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THE PEP Steering Committee

(Second session, 29 and 30 March 2004,
agenda item 4.C(b))

PROMOTION OF SAFE WALKING AND CYCLING IN URBAN AREAS

I. INTRODUCTION

1. This paper has been prepared by the WHO/Europe and UNECE secretariats for submission to the Steering Committee of the Transport Health and Environment Pan-European Programme (THE PEP) at its second session, 29-30 March 2004, under agenda item 4.C (b) on “New project proposals”.

2. It presents a new project, which aims at promoting and improving safe conditions for walking and cycling in urban areas, which is an important pre-requisite for inducing a shift towards a healthier and more environmentally friendly mobility based on physical activity, in combination with public transport. It contributes thereby to the implementation of THE PEP Work Plan, as adopted by the second High-level Meeting on Transport, Environment and Health¹.

¹ See item III. 4. “Development of measures for promoting public transport on the one hand and cycling and walking on the other hand”, in THE PEP Work Plan, ECE/AC.21/2002/9 - EUR/02/5040828/9.

3. The Steering Committee may wish to consider and endorse the project, as described in this paper. The delegations are invited to consider their possibilities to contribute to the implementation of the project.

II. BACKGROUND²

4. There is a largely untapped potential for walking and cycling to remain or become an important transportation means in the urban environment, in particular in combination with well functioning public transport. For example, it is estimated that in European cities more than 50% of trips presently done by car are shorter than 5.0 km, i.e. a distance which could be conveniently covered by cycling (ca. 15 minutes) and more than 30% of trips are shorter than 3.0 km, i.e. a distance which could be conveniently covered by walking (ca. 20 minutes)³.

5. Nevertheless, on average, cycling and walking account for a share of only 5% of urban trips. As a result, the “average European citizen” cycles ca. 0.5 km and walks ca 1.0 km while travelling 27.5 km by car daily. Only in very few countries, such as Denmark and the Netherlands, does cycling account for a significant modal share⁴.

6. Promoting safe walking and cycling would not only contribute to alleviating problems of congestion and emissions of noise and air pollutants, it would also bring additional important public health benefits, by providing more opportunities to lead a physically active life. Physical inactivity is rapidly emerging as a major public health threat. It is estimated to cause 1.9 million deaths and 19 million Disability Adjusted Life Years (DALYs) globally, and to cause 10-16% of cases of breast cancer, colon and rectal cancers, and diabetes mellitus, as well as 22% of ischaemic heart disease⁵.

7. Across the WHO European Region, the proportion of deaths attributable to physical inactivity ranges from 5-10 %⁶, with important sub-regional differences. The total number of deaths attributable to

² This section of document paper is based on a paper “Win back the bicycle: on the public health agenda – on the urban transport agenda” by F. Racioppi, H. Rutter and C. Dora, presented at the international conference Velocity 2003, Paris 23-26 September 2003 (<http://www.velo-city2003.com/english/edito.html>).

³ Environment DG, European Commission “Cycling: the way ahead for towns and cities” Brussels, European Commission 1999 http://europa.eu.int/comm/environment/cycling/cycling_en.pdf (accessed on 11 August 2003).

⁴ Data based on European Commission Directorate-General for Energy and Transport “European Union Energy and Transport in Figures”, 2003 http://europa.eu.int/comm/dgs/energy_transport/figures/pocketbook/doc/etif_2003.pdf.

⁵ World Health Organization “World Health Report 2002: Reducing risks, promoting healthy life” WHO, Geneva 2002 <http://www.who.int/whr/2002/en/> (accessed on 15 November 2002).

⁶ World Health Organization “World Health Report 2002: Reducing risks, promoting healthy life” WHO, Geneva 2002 <http://www.who.int/whr/2002/en/> (accessed on 15 November 2002).

physical inactivity in Europe is in the order of 600,000 per year. To put this into perspective, this is approximately five times the number of deaths from road traffic accidents, which is estimated in the order of 121,000 per year⁷.

8. Particularly alarming are data regarding the lack of physical activity among children. The combination of a decrease in physical activity and an unhealthy diet is the most important contributing factor to the epidemic of obesity and overweight observed in children across the European Region. Yet, where statistics are available, it appears that while overweight and obesity are increasing, the levels of physical activity among children, in particular through cycling and walking (e.g. to and from school), are declining.

9. A major barrier identified in choosing walking and cycling as transport means is, however, represented by the real and perceived physical danger of accidents. This is justified by the presence of a hostile environment for cyclists and pedestrians in many large cities, and by the fact that these vulnerable road users bear a disproportionate risk of death or injury compared with car users. This “barrier effect” has been estimated in economic terms, for example in a study conducted in Norway, which produced cost-benefit estimates of investments into safe infrastructure for walking and cycling and demonstrated their cost-effectiveness⁸. In addition, recent research indicates that motorists are less likely to collide with a person walking and bicycling if more people walk or bicycle.⁹ Therefore, policies increasing the numbers of people walking and bicycling appear to be an effective route to improving the safety of people walking and bicycling.

10. Several European countries have developed successful strategies to promote safe cycling and walking, where aspects related to the provision of a safer infrastructure and traffic conditions receive prominent attention. In addition, within the framework of THE PEP implementation, new knowledge and case studies are being developed, for example by Switzerland and the Nordic countries¹⁰. Furthermore, the WHO is also in the process of developing guidelines to help assessing the health

⁷ World Health Organization “The Global Burden of Disease Project for 2000”.

