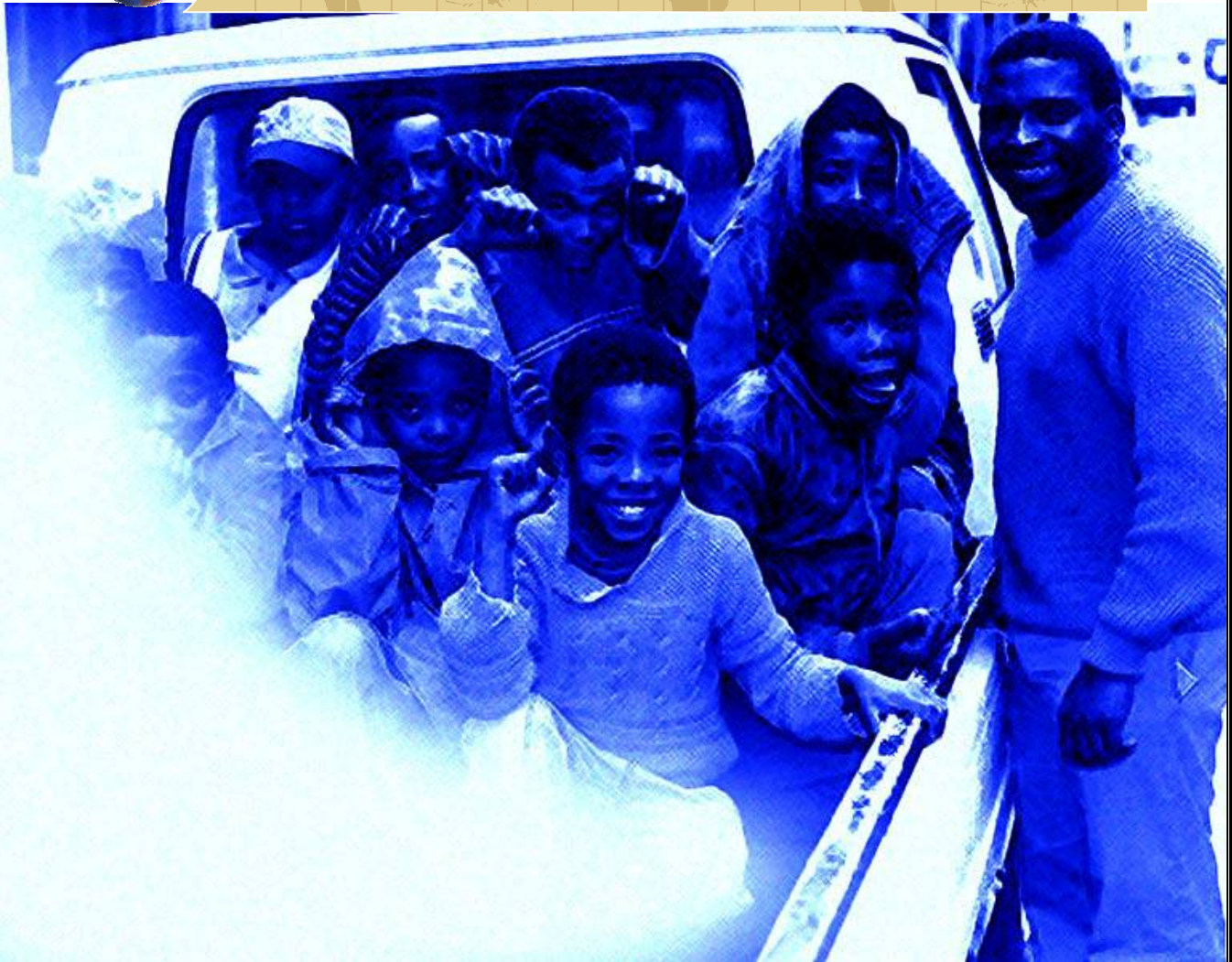


Proceedings of



The 1st African Conference on Road Traffic Injury Prevention – the African Challenge.



ORGANISED BY



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CONFERENCE OVERVIEW

ORGANISATION AND SUPPORT

The conference was organised by AASA in collaboration with the CSIR Transportek, Sub-Sahara Africa Touring Automobile Club (SATAC), and the Namibian National Road Safety Council with the support of the Federation of International Automobile Associations (FIA) Foundation. The event was supported by the Automobile Association around Africa, Switzerland, World Health Organisation and Namibian Minister of Transport.

CONTRIBUTIONS

The conference secured financial support from the FIA Foundation, and technical support from the CSIR Transportek.

ARRANGEMENTS

The conference was held at the Safari Lodge, just outside Windhoek, on the 7 May 2004. Here delegates from different countries gathered together to share their challenges, concerns, successes and ideas on road safety on the continent.

The format of the conference was a participatory dialogue between facilitators, presenters and participants to maximise discussion opportunities.

PARTICIPANTS

Participants from the following countries attended:

Switzerland, South Africa, Namibia, Zimbabwe, Angola, Mozambique, Botswana, Kenya, Ghana, Congo, Uganda and Tanzania.

The conference was officially opened by the Honourable Minister of Works, Transport and Communication in Windhoek, Dr Moses Amweelo.

AIM AND OBJECTIVES OF THE CONFERENCE

The aim of the conference was to link and align it with the World Health Day 2004 Road Safety Initiative. Road traffic injury is a rapidly growing public health problem. Currently, it causes over 1 million fatalities per year, with many more millions injured or disabled. Road traffic injuries currently represent the ninth leading cause of

disability-adjusted life years lost (DALY); by 2020 the World Health Organisation (WHO) predicts road traffic injuries will be the third leading cause of DALYS lost. This places huge costs on governments, communities, victims and their families. While the problem is global, it is particularly acute in developing countries, and especially on the African continent.

Thus, the objectives of this conference were:

- To draw global attention to the growing but preventable human and economic costs of road traffic injuries in Africa;
- To draw attention to the relationship between road traffic injuries and health, through the focus of injury prevention;
- To build partnerships, networking opportunities and collaboration for road traffic injury prevention in Africa;
- To advocate for increased and sustained action in policy, programmes, funding and research in Africa;
- To document the key issues, challenges and recommendations for road safety on the Africa continent.



Welcome Address

Minister of Works, Transport and Communication

Namibia

Dr Moses Amweelo



Director of ceremonies

Representative of the National Road Safety Council

Distinguished delegates

Members of the media

Ladies and Gentlemen

It is with great pleasure that I stand here this morning to welcome you to Namibia in general and to this seminar in particular.

As the world continues to celebrate the World Health Day 2004, it is disheartening to note that thousands of people are daily killed and injured on our roads globally. When the sun rises each day one finds it difficult to contemplate how many men, women and children will not live to see it setting over the west horizon. Millions are left maimed for life while thousands of families are left behind shattered, communities and nations are robbed of their productive citizenry. All as a result of road traffic accidents. What worries me even more is that accidents and their victims are increasing each year within Africa and the rest of the developing world accountable for more than 80% of the total world road accident fatalities.

