Protecting Young Lives - Global Status Report on Child and Adolescent Road Safety - UNICEF

"Introducing key road safety reports for 2025" Joint Webinar

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Eastern Mediterranean Regio



- Introduction
- Key findings and data highlights
- Regional insights with focus on high-risk areas
- How this data can be used to influence policy and funding decisions
- Conclusions



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Introduction

- Road traffic injuries are a major cause of death globally
- But children are a particularly vulnerable age group
 - The leading cause of death for children & adolescents aged 5-19 years globally
 - Children must be put in focus because of their unique risk factors and particular vulnerability
- Key data on child & adolescent RTI's is not disaggregated or unavailable



What's gap does it address

- Children & adolescents remain unseen and unheard within the substantial burden of road crashes
- Interventions are specific to their risk profile and mobility patterns
 - Risk is intimately linked to age group and developmental stage
- Gaps in data for status of child and adolescent policies



Age surfaces Risk categories





- Independent mobility established
- Coincides with the age of walking and running – pedestrian vulnerability
- Passenger vulnerability – require protection from car restraints
- Developmental factors
- Becoming independent riders – helmet usage



- Consists of novice
 drivers
- Users of powered 2/3 wheelers
- Risk-taking behaviour and outdoor play
- Influence of alcohol
- Influence of peers
- Behavioural factors
- Pedestrian, passenger and driver vulnerability



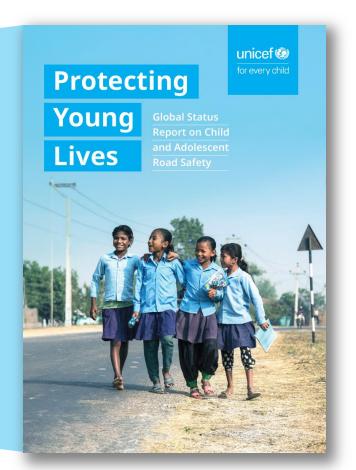
Ranking of causes of death by age group

RAN K	AGES 0-1 year	AGES 1-4 years	AGES 5-9 years	AGES 10-14 years	AGES 15-19 years
1	Preterm birth complications	Lower respiratory infections	Lower respiratory infections	Road injury	Road injury
2	Birth asphyxia and birth trauma	Malaria	Road injury	Drowning	Interpersonal violence
3	Respiratory infections	Diarrhoeal diseases	Diarrhoeal diseases	Lower respiratory infections	Collective violence and legal intervention
4	Congenital anomalies	Drowning	Drowning	Other unintentional injuries	Self-harm
5	Diarrhoeal diseases	Measles	Congenital anomalies	Congenital anomalies	Maternal conditions
6	Malaria	Congenital anomalies	Malaria	Diarrhoeal diseases	Cardiovascular diseases
7	Neonatal sepsis and infections	Tuberculosis	Meningitis	COVID-19	COVID-19
8	Tuberculosis	Protein-energy malnutrition	Other unintentional injuries	Meningitis	Tuberculosis
9	Syphilis	HIV/AIDS	Tuberculosis	HIV/AIDS	Other unintentional injuries
10	Meningitis	Meningitis	HIV/AIDS	Tuberculosis	Congenital heart anomalies

Introducing the Global Status Report on Child & Adolescent Road Safety

- WHO data from Global Health Estimates 2021
- IHME Global Burden of Disease 2021







Key findings and data insights

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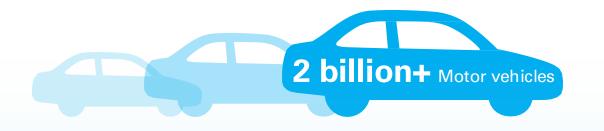
An estimated

500 children and adolescents

0-19 years die in road traffic crashes every day. One death every 3 minutes.

