

Advocating for **emergency care**

A guide for nongovernmental organizations



World Health
Organization

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Front cover photo:

A patient being taken to an ambulance on a stretcher

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2. INTRODUCTION

This guide has been developed with the goal of supporting nongovernmental organizations in their efforts to improve timely care for people with road traffic injuries and other medical emergencies. Advocacy is one area in which civil society can work effectively, with any level of available resources, and this guide is an attempt to define more clearly the role nongovernmental organizations can have in advocating on behalf of people who need emergency care. It is especially targeted towards organizations that operate with limited resources. The guide offers ideas for the types of initiatives nongovernmental organizations might conduct, with a series of case studies from around the world. It also offers links to a range of useful websites. The guide and case studies are set in the context of road traffic injuries, which are often urgent and life-threatening. However, the advocacy principles applied here can be easily transferred to other aspects of emergency and trauma care (care for the injured).

Individuals and families affected by injuries and other health emergencies have a range of physical, psychological and legal needs. In this volume, we focus on advocacy for the time-sensitive health care that can save millions of lives every year.

This guide considers both the role of nongovernmental organizations and wider civil society, whether they are organized into permanent, defined groups (such as nongovernmental organizations) or are acting individually or in informal coalitions. This guide was created collaboratively by WHO, including the WHO Global Alliance for Care of the Injured, and the Global Alliance of NGOs for Road Safety.



An ambulance at the emergency department of a hospital in Almaty, Kazakhstan
© Vladimir Tretyakov



First response demonstration in Argentina
© Bien Argentino

3. BACKGROUND

Emergency care is an essential part of the health system and serves as the first point of contact for many who are injured, including in road crashes around the world. However, in some regions and contexts, timely emergency care is not consistently available or may be prohibitively expensive.

The Disease Control Priorities project¹ estimates that more than half of deaths and a third of disability in low- and middle-income countries could be addressed by effective emergency care. Injuries alone killed 4.4 million people around the world in 2019, and constitute 8% of all deaths.² Nearly 90% of injury deaths take place in low- and middle-income countries.² There are major differences in availability of quality emergency care between countries at different economic levels. These differences lead to many

¹ Reynolds, T., Sawe, H., Rubiano, A., Shin, S., Wallis, L., et al. . Strengthening Health Systems to Provide Emergency Care. Jamison, D. T., H. Gelband, S. Horton, P. Jha, R. Laxminarayan, C. N. Mock, and R. Nugent, editors. 2018. Disease Control Priorities: Improving Health and Reducing Poverty. Disease Control Priorities (third edition), Volume 9. Washington, DC: World Bank. doi:10.1596/978-1-4648-0527-1.

² Global health estimates [online database]. Geneva: World Health Organization; 2019 (Mortality and global health estimates [who.int], accessed 7 April 2022).

needless deaths in low- and middle-income countries that could have been avoided with better emergency care. Improvements in emergency care involve strengthening the human resources (skills, training, staffing), physical resources (availability of equipment and supplies), and organization and planning for prehospital care (for example, first responders, ambulance systems) and care in hospitals.

Many of the elements of effective emergency care are very affordable and feasible to implement in countries everywhere. In some cases, even minimal investments can make a big difference, as some of the case studies in this publication show. Although much is being done well in many locations, oftentimes advocacy is needed to push for additional investments and improvements. Professional groups (such as groups of emergency nurses, emergency physicians or surgeons) sometimes achieve the needed improvements through their own advocacy efforts. However, often their efforts alone are not enough and there is the need for additional advocacy by lay groups, such as nongovernmental organizations. These groups can be particularly effective in raising awareness among planner and policy-makers, as has been clearly seen in other aspects of health, such as HIV/AIDS, maternal and child health, and road safety. Efforts by nongovernmental organizations to promote emergency care services, however, have thus far been very limited, especially in low- and middle-income countries, and there are few purpose-designed resources to support such efforts. We have created this guide to fill this need and thus to stimulate more effective advocacy for emergency care.