On the 11th September 2001, the world was shocked by the destruction of the World Trade Centre in New York City in which nearly 3 000 lives perished. This triggered the World's determination and global effort to fight terrorism. Ironically about the same number of people are killed on the world's roads each day but no effort of similar magnitude has been initiated to prevent the loss of life and injuries due to road accidents.

It has been proven time and again that more than 80% of accidents are a result of human error. Generally, the loss of lives and injuries taking place on our roads today are substantially the result of our inability as road users, to protect ourselves from inappropriate and careless utilisation of the technological advances that we have so far acquired since the invention of a wheel.

The motor vehicle has been refined to the extent that it is now capable of travelling at speeds in excess of 200km/h. Vehicle designers and manufactures have become so obsessed by competition and profit that they are unable to reason whether it is safe enough to travel at such neck-breaking speed on land.

These so called modern societies influenced by market driven progressive development of the motor vehicle and the ever-increasing demand for mobility have brought about an universal pandemic of plague proportion in the form of road traffic accidents. Road traffic related injuries have become one of the world's leading causes of injury-related disability.

The decision of the WHO to focus this year's World Health Day around road safety is highly commendable. It is now in the hands of states, nations and Governments around the globe, especially in Africa, to build on this noble foundation by adopting and implementing meaningful legal tools and programmes that would reduce injuries and fatalities due to road traffic accidents.

In Namibia we have embarked upon a programme aimed at improving and preserving our road infrastructure. Weigh bridges are being constructed at strategic locations across the country. Primary health centres quick response to emergencies such as road traffic accidents. However, we have observed that there is a correlation between good roads and increased number of accidents. This is due to increased travelling speeds and the inability of drivers to handle their vehicles at high speeds and to voluntarily adhere to the rules of the road.

This conference has come at the right time for Namibia as we are in a process of reviewing our road safety policy and legislation. It is my hope that this seminar will put into motion a process whereby a closer scrutiny of the current road safety management processes, not only in SADC but in Africa as a whole, will be undertaken. As governments, we need to re-look at the whole concept of road safety management and apportion responsibilities to those best suited to carry them out. It is imperative that role players are mobilised to assume their respective responsibility in national road safety programmes that are aimed at minimising road traffic accidents and their associated injuries and human suffering.

I wish you success in your deliberations and I am looking forward to tangible and practical recommendations to be made at the end of the seminar. With these few words I declare the seminar officially opened.

I thank you



Guests present at the opening ceremony

Introduction by the Namibian Road Safety Council

Chairperson of the Namibian Road Safety Council

Dr PT Shipoh



Master of ceremonies

The Honourable Minister of Works, Transport and Communication

The Managing Director of AA South Africa,

The WHO Afro Representative

Distinguished guests

Members of the Media

Ladies and Gentlemen

On behalf of the National Road Safety Council of the Republic of Namibia and indeed on my own behalf, I would like to express my appreciation to the Federation of International Automobile Societies for funding this event and the Sub-Sahara Africa Touring Automobile Club (SATAC) as well as CSIR for jointly organising this event thus supporting the efforts of my Council. Namibia as a young country is indeed honoured to be hosting you in one of Africa's cleanest Cities, Windhoek. This is the first in this country's history and I hope will not be the last conference of this magnitude to be held here in Namibia. As we forge ahead towards regional and continental integration more and more of these conferences need to be organised across the continent to serve as aspiration for governments to put structures in place that will ensure safety for all road users.

It is a known fact that road accidents are daily claiming thousands of lives across the world and leaving behind lives of millions shattered. This situation is undesirable hence the need for urgent action.

In today's world, road transport has become the leading mode behind economic prosperity with much influence extended to touch the daily lives of ordinary citizens. Good roads ensure access to essential services such as market places for agricultural products, health centres and education facilities. More robust road safety promotional activities need to be put in place as the number of road users continue to increase.

We are gathered here today to deliberate on the question of injury prevention. Injuries and fatalities due to road traffic accidents exert an enormous burden on the socio-economic well-being of our people. To add insult, the majority of the victims of road accidents belong to the most productive segment of society resulting in many years of productive life lost or restricted by severe disability. The health consequences of road accidents are obvious. Actions undertaken to rescue them are costly. We should under no circumstances accept mortality and injury due to road accidents as a price to pay for prosperity. Injuries and fatalities due to road traffic accidents can be avoided or their effects mitigated through:

- Active road safety promotion (before the accident)
- Passive road safety enhancement (during the accidents)
- Post road safety treatment (after the accident)

The implementation of appropriate management systems of road casualty following the impact is crucial in determining the chance and quality of the victim's survival.

When dealing with the issue at hand we need to also look at a number of other aspects which in my opinion will assist us to arrive at an amicable solution to our problem. These aspects should include but not be limited to the following:

- The level at which Africa contributes towards global road traffic injuries and fatalities,
- Existence of enabling legal tools and political will to address the situation,
- What remedial mechanisms are being put in place by individual countries to address the situation,
- Availability of resources (human and financial) to sustain these countermeasures,
- Availability of adequate emergency services for accident victims (transportation, hospitalisation, treatment and post trauma care).

The song every government is singing nowadays is sustainable development. Can we really talk of sustainable development if we are unable to control the rate at which people are being killed or

crippled for life by road traffic accidents? How many productive men and women have we lost due to accidents over the past five years?

I am leaving these questions unanswered for you to ponder on during your deliberations. It is however, essential to set commitments that can realistically be achieved.

At the end of the seminar I am told that each of you will sign a declaration in the form of a pledge to symbolize your individual commitment to the promotion of road safety with the aim of reducing deaths and injuries. It is my wish that this kind of spirit will be evaluated by all of us in Africa for the sake of taking road safety forward.

We should view these declarations as our collective commitment towards each other as road users and the communities in which we operate. Furthermore, we should work tirelessly and innovatively to provide services that road users themselves consider to be worthwhile in the field of reduced social exclusion in injury prevention services.

I thank you

OFFICIAL WELCOME FROM AASA

Managing Director
Mr Eddie Kok



Mr Eddie Kok: Managing Director AASA

Mr Eddie Kok, Managing Director of Automobile Association South Africa welcomed all distinguished guests present. He expressed appreciation to the honourable Namibian Minister of Works, Transport and Communication, attendants from Automobile Association South Africa, Kenya, Zimbabwe, Botswana, Angola, Tanzania, Uganda, Switzerland, WHO/Afro representatives from Brazzaville and other representatives involved in road safety. He expressed that the conference was a truly African initiative, coming from different areas in Africa.

