



**THESE ARE**

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**OUR STREETS**

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**MANIFESTO 2030: SAFE AND HEALTHY STREETS  
FOR CHILDREN, YOUTH AND CLIMATE**



**CHILD HEALTH  
INITIATIVE**



**THE GLOBAL GOALS**  
For Sustainable Development

**THIS IS MY STREET**

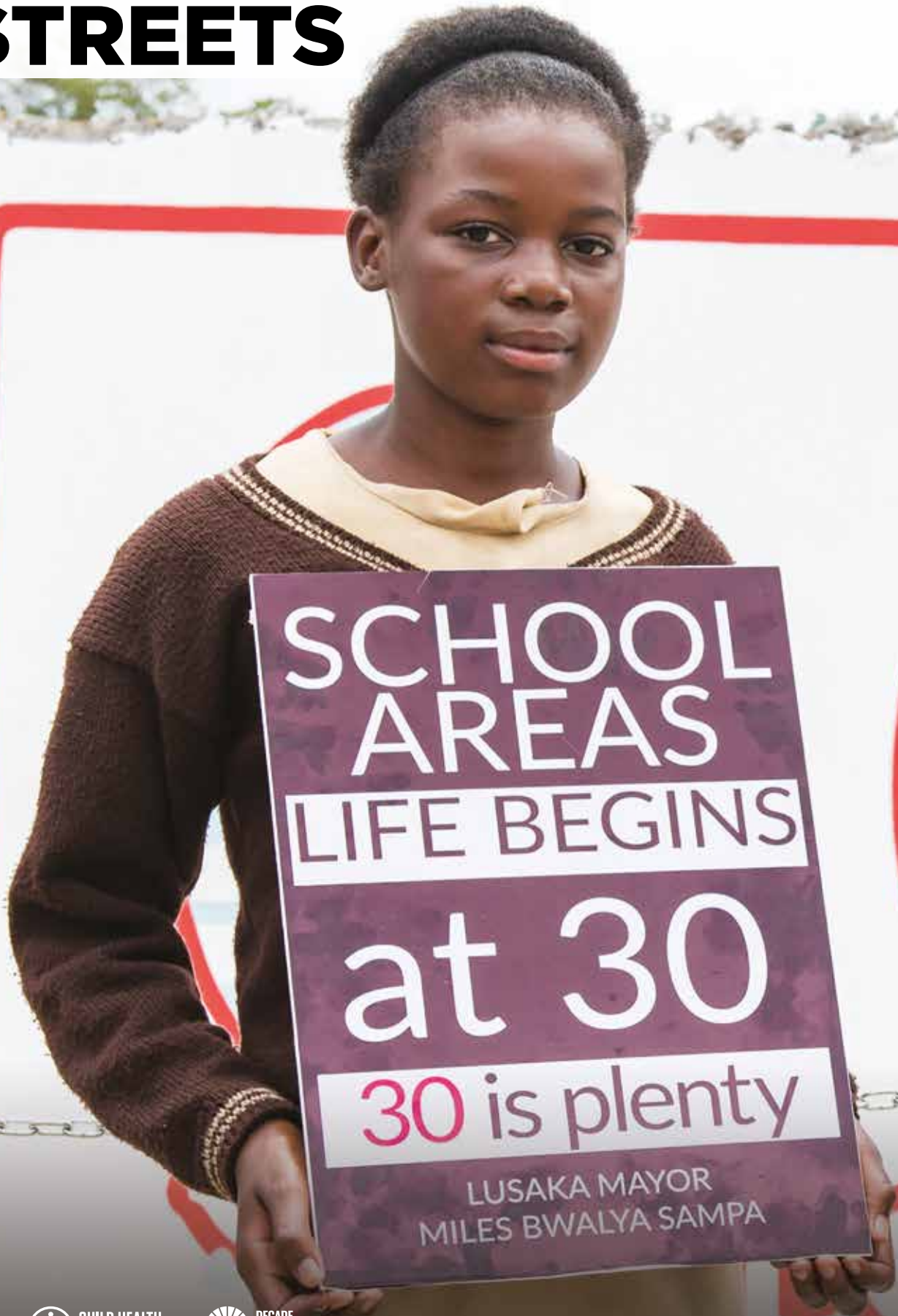


The Child Health Initiative is an informal collaboration of organisations committed to advocating for the rights of children and adolescents to safe and sustainable mobility, and working together to implement and promote practical solutions in support of the Sustainable Development Goals. For a full list of partners see [www.childhealthinitiative.org/about-us](http://www.childhealthinitiative.org/about-us)

This paper has been written by the FIA Foundation, as a contribution to the Child Health Initiative. First published in February 2020, it has been updated in July 2020 to respond to the COVID-19 pandemic.



# THESE ARE OUR STREETS



There is much talk about the need to be 'transformational' in reducing road traffic death and injury.

The COVID-19 pandemic is demonstrating the urgency of sharing roads more equitably, encouraging walking and cycling, and keeping young people safe on their journeys to school and college. It is now beyond time to stop talking and start transforming.

These are our streets. And this is a 2030 Manifesto to transform them. An agenda for safe, child- and climate-friendly neighbourhoods; a policy prescription for serious implementation of the Safe System, with a focus on safe and healthy journeys for children and youth; a vision of a world designed to ensure that no one gets hurt walking to school or hanging out with friends.

Taken together, the practical measures of this manifesto represent a 'speed vaccine'. Why do we need a vaccine? Because, worldwide, someone is killed by a motor vehicle every 23 seconds. And because road traffic crashes are now the leading global cause of death for children and young people between the ages of 5 to 29. This plague on our youth demands more than the usual warm words and ad hoc, uncoordinated, application of sticking plasters. It requires nothing less than a global public health vaccination campaign, delivered by planners, engineers and police officers.

This speed vaccination campaign should begin, but not end, with our schools – as platforms for change in every community – and the journeys to them made daily by billions of children, their parents and carers. Every child has the right to an education and the best start in life. A safe journey to school is the least they should expect.

Yet reducing road traffic deaths and injuries may not even be the most important result of this vaccination campaign. Because, by building more sustainable, walkable, cyclable cities, the speed vaccine will be a vital ally in the battles to combat COVID-19, clean our air and tackle climate change. It will be a core element of the Green New Deal and a positive step towards a low carbon world.

Furthermore, by returning streets to pedestrians, and emphasising liveability, the speed vaccine will also contribute to addressing issues of mental health, obesity, crime and violence, social exclusion and deprivation. This will benefit every section of society, but most particularly our youth.

Safe and healthy streets must be at the core of a new 'build back better' global agenda for youth, one which links all the major health burdens and opens up opportunities for our young people.

This is why, as an essential step, we are calling for a first ever Global Adolescent Summit to prioritise wide-ranging action on adolescent health and rights, including support for the speed vaccine; and to expand the frontiers of the child survival agenda into the second decade of life, confronting these new challenges of the modern world.

## OUR 2030 MANIFESTO

We will campaign in support of the SDG agenda to transform our streets:



**EVERY CHILD AND ADOLESCENT CAN EXPECT A SAFE AND HEALTHY JOURNEY TO SCHOOL.**



**STREETS WHERE CHILDREN MIX WITH TRAFFIC HAVE A DEFAULT SPEED LIMIT OF NO MORE THAN 30KM/H.**



**EVERY URBAN STREET HAS A VIABLE FOOTPATH AND PROTECTED AT-GRADE CROSSINGS.**



**EVERY CITY HAS SET AN AMBITIOUS TARGET FOR PROTECTED CYCLE LANES.**



**A GLOBAL ADOLESCENT SUMMIT TO PRIORITISE SDG ACTION ON ADOLESCENT HEALTH AND RIGHTS.**

# COVID-19: A WORLD TRANSFORMED



Since we first published this Manifesto, at the 3<sup>rd</sup> Global Ministerial Conference on Road Safety, in Stockholm in February 2020, the world has been transformed by COVID-19. The pandemic has so far killed hundreds of thousands of people, and left millions more with lasting health problems. It has thrown tens of millions of people out of work, and separated more than a billion young people from their education.

The pandemic has also focused political attention on the vital role of safe and healthy streets. During lockdown we have breathed clean air and explored our quiet, traffic-free neighbourhoods. As car drivers parked up and retreated indoors, children emerged to run, play and cycle in their streets. Responding to the need for safe physical distancing, and to encourage more walking and cycling as economies open back up, many city authorities have implemented ambitious tactical urbanism, providing pop-up cycle lanes and widening sidewalks.

As schools and colleges return, the case for prioritising children and youth becomes urgent. The school run, always inefficient and unsustainable, is becoming less socially acceptable. Children need protected space to

walk to school, to enter and exit, to be met by parents and carers while enabling safe physical distancing. This is incompatible with a 'me-first' melee of car driving parents queuing to drop off or collect. Many schools and local authorities are responding by introducing 'school streets', closed to traffic at key points in the day. Others are building schools into urban design plans, to provide safer routes for school journeys. We at the Child Health Initiative are working with UNICEF on global guidance for safe school re-opening.

But beyond the immediate needs, this crisis provides a once-in-a-generation opportunity to transform the world for good. COVID-19 is a warning of what happens when human activity gets out of balance with nature. It shows that we must respond to greater existential threats – like climate change – with urgency and ambition. As a contribution to this, we must make our streets safe, accessible and welcoming for every child and youth; we must prioritise zero-carbon mobility – walking and cycling – in the design of and investment in our public space; we must challenge and defeat road danger and air pollution. We wrote this manifesto before COVID-19, but this new pandemic we are living through re-validates and re-energises our call to action.

“Today the coronavirus pandemic, in all its horror, opens the prospect of sweeping urban change. Cities suddenly see the possibility of correcting their greatest mistake of the 20<sup>th</sup> century, the surrender of too much public space to the automobile.