Nongovernmental organizations can be effective advocates for improved emergency care services in several different contexts. They can promote improvements at the local level, such as improved care in the emergency department or operating theatre at the local hospital. They can also effect change at the national level, such as advocating for passage of legislation on universal access numbers, free emergency care or bystander protection (Good Samaritan) laws. The case studies in this guide contain interesting examples of successful campaigns at all of these levels and demonstrate many of the principles of advocacy that will be discussed in this publication. In all of these examples, nongovernmental organizations successfully advocated for improvements in emergency care in their areas. Examples are drawn from all regions of the world and from countries at all economic levels. The examples cover a wide spectrum of activities and approaches: prehospital and hospital care, from local grassroots activities to nationwide action; from advocacy for training and raising funds for equipment to advocacy for policy and legislation; from action by nongovernmental organizations that work locally to those that work internationally; and long-established nongovernmental organizations as well as groups that come together temporarily to achieve an emergency care goal. Examples include advocating for basic life-support training for local police/fire-fighters, using geographic information systems mapping data to improve coverage of prehospital services, and improving training for doctors and nurses in emergency departments of local hospitals.

4. HIGHLIGHTS OF RECENT EFFORTS IN EMERGENCY CARE AND CARE FOR ROAD TRAFFIC CRASH VICTIMS

**November
2003**

United Nations (UN) Secretary-General releases first report on road safety worldwide, *Global road safety crisis*, providing an evidence base for road safety advocates and demonstrating the scale of the challenge

**April/June
2004**

WHO launches *World report on road traffic injury prevention and Guidelines for essential trauma care*, providing an evidence base for road safety and for trauma care

**May
2007**

Sixtieth World Health Assembly adopts resolution WHA60.22 *on Health systems: emergency-care systems*, establishing action items for countries and for WHO to use to improve emergency care systems

**May
2009**

First Global Meeting of NGOs Advocating for Road Safety and Road Victims leads to the Brussels Declaration and the creation of the Global Alliance of NGOs for Road Safety, which validates the role of nongovernmental organizations as advocates and partners

**May
2010**

Launch of the Decade of Action for Road Safety 2011–2020 includes targets for post-crash response and provides a strategic framework for road safety

**May
2013**

Launch of the WHO Global Alliance for Care of the Injured at the Sixty-sixth World Health Assembly strengthens the network of governmental, intergovernmental and nongovernmental organizations collaborating to improve prehospital and hospital care and rehabilitation of the injured





EL AYUNTAMIENTO DE MADRID
EN MEMORIA DE LAS VICTIMAS
POR ACCIDENTE DE TRAFICO
CONTRA LA INDIFERENCIA
OLVIDO
20

Monument by artist Rose Serra in memory of road traffic victims in Madrid, Spain.
© Rose Serra/Stop Galicia

5. ADDED VALUE OF ADVOCACY BY NONGOVERNMENTAL ORGANIZATIONS

Advocacy may be defined as raising awareness of an issue with the goal of influencing the policies, programmes, and resources devoted to that issue. Advocacy is fundamental to efforts to strengthen emergency care. Many nongovernmental organizations engaged in advocacy for emergency care come from a background of road safety and approach it with the aim of reducing the number of deaths and injuries resulting from road traffic crashes. Some are focused on the need to improve emergency care systems more broadly, by advocating for new laws or regulations. Others engage locally, through campaigns for improved training for frontline providers and local hospital staff. Beyond their impact on people experiencing road traffic injuries, these efforts also improve care for people with other injuries and emergency conditions.

In certain settings, nongovernmental organizations are at an advantage compared with governments and international agencies, in that they are flexible, quick to respond and free to speak. Nongovernmental organizations are often created as the result of a personal tragedy caused by a road traffic crash, and this enables them to demand action with particular authority. All have enormous potential to advocate effectively and contribute to saving lives. Advocacy may be used for many purposes, including but not limited to:

- drawing attention to the human cost of gaps in emergency care;
- creating political will to address existing gaps in emergency care systems;
- promoting changes in current national policies and programmes, such as those mandating free access to phone numbers for emergency services, those removing user fees for emergency care, and bystander protection laws;
- educating the public in life-saving first aid;
- improving emergency care training for frontline providers;
- building effective partnerships and coalitions;
- increasing funding for policies and programmes to support high-quality emergency care;
- generating a demand for improved emergency care services from the public.