OPENING REMARKS
Regional Advisor Disability/Injury Prevention WHO/AFRO
Dr Olive C. Kobusingye
Brazzaville



Dr Olive Kobusingye

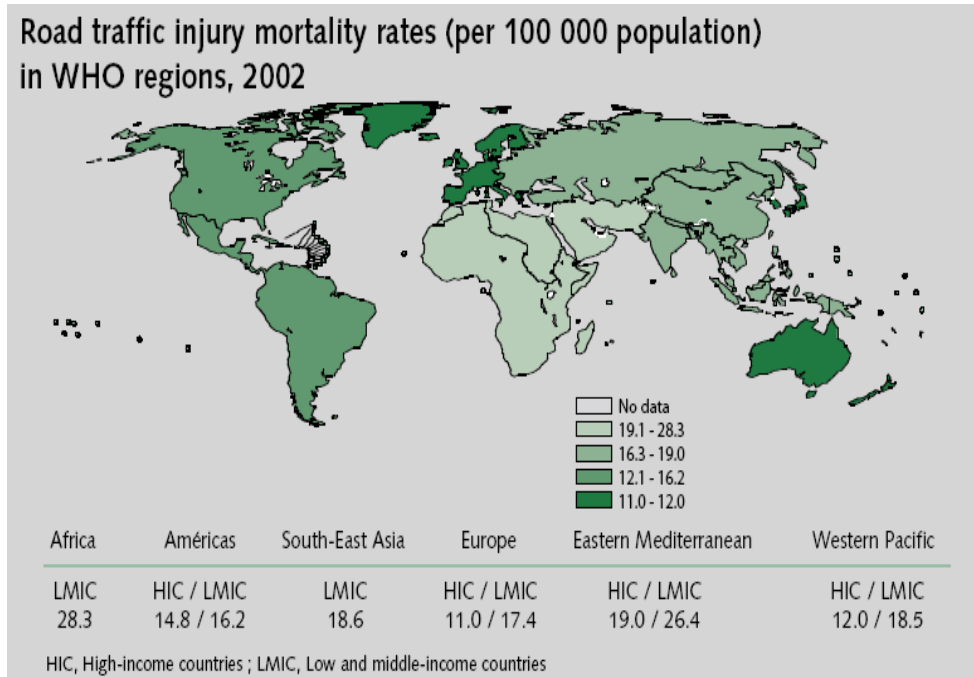
Development of the World Report on Road Traffic Injury Prevention

Dr Olive Kobusingye extended words of appreciation to the Honourable Namibian Minister of Works, Transport and Communication and other distinguished guests from AA in Africa and Europe. She also highlighted the important day of 27 May 2004 for the launch of the World Health Day Road Safety initiative in Namibia where the honourable Minister was expected to be present.

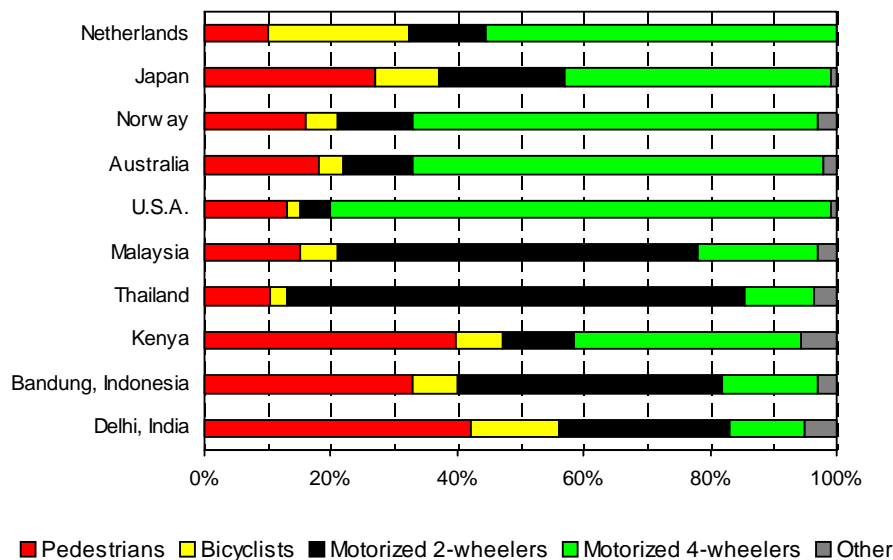
In her presentation she mentioned that the World Report on road traffic injury prevention was developed in collaboration between the World Health Organisation and the World Bank. To ensure that the report widely represented the view of road safety international, over 100 experts from 40 countries were involved. The experts come from various fields such as health, transport, education, police, social science, governmental and nongovernmental etc. The report compiled by practitioners

and researchers from various disciplines comprises of two documents; a full report and a 40 page summary for policy –makers.

The report indicates that the majority of road traffic injuries occur in low- and middle-income countries, as is indicated in the figure below.