Cities need to seize this moment and move at lightning speed. We need to find a better balance between the cars on our street and the bicyclists and pedestrians who have, for decades, been neglected and pushed to the margins”



**Heather Thompson**

CEO, Institute for Transportation and Development Policy (ITDP)  
New York Times Op-Ed, June 2020

# 2 MILLION YOUNG LIVES LOST, 100 MILLION YOUNG LIVES DAMAGED

Since the first gathering of ministers for a global road safety conference, in Moscow in 2009, an estimated 2 million children and youth have lost their lives in traffic collisions on the world's roads. Another 100 million have been injured. Many of the injured now live with disability or disfigurement.

Road traffic is the leading global cause of death for children over the age of five, and for adolescents. Taken together, road traffic injuries and ambient (outdoor) air pollution, to which traffic is a significant contributor, kill at least 500,000 children and adolescents each year. Millions of young people suffer life-altering, maiming injuries in road crashes.

The Global Burden of Disease study estimates the impact worldwide of these road traffic injuries (see figure 1), with more than 10 million youngsters injured every year.

Using injury data collated by the Transport Accident Commission (TAC) in Victoria, Australia, and the International Road Assessment Programme (iRAP), we can also build a more detailed picture of the extent and cost of road traffic injury to the young.

The Global Burden of Disease study estimates that, worldwide, over a million children and young people suffered head injuries as a result of road

traffic crashes in 2017. In the case of Victoria, severe brain injuries were less than 1% of claims, but accounted for around half of all the TAC's total payments for children aged 5 to 19, with pedestrians around half of these cases.

The average cost to TAC of injuries in Victoria over the past decade was almost three times higher for child pedestrians aged 5 to 19 than for those over the age of 20. The average costs of pedestrian injuries for those aged 5 to 9 were particularly high – each case costing on average nearly US\$ 700,000.

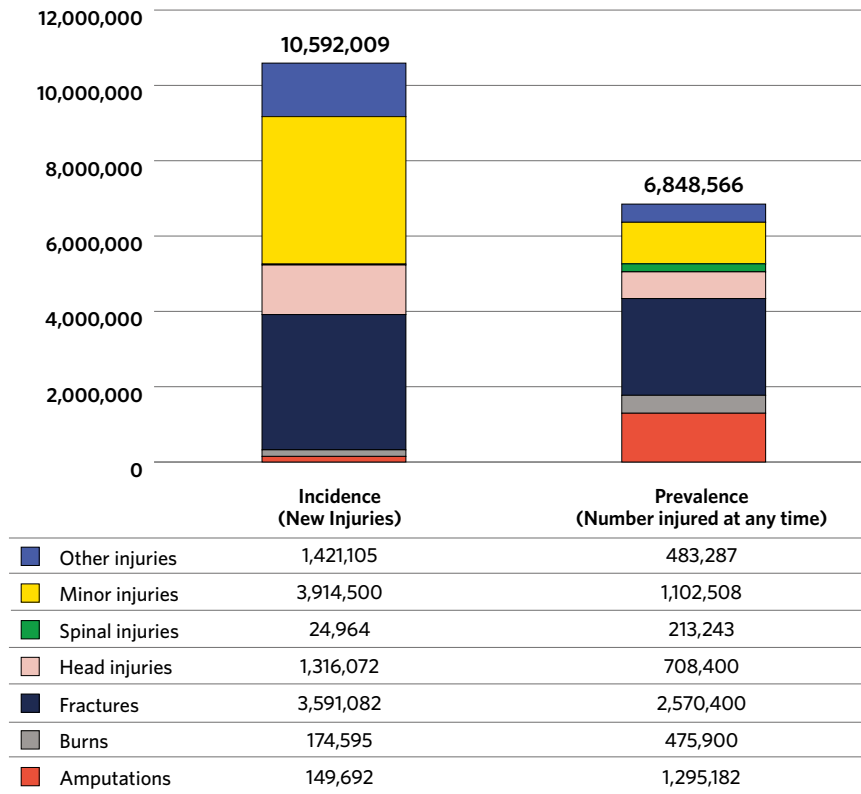
These stark figures outline the financial costs of trauma and post-trauma care in one high-income country, yet come nowhere near to calculating the global human impact of injury: missed school, lost opportunities, life paths not taken. Our research with UNICEF has also highlighted the burden on families of a child, or a parent or breadwinner, suffering road trauma and requiring long-term care. The impact is particularly hard on lower-income families, as a combination of post trauma care costs and loss of income hits household budgets.

Tackling these human and financial costs of road traffic injury, as well as the wider related impacts of dysfunctional transport systems and unsafe streets, must be a priority, not least for child and adolescent health and wellbeing.



## FIGURE 1: INJURIES FOR CHILDREN AND YOUNG PEOPLE

### Global Road Injuries 2017 (Children and young people, <20)



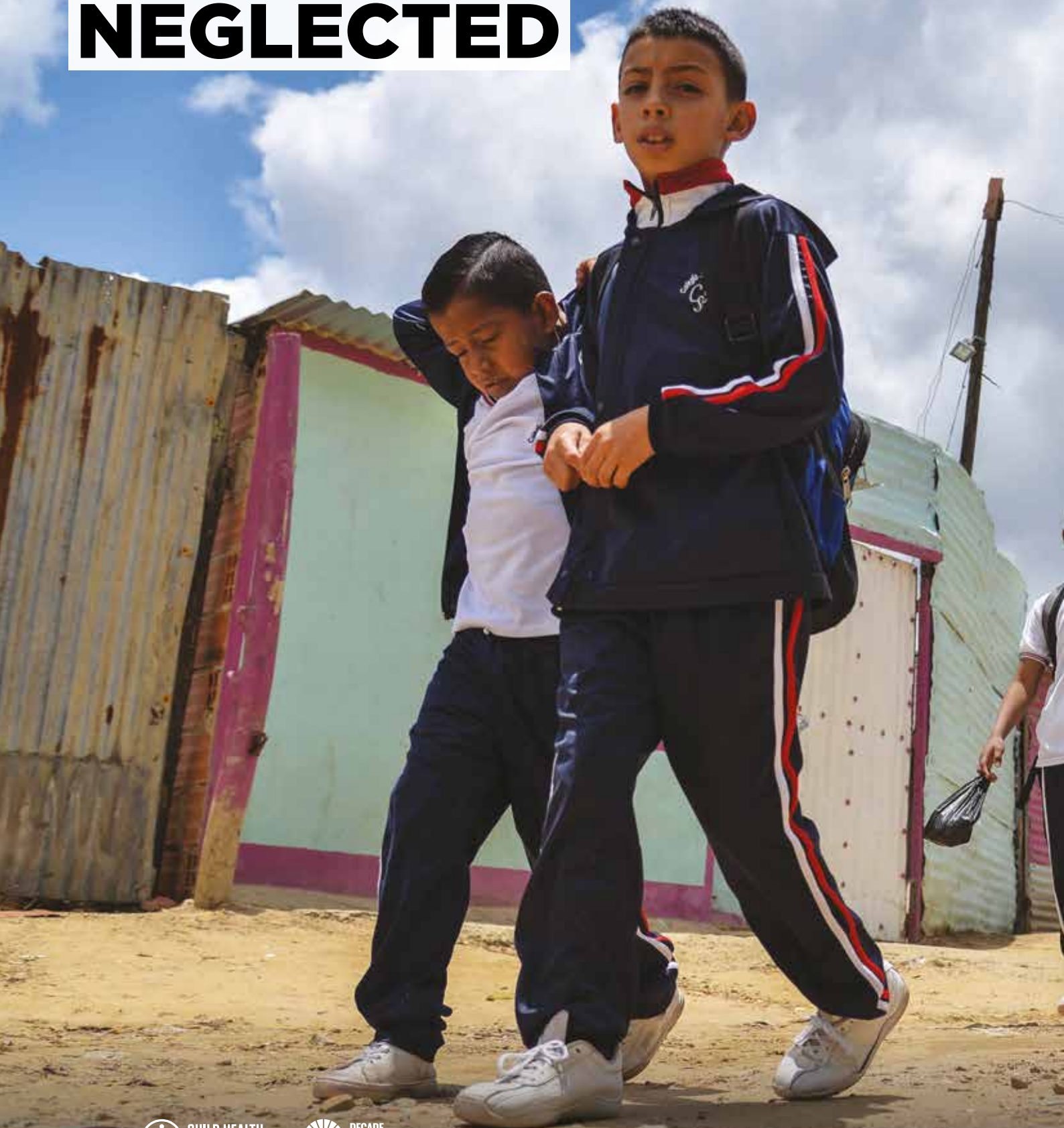
Source: IHME Global Burden of Disease, 2017.

“How many more young people must lose their lives and their futures before we say enough is enough? During the pandemic children have stayed indoors to protect their elders. Now we must protect them as they venture out. As we search for the COVID-19 vaccine, let’s deploy one we do have available: the speed vaccine.”



**Rt. Hon. Lord Robertson of Port Ellen**  
Chairman, FIA Foundation

# GENERATION Z: UNDERFUNDED AND NEGLECTED



“At all levels, from international donors to governments and authorities in-country, adolescents are neglected and responses to the issues they face are largely unfunded.

Adolescents have now been included in global strategies on maternal, newborn and child health. However, this age group has not seen increased investments and attention that has brought huge health gains for younger children. A major problem is the lack of adolescent targeted development assistance. In the Journal of the American Medical Association we studied 132 developing countries and found that over a 13-year period, on average, just 1.6% of development assistance for health was targeted at adolescents. In the final year studied, 2015, it had increased slightly but to just 2.2%.

When broken down further into issue areas, levels of financing are disproportionately low in areas that are the major causes of disease burden in adolescents. The leading health burden globally, road traffic injury, received just 0.3% of that small fraction targeted at adolescents. Another leading health burden, self-harm, received 0.6%.