World Day of Remembrance for Road Traffic Victims commemoration in Senegal
© LASER International

6. ADVOCATING USING THE GLOBAL VOLUNTARY PERFORMANCE TARGETS FOR ROAD SAFETY

When advocating for road safety, UN mechanisms can serve as a powerful tool, as they have the formal support and coordinated efforts of Member States. For example, the Decade of Action for Road Safety 2011–2020 (Decade of Action) and the Sustainable Development Goals (SDGs) have initiated collaboration between nongovernmental organizations and civil society, governments, public sectors, international agencies, and private companies and have had a hugely positive impact on the achievement of road safety gains around the world.

In November 2017, the UN Member States reached consensus on a comprehensive set of global voluntary performance targets and indicators (voluntary targets) to measure progress and address key risk areas. There are 12 targets that work together towards reducing road deaths and injuries and are aligned with the following SDGs:



- 3.6: By 2020, to halve the number of global deaths and injuries from road traffic crashes; and
- 11.2: By 2030, to provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons.

These SDGs provide broader goals for countries to work towards; however they do not provide specific or detailed actions that need to be implemented to achieve an overall reduction in road fatalities and injuries. The voluntary targets are more specific than the SDGs and act as an operational framework to guide Member States and other actors in order to achieve an increase in road safety and continue to assess progress towards the Decade of Action and the SDGs. Target 12 provides a specific target for emergency care:

By 2030, all countries establish and achieve national targets in order to minimize the time interval between road traffic crash and the provision of first professional emergency care

It is the responsibility of Member States to meet the voluntary targets and nongovernmental organizations have an important role to play in supporting delivery and holding their governments accountable by monitoring progress at the country level.

TARGET **7**
2030
PILLAR 4

Increase correct use of standard helmets



TARGET **8**
2030
PILLAR 4

Increase correct use of safety belts and child restraints



TARGET **9**
2030
PILLAR 4

Reduce injuries, and deaths from drivers using alcohol and drugs



TARGET **10**
2030
PILLAR 4

Restrict or prohibit mobile phones while driving



TARGET **11**
2030
PILLAR 4

Regulate driving times and rest periods for professional drivers



TARGET **12**
2030
PILLAR 5

Minimize time between crash and emergency care



7. INITIATIVES FOR ADVOCACY



In the area of advocacy, nongovernmental organizations engage in a range of activities, from general awareness-raising to lobbying for a specific legislative change. Many of these activities can be done even with limited resources. A description of a number of these activities follows. They are presented in a step-by-step fashion, although it is not always essential to follow this order. For example, a nongovernmental organization may identify a champion at an earlier stage than presented in this document.

Related checklists follow each step. In all steps, nongovernmental organizations should continue to build their capacities and seek guidance from expert partners to do so.

7.1 Assess the terrain

7.1.1. Review the current state of emergency care services in the country

- In order to plan their interventions strategically, nongovernmental organizations should gather information on the status of emergency care services that already exist in their countries or communities from those responsible for this area.
- If the country has undergone a WHO Emergency Care Systems Assessment³ survey, usually conducted by the Ministry of Health with support from WHO, this report should also be reviewed to understand what gaps in the emergency care system have been identified and what interventions have been determined to be key priorities by the ministry of health. This initial step will help to gain a general understanding of where the nation or community stands, what steps still need to be taken, and where the organization can steer its efforts. The findings of such an assessment can provide a solid foundation for advocacy. Several of the case studies in this guide involved such initial gathering of information to set the stage for future action. Where it is deemed potentially useful, organizations may also choose to advocate for the implementation of the Emergency Care Systems Assessment or other WHO assessment tools (see who.int/emergencycare).
- They should also conduct a dialogue with government officials and people working on the front line, including police officers, paramedics and hospital staff. Emergency care experts from government and academia can share knowledge about current gaps in the system and the initiatives to date. An example

³ Geneva: Tools for strengthening emergency care systems. World Health Organization; 2022.

can be found in the case study from Avoid Accident in India, where a study of how victims arrived at hospital prompted advocacy with the local police department (page 11).