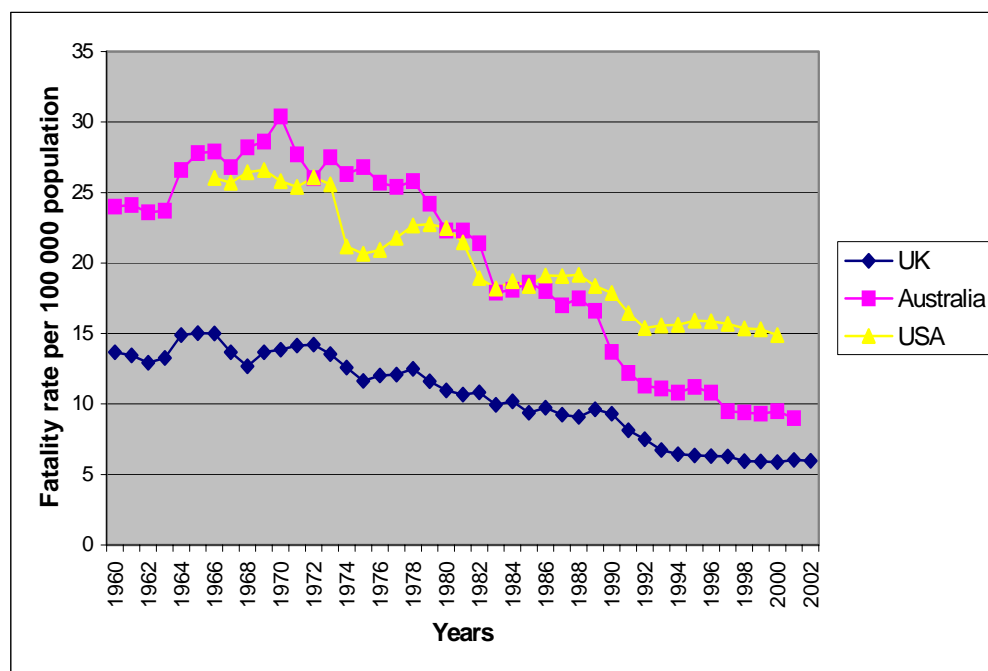
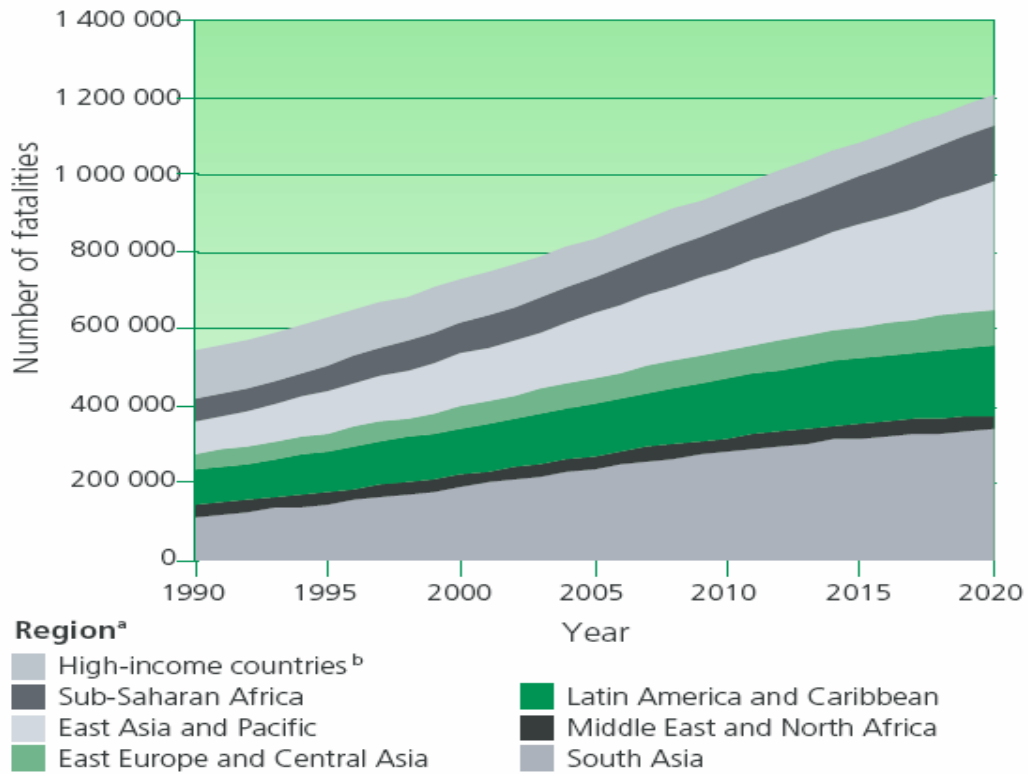
Rate of RTI death in AFRO 40% higher than average LMIC (28.3 compared to 20.2 per 100,000)



Without appropriate action, the problem will worsen. RTI deaths in sub-Saharan Africa increased by 60% in the decade to 2000 (WB) - expected to show a further rise of 80% in the period 2000 to 2020.

Road fatality rates in the period 1975-1998 shows that Botswana grew nearly four fold (383.8%) and Lesotho nearly doubled (192.8%).

Road traffic fatalities are predicted to increase by 67% by the year 2020



Economic impact

| Region | Regional GNP 1997 | Estimated annual crash costs | |
|-----------------------------|----------------------|------------------------------|--------------|
| | | GNP (%) | Costs |
| Africa | 370 | 1 | 3.7 |
| Asia | 2 454 | 1 | 24.5 |
| Latin America and Caribbean | 1 890 | 1 | 18.9 |
| Middle East | 495 | 1.5 | 7.4 |
| Central and eastern Europe | 659 | 1.5 | 9.9 |
| Subtotal | 5 615 | | 64.5 |
| Highly motorized countries | 22 665 | 2 | 453.3 |
| Total | | | 517.8 |

A recent study conducted by the TRL found that the average annual cost of road crashes was about 1% of GNP in developing countries, 1.5% in countries in economic transition and 2% in highly motorised countries. According to this study, the annual burden of economic costs globally is estimated at around US\$518 billion. On a countries basis, the economic burdens are estimated to represent proportions of GNP ranging from 0.3% in Vietnam to almost 5% in Malawi and in KwaZulu-Natal, South Africa, with few countries registering even higher percentages. In most countries, though, the costs exceed 1% of GNP.

Major risk factors are identifiable

Factors influencing exposure to risk include economic prosperity which increases mobility and demand for transport services. On the other hand, economic decline lead to low generation of movement. Risk in road traffic arises out of the need to travel – to have access to work, for instance, for education or leisure pursuits. A range of factors determines who uses different parts of the transport system, how it is used and why, and at what times.



World Health Day Celebration in Kenya, 07 April 2004

Interventions

Road traffic injuries are preventable and predictable and the time to act is now. This can be achieved through a combination of various factors such as managing exposure to risk through transport and land-use policies, shaping the road network for road injury prevention, providing visible, crash-protective, “smart” vehicles, setting and securing compliance with key road safety rules, delivering post-crash care etc. Solutions can be adapted in low- and middle-income countries.

Recommendations

- Identify a lead agency in government to guide the national road traffic safety effort. Each country needs a lead agency on road safety, with the authority and responsibility to make decisions, control resources and coordinate efforts by all sectors of government including those of health, transport, education and the police.
- Assess the problem, policies and institutional settings relating to road traffic injury and the capacity for road traffic injury in each country. This includes an understanding not only of the volume of traffic deaths, injuries and crashes, but also of which road users are most affected, in which geographical areas the greatest problems are found, what risk factors are contributing, what road safety policies; programmes and specific interventions are in place; what institutional structures are addressing the road traffic injury problem; and what their capacity is.
- Prepare a national road safety strategy and plan of action. Each country should prepare a road safety strategy that is multisectoral involving agencies concerned with transport, health, education, law enforcement and other relevant sectors.

- Allocate financial and human resources to address the problem. Well-targeted investment of financial and human resources can reduce road traffic injuries and deaths considerably.
- Implement specific actions to prevent road traffic crashes, minimize injuries and their consequences and evaluate the impact of these actions. This may include safety features into land-use and transport planning, seatbelts and child restraints, helmets, blood alcohol concentration limits for drivers, daytime running lights, law enforcement etc.
- Support the development of national capacity and international cooperation. Dedicating World Health Day 2004 to road safety is one step WHO is taking in this direction. The need of a forum where those involved can meet and discuss the development of a global plan. Regular meetings of relevant government ministers so as to develop and endorse a global plan of action or charter for road safety, consistent with other global initiative such as the Millennium Development Goals. International nongovernmental organisations and private sector can help raise awareness locally and globally, as committed citizens, employers and socially responsible corporate entities.