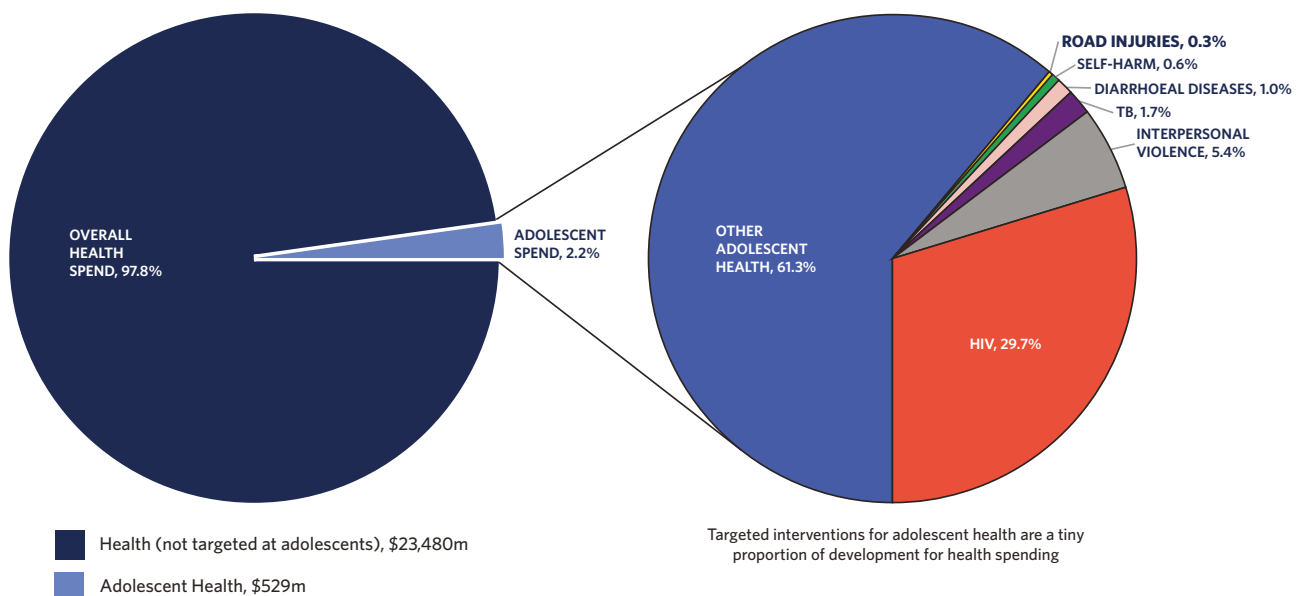
Financing is poorly designed to address the cross-cutting nature of the issues that concern adolescents. The major determinants of health, growth and development lie largely beyond the health sector, requiring collaboration between those working in education, skills and employment, within communities, on mental health, on nutrition, in transportation and areas such as policing and justice. Financing is too often siloed within a small part of the health sector – a rethink is needed for collaborative action across sectors, and a response designed to suit the needs of young people themselves.

This is why a Global Summit on Adolescents is so important – it can’t come soon enough both for the Sustainable Development Goal effort as a whole and for young people themselves.”



**George Patton,**  
 Professor of Adolescent Health Research, University of Melbourne;  
 Chair, Lancet Commission on Adolescent Health & Wellbeing

**FIGURE 2: ADOLESCENT HEALTH SPENDING AS A PROPORTION OF DEVELOPMENT ASSISTANCE FOR HEALTH, & BREAKDOWN OF SPEND ON SPECIFIC ADOLESCENT BURDENS**



Source: Li et al (2018) Global Development Assistance for Adolescent Health From 2003 to 2015 JAMA Network Open. 2018;1(4).

This chart is based on the JAMA analysis of 132 countries.

# CHILDREN OF THE REVOLUTION





“Ten years ago my thirteen year old daughter Zenani was killed by a drunk driver. One moment, my little girl who was full of hopes and dreams and laughter was with us. And then, in the few seconds it takes to crash a car - she was gone. You watch your children grow, you see them start to make their own lives. You never imagine it could end so suddenly.

Zenani was just one of an estimated **two million children** who have lost their lives on the road since the 1<sup>st</sup> Global Ministerial Conference on Road Safety was held in Moscow in 2009.

Today, road traffic injury is the leading global cause of death for children and youth. According to WHO health estimates, almost 250,000 children under 19 are lost each year. They are mostly killed by adults. In what other area of our lives would this not lead to outcry and immediate action?

At the 2<sup>nd</sup> Global Ministerial Conference on Road Safety, held in Brasilia in 2015, I had the honour to make the opening speech, in the presence of the country’s President, global leaders and ministers from around the world. I asked: ‘Where is the action? Where is the urgency?’ I warned that the time for excuses for inaction was over. This was my challenge to leaders, ministers – and all of us – in 2015:

- Lower speeds by all schools and residential areas – no excuse;
- Safe pavements and cycle lanes in all our cities – no excuse;
- A safe route to school for all our children – no excuse.

None of these objectives have been achieved. Five years on, action has been patchy or non-existent in too many countries.

The excuses – and the deaths and injuries – continue.

Our children face unacceptable health burdens each day on the journey to and from school. They suffer the twin threats of poisonous air and traffic injury. We urge them to be more physically active, but our cities do not enable safe walking and cycling.

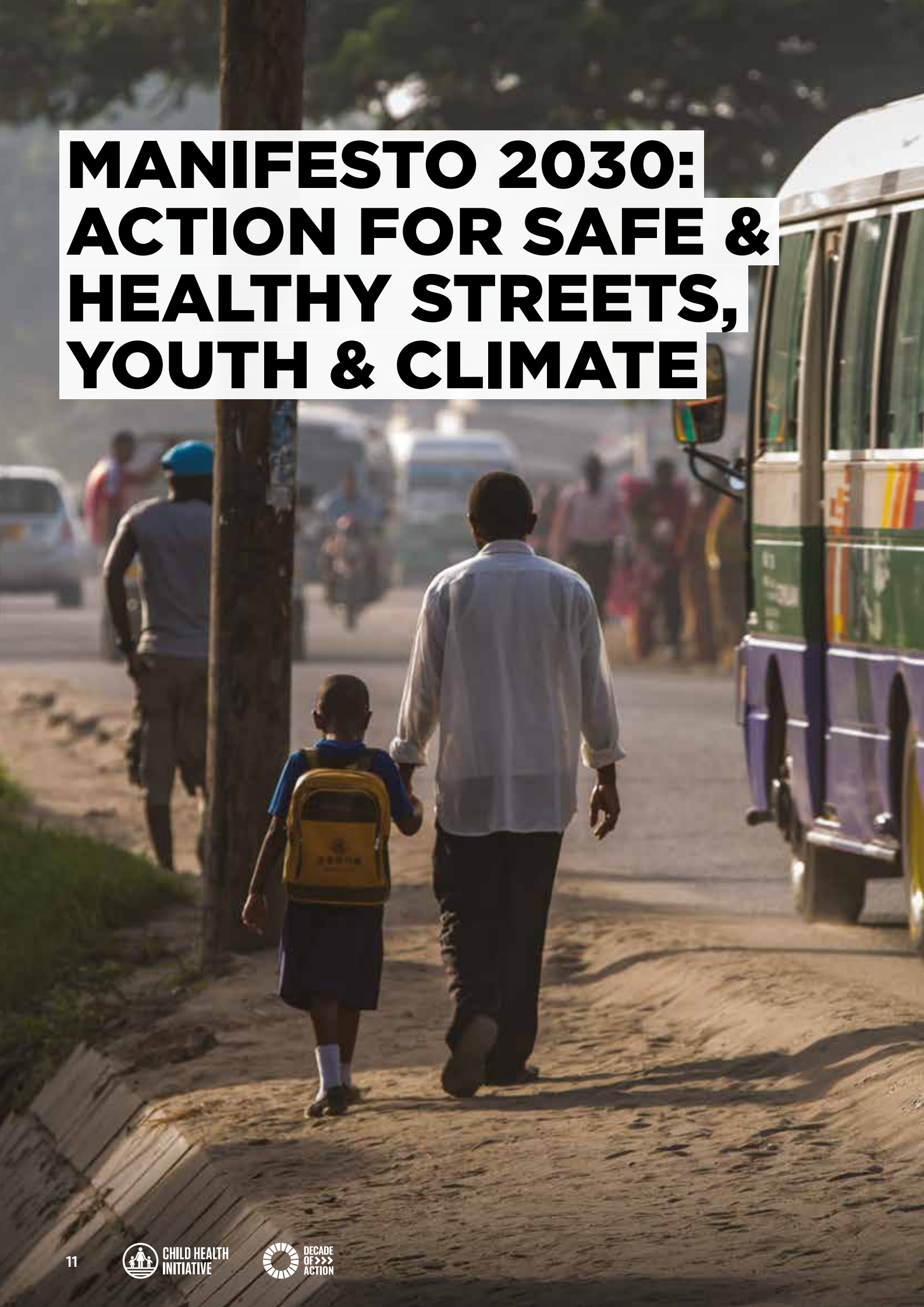
My grandfather, Nelson Mandela knew a bit about difficult challenges. As he famously said, “it always seems impossible, until it is done.” What lies in front of us may be difficult, but it is far from impossible. This is a man-made epidemic and we have in our hands the tools to defeat it.

Now, in 2020, we must turn the corner. In the name of the children and youth killed or injured since 2010, and the ones we can save in the future, we must build back better from COVID-19, organise to ensure youth are prioritised, and use the speed vaccine to deliver a true revolution transforming our streets from places of danger to places of freedom.”



**Zoleka Mandela,**  
Global Ambassador,  
Child Health Initiative

# MANIFESTO 2030: ACTION FOR SAFE & HEALTHY STREETS, YOUTH & CLIMATE



“With COVID-19 dominating agendas, budgets and media and political attention other important issues are being pushed to the margins. But the impact of the pandemic on children and teenagers has been immense: missed schooling, lost opportunities, economic hardship for many. The post-pandemic world must be fairer and greener, and must address neglected issues affecting youth. These include road traffic, now the leading global killer of young people aged five to 29.

In a ‘normal’ year, a quarter of a million children are killed by people driving vehicles, and another ten million injured. They are victims of societal dysfunction in urban and transportation planning, which values vehicle movement and speed over the needs of people and their quality of life. It is a dysfunction that contributes to the toxic air and the obesity crisis affecting child and adolescent health and wellbeing. And it is a dysfunction which fuels climate change.

