Submitted by Sweden

This document, submitted by Sweden, proposes to amend the Consolidated Resolution on Road Traffic (RE.1) with definition of a serious injury to be used throughout the complete road safety chain, i.e. from the United Nations SDG goals and targets to strategic, tactical and operational road safety efforts in UN member states. The new definition should adequately describe health losses in a way that can be accepted by decision makers and others.
Amending the Consolidated Resolutions on road traffic (R.E.1) – definition of a serious injury

The suggested solution:

To amend the R.E.1 with a definition of a serious injury to use throughout the complete road safety chain, i.e. from the UN SDG goals and targets to strategical, tactical and operational road safety efforts in states. The new definition should adequately describe health losses in a way that can be accepted by decision makers and others. The health measure is supposed to be governing in terms of road safety measures and suitable for follow-up of road safety activities.

1. What is the problem and why is it a problem?

1. A Safe System approach\(^1\) seeks a transportation system that anticipates and accommodates predictable human errors and prevents consequent death or serious injury, however available data are still insufficient to assess progress on serious injuries\(^2\). This is generally because there is no agreed worldwide definition of a serious injury taking the consequences of these injuries impacts on various aspects in human life and health, as example, physical, psychological, social, occupational and economic consequence.

2. Elimination of health losses from road injuries in road traffic are essential for the fulfillment of many of the sustainability goals, especially the targets 3.6 of road traffic safety and 11.2 which is about provide access to safe, affordable, accessible and sustainable transport.

3. The available documentation describing the health effects of road traffic accidents are well in terms of deaths, but it is less so in terms of serious injuries\(^3\). The momentum gained by road safety efforts is in danger of being lost due to lack of knowledge regarding the long-term health of crash survivors\(^4\). Hospital data usually reflects the direct and short-term health consequences of an accident, but is often silent regarding the long-term consequences on health. Police reports include more information about the actual accident and are currently used as the primary means in many countries of describing traffic injury development, but statistics based on police assessments of crash sites have limitations. For example, not all accidents are reported to the police, injury classification is broad and uncertain and the long-term consequences on health of the accident or injury cannot be assessed.

4. A safe system means road traffic without damage events that lead to death or serious injuries. A definition of a serious injury that makes it usable for goal setting and monitoring is lacking worldwide. Serious injuries represent a large part of the health losses caused by traffic accidents and injuries and they have significant socio-economic consequences.

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2. Why should WP.1 act?

5. A good description of the health impact of road traffic accidents and injuries is important to support the most effective measures towards increased traffic safety from a sustainable development perspective. In the Inland Transport Committee strategy (ITC) until 2030\(^5\) is a special priority of global Road Safety, one of the activities are to support contracting parties in developing, improving and sustaining their national road safety systems.

6. The ITC priority is not a new task for WP.1. Since 1947, road safety has been one of UNECE’s major concerns and for its Working Party on Road Traffic Safety (WP.1), in particular\(^6\). Under its auspices several international legal instruments have been drawn up, including the 1949 Convention on Road Traffic and its Protocol on Road Signs and Signals, followed by the two Conventions of 1968 on Road Traffic and on Road Signs and Signals, and the European Agreements of 1971 which supplemented them. These legal instruments, in general, and the Conventions, in particular, are important points of reference not only for the international harmonization of regulations governing traffic, signs and signals and driving behaviour but also for drawing up national Highway Codes. All of this legal regulations aiming for achieving a safe road transport system but also to support contracting parties in developing, improving and sustaining their national road safety systems towards a stronger focus on the health problem of seriously injured in road traffic. This can be achieved by agree on a common definition of a serious injury and agree how to measure and monitor this health problem.

3. What should be achieved?

7. In addition to the legal instruments described above, WP.1 has issued a Consolidated Resolutions on road traffic (R.E.1) to, together with and on road signs and signals (R.E.2), reinforce the 1968 Conventions and the European Agreements supplementing them. While these Resolutions do not have the binding force of the Conventions, they go into more detail and provide a catalogue of measures and practices that States are called on to implement on a voluntary basis.

8. A serious injury is not defined in the R.E.1, therefore the wording “serious injury” is difficult to be used as a measure that more adequately describes health losses in a way that can be accepted by decision makers and others. A new measure must be able to use throughout the complete road safety chain, i.e. from the UN SDG goals and targets to strategical, tactical and operational road safety efforts in states. As it is today, it is up to the user of the R.E.1 to define what constitutes a serious injury. If WP.1 can agree upon a definition of a serious injury and amend the R.E.1, WP.1 will then even more support the forthcoming worldwide goal-oriented road safety work and also support the UN SDG target 3.6 and 11.2, and also by this contribute to the fulfilment of many of the other UN SDGs.

4. What are the various options to achieve the objectives?

9. Two options are available:

   (a) amending the R.E.1 with a definition of serious injury and show how it can be used or;

   (b) not amend the R.E.1 but initiate a discussion to agree of a common definition based on discussions and research cooperation.

10. If not amending the R.E.1, efforts can be devoted to initiate a dialogue and discussion with various actors to find out what different organizations can do to improve the description of the health impact from road traffic accidents and injuries and how to use this knowledge. In addition, meetings with various experts can create consensus on what measures to use.

\(^5\) ECE/TRANS/288/ADD.2, Table 1 List of Priorities until 2030

\(^6\) ECE/TRANS/WP.1/2014/6
Later the gathered knowledge can support to formulate voluntary definitions of a serious injury used by states to support their road safety efforts.

11. Amending the R.E.1 will probably better facilitate a change and use. R.E.1 can then provide a definition of a serious injury and a show practice of how to use it. Making an amendment to the R.E.1 will probably speed up this process more than just dialogues and agreements and make it easier for many states to increase the focus on the health impact of road traffic accidents and injuries.

5. **What are the options impacts according to the responsibility for WP.1 in the ITC strategy and who will be affected?**

12. As written above, a description of the health impact of road traffic accidents and injuries is important to support the most effective measures towards increased traffic safety from a sustainable development and health perspective. In the ITC-strategy until 2030 is a special priority of global Road Safety, one of the activities are to support contracting parties in developing, improving and sustaining their national road safety systems. A definition of a serious injury by WP.1 will support the ITC-strategy and priority.

13. An agreed definition will shift the perspective in road safety work towards long-term health consequences of road traffic accidents and injuries.

14. Both options described above will support the ITC-strategy. Option 1, amending the R.E.1, will probably support the ITC-strategy faster and more efficient then option 2 which more focus to create a common understanding and consensus and not aim to amend the R.E.1.

6. **How do the different options compare according to the responsibility for WP.1 in the ITC strategy (effectiveness, efficiency and coherence)?**

15. A health measure based on human values and risk of health loss will shift the perspective of states road safety efforts, probably towards a stronger focus on vulnerable road users. However, there will be other aspects need to be highlighted in other types of measurements. This primarily applies to economic aspects, safety aspects of and in the transport system that also are included in the UN SDGs. That these aspects come to the fore with this measure of health should not be interpreted as not being interesting.

16. The health measure must be governing in terms of road safety measures and suitable for follow-up of road safety activities. As far as possible, it should cover a large number of accidents and injuries to enable regional and local analysis of the road safety situation. The registration of health losses must cover all serious cases of health loss.

7. **How will monitoring and subsequent retrospective evaluation be organised?**

17. To assess what actions has taken place, what experiences have been significant and what to learn from this, the evaluation will use the ordinary WP.1-meetings informal- and formal documents and reports to monitor the process, progress and decisions. Later an evaluation can focus on if and how a new definition of a serious injury is implemented and used in different states and learn from this.