⁸ Saelensminde, K. “Walking and cycling track networks in Norwegian Cities – Cost-benefit analyses including health effects and external costs of road traffic”, Institute of Transport Economics, Norway (2002) TOI report 567/2002 – (Norwegian language).

⁹ “Safety in numbers: more walkers and bicyclists, safer walking and bicycling”, P L Jacobsen Injury Prevention 2003; 9:205–209.

¹⁰ See the papers and policy recommendations developed in the context of THE PEP project “Transport related health impacts and their costs and benefits with particular focus on children” as well as the initiative mentioned in the provisional agenda for the second session of THE PEP Steering Committee, under item 4.A C Other Activities “Improving cost-benefit analysis of cycling infrastructure investments” ECE/AC.21/2004/1 - EUR/04/5045236/1.

impacts resulting from changes to levels of walking and cycling in relation to transport policies. Disseminating these experiences and policy approaches could provide other countries and local authorities who are willing to improve safe conditions for cyclists and pedestrians with useful information to be adapted to their specific circumstances.

III. THE PROJECT

A. Objectives

11. This project aims at:

- (a) Exchanging and disseminating existing good practices of the different countries in the region in promoting safe conditions for people to walk and cycle in urban areas;
- (b) Promoting the use of cost-benefit analysis of transport-related policies and infrastructures that take into consideration the possible health benefits resulting from safer walking and cycling;
- (c) Assessing the potential of increased walking and cycling in reducing road transport and its negative environmental and health impacts in the urban areas;
- (d) Developing guidance on how to assess the costs of health effects in relation to walking and cycling, building on the results achieved through work carried out in the context of THE PEP project “Transport related health impacts and their costs and benefits in particular as regards the children” as well as of other initiatives presently under way in the region;
- (e) Contributing to the further development of WHO guidelines to carry out health impact assessment of walking and cycling.

B. Work plan and expected outcomes

12. The project would lead to the following expected outcomes:

- (a) Background paper critically reviewing relevant policy and technical documents, building on international work and research already on-going or completed, such as the ECMT Report on National Cycling Policies, results from EU-funded research projects¹¹ and relevant national documents, with a view to identifying relevant good practices, policy recommendations and case-studies (Months 1-4).
- (b) Review of methods and practices for cost-benefit analysis of transport-related policies and infrastructures that take into consideration the possible health and environment benefits resulting

¹¹ E.g. WALCYNG, ADONIS, TAPESTRY, INPHORM.

from safer walking and cycling, building on the results of the work under way as part of THE PEP project “Transport related health impacts and their costs and benefits in particular as regards the children” and of the work underway in Nordic countries¹² (Months 6 – 10);

- (c) International workshop to focus on the findings of the reviews and good practices on walking and cycling, with a special focus on the challenges faced by EECCA countries (Month 18);
- (d) On the basis of the reviews, good practices and outcomes of the workshop, development of guidance on how to increase cycling and walking in urban areas.

13. Implementation of the project would be steered by a Task Force consisting of the secretariats and of experts and representatives of member States and relevant IGOs and NGOs. The Task Force would provide technical and policy guidance in the development of the above-mentioned deliverables. It would be established taking into consideration the expertise already made available through THE PEP project “Transport related health impacts and their costs and benefits in particular as regards the children”, the initiative of the Nordic countries and the group of scientific advisors to the WHO for the development of WHO guidelines for health impact assessment of cycling and walking. It would operate mostly by electronic means of communication, with the possibility of meeting once, if appropriate, for example, back-to-back to other relevant events.

14. Outcomes would be published and disseminated through THE PEP Clearing House. Translation into Russian should be considered as a priority.

¹² The Steering Committee will be informed on the project led by Sweden on “Improving cost-benefit analysis of cycling infrastructure investments” under the agenda item 4.A (v).

C. Estimated resources

Items	Contributors	
	Extrabudgetary needs (including in-kind contributions)	UNECE/WHO, THE PEP trust fund
Coordination of documents' preparation		X (RB)
Consultancy funds for the production of reviews of relevant policy and technical documents, (equivalent to approximately 3 person/months)	X (US\$240,000) These could be covered partially or totally through secondments of technical experts	
Posting of the relevant documentation on THE PEP web site and Clearing House		X (RB)
Preparation of the Workshop programme, agenda		X (RB)
Communication with, and preparation of the list of, participants		X (RB)
Assisting the Workshop Chair		X (RB)
Preparation, translation and circulation of the Workshop report		X (RB)
Travel and accommodation of experts from countries in transition (15 persons at ca US\$2,000/person)	X (US\$30,000)	
Travel and accommodation of invited keynote speakers (5 persons at ca. US\$2,000/person)	X (US\$10,000)	
Workshop Chair (2.5 work days)	X (in-kind)	
Conference rooms and equipment	X (in-kind)	
Interpretation	X (in-kind)	
Liaison officer	X (in-kind)	
Conference personnel (2-3 persons X 2.5 days)	X (in-kind)	
Registration of participants, hotel reservation	X (in-kind)	
Reception for some 60 persons	X (in-kind)	
Travel and subsistence of UNECE/ WHO staff (3-4 persons, at ca. 2,000 US\$/per person)	X (8,000 US\$)	