- As a complement to these discussions, nongovernmental organizations should carefully review the contents of the *Global status report on road safety 2018* (especially the parts on post-crash care), *Guidelines for essential trauma care*, *Post-crash response*, *Prehospital trauma care systems*, *Strengthening care for the injured: success stories and lessons learned from around the world*, *WHO-ICRC Basic Emergency Care: approach to the acutely ill and injured*, the relevant UN agreements and conventions, and other trusted sources to determine which, of the recommendations proposed, still require action from their governments. Some aspects of the above references might require technical input from experts in the field, but much of the information is understandable to the lay public. These and other resources are available at who.int/emergencycare.

Case Study: Reviewing current gaps in prehospital care to improve the speed and quality of emergency response in India

Avoid Accident is a nongovernmental organization that advocates for road safety and post-crash care. It seeks to improve and fill gaps in emergency response and prehospital care in State of Punjab, India.

Avoid Accident conducted a study to understand how patients arrive at hospitals in the main city of Mohali. The study revealed that that police control room vehicles transported patients more frequently and faster than the ambulances. They postulated that the ambulances were taking longer because there were few and they were stationed far away, whereas police vehicles were more numerous and spread throughout the city.

This review of the current terrain raised awareness of the inadequate ambulance services for the population and enabled Avoid Accident to target its advocacy toward building the emergency care capacity of police. If these were often the de facto first responders, then they needed the skills, resources and motivation to do the job well.

It advocated for a list of 10–15 basic emergency care items, recommended by a panel of critical care experts, that could be easily placed in a police vehicle. The state traffic police initiated this process in partnership with the Punjab health department.

To encourage police officers to provide prehospital care, Avoid Accident requested that the Punjab traffic police chief launch a scheme that gives officers who provide first response, beyond the call of duty, to road crash victims receive a certificate of commendation, as an incentive toward promotion.

To enable ambulances to reach hospital more quickly, the organization successfully advocated with the state traffic police to ensure priority passage for ambulances during events, processions, and other activities that commonly block traffic.

Additionally, it raised funds and arranged first responder training both for police control room vehicle personnel and to create the Bhai Ghaniya Ji Force of First Responders.

Visit: <http://www.avoidaccident.org/>

7.1.2. Identify political mechanisms that influence the creation or modification of legislation

Nongovernmental organizations can advocate for new or modified emergency-care services legislation. Approaches vary across countries in terms of the way policies and legislation are developed and put into practice. It is therefore essential to understand the inner workings of the legislative system before embarking on campaigns geared towards creation or modification of legislation. Nongovernmental organizations should seek guidance from experts in this regard, including the lawmakers themselves. Nongovernmental organizations may wish to identify a legislator who would be willing to raise awareness and support a specific legislative change. Nongovernmental organizations should also be aware of at which points in the sometimes lengthy law-making process they can provide input. For example, in some countries, there may be opportunities during the legislative process itself for the public to comment on a draft law before it is finalized. In addition, they can provide background information and data that drives legislative change. The Good Samaritan law in India provides a strong case study for how nongovernmental organizations can utilize research and legal and political mechanisms for advocacy.

Case Study: Reviewing current gaps in prehospital care to improve the speed and quality of emergency response in India

SaveLIFE Foundation (SLF) is a nonprofit organization committed to improving road safety and access to emergency medical care across India and the developing world.

In 2013, SLF commissioned a research report to understand why witnesses to road traffic crashes in India were unwilling to assist road traffic victims. The report revealed that three quarters of people in India were hesitant to help persons injured in a crash; 88% of them attributed this to fear of legal and procedural hassles. Without immediate assistance from bystanders, medical treatment and transportation to hospital were often delayed, leading to a higher rate of fatalities and medical complications.

SLF identified that legal protection was needed to overcome bystanders' reluctance to help. It therefore set out to change the legal framework.

First, it brought to the attention of central government 15 cases where road traffic victims had died because they had been left without help at the scene of the crash. It submitted a petition signed by over 100 000 people to the union health minister requesting a law to protect Good Samaritans and worked with a member of Parliament, Ms. Kirron Kher, to bring a private member bill into Parliament.