SESSION SUMMARIES

MAPPING WHERE WE ARE...EXPERIENCES, CHALLENGES, COLLABORATION

Facilitators: AASA

Petro Kruger and Gary Ronald



The participatory session was started with the video footage of the road traffic problem in Africa. This video was developed by AASA with the assistance of the FIA Foundation.

ROAD SAFETY INJURY SURVEILLANCE AND EVALUATION IN AFRICA

Gary Ronald opened the discussions with a brief overview of injury surveillance in Africa.

Participants indicated the following in terms of data collection in their respective countries:

Kenya replied that they collected data from the police and medical centres and a report is then drawn up on a monthly basis. Ninety eight percent of data collection in Kenya depends on police as they attend accident scenes even in the middle of the night. Processing of data is not carried out by police, they just write up the report. Processing of data is done by other structures and it takes time for data dissemination.

Data in Namibia is collected from police. A sixteen-pager accident data form is used by police and is an inconvenience in completing, especially at the scene of the accident. A strategy to reduce the accident form to one page needs to be reviewed Namibia is on the verge of developing a new computerised accident data system.

Wendy Watson from South Africa highlighted that data in South Africa used to be collected by Statistics South Africa, but this process stopped in 1998. The task was then devolved to provinces, who then struggled to collect data. A decision has recently been made to take the process of collecting data back to the National Department of Transport. So far, there is accurate information on fatalities, but not on injuries. Also highlighted by Dr Pieter Venter from South Africa was that some of the data

collected is not always reliable, as the location of the accident is not specific i.e. Church street which is very long stretch of road will be indicated as Church street on the accident form, and not the specific location on Church street. He also indicated that the accident form should be shortened and must specify exactly where on a road location the accident happened.

Simon Modisaeman from Botswana indicated that the collection of data is done through police and health ministries and that the data is collected by location and type of injury. Police and health ministries work hand in hand. Emergency services are also partially involved.

John Rowett from Zimbabwe mentioned that most of the data was previously lost under the old Zimbabwe Traffic Funds. Data was lost due to the fact that there was no coordination for those collecting the data and where to send the data for analysis. A new system of data collection has been introduced to deal with the backlog and to address the situation.

Representatives from Tanzania pointed out that regional committees meet once a month to discuss the statistics. They also mentioned that there are more accidents in Dar es Salaam particularly because of collisions between busses and people rushing to go home and the capacity of busses being low. People walk everywhere and cause accidents especially during peak hours. Data is not 100% reliable, as accidents are not always reported even though people go to hospital for treatment.

In Uganda, there is no integrated data collection from police and hospitals, and as a result, error in the data system is often experienced.

In conclusion, a participant recommended that the best model of data collection included the model developed by Victorian Highway, Australia. Also highlighted was the coordination of data collection by health, transport, police and other relevant structures as critical for a successful data collection system. There is a need for different sectors to work together in order to improve data collection.

ROAD SAFETY AS A HEALTH ISSUE

The effect of the HIV / AIDS epidemic in Sub-Saharan Africa especially with regards to long distance truck drivers was mentioned as something that posed a serious macro economic threat to the stability of the region. The transport industry, crucial to the economic growth of the region, is uniquely vulnerable to the ravages of this modern day plague. Risk of HIV transmission is significantly increased by factors such as the virtual migrancy of the industry, causing rapid increases in the HIV incidence and prevalence rates. The effects of the illness decimate the ranks of highly trained personnel, while crippling those still able to work, reducing the efficacy and safety of the industry as a whole. It was also mentioned that 1 out of 2 truck drivers are infected by HIV / AIDS epidemic which represents over 60 percent. During an accident the emergency personnel and paramedics are afraid to treat this target group because of the high risk of contracting HIV/AIDS, and hepatitis.

As part of the debate, representatives from Uganda were challenged to share their success in tackling the HIV / AIDS pandemic. They mentioned that since 1990, there was political awareness and willingness to intervene. The politicians ranging from the Ugandan President intervened in sensitising the community and brought in the international community, with the result that the HIV / AIDS stigma was reduced. Because of political support and intervention, people recognised and became aware that HIV / AIDS existed. Also highlighted was that politicians needed to be educated about road safety and HIV/AIDS and how much it cost the country as a result of road injury and death.

Botswana representatives indicated that one of the problems in their country was the 400km stretches of road with no single emergency service provider on the road. They indicated that service providers should be available within every 100km. Also indicated was the disparity between those with medical aid, and those without. Those without medical aid are often carried in the back of a van and those with medical aid are airlifted to health care. In India there is a clinic built every 60km, and an ambulance every 30km is available. In Botswana, part of the solution to this issue would be that the government should subsidise these vehicles.

ROAD SAFETY INITIATIVES IN AFRICA

A presentation on the road safety status in Kenya was presented by David Njoroge,

Introduction

Road traffic injuries are a global problem affecting all sectors of society. To date road safety has received insufficient attention at the international and national levels. This has resulted in part from; a lack of information on the magnitude of the problem and its preventability; a fatalistic approach to road crashes; and a lack of the political responsibility and multidisciplinary collaboration needed to tackle it effectively. However, much can be done to reduce the problem of road crashes. Indeed, many high-income countries have been able to reduce their traffic injury burden by up to 50% over the last few decades.

Magnitude of the problem

In 2000 an estimated 1.26 million people worldwide died as a result of road traffic injuries which accounted for 2.2 per cent of global mortality and were responsible for 25% of all deaths for people aged 14-44.

Road traffic injuries also exert a heavy toll in terms of the ill health they cause. In the same year, road traffic crashes ranked as the ninth leading cause of mortality and morbidity, accounting for 28% of all global deaths and disability. World Health Organisation (WHO) projections suggest that by year 2020 road traffic injuries could rank third among causes of death and disability, ahead of such other health hazards, tuberculosis and HIV/AIDS pandemics.

Social and economic impacts

Road traffic injuries have enormous health, social and economic impacts on individuals, families, communities and nations. Besides the physical and psychological impact on those affected by road traffic injuries, road crashes also place a heavy burden on those involved with the victims. Families, friends and communities of those affected may also experience short and long-term adverse social, physical and psychological outcomes. The injuries and disability resulting from traffic crashes put a significant drain on economies, typically consuming between 1 and 3 per cent of a country's gross national product per annum.

Intervention strategies

A number of strategies and policies have contributed to dramatic decreases in road crashes in developed countries. However, these strategies may not be simply transferred to developing countries. The challenge is to adapt and evaluate them, or else create new strategies for developing countries particularly those where road traffic fatalities are increasing at an alarming rate. Strong political advocacy is required. Road safety is a political issue that frequently involves tensions between various sectors of society, for example informing of rights of vulnerable road users may involve tensions with those advocating increased motorized travel. Furthermore, there is often a lack of clarity about the exact role and responsibilities of government at the local, national and international levels, which hinders effective and sustained political advocacy.