By 2030

the number of cars is expected to double worldwide





of road traffic fatalities in children 19 and

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Low- and middleincome countries

60% of the world's population is expected to be living in urban areas by 2030

Regional insights

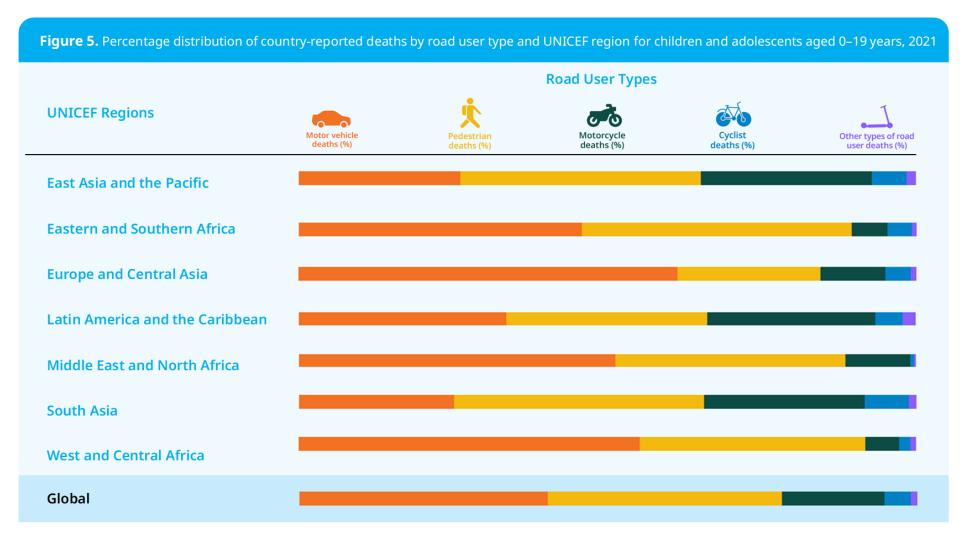
Table 1. Proportion of global child and adolescent deaths (aged 0–19 years) from roadtraffic crashes, 2021

Country income level*	Number of road traffic deaths	Proportion of road traffic deaths	Road traffic injury death rate/100,000 (children aged 0–19 years)
Low-income	46,089	25.4%	14.3
Lower-middle income	77,118	42.5%	6.5
Upper-middle income	48,266	26.6%	5.2
High-income	9,980	5.5%	2.7
Global	181,453	100.0%	6.8

* According to World Bank classification

Source: Global Health Estimates 2021, World Health Organization 2024

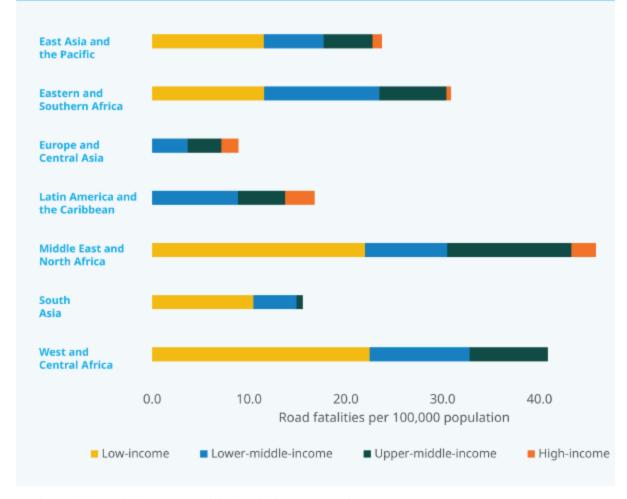
Regional insights



Source: Global Burden of Disease Estimates 2021, IHME 2023

Regional insights

Figure 7. Road traffic fatalities (per 100,000 population) among children and adolescents aged 0–19 years by UNICEF region and country-income level, 2021



Source: Global Health Estimates 2021, World Health Organization 2024

What's in the report

- Rationale for the focus on children & adolescents
- Global burden of road traffic crashes in children & adolescents
- Policy options for the prevention of road traffic crashes in children & adolescents
- Current global status & gaps in policy measures



How to use this report

- Convince policymakers: of the place of road safety in child health
- **Benchmark your performance:** Compare your country's child fatality rate against other countries
- Identify policy gaps: Using the legislative maps to pinpoint gaps in child-specific policies in your country
- **Prioritize interventions:** to maximize impact of limited resources
- Monitor progress: Establish baseline measurements using the report's data points to track intervention effectiveness



How to use this report

• Create impactful advocacy tools e.g. Indonesia



POLICY BRIEF

Road Safety Strategy for Children and Adolescents in Indonesia

Safe travel is a fundamental right for every child. Yet, road traffic rightries (This) menuin a leading cause of death among olitidre and addisectors under 29 years of age in Indonesia, accounding for 20 per cent of all faallites (8,747 death) in all age groups. With rapid urbanization and an increase in motorization, the country fixes growing challenges in ensuring alle mobility for its youngest citters. Children and addisecents make up nearly 30 per cent of Indonesit's population, amounting to about 80 million individual acrossite handon's 31 pervines.