So where better than Stockholm, home of Greta Thunberg, to launch a new push for safe, low carbon transport and a child- and youth-friendly approach to urban planning and street design. It is here that health, development and transport ministers from across the world met in February 2020 to review progress in tackling road traffic deaths. The resulting Stockholm Declaration strongly emphasised the complementarity of action on road safety and a range of other Sustainable Development Goal priorities, including air quality, adolescent health, and the climate.

With national road safety policy since 1997 defined by their ethical ‘Vision Zero’ approach – that no death or serious injury is acceptable, and government has the lead, but not sole, responsibility to engineer all aspects of the road system to be ‘forgiving’ of human error – Sweden has succeeded in driving down road traffic casualties and reducing child deaths to almost zero. Sweden’s approach places special significance on the human rights of children as entirely blameless users of roads and streets.

Whereas traditional road safety has placed the prime responsibility on children’s own personal behaviour: ‘don’t run out in front of cars’; the Vision Zero or Safe System approach looks at the problem from a system design perspective. Assuming, children being children, that they do sometimes forget to ‘stop, look and listen’, where should the onus for preventing harm lie? With them? Or with street design (narrowed lanes, speed humps and chicanes); vehicles (intelligent speed adaptation, pedestrian-friendly crumple zones on car fronts, wide vision trucks); vehicle constraint (e.g. ‘school streets’ where traffic is banned at key points in the day); and traffic speed of 30 km/h or less.

Taken together these measures can act as a ‘speed vaccine’, an intervention for reducing death and serious injury that has been proven to deliver not only in law-abiding Scandinavia but in bustling megacities across the world, from New York to Addis Ababa, Sao Paolo to Seoul. It is a principle that can be adapted to any stage of economic development, which protects the poor and vulnerable, elderly and young most of all, and has proved its relevance as cities reimagine public space in response to COVID-19.

And this speed vaccine is a pre-condition for avoiding yet more car use, shifting travel from cars to more environmentally sustainable modes, and improving the accessibility of roads for walking, cycling and getting to and from public transport hubs. If we are serious about reducing the growing share of CO<sub>2</sub> emissions from motorised transport, we must first be serious about reducing urban traffic speed.

While rapidly growing cities in Asia and Africa repeat the 1960s mistakes of the West with ever more urban motorways and concrete flyovers (still too often funded with aid money), up to 90% of their streets shared by fast traffic and pedestrians have no basic footpath. So, make no mistake, this will be one of the defining 21st century battlegrounds for sustainable development and environmental justice wherever we happen to live.

As the UN embarks on its Decade of Action for the SDGs, we need to be imaginative in breaking down silos and in tackling new challenges which threaten their achievement. A growing public health coalition is calling for a new focus on adolescence, the crucial but neglected and under-funded second decade of life.

Demanding equitable and ecological urban planning, including new thinking on the design and allocation of our public space and roads – the re-invention of our cities and peri-urban areas to be fit for 2030 and beyond – is vital for enabling access to education and employment, responding to COVID-19, tackling the teenage obesity crisis and mental health issues, facing up to the climate emergency and, yes, at last responding to the road traffic injury epidemic which is killing and maiming so many of our young people.”

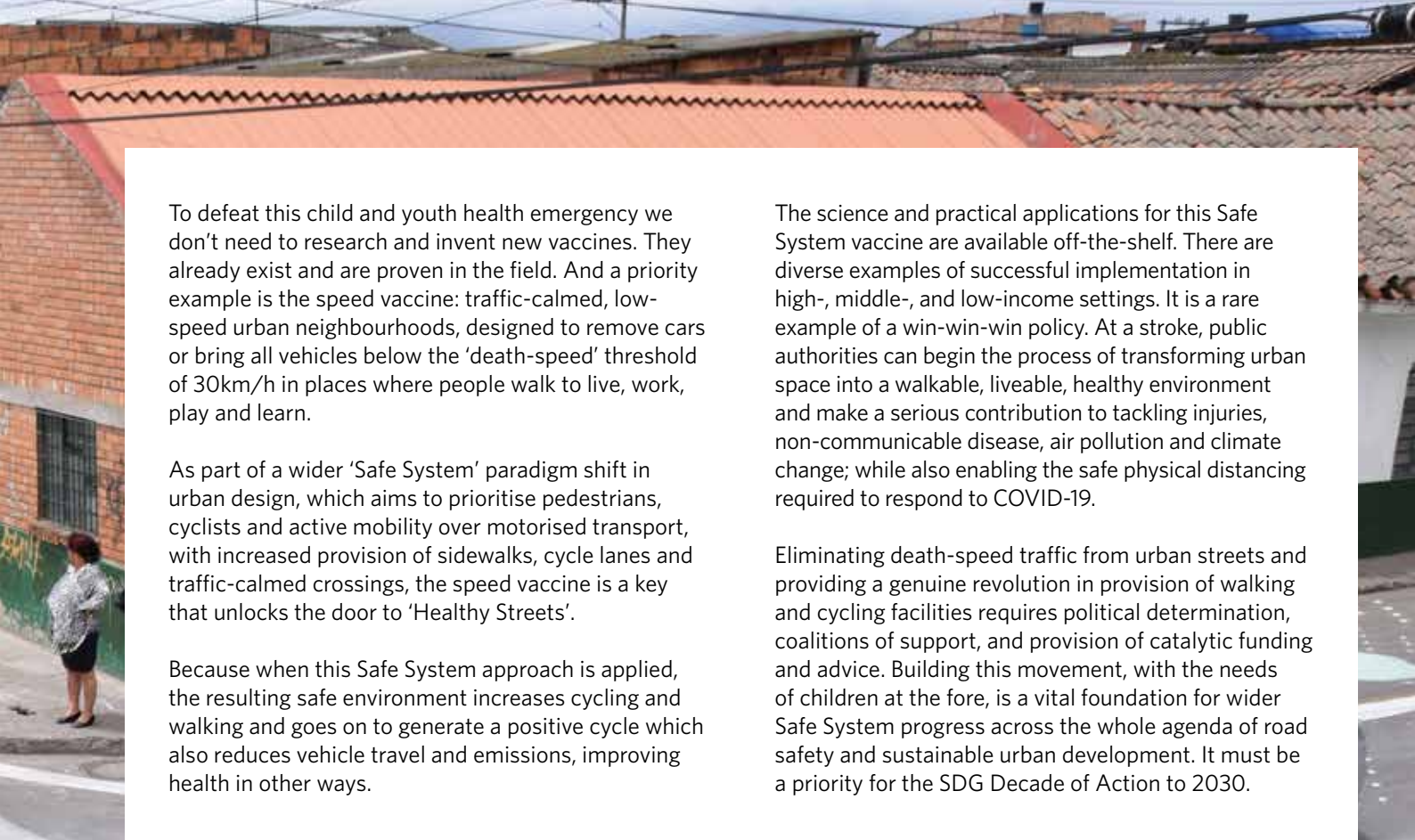


**Saul Billingsley** is Executive Director of the FIA Foundation, which coordinates the Child Health Initiative

# THE SPEED VACCINE: DESIGN FOR HEALTH & CLIMATE








To defeat this child and youth health emergency we don't need to research and invent new vaccines. They already exist and are proven in the field. And a priority example is the speed vaccine: traffic-calmed, low-speed urban neighbourhoods, designed to remove cars or bring all vehicles below the 'death-speed' threshold of 30km/h in places where people walk to live, work, play and learn.

As part of a wider 'Safe System' paradigm shift in urban design, which aims to prioritise pedestrians, cyclists and active mobility over motorised transport, with increased provision of sidewalks, cycle lanes and traffic-calmed crossings, the speed vaccine is a key that unlocks the door to 'Healthy Streets'.

Because when this Safe System approach is applied, the resulting safe environment increases cycling and walking and goes on to generate a positive cycle which also reduces vehicle travel and emissions, improving health in other ways.

The science and practical applications for this Safe System vaccine are available off-the-shelf. There are diverse examples of successful implementation in high-, middle-, and low-income settings. It is a rare example of a win-win-win policy. At a stroke, public authorities can begin the process of transforming urban space into a walkable, liveable, healthy environment and make a serious contribution to tackling injuries, non-communicable disease, air pollution and climate change; while also enabling the safe physical distancing required to respond to COVID-19.

Eliminating death-speed traffic from urban streets and providing a genuine revolution in provision of walking and cycling facilities requires political determination, coalitions of support, and provision of catalytic funding and advice. Building this movement, with the needs of children at the fore, is a vital foundation for wider Safe System progress across the whole agenda of road safety and sustainable urban development. It must be a priority for the SDG Decade of Action to 2030.



"Reducing speed by design on roads where kids live, and where they walk or cycle to school, is urgent. This is a highly cost-effective public health intervention, enabling exercise, reducing vehicle emissions. A proven area-wide 'vaccine' against serious injury. Low speeds save lives."

**President Jimmy Carter & Rosalyn Carter; Michael R Bloomberg; Prime Minister Andrew Holness of Jamaica; UN Special Envoy for Road Safety Jean Todt (and 100+ other signatories) 'Speed Vaccine Open Letter' 2017.**

## BOX 1: THE SAFE SYSTEM - A VITAL POLICY FOR CHANGE

The Safe System approach recognises that the current situation, where millions of children risk or lose their lives every day, is the outcome of a mobility system which is not set up to value or protect human life. The system must be reviewed and reoriented based on five key principles: that humans make errors; that humans are vulnerable to injury, that responsibility should be shared, that no death or serious injury is acceptable, and that a proactive approach should be taken to create safe mobility systems. These principles are especially pertinent for children, given that they are less able to judge vehicle speeds, have poorer impulse control, are less visible due to height, and have more fragile bodies than adults.

A recent research project led by the Overseas Development Institute and World Resources Institute, in partnership with the FIA Foundation, explored how

three cities, Bogota, Mumbai and Nairobi, make decisions affecting safe and sustainable mobility. A key finding was that road user behaviour is blamed for road traffic collisions, which allows politicians and system designers to avoid responsibility for bad policy, failed highway and street design, and poor traffic management.