Road Traffic Injuries in Kenya

Kenya has one of the highest road fatality rates in relation to vehicle ownership in the world with an average of 7 deaths from the road crashes that occur every day. Nearly 3000 people are killed on Kenyan roads annually. This translates to approximately 68 deaths per 10, 000 registered vehicles, which is 30 – 40 times greater than in highly motorized countries.

Statistics on causes of accidents

Over 85.5% of accidents are by human error/factors on the part of drivers and motor cyclists (44.4%) pedestrians (27%), passengers, (10.5%) overloaded, defective brakes, tyres, steering etc with 4% attributed to roads and environmental factors.

Statistics related to public passenger vehicles

Matatus accounted for the majority of vehicles involved in accidents of over 12.7%, 16.5% and 19.15% in 1993, 1998 and 2002 respectively. However, public passenger vehicles combined with cars and utility vehicles accounted for over 60.9% of all road accidents in the country.

Statistics on economic order in road traffic

The current total annual average cost to the economy of road traffic accidents amounts to Kshs 14 billion, which is approximately 5% of GDP.

There is considerable amount of damage to the major highways and rural road network due to the overloading of vehicles thus raising the cost of road infrastructure, maintenance and rehabilitation while lowering economic output for roads in the country.

Statistics of Road Safety Interventions

Up to the late 1970's, road safety was given a low profile in Kenya and there was no programmed, coordinated and countrywide road traffic injury prevention system. A national road safety improvement project was initiated in 1979 when the Governments of Kenya and Finland agreed to a joint road safety project within their development cooperation programme. Activities of the programme included development of organisational structure, law enforcement, accident investigations, driver education, vehicle inspection, first aid and training, information, education and road safety research. A National Road Safety Council of Kenya was established in 1982 to set national policy and to develop relevant implementation strategies but due to Institutional bottlenecks, lack of clear lines of reporting and financial sustenance, the programme came to an abrupt end in 1991. Unfortunately, there was no follow up and the little gains that had been achieved during the term of the Kenya/Finland development programme disappeared overnight with corresponding escalation of accidents and fatality rates.

New Approach in Road Safety

With the coming to power of the new Government in January 2002, policies and priorities were re-organised and road safety was given higher status than hitherto. The Minister of Transport, Hon. John Michuki appointed a Committee to prepare a National Transport Policy covering all modes of transport in which the AA of Kenya was a key member of the team. This was the first time in the history of the country for such an initiative and after nine months of hard work, a comprehensive document was presented to the Minister. In the intervening period, a law on mandatory use of safety belts and speed governors in public service vehicles, which had been shelved since 1987, was reactivated. Surprisingly enough, the results of this intervention even before the implementation of the recommendations in the National Transport Policy, were a significant drop in road accidents by approximately 35% in two months, which underlines the importance of political goodwill in road safety programmes.

Policy recommendations as envisaged under the National Transport Policy

The following recommendations have been proposed in the draft to address the road safety menace in the short, medium and long term:-

- a) Establishment of an appropriate institutional framework for road traffic safety coordination and management
- b) Create dedicated road safety fund
- c) Put in place an appropriate legal framework for the efficient and effective administration and adjudication of traffic regulations
- d) Establishment of a coordinated and efficient incident management system

- e) Put in place procedures to ensure that road safety issues are fully incorporated in road infrastructure planning, designs, development and operations
- f) Sensitise politicians in the fight against road carnage to enhance political goodwill
- g) Develop and strictly enforce vehicle standards and specifically to ensure that vehicles are safe and conform to their intended functions.

Given the priority and political responsibility that the Government has assumed towards road safety as opposed to the past, the stage is set for reformation of horrific status of our safety standards in all modes of travel, in particular road passenger travel and we hope that within the shortest time possible, sustainable programmes will be in place.

VULNERABLE ROAD USERS

Dr. Olive C Kobusingye from WHO / AFRO, Brazzaville indicated that vulnerable road users differ from country to country. In developed countries more passengers are involved in road crashes but in Africa, it is the pedestrian, the cyclist, the two-wheeler, the four-wheeler, etc. She further elaborated that the road in Africa is used as a means of survival – a marketplace which exposes them to injury risk. Most cars in Africa are imported, and these impacts negatively on safety, as most safety features are removed to make vehicles ‘cheaper’ but not ‘safer’. Road safety is a shared responsibility; there must be synergy between the different sectors. Road safety is an equity issue.

Ghana representatives indicated that in their country they use reflective signs and flags where children cross (scholar patrols) but motorists drive recklessly and fail to obey some of these initiatives. They indicated that there is a team of volunteers who assist in the morning and afternoon when the children cross. Volunteers are recruited by the police and this activity takes place only in town, not in the villages.

Eugene Tendekule from Namibia mentioned that in his country they made use of scholar patrols but they do not cover all schools. Other difficulties they experience is that they find it difficult to integrate Road Safety Education into the curriculum. Dr Pieter Venter from CSIR in South Africa, in response mentioned that the Road Safety Education approach is similar all over the world and the best method adopted in South Africa is a cross-curricular approach. Ghana indicated that they are taking the lead in educating children about road safety through teaching at zebra crossings, and through NGO’s.

Simon Modisaeman from Botswana mentioned that Shell is sponsoring road safety in schools through the erection of Junior Traffic Training Centres. The problem is that these centres are built only in Gabarone and not throughout the country. The effectiveness of Junior Traffic Training Centres was questioned by Dr Wendy Watson and asserted that the research revealed that children below the age of 8 cannot be educated about road safety through Junior Traffic Training Centres as it will increase the risk of injury. Also highlighted as problematic in Botswana were the taxi drivers that get away with a lessor fine of R200 although they are committing road offences more frequently. Dr Pieter Venter in

support pointed out that poverty increases the risk of people on the roads as they are compelled to use certain modes of transport. For instances, people are being loaded in the back of trucks with animals and unroadworthy taxis as it is the only mode of transport available for them.

MANAGING AND ORGANISING FOR ROAD SAFETY

**A presentation on road traffic management in Namibia, was done by Eugene Tendekule
Deputy Director: Namibian Road Safety Council**



Present and future system of management, by Eugene Tendekule

Presently we have a Council in place tasked with the responsibility to promote road safety within members drawn from public and private institutions. Local governments are also represented. In 1995 Cabinet approved the implementation of this holistic approach but this is not yet implemented. The approach calls for road safety to be managed through a five-year plan to which all role players will contribute and that it should be managed by an organisation outside the public service.

The organisations involved in road safety include Ministry of Works, Transport and Communication, The National Road Safety Council and the Traffic Safety Secretariat Road Authority, Ministry of Mines and Energy and Road Accident Administration and Law Enforcement.