In parallel, SLF filed a public interest litigation in the Supreme Court of India requesting that the court safeguard bystanders who help the injured. In October 2014, the Supreme Court directed the central government to issue guidelines to protect Good Samaritans. The Ministry of Road Transport and Highways (MoRTH) issued notification of the guidelines in May 2015. The guidelines protected Good Samaritans from civil or criminal liability, made it voluntary for Good Samaritans to disclose information to hospitals, and more.

In a landmark move in March 2016, the Supreme Court provided the "force of law" to MoRTH's guidelines, making it legally binding across the country. The Motor Vehicles (Amendment) Act 2019 included further protection for Good Samaritans.

However, awareness among police and hospitals of the legislation is low. SLF is now working with state governments to strengthen implementation of the Act and increase awareness among the public, police and others of Good Samaritans' rights.

Visit: <https://www.goodsamaritanlaw.in>



Volunteer ambulance operated by Forum for Prevention of Road Accidents as part of their Good Samaritan advocacy and response
© Forum for Prevention of Road Accidents

7.1.3. Engage partners

It is rarely possible for a single actor to achieve change alone, so it is generally useful to engage partners from different sectors of society who share the same concern but bring different types of knowledge and expertise to the effort. At an early stage, a nongovernmental organization should identify or map the groups involved in emergency care and consider which partners could best support its efforts. These partners may come from national or local government, academia, the media, the private sector or other areas of society and can support the nongovernmental organization in many ways. It is equally important to anticipate resistance and determine a strategy to understand and answer the arguments of groups in society that might oppose the proposed actions. Almost all of the case studies in this guide involved some type of partnerships, sometimes at an international level. Engaging partners from other similar countries who have successfully advocated around a similar issue can be particularly powerful.

Case Study: Using partnerships to advocate for improved prehospital care in the Republic of Moldova

The Eastern Alliance for Safe and Sustainable Transport (EASST) is a network of local road safety nongovernmental organizations focused in Eastern Europe, the Caucasus, and Central Asia. Fire Aid is an umbrella organization providing training and expert support to emergency service providers around the world.

Beginning in 2013, the two organizations led a collaborative project to promote improvements for regional fire departments in the Republic of Moldova, which provide emergency care and rescue services. They formed partnerships with several local organizations, including Operation Florian and the Automobile Club of Moldova. These partnerships worked with the General Inspectorate for Emergency Services (GIES) of the Republic of Moldova to provide training of trainers in post-crash response and advocacy for improved supplies for emergency responders.

The region of Transnistria was identified as having a particularly high need for fire-fighting equipment and training, including basic supplies and road traffic collision rescue equipment. Together, Fire Aid and EASST advocated for increased resources for equipment and training and involved local communities to give them a voice in how resources were utilized. GIES worked with local authorities and fire chiefs to identify where prehospital training and equipment should be focused.

When possible, regional fire services help neighbouring regions in road traffic collision responses. This has allowed teams from regions that have not directly received support from EASST and Fire Aid to see the benefits of the project and advocate for similar equipment and training, thereby amplifying the impact of the programme. Maintenance of local partnerships and ongoing advocacy at local community levels have been a factor in the development of a universal emergency response number for emergency calls. By seeing the benefits of the programme, regional fire services in neighbouring regions are also advocating for similar equipment.

Visit: <https://www.easst.co.uk/>
and <http://www.fire-aid.org/>



Checklist: Assessing the terrain

Have you reviewed the status of emergency care in your country/area?

Have you spoken with government officials and other experts in emergency care to understand the nature of the problem in your country?

Have you reviewed the recommendations of key policy documents to identify the ones that still require action from your government?

Do you understand the mechanisms within your government for embarking on advocacy for new and changing legislation or for other improvements to emergency care in prehospital contexts, hospitals and clinics?

Have you sought guidance from experts or lawmakers?

Have you identified or mapped the groups involved in emergency care in your country?

Have you consulted partners from other sectors of society who share your concern but bring different knowledge and expertise?



