

survey will be repeated in November 2015. According to the survey 54% of the PE and HE teachers knew TEKO. 50% estimated that the content they use in sports safety education has been expanded and the methods are now more diverse. Teachers who had used TEKO material at schools were pleased to it, mean grades (scale of 4–10): expertise 9.0, exterior 8.7, feasibility 8.6 and suitability for the target group 8.3.

Conclusions The reach of teachers has been rather good with the used methods and financial investment 120000 € per year (mostly funded by the Ministry of Education and Culture). The repeated survey will give more information about the stabilisation of TEKO to the basic school work.

Traffic Safety

Parallel Mon 1.3

75 THE RISING GLOBAL BURDEN OF ROAD INJURIES

¹Soufiane Boufous, ²Christopher JL Murray, ³Theo Vos, ²Rafael Lozano, ²Mohsen Naghavi, Global Burden of Disease Study 2010 Collaborators*. ¹Transport and Road Safety Research, University of New South Wales, Australia; ²Institute for Health Metrics and Evaluation, University of Washington, USA; ³School of Population Health, University of Queensland, Australia

10.1136/injuryprev-2016-042156.75

Background The Global Burden of Diseases, Injuries, and Risk Factors Study, 2010 was established to provide reliable estimates on the leading causes of death and morbidity in populations worldwide and how these are changing over time. The aim of this paper is to present the findings of the study in relation to road injury in order to inform policy debates in the area of road safety.

Methods Information on death and morbidity was obtained from various sources (vital registration, verbal autopsy, surveillance, censuses, surveys, hospitals, police records, etc.) for 187 countries. DALYs were calculated as the sum of years of life lost (YLLs) and years lived with disability (YLDs). YLLs were calculated from age-sex-country-time-specific estimates of mortality and death by standardised lost life expectancy at each age. YLDs were calculated as prevalence of disabling sequelae, by age, sex, and cause; and weighted by new disability weights.

Results The number of deaths related to road injury increased by 43.6% from 908,000 in 1990 to 1.329 million in 2010. This rise was mainly due to pedestrians deaths which increased by 62.3% from 284,000 in 1990 to 461,000 in 2010. Road injury was the leading cause of death among males aged 15–49 years in 2010. Road injury moved from being the 14th cause of YLL globally in 1990 to 8th in 2010. In term of DALYs, road injury also moved from 12th position in 1990 to 10th in 2010. Regional analysis shows road deaths in east Asia, south Asia, and eastern and western sub-Saharan Africa rapidly escalating over the past two decades, whereas in high-income areas with a history of road safety programmes such as western Europe, high-income North America, Australia and New Zealand road deaths have decreased.

Conclusions Despite various global road safety initiatives, the burden from road injury globally continues to rise, particularly amongst pedestrians. Continued efforts from all sectors are needed in order to address this growing challenge.

*List of all collaborators (a few hundreds) and their affiliations will be provided as part of the presentation at the conference, if the abstract is accepted.

76 EUROPEAN FACTS AND THE GLOBAL STATUS REPORT ON ROAD SAFETY 2015

¹Josephine Jackisch, ¹Dinesh Sethi, ²Francesco Mitis, ¹Tomasz Szymański, ¹Ian Arra. ¹WHO Regional Office for Europe, Denmark; ²World Health Organisation, Switzerland

10.1136/injuryprev-2016-042156.76

Background Road traffic injuries are the leading cause of premature death in young people aged 5–29 years in the WHO European Region. The Decade of Action for Road Safety 2011–2020 was adopted by the United Nations General Assembly in 2010 to reduce the global toll of road traffic injuries by 2020.

Methods This fact sheet describes the status of road safety in 52 out of the 53 Member States of the WHO European Region, representing 95% of the Region's population. Experts from several sectors in each country reached consensus to complete a self-administered questionnaire. Furthermore, an independent expert analysis of national legislative documents was conducted.

Results In 2013, there were almost 85 000 deaths from road traffic injuries in the WHO European Region. Although the regional mortality rate is the lowest when compared to other WHO regions, with 9.3 deaths per 100 000 population, there are wide disparities in the rates of road traffic deaths between countries of the Region. This requires more systematic efforts if the global target of a 50% reduction in road crash deaths is to be achieved by 2020. Laws and practices on key risk factors such as regulating speed appropriate to road type, drink-driving, and use of seat belts, motorcycle helmets and child restraints are assessed to reduce the risk of road traffic injury. While 95% of the population in the Region is covered by comprehensive laws in line with best practice for seat belts, only 47% of the population is adequately protected by laws for speed, 45% for helmet use, 33% for drink-driving and 71% for use of child restraints.

Conclusions Many countries need to further strengthen their road safety legislation and enforcement in order to protect their populations, improve road user behaviour and reduce the number of crashes. Much can be gained from improving the safety of vehicles, having better road infrastructure and promoting sustainable physically active forms of mobility as alternatives to car use. Concerted policy efforts with systems approaches are needed to protect all road users in the Region.

77 REPORTING ROAD TRAFFIC SERIOUS INJURIES IN EUROPE. GUIDELINES FROM THE SAFETYCUBE PROJECT (H2020)

¹Katherine Pérez, ²Emmanuelle Amoros, ³Niels Bos, ⁴Branka Leskovšek, ⁵Klaus Machata, ⁶Nina Nuytens, ⁷Pete Thomas, ⁶Wouter Van den Berghe, ³Wendy Weijermars. ¹Agència de Salut Pública de Barcelona (ASPB), Spain; ²French Institute of Science and Technology for Transport, Development and Network (IFSTTAR), France; ³Stichting Wetenschappelijk Onderzoek Verkeersveiligheid (SWOV), Netherlands; ⁴Slovenian Traffic Safety Agency (AVP), Slovenia; ⁵Austrian Road Safety Board (KFV), Austria; ⁶Belgian Road Safety Institute (BRSI), Belgium; ⁷Transport Safety Research Centre, Loughborough University (LOUGH), UK

10.1136/injuryprev-2016-042156.77

Background Reliable data on the number of serious road injuries is a prerequisite for monitoring and evaluation purposes. In January 2013, the High Level Group on Road Safety representing all EU Member States established the definition of serious injuries as in-patients with an injury level of MAIS3+ (Maximum Abbreviated Injury Scale). Since then it is recommended that all EU countries provide data of serious injuries. The High Level Group identified three main ways Member States can estimate the