The role of the Ministry of Works, Transport and Communication (MWTC) involves for instances overall responsibility of road safety, administers the Road Safety Act, approves the NRSC's budget and provides personnel to assist the NRSC. Namibia still implements part of the Road Safety Act inherited from South Africa.

On the other hand, the main purpose of the National Road Safety Council (NRSC) and the Secretariat is to promote road safety in Namibia in terms of the National Road Safety Act, 9 of 1972. Through this act Council is empowered to:

- Coordinate and spearhead national road safety initiatives (through CBD as well as other instruments)
- Develop and run advocacy campaigns
- Carry out road safety related research
- Collect and disseminate road safety related information
- The Secretariat is responsible for day to day running of Council's activities
- Provision of Secretariat duties to the Council and subordinate structure
- Management of accident information system

The role of the Road Authority is to manage the national road network in such a way as to ensure safety and efficiency, to control and curb overloading. The function of Mines and Energy and the Road Fund Administration (RFA) is to collect fuel levies for road safety, a function which will be taken over by the Road Fund Administration (RFA) in the future.

Law enforcement is separated into three independent operational institutions and these include:

- Namibian Police (National Traffic Policing and collection of accidents data)
- Local Authority Traffic Departments
- Transport Inspection Services (RA)

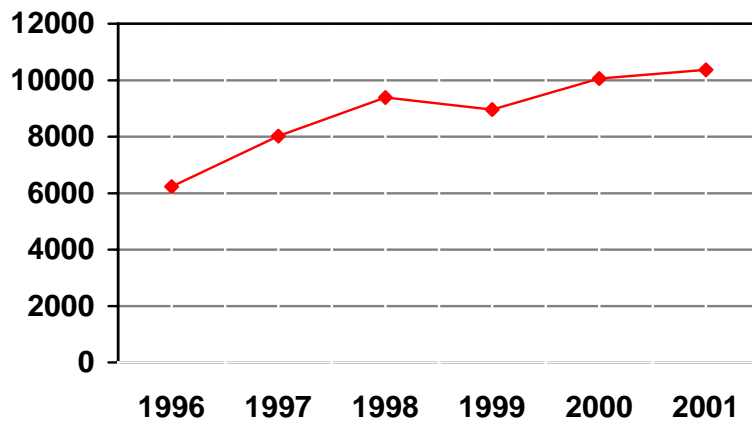
Road Safety Situation in Namibia

Top 10 accident types

| Type | 1999 | 2000 | 2001 | Total |
|----------------|-------------|-------------|-------------|--------------|
| Side Swipe | 2447 | 2860 | 2841 | 8148 |
| Front rear | 1583 | 1936 | 2062 | 5581 |
| Park / Reverse | 1580 | 1269 | 1166 | 4015 |
| Fixed object | 951 | 851 | 944 | 2746 |
| Overtake | 988 | 977 | 894 | 2759 |
| Animal | 1011 | 792 | 909 | 2712 |
| Pedestrian | 474 | 457 | 522 | 1453 |
| Unknown | 20 | 673 | 750 | 1443 |
| Head-on | 113 | 159 | 95 | 283 |

| | | | | |
|---------------------------|-------------|--------------|--------------|--------------|
| Turn from wrong lane | 69 | 119 | 95 | 283 |
| Totals | 9236 | 9993 | 10311 | 29540 |
| Accidents per year | 9424 | 10063 | 10369 | 29856 |

Road Safety Situation Collisions Trends



In conclusion Eugene Tendekule emphasised that road safety is not one organisation' responsibility, it needs everybody's involvement and is a national health issue.

REACHING COMMUNITIES WITH ROAD SAFETY MESSAGES

A presentation on community-driven initiatives was done by Lynn Vermaak, CSIR Transportek



Community Road Safety approaches have been introduced, developed and facilitated in South Africa for the past ten years by the CSIR Transportek in collaboration with Government. The community-driven approach of the CSIR can be defined as, “ Empowerment of people by enhancing their capacity and self-worth, so that they can become aware of their potential to meet their needs through participation and ownership of the process of development.”

The community-driven process can be briefly outlined and described as follows:

Community development processes followed within various communities can differ as community structures and needs are also different. There is no fixed pattern, as each community is unique and the community should drive the process. People in the community must drive the initiative so that they take ownership of the programme through participation.

Making contact and getting to know the community.

This is one of the most important stages for community workers. It consists basically of three processes, namely:

- The community worker getting to know the community
- The community getting to know and trust the community worker
- The community worker getting to know the community's needs with the community.

The community worker getting to know the community

The community worker needs to put out his/her antennae to absorb and observe as much as possible about the nature of the community, the surroundings, useful information, leads, contacts and potential allies. The people must get to know the community worker and accept him for what he/she is and for what he has come to do. The community worker can facilitate the process of the community to know and trust him by informal talks, being enthusiastic, showing genuine concern, being present and showing a keen interest in the people. During this initial phase the community worker should frequently visit the community, as a visit once or twice a month will not suffice in building a relationship of trust. Community workers should meet formal and informal leaders to acknowledge their leadership in that area and to explain clearly his/her position and why he or she is working in that area. One should be aware of whom he or she associates with, as the leader may convince him he is a leader when in fact he is mistrusted by the community. The community worker should also refrain from associating with any particular political party, but rather remain neutral.

Exploring the needs with the community

One of the keys to discovering the deepest feelings of a community is listening. Emotion is linked to motivation. Exploration of needs does not mean finding solutions to problems, but exploring the causes of problems, the consequences of problems, determining what resources the community can use to solve the problem and finding out what the possible obstacles are. Once needs have been

identified, participatory feedback needs to be given to the community to confirm that the findings are correct. Once the needs analysis has been confirmed by the community, an action group or group of people are appointed by the people to continue with the planning and implementation phase of the process.

Planning with the community

Planning involves bringing together three elements – needs, resources, and objectives and to relate them to fourth elements i.e. that of action. Once the community have identified their needs they need to explore what needs to be done and how it is to be done. An outside that comes with ready made solutions and advice is worse than useless. He must understand from the community what their questions are, and help to articulate the questions better and then help to find solutions.

Implementation

Once the plans have been formulated, the next phase is the implementation of the plans. The community worker should not do this as he or she must only facilitate the process. Not only the action group should be involved in this process, but as far as possible other members of the community should be included. Community workers should never take over a task from a community member, as it could be interpreted that he or she has no confidence in the community to perform the task and it encourages the member to shirk his/her responsibilities. The community worker should rather help the group in translating the decisions into actions, provide ongoing support and encouragement and, if required, to work side by side with the group in physical action, e.g. digging a road. It is essential that the community worker should not be paternalistic.

Evaluation

Evaluation should not only take place at the end of a project or process but throughout the process. Participatory evaluation involves the collective examination and assessment of a program or project by stakeholders and beneficiaries. Participatory evaluation is people-centred whereby stakeholders and beneficiaries are the key actors of the evaluation process and not the mere objects of the evaluation.