So adopting the 'Safe System' approach, which views road safety as a public health issue, rather than one of personal responsibility alone, is vital. By focusing on system design, rather than individual behaviour, the main accountability is shifted back where it belongs: to the planners and their political masters. And it works. Research by the World Resources Institute and the World Bank found that countries that have taken such an approach have been able to reduce fatalities faster and to a greater degree than others.



Tackling road traffic from a public health perspective, Bogotá is actively implementing a safe system 'Vision Zero' policy which saw an 8% reduction in traffic fatalities in just one year.



More than half of traffic deaths in Mumbai are pedestrians. Yet road user behaviour, rather than road design and lack of speed management, is still typically blamed by the authorities.



Nairobi has not yet embraced the safe system, and suffers high levels of pedestrian injury. But investment in walking & cycling facilities is now increasing, driven by both a safety and an environmental imperative in a city suffering appalling levels of air pollution.

## BOX 2: TOWARDS HEALTHY STREETS - IMPLEMENTING THE SAFE SYSTEM

Cities are increasingly taking the lead in implementing the Safe System approach, as part of a broader public health agenda.

Latin American cities are demonstrating the benefits. By reducing speed limits on five key arterial roads where 25% of fatalities were occurring, Colombia's capital Bogotá prevented an estimated 60 deaths in just six months between November 2018 – May 2019, compared with the average over the previous five years. In Brazil, Fortaleza has reduced its road deaths by 44% between 2011-2018, while São Paulo, where traffic deaths are already at their lowest since 1979, has set a 50% death reduction target for 2028. Speed management and street design to prioritise and allocate more space to pedestrians, including near schools, have been crucial elements in this success. Cross-cutting benefits are being seen – in Fortaleza the strategy is explicitly linked to increasing children's physical activity. Catalytic support from Bloomberg Philanthropies has played a key role in helping these cities advance, and shows the important role that public health donors can play.

To spur wider adoption of the Safe System, the World Resources Institute and several partners have launched

the Vision Zero Challenge. The inaugural Vision Zero Challenge 2020-2021 will focus on cities in Latin America and the Caribbean, and aims to support cities in overcoming the barriers to full Vision Zero implementation. Another Child Health Initiative partner, NACTO's Global Designing Cities Initiative, will launch its 'Designing Streets for Kids' guide in 2020, and will work in depth with four cities – Fortaleza, Brazil; Kigali, Rwanda; Santiago, Chile; and Tirana, Albania – and mentor another eight to demonstrate the impact of child-friendly design.

A focus on children and their journey to school has been shown to humanise the Safe System for politicians and public alike, and can help to re-energise flagging Vision Zero commitments. In the US, where more than 40 cities have committed to working towards ambitious Vision Zero targets, Child Health Initiative partner, the National Center for Safe Routes to School, is supporting cities through a Vision Zero for Youth network. In Mexico City, the Institute for Transportation & Development Policy is working with the city government and local communities targeting school journeys as a way to build support and momentum for the city's Vision Zero agenda.



In Bogotá, street redesign and speed control around schools and hospitals is the first phase of a new Vision Zero push.



Mexico City is using a focus on 'Vision Zero for Youth' and support for the child mobility rights agenda to re-invigorate its safe system policies.



New York City received the 2019 US Vision Zero for Youth award for its focus on school safety.



In São Paulo, traffic speed reductions and reallocation of road space helped reduce deaths by a third.



Increasing levels of physical activity by children is a key goal of Fortaleza's safe system approach.

## BOX 3: TOWARDS HEALTHY STREETS - DELIVERING THE SPEED VACCINE TO SCHOOLS

Across much of the world pedestrians and cyclists are unprotected. The International Road Assessment Program (iRAP) surveyed nearly 250,000 kilometres of road in 60 countries. It found that more than 80% of roads on which pedestrians were present and traffic flowed at more than 40 km/h had no formal sidewalk, the proportion was more than 90% in sub-Saharan Africa; 88% of roads with cyclists and speeds of more than 40 kilometres an hour lacked separate bicycle facilities.

Children and adolescents are one of the most vulnerable groups to use the road. With so little protection provided it is little wonder that more than 3000 children have unfinished journeys every day. Research by AMEND in Tanzania has shown that introducing sidewalks, speed reductions and traffic calmed crossings can reduce serious injuries by at

least 25%, at a cost of around \$20,000 per school. This 'SARSAI' programme won the inaugural WRI Ross Prize for Cities in 2019. Now Amend is one of the NGOs collaborating with iRAP's Star Rating for Schools initiative to use app-based data to deliver transparent assessments, proven countermeasures and evidence-based advocacy.

Star Rating for Schools is a systematic and evidence-based tool for measuring, managing and communicating the risk children are exposed to on a journey to school. It supports quick interventions that save lives and prevent serious injuries. The tool involves an easy-to use, low-cost application that harnesses the power of iRAP's Star Rating for pedestrians and combines a central web application and a data collection Android app. These tools allow the assessment of road features and traffic conditions that



Pre-vaccine: A neglected low-income neighbourhood experiencing high traffic speed.



For children crossing from their homes to school there was no protection from traffic moving at up to 70km/h: no sidewalk, speed signs, traffic calming or safe crossing points.



Vaccine implemented: after design changes, including speed humps, traffic speeds have been reduced to below 30km/h.



The speed vaccine has transformed the route's safety protection from 1 to 5 stars.

are known to affect safety, and recommendations for countermeasures. During seven years of research and beta testing almost 700 schools have been assessed across five continents. With support from FedEx and the FIA Foundation, training and capacity to use the tool has been undertaken in at least 30 countries, with NGO and FIA auto club partners.

In Lusaka, Zambia, for example, the high speed road outside Justin Kabwe Primary School had seen four serious injuries to schoolchildren. Working together, iRAP, Amend and local NGO Zambia Road Safety Trust assessed the school using the Star Rating app. Amend and the local authority then worked together to upgrade the infrastructure. Once new sidewalks, speed control, speed signs and traffic-calmed crossing were implemented the iRAP rating for the school was transformed from 1 star to 5 star safety.

Now, with the official launch of the app during the 3rd Global Ministerial Conference on Road Safety in Stockholm, the aim is to quickly ramp up the number of schools assessed and, crucially, the number of journeys to school improved. To achieve this, the Star Rating for Schools app can play an important role in advocacy. In Lusaka, it has helped with the introduction of a new law requiring 30km/h speeds near all schools. In Vietnam, through a project led by AIP Foundation and GRSP with support from Fondation Botnar, it provided evidence to persuade the government to issue Circular 31/2019, removing fixed speed limits (and thereby enabling reduction of speed limits near schools). In Botswana, the support of the First Lady, Neo Masisi, has sparked a national coalition, led by FIA auto club Emergency Assist 991, to advocate for safety assessments.

Meanwhile in Jamaica, Amend and iRAP have worked with UNICEF to support star rating and improvements in a pilot project intended to reach 18 schools. In Montevideo, Uruguay, NGO Fondation Gonzalo Rodriguez (FGR) called a press conference with the mayor to publish Star Rating for Schools data highlighting that children in lower income areas of the city are less protected than their better-off counterparts. In Argentina, a six school pilot project by FGR has spurred the City of Guaymallén to implement improvements around 70 more schools, with further investment planned.

This is the speed vaccine in action. With more capacity, funding and political support, its potential to protect young people from harm is immense.



iRAP's Star Rating for Schools app generates data identifying dangerous street design and inappropriate speed limits on routes to school.



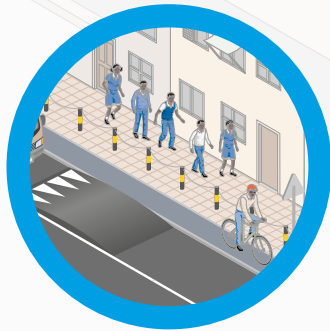
Star Rating for Schools assessment in Philippines by the team of Automobile Association of Philippines. The FIA club network is one of the leaders in rolling out the initiative globally.



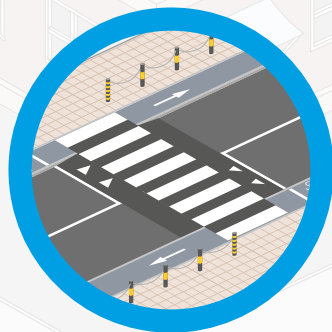
Montevideo's mayor taking questions from the media: Star Rating democratizes data, offering both a powerful advocacy tool and the solutions to deliver the speed vaccine.