Students in Bangladesh protesting for safer roads and reduced public transport fares

© Sk Hasan Ali



Emergency care assistants arrive on the scene of a traffic crash on a street at night

7.2 Prepare to act

7.2.1. Define objectives

The advocacy objective will vary depending on the outcome of the steps outlined in “Assessing your terrain”. Objectives at the national level might include the recommendations in the Post-crash response section in the Global Plan for the Decade of Action for Road Safety 2021–2030, the voluntary targets or other objectives defined in the national health plan or an emergency care systems assessment survey. At the local level, the objectives might be to call for training of police and other first responders in first aid, creating a dedicated emergency unit or improving the capabilities of the emergency unit at the local hospital, or finding solutions to specific issues, as in the case study below. In all cases, it is important to keep the guiding principles in mind: prioritize a key objective and be clear about what change the nongovernmental organization wants to see achieved. This gives the advocacy programme a well-defined focus and set of messages that complement and add value to the work of other partners.

Case Study: Tackling a specific impediment to post-crash response in Bangladesh

TraumaLink Bangladesh was founded upon the desire of local communities to improve prehospital care across the country.

TraumaLink undertook an initial needs assessment to understand the communities’ needs for first response. The needs assessment was based on discussions with the community and used to recruit and train a network of volunteers to respond quickly to crashes in their area.

Through the needs assessments, TraumaLink heard from many local communities that the local police were sometimes an impediment to providing care at the scene of a crash. This was because the priority of the police was to establish what had happened in order to create a legal case. This sometimes meant that bystanders and volunteer first responders were delayed from providing help to crash victims in need of medical attention and transport to hospital.

TraumaLink met with Bangladesh’s deputy inspector general of police and explained the issue to her. It advocated to demonstrate the importance of caring for injured road traffic victims quickly and efficiently to ensure the best outcome. Together, they discussed how TraumaLink’s volunteers could provide timely care to victims while still allowing officers to gather the legal evidence that they needed. They held several discussions with police officers from all levels. Consulting in this way gradually changed the practice patterns of the officers and enabled them to work more harmoniously together with TraumaLink’s volunteer first responders. TraumaLink also worked closely with fire brigade leaders to overcome differing priorities at the scene of crashes and to promote a similar culture of understanding.

Visit: <http://traumalink.net/>

7.2.2. Develop a strategy

Once the above steps have been taken, the nongovernmental organization may develop its own strategy for advocacy based on the specific objective. The approach will depend to a certain extent on the environment in which it operates. In some countries, nongovernmental organizations function in relative freedom, while in others, they must take care not to be perceived as too critical of the government. In any case, there are many ways to influence change. In some settings, it may be best to try to achieve the objective through a visible approach, by using mass media or organizing events for the public, while in others, it may be more effective to hold discreet one-to-one meetings with key policy-makers.

The nongovernmental organization's strategies should be clearly defined with reference to the operating environment, the advocacy objective and the intended target audience, meaning the group or groups the organization wishes to influence to help achieve the objective.

Case Study: Advocating strategically for a targeted change in Lebanon

Roads For Life (RFL) is a nongovernmental organization in Lebanon. Members and staff are lay community members. They also have a scientific committee composed of doctors, nurses and emergency medical technicians. Since 2011, RFL has been promoting training for health care providers and advocates for post-crash care policy.

RFL found that medical professionals in Lebanon did not have sufficient access to trauma care education courses. Suitable courses that focus on the effective and timely delivery of post-crash trauma care, including Advanced Trauma Life Support (ATLS), Advanced Trauma Care for Nurses (ATCN), and Prehospital Trauma Life Support for Paramedics (PTLSP), already existed outside of Lebanon but were not available to local healthcare professionals. RFL developed a multipronged strategy to improve this situation, including fundraising, advocacy for national legislation, and increasing public awareness through media coverage.

RFL raised funds to sponsor doctors, nurses, and paramedics to take these internationally accredited certification courses. However, it recognized that, while these efforts were valuable, regulation of trauma care training could lead to a wider, more sustainable impact. It advocated to the Lebanese Ministry of Public Health with the objective to increase utilization of such courses. In 2014, the Ministry of Public Health issued Circular 51, which urged hospitals with emergency departments to enroll their personnel in courses such as the above. As of 2019, the latest governmental requirements for medical centre accreditation have included trauma certification courses such as ATLS as a requirement, and RFL was consulted by the local Syndicate of Hospitals in drafting these requirements.