After the presentation participants gave the following responses:

Some of the concerns raised by Eugene Tendekule from Namibia with regard to community driven approaches was that people were expecting to be paid, not to volunteer. Poverty in the Namibian population contributed to this issue as well. A suggestion was provided that volunteers could be trained and given certificates in recognition of their participation - this appeared to work regarding the sustainability of some of the projects in South Africa.

In Botswana business communities participated towards sustainability of community road safety through the donation of funds. For example, fuel companies like Shell donated significant amounts of money each year to keep community road safety initiatives running. Each region has road safety structures to mobilise the community at local level. Community structures depend on the region how

big the region is. So far nine regional committees are in existence and are managed by government. In addition, every public holiday there is a roadblock where motorists get pamphlets, refreshments, and items. After every 250km, they receive these refreshments which force them to stop, rest, and drive safely.

Kenya National Road Safety Council has not reached this stage yet of implementation of community road safety initiatives as there is no sustainable structure to run with this kind of initiative in the country.

Dr Olive C Kobusingye maintained that in Uganda, the safe school approach of working through the school as a node to get into the community with parents, teachers and volunteers helping children cross safely and look at other safety issues was also successful. She also mentioned that there is a move internationally running in parallel with the Safe Communities – that of the Safe Schools approach.

The representative from Ghana indicated that there is less progress taking place with regards to safe communities. Communities are involved in construction of bridges which makes them to feel proud and to take ownership thereof. Also a widely used practice by busses and taxis is that they are affiliated to different associations, and if there is any problem from members of certain affiliations, the association is notified and appropriate action is taken. Rumble strips at schools to lower the speed of traffic around the are are erected to ensure scholar safeness.

Another problem raised by Kenya participants was the issue of picking up passengers by open trucks who are involved in accidents frequently. The need to subsidise those communities in rural areas where the mode of transport is open trucks – in order to reduce the risk of accident, was posed as part of a possible solution.

MAPPING THE ROAD AHEAD IN AFRICA

After the morning session participants divided themselves into the various topic groups to discuss key issues and a possible way forward. The following are key summaries of the discussions.

Data collection

Simple form of data collection needs to be developed even if the language is different. In addition, the format should be the same across the countries because the loss of data affects the integration of accident data collection. There is a need for sufficient training for those doing data collection. Key aspects like crashes frequently per driver, legal driver licence, vehicle registration etc. should be integrated in the form. The accidents form should allow police officers to complete it within the scene of accidents.

Road Safety as a health issue

Post crash facilities need to be introduced all over countries in Africa. Emergency services should be accessible to every member of society whether rich or poor. There is also a need to improve the health facilities for evacuation. For instances, helicopters, ambulances etc. Community members need training with regard to first aid and road crime tackling.

Vulnerable road users

To address the issue of vulnerable road users, improved town planning is required to accommodate the needs of poor and rich. More facilities need to be provided to poor communities and also to increase visibility of road users. To address the issue of drinking and driving, law enforcement should be tightened up and every driver needs to be tested when involved in an accident. In most cases most people get away with drinking and driving after accidents as there are no breathalysers available in most countries. Also the time frame to do blood tests is too long. Continuous research to define the problem and make informed decisions is essential. Appropriate communication channels with government are important in tackling road safety as it requires a multisectoral approach. Media needs to come on board to create awareness about the cost of road injury. Lobbying for funding with business sectors to fund community projects was highlighted during the discussion. There is a need to conduct regular medical tests like eye tests to reduce the accidents rate as a results of health issues of the driver.

Managing and organising road safety

Politicians need to be well informed about road safety so that there is political buy in. There is a need for a continuous briefing session like "Road traffic injury prevention – the African challenge" held in Windhoek, Namibia, 7 May 2004 to debate road safety issues at the highest political level. It is also important that each country should have an advisory council or body like National Road Safety Council. The structure needs to be autonomous. There is a need to promote interaction in Africa

through agencies such as SAATC. A public-private partnership was also highlighted as a core for road safety success in each country. It also emerged during the discussion that dedicated funds to implement strategies is essential so that money does not become a problem. Integration of activities from the Department of Health, Transport, Education and Labour in addressing the road safety problem is critical.

Safe communities

There is a need for different stakeholders to understand the definition of a safe community's concept. There should be buy-in from community stakeholders, government and business sector. A community must not be instructed what to do, but they should be facilitated to understand that it is their social responsibility to take ownership of road safety challenges in their communities.



Discussing road injury surveillance



Discussing road safety as health issue



Discussing safe communities



Discussing managing road safety

WINDHOEK DECLARATION – TAKING ROAD SAFETY FORWARD IN AFRICA

The first African Conference on Road Traffic Injury Prevention was held in Windhoek, Namibia on the 07 May 2004. Approximately forty local and foreign delegates from 12 countries participated in this conference. These countries were Botswana, Kenya, Namibia, Switzerland, South Africa, Ghana, Tanzania, Uganda, Congo, Zimbabwe, Angola and Mozambique. The main theme of the conference was “Road traffic injury prevention – the African challenge. This was a unique opportunity for Sub Saharan Countries to share experiences and challenges with regard to road safety.

The conference was designed as a combination of four plenary sessions, seven paper sessions, roundtable discussions, group discussions and declaration signing. During the debate it became clear that road safety still poses great challenges in most African countries. The conference unanimously voted to support the following declaration:

We, the undersigned, declare:

We will work to reduce avoidable deaths, disabilities and injuries, and the immense loss and suffering they cause, by encouraging integrated, effective and sustained programs and policies aimed to improve road safety and to prevent road traffic crashes;

We will work to protect victims of road crashes through comprehensive approaches that improve vehicle safety, road infrastructure, road user behavior, and emergency response capability;

We will promote safe walking and biking paths for transportation and recreation as a way to cut the toll of pedestrian and bicyclist injuries;

We will work to increase seat belt and child restraint use through integrated policies and legislation;

We will work to prevent impaired driving, whether impairment is due to alcohol or other drugs by increasing education, improving laws and their enforcement, and ensuring appropriate treatment and sanctions;

We will work to develop effective ways to promote driver safety and reduce speeding, focusing on the major causes of injury and death in road crashes;

We will promote increased use of helmets by motorcyclists and bicyclists to reduce head injuries from crashes and falls;

We will encourage using data to assess the road traffic injury problem, as well as science-based research on safer roads and ways to prevent deaths, injuries and disabilities from road traffic crashes;

We will work with partners and all interested parties to promote effective and sustained educational programs to improve safer road use and consequently reduce injuries and deaths from crashes;

We call upon all countries of the African continent to join us in this Declaration.



Signing of Declarations



Taking the discussions further at the conference dinner

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FRIDAY 7 MAY 2004 - WINDHOEK, NAMIBIA****LIST OF PARTICIPATES**

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