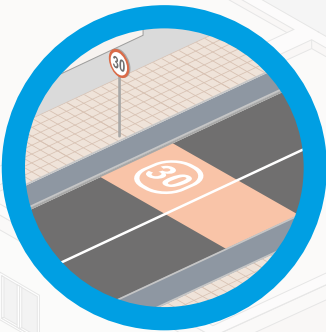
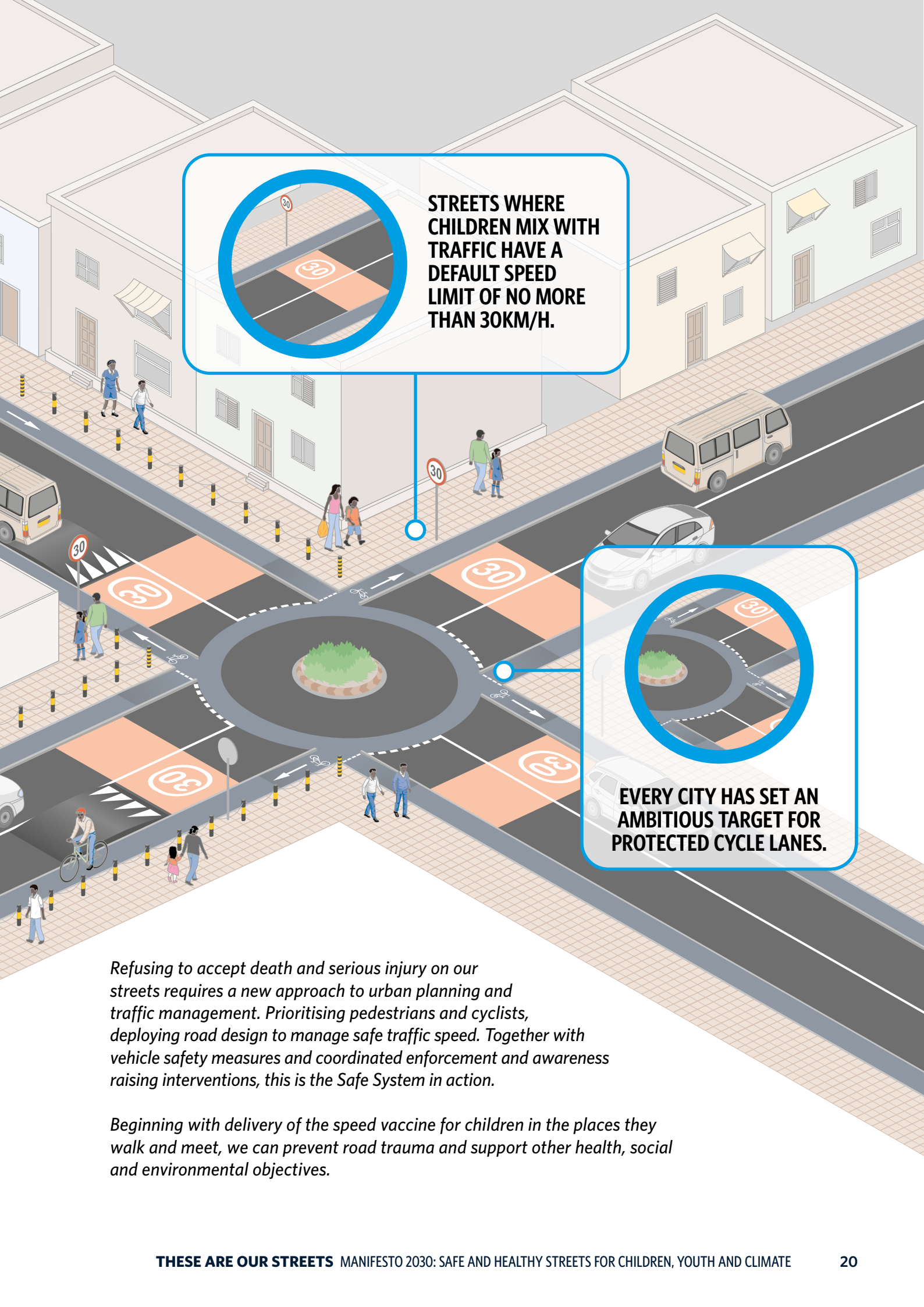
# THE SPEED VACCINE

EVERY CHILD AND ADOLESCENT CAN EXPECT A SAFE AND HEALTHY JOURNEY TO SCHOOL.

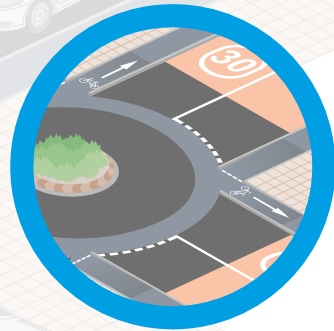


EVERY URBAN STREET HAS A VIABLE FOOTPATH AND PROTECTED AT-GRADE CROSSINGS.





**STREETS WHERE CHILDREN MIX WITH TRAFFIC HAVE A DEFAULT SPEED LIMIT OF NO MORE THAN 30KM/H.**

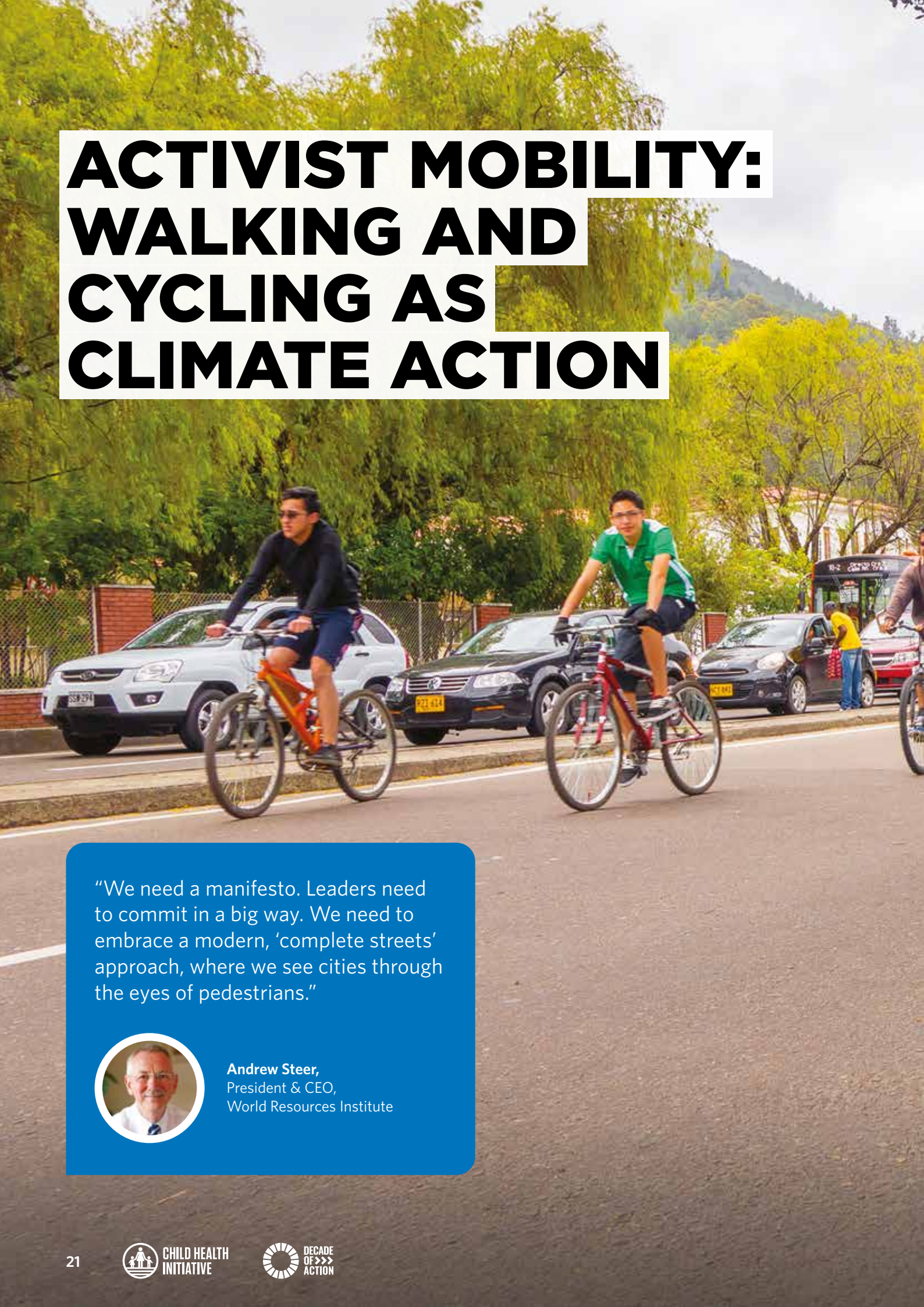


**EVERY CITY HAS SET AN AMBITIOUS TARGET FOR PROTECTED CYCLE LANES.**

*Refusing to accept death and serious injury on our streets requires a new approach to urban planning and traffic management. Prioritising pedestrians and cyclists, deploying road design to manage safe traffic speed. Together with vehicle safety measures and coordinated enforcement and awareness raising interventions, this is the Safe System in action.*

*Beginning with delivery of the speed vaccine for children in the places they walk and meet, we can prevent road trauma and support other health, social and environmental objectives.*

# ACTIVIST MOBILITY: WALKING AND CYCLING AS CLIMATE ACTION



“We need a manifesto. Leaders need to commit in a big way. We need to embrace a modern, ‘complete streets’ approach, where we see cities through the eyes of pedestrians.”



**Andrew Steer,**  
President & CEO,  
World Resources Institute



Streets that have received the speed vaccine and are safe for walking and cycling are vital in the fight against climate change and air pollution, and are better adapted for life during the COVID-19 pandemic.

Safe and healthy streets encourage people to shift away from using private vehicles, or not to start using them, reducing carbon emissions and improving air quality in urban areas. Strategic investments that create a network of accessible walking and cycling connections have multiple environmental and social benefits, particularly when combined with public transport, and with other planning policies that put people first:

- Over two decades Bogota has established a 500km cycle path network which has contributed to a nine-fold increase in cycling. The carbon value of cycling in the city has been found to be the equivalent of at least 55,000 tonnes of CO<sub>2</sub> a year;
- Copenhagen plans to increase cycling to 50% of trips by 2025 – by 2016, it was only 9 percentage points from this target. Through cycling the city saves an estimated 90,000 tonnes of CO<sub>2</sub> every year;

- If all cities took steps to increase cycling towards the levels of the best, urban carbon emissions could fall by an additional 7% by 2030 and 11% by 2050 – saving 300 megatonnes of global CO<sub>2</sub> emissions, according to an ITDP study;
- Targeted measures to tackle the daily ‘school run’, cut short car trips and reduce traffic on routes regularly used by children can dramatically reduce exposure to harmful vehicle emissions.

These are strong arguments for advocates for safer streets to make common cause with environmental activists to demand change.

Governments and cities must be encouraged to take a holistic approach, and to take advantage of the large-scale grants and loans that are potentially available from donors like the Global Environment Facility, the Global Climate Fund and regional development banks; funding that could transform streets for safety while protecting our climate.


“By not accepting illegal speeding we can reduce CO<sub>2</sub> emissions in the transport system by up to 20%. Vision Zero can help to achieve so many other visions.”



**Tomas Eneroth,**  
Minister for Infrastructure, Sweden;  
Chair, 3<sup>rd</sup> Global Ministerial  
Conference on Road Safety

# HEALTHY STREETS FOR HEALTHY LIVES





Lack of physical activity is a major risk factor for the dramatic rise in obesity and a range of non-communicable diseases, including heart disease, colon and breast cancers, diabetes and depression.