The soloscenomic impact of road orable is profound, with estimates suggesting that there in total trafts carable social and strated 3.2 per cere of Indionesis (SOL III) in 2011, which is 30.5 trillion indionetian rupibil (Rp), equivalent to 2.9.86 billion Australian dollars (Juss)). This includes immediate costs, but also longer error physical, mental, social and developmental well-balling impectations, particularly for young survivers, who face the added burden of disruptions to their education, facure productivity and broad co-benefits, allekating startin - healthcare systems, fastering promoting growth and promoting environmental sustainability through safer infrastructure and efficient resource use. These policies also: carear valuable operturnists for multistorial systems to improve public health and astrey. Table 1: National legislation relevant to child and adolescent road safety in Indonesia

National law	In place?	Enforcement
National law for a formal road inspection	Yes	Fair
Legislation on vehicle inspection and certification	Yes	Fair
National law on front and side impact protection	Unknown	Unknown
National law on speed limits	Yes	Poor
Speed control around schools	Partial	Poor
National law on drink driving	Yes	Fair
Blood alcohol content for novice drivers	No	N/A*
Age limit to purchase alcohol	21 years	Fair
National law on drugs and driving	Yes	Unknown
National law on distracted driving	Yes	Unknown
National law on helmet use	Yes	Poor
Children allowed on motorcycles	Yes	Poor
Separated cycle lanes	Partial	Unknown
National seatbelt law for motor vehicle occupants	Yes	Poor
National law on child restraint use	No	
Child restraint standards	No	N/A
Age restrictions for sitting in front seat	No	N/A
Road safety as part of school curriculum	No	N/A
First aid training mandatory in schools	No	
National law for time between crash and professional care	No	N/A

Shown in italics are child specific legislation from the UNICEF regional reports.⁷

* = enforcement not applicable because legislation is not in place. (source: search of relevant legislation)

	POPULATI	. 3. 4 DN (2019)		55.3	0.0%	50.40%	34,10%
	Total popula	ation	269.5 million	55.3			34.10%
	GNI per cap		US\$4,140		. .	Ŭ,	14
	Country inc	ome group	Lower middle income	Urt	ban ing		Children and adolescents under 20 year
CAUSES OF DE	ATH ANI	D INJUF	RY AMONO		DER 2	20 YEAR	OLDS
IN 2019 ⁵ ROAD TRAFFIC DEATHS AND INJURIES		ROAD TR	AFFIC INJURY BY	USER	ROAD	TRAFFIC IN	IJURY BY AG
All injury deaths (n)	17,108	2%			<1 years	390	
Road traffic deaths (n)	7,864	2	8% 24%		1-4 years	724	
Rate per 100,000 populat	ion 8.94		5%		5–9 years	989	
% boys	81%		41%		10-14 years	1,215	
Years of healthy life lost to RTI-related disability	18,796				15–19 years		4,545
			n 📕 Cyclist 📕 Me cupant 📕 Other	otorcyclist	<20 vears		7,86
LEADERSHIP* Is child health a national priority? No Is there a dedicated child injury prevention unit? No		speed limits Yes	d limit thorities modify ?		None Blood a novice o None		
	÷	Are speeds around scho Partial		3	Age to I 21 year	buy alcohol '\$	ċċ
MOTORCYCLES AND HELMETS	0		NT RESTRAIN	TS	EDUC FIRST		ID
Is there a motorcycle helr	net law?	Is there a d No	ilia restraint law?			safety part o	
Yes		Is there a ch		lard?	school o No		
			ehicles need ISO	FIX		aid training m ary schools?	
Are children allowed on motorcycles?							
	lanes?*	anchorages No			No		

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Conclusions

- This report is designed for action: not just to describe the problem, but to empower users to push for solutions.
- Data is broken down to help different sectors (health, transport, education, finance) advocate jointly.
- There are clear gaps and clear solutions: funding, policy, and programming can all align with evidence.