The World Health Organization estimates that as many as 3 million deaths each year are related to physical inactivity. And the seeds of good- or ill-health in later life are often sown in childhood. WHO warns that “rapid social and economic development has changed the environment many children are now growing up in”, and lack of access to safe and attractive space for physical activity is contributing to an obesity epidemic fuelled by poor diet.

Globally, childhood obesity has increased tenfold since the mid-1970s. The number of obese children and adolescents rose from 11 million in 1975 to 124 million in 2016. An additional 216 million children are overweight.

Car- and speed-centric urban planning and design undoubtedly contributes to the problem of unhealthy lifestyles, as well as exacerbating poor urban air quality. So the speed vaccine, an enabling intervention to ensure walking and cycling are accessible, enjoyable and safe for all, can be an important part of the solution:

- The WHO Commission on Ending Childhood Obesity makes clear that prevention of unhealthy lifestyles, increasing exercise and combatting NCDs should begin in childhood. One key policy recommendation is for attention to children’s freedom of movement and independent mobility: “Increasing the opportunities for safe, appropriate...physical activity, both in and out of school, including active transport (walking and cycling), will have positive health and spill-over effects for all children and adolescents.”
- This approach is echoed by the Independent High Level Commission on Non-Communicable Diseases, whose 2018 report called on governments to “take steps to improve traffic, reduce air pollution, create green spaces...improve infrastructure to make roads safer, including the construction of pedestrian and cycle paths, and to encourage physical activity...”

For improving health; tackling poverty and exclusion; for the life chances of the young generation; for protecting the environment; and simply for allowing children to be children exploring their outdoor world: the benefits of delivering healthy streets are compelling.

“No child should die or be seriously injured while they walk, cycle or play. We must return our streets to our children. They have a right to feel safe on them.”



**Dr Tedros Adhanom Ghebreyesus**  
Director General,  
World Health Organization

# LEAVING NO ONE BEHIND

Everywhere in the world, it is the poorest children who suffer most the health impact of traffic. And, as with the connected challenge of climate change, this is an important issue of equity: those who contribute least to the problem take the greatest burden of consequences on their shoulders. So delivering the speed vaccine is vital for social justice, for environmental justice, for tackling poverty and for fair and unimpeded access to education:

- For children, potential exposure to road traffic injury is closely connected to their local environment and so the surrounding context of a deprived area is an important factor. Injury is the area of public health with the steepest social gradient, with road traffic the most common cause of injury for children living in poverty.
- In urban areas risk factors such as proximity of housing to major roads mean that children living in poverty are also exposed to higher levels of air pollution. Research in London, for example, has found that more than 85% of the schools which are most affected by poor air quality have pupils

from catchments which are more deprived than the London average.

- Educational opportunities for children are often the first casualty of tighter household budgets following the involvement of a breadwinner in a road crash. Children are sent to lower quality schools or taken out of schooling altogether, sometimes to be sent to work and reclaim the lost income themselves. There is also evidence that the perception of road danger discourages parents from allowing their children to attend school in the first place.

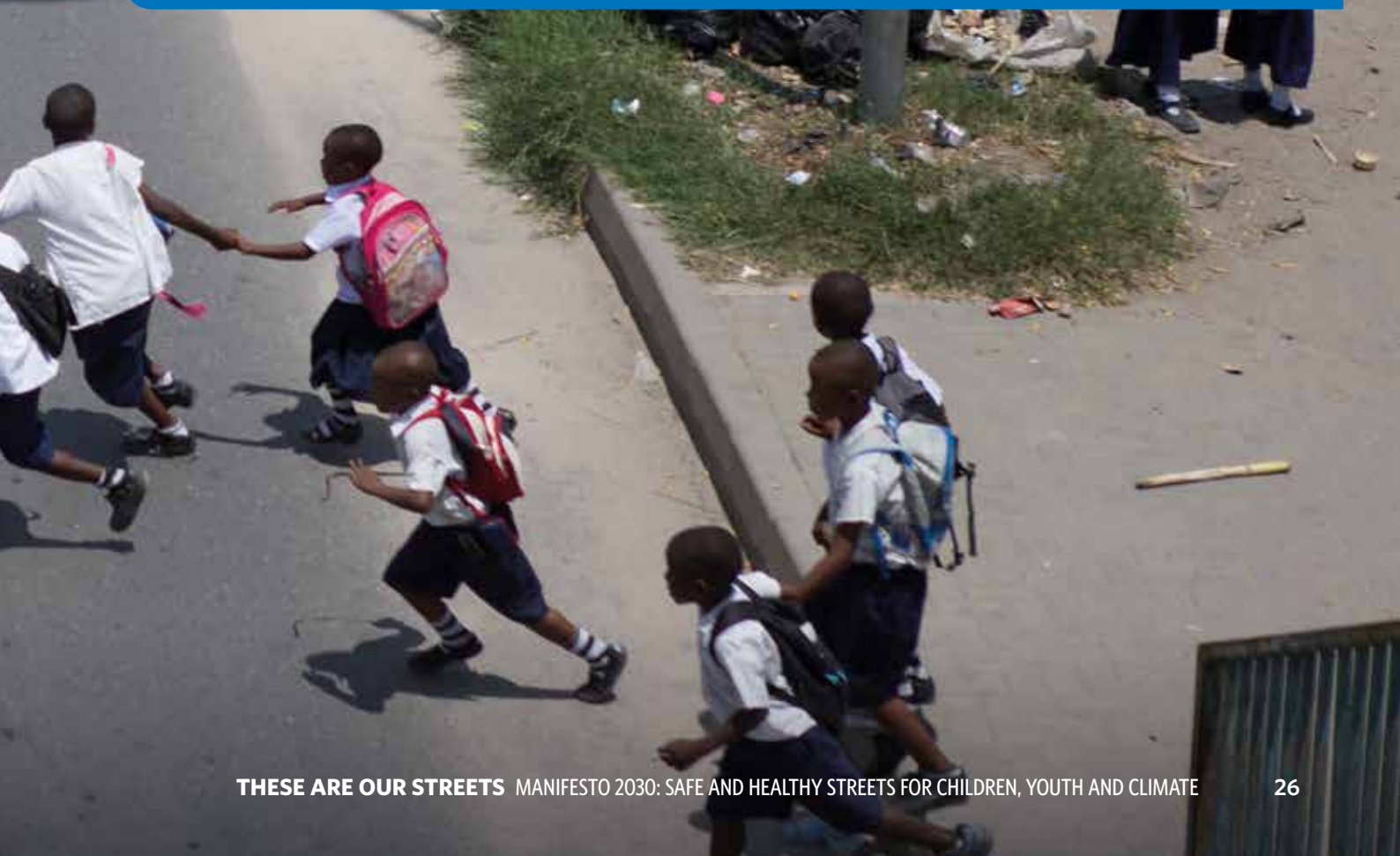
Watch a cluster of schoolchildren trying to cross a busy highway of fast-moving traffic as they try to get to school. Of one thing you can be sure: they won't be rich kids. Should we leave young people to navigate dangerous roads and breathe dirty air, or should we instead 'leave no one behind'? This one intervention: to protect children and teenagers and ensure that they have safe and healthy journeys, prioritising the daily trip to and from their place of education, defines the intent and promise of the SDGs.



“According to WHO the continent of Africa has the most dangerous roads in the world, and as our cities and economies grow the toll of death and injury is predicted to keep rising, unless concerted action is taken. Africa has the fastest growing youth population in the world, and we know that young people are most at risk from road traffic injuries. Many young people in Africa rely on roads for their entrepreneurial activities that feed families and fund siblings’ education. This is an issue at the heart of the SDGs and the African Union’s Agenda 2063. By tackling the conditions that result in road trauma, we can also fight climate change, reduce poverty, increase accessibility and protect our youth.”



**Aya Chebbi,**  
African Union Youth Envoy



# A GLOBAL SUMMIT FOR YOUTH

FORGING A PATH TO A COMMON FUTURE

TIME

TIME WORLD ECONOMIC FORUM TIME WORLD ECONOMIC FORUM TIME WORLD ECONOMIC FORUM

“We want to be heard. Imagine the energy of thousands of young people, supporting each other, influencing leaders to ensure that we move forward. That would be really powerful. That would be revolutionary. So it is very important that we have a Global Summit for Adolescents.”



**Natasha Mwansa**, youth activist from Zambia (pictured above, second left, at Davos 2020)



Redressing the underfunding and neglect of Generation Z will require political awareness and commitment.

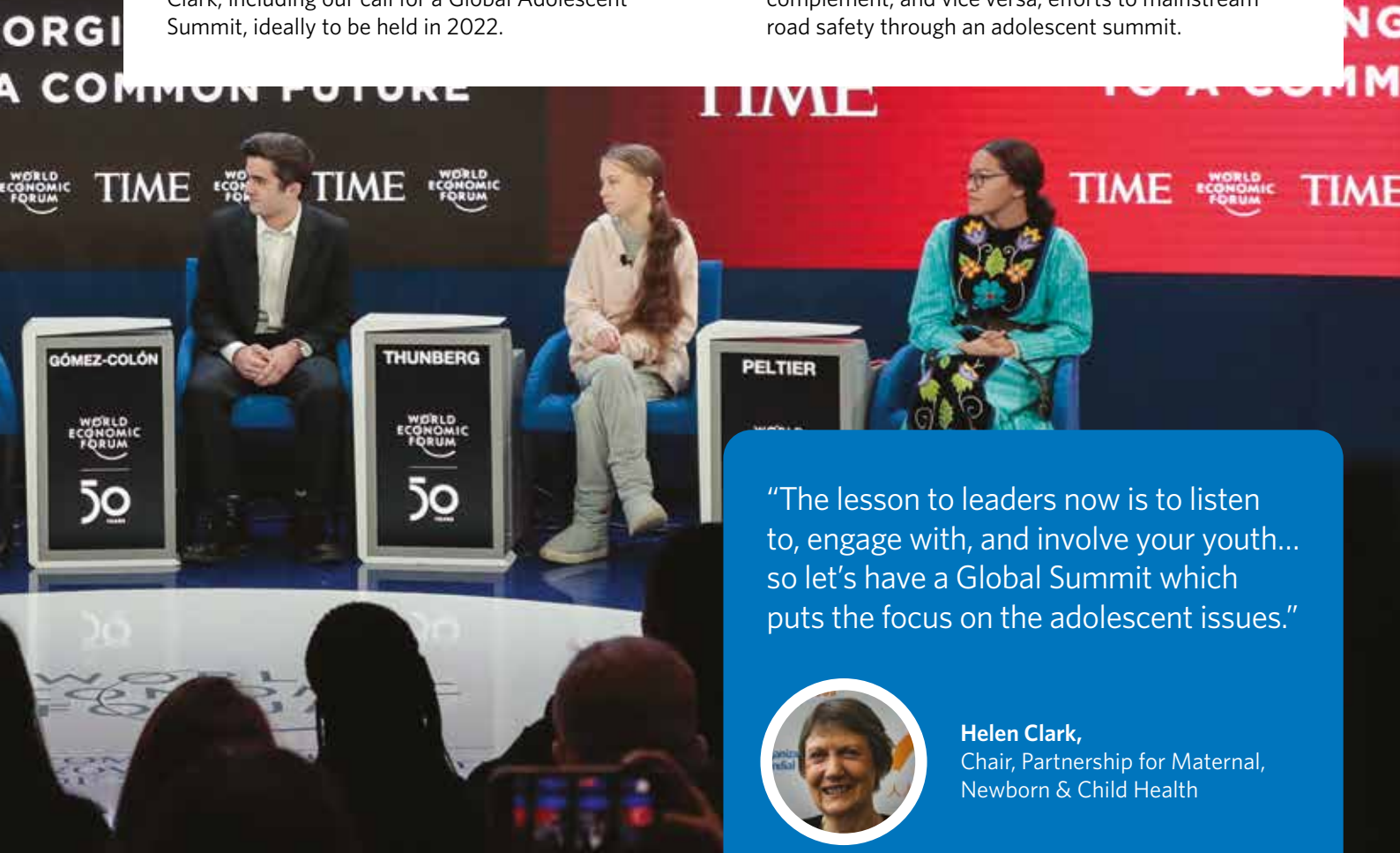
In May 2018, the Child Health Initiative published the 'Unfinished Journey' report, raising the alarm about adolescent road trauma and the lack of a coherent response within the UN's Global Strategy for Maternal, Child and Adolescent Health, and calling for a first ever Global Summit on Adolescents to address this and other vital issues of youth wellbeing. We believe that to break with the failing strategy of advocating for road safety as a stand-alone issue, it is vital to connect with existing structures (and potential sources of funding) by showing how road safety is relevant, and indeed integral, to wider development objectives within the SDGs.

We joined forces with a coalition led by the Partnership for Maternal, Newborn and Child Health, including UNICEF, WHO, the UN Population Fund, Plan International and others, and the UN Major Group for Children & Youth. At the UN General Assembly in September 2019 this coalition launched a 'Call to Action' for adolescents, led by PMNCH Chair Helen Clark, including our call for a Global Adolescent Summit, ideally to be held in 2022.

The objective of the Summit should be to secure the attention of world leaders to specific issues of youth wellbeing and rights, including the impact of COVID-19, sexual & reproductive health and rights, mental health, the obesity crisis, gender equality, education and employment, climate change and road traffic injuries, and galvanise a coherent and coordinated response.

In the case of road traffic injury, for example, this could include better integrating countermeasures into the UN's 'Every Woman, Every Child' global health strategy, including building road safety into national child and adolescent strategies, and exploring synergies between the Global Financing Facility, based in the World Bank, and two funds working on road safety - the Global Road Safety Facility, also hosted in the Bank, and the UN Road Safety Fund.

A Summit, and the process surrounding it, would also add salience to regional and other initiatives, such as the Commonwealth's focus on youth. A first ever Heads of Government meeting specifically on road safety - as encouraged by the UN General Assembly in 2018, and in the Stockholm Declaration - would complement, and vice versa, efforts to mainstream road safety through an adolescent summit.



"The lesson to leaders now is to listen to, engage with, and involve your youth... so let's have a Global Summit which puts the focus on the adolescent issues."



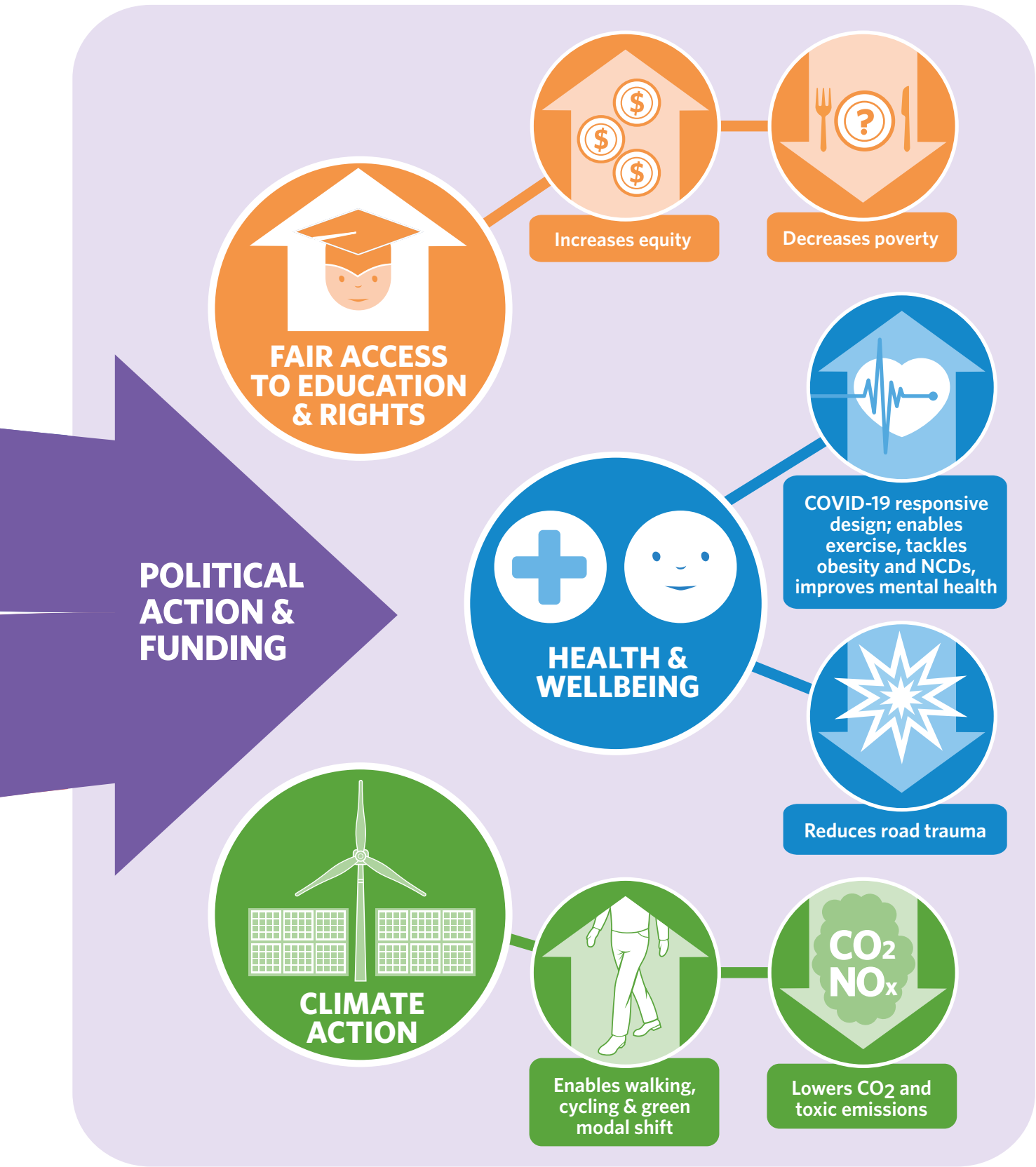
**Helen Clark,**  
Chair, Partnership for Maternal,  
Newborn & Child Health

# MANIFESTO 2030

Combining global advocacy for children and youth with practical action to transform our streets







"In the early 60s John Kennedy decided the US would put a man on the moon within 10 years... What if we were to pick another moon today, and make it a global cause? Only our moon, for each of us, would be the school next door. And depending on our role, we would ask our city leader, our district leader, our national leader, to make it their cause. With a simple target: no more kids hit within a school zone."

**Jean Todt**, UN Special Envoy for Road Safety and FIA President

"Road traffic injuries are the leading killer of young people worldwide. To reduce injuries and fatalities we need to see investments and commitments to safe infrastructure, lower speeds to protect pedestrians and the vulnerable. We call for increased action, particularly for young people who are at the forefront of this crisis."

**Jayathma Wickramanayake**, UN Youth Envoy

"This is an issue at the heart of the SDGs and the African Union's Agenda 2063. By tackling the conditions that result in road trauma, we can also fight climate change, reduce poverty, increase accessibility and protect our youth."

**Aya Chebbi**, African Union Youth Envoy

"It is so important that we now get behind the recommendations of the Child Health Initiative, convene a global summit on adolescents, and put in place measures that we know will save lives and make the world's cities a safer and better place to live."

**Kevin Watkins**, CEO, Save the Children UK

"When we found the cure for vitamin A deficiency, we administered it to millions of children. We have the cure for unsafe roads - low speeds. It is time we administer it."

**Alfred Sommer, MD, MHS**, Dean Emeritus, Johns Hopkins Bloomberg School of Public Health

"Half the world's kids live in cities now and unfortunately their playground is the street owned by cars, motorcycles, traffic and pollution. We need to look at urban planning and roads and the environment from the child's eye level."

**Stefan Peterson**, Chief of Health, UNICEF

"No child, no parent should go through the trauma of road traffic injury. We do have the solutions, the vaccines to prevent this. But we need political will to keep us on the right track."

**Michelle Yeoh**, Actor and UNDP Goodwill Ambassador for the SDGs



For more information:

[www.childhealthinitiative.org](http://www.childhealthinitiative.org)

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