Finally, RFL developed a media communication strategy to increase public awareness about post-crash care, including providing free courses for lay persons and citizens called Stop the Bleed. This course equips everyday citizens to become initial responders in trauma incidents and provides them with the skills, knowledge and practical experience to help save lives. This has resulted in many local communities advocating for increased use of these training courses and other improvements in the capacity for emergency care at their local hospitals.

Visit: <http://www.roadsofarlife.org/>





Checklist: Preparing to act

Have you prioritized a key objective for advocacy and are you clear about the change to be achieved?

Have you developed a programme with a well-defined focus and set of messages that complement and add value to the work of other partners?

Have you developed your strategy for advocacy based on the objective?

Have you defined the best mechanisms for reaching out to the intended target audience? Have you sought guidance from experts or lawmakers?

Ensuring that objectives are SMART

In project management, an effective way for setting objectives is to ensure that they are SMART, an acronym that describes key characteristics of an objective – specific, measurable, achievable, realistic and time bound. As a nongovernmental organization defines its advocacy objectives, it may ask the following questions to ensure that the objectives it has set are indeed SMART.

Specific:

- Is the objective concrete, precise and well-defined?
- Will this objective lead to the desired results?

Measurable:

- How will it be clear that the objective has been achieved?
- What are the concrete criteria for measuring progress towards the objective?

Achievable:

- Is the objective feasible?
- Are the limitations and constraints on achieving the objective understood?

Realistic:

- Are the resources available to achieve this objective?
- Will achievement of this objective address the problem at hand?

Time bound:

- Can the objective be achieved within a defined time frame?
- Is it appropriate to attain this objective now?



Installation showing the number of lives lost every day to road crashes
© Ahlstrom/Elgquist

Using social math to illustrate road safety messages

Numbers help to substantiate claims about the magnitude of a problem or issue. However, it can be a challenge to make numbers meaningful.

“Social math”, a technique aimed at making data more understandable, does so by making them more relevant to our everyday lives. Below are a few examples of social math used to describe road traffic crashes, their consequences and their costs. It is important when using social math that the data come from a trusted source and can be referenced as needed. Examples of social math formulations include:

- *In Brazil, 41 000 people are estimated to be killed every year due to road traffic deaths, the equivalent of the Arena da Amazônia at full capacity.⁴*
- *If nine Boeing 747 aircrafts crashed, there would be public outrage. Yet, this is the number of people that lose their lives on the world's roads every day.⁴*
- *Between 1 and 2 million lives – more than the entire population of Djibouti – could be saved in low- and middle-income countries if severe injury outcomes matched those in high-income countries.⁵*

⁴ Global status report on road safety 2018. Geneva: World Health Organization.

⁵ Reynolds, T., Sawe, H., Rubiano, A., Shin, S., Wallis, L., et al. . Strengthening Health Systems to Provide Emergency Care. Jamison, D. T., H. Gelband, S. Horton, P. Jha, R. Laxminarayan, C. N. Mock, and R. Nugent, editors. 2018. Disease Control Priorities: Improving Health and Reducing Poverty. Disease Control Priorities (third edition), Volume 9. Washington, DC: World Bank. doi:10.1596/978-1-4648-0527-1.

7.3 Take action

Depending on the objective and the audience to be reached to achieve that objective, the following are applicable suggestions for action.

7.3.1 Develop advocacy materials

The general public and policy-makers are not always well informed about the issues surrounding emergency care. They may not be aware of the magnitude of the problem, including the dramatic long-term consequences of injury and disability. They may not fully understand the best interventions to improve outcomes for victims. An example of how data can be used to advocate for change is presented on page 23. Not all nongovernmental organizations are able to produce new data or conduct scientific studies, but they can raise awareness by compiling key existing facts, such as the magnitude of road traffic injuries and current gaps in emergency care systems, and disseminating these in pamphlets or brochures, via media or other means. Two such documents are described below.

- A pamphlet or brochure on emergency care (or some aspect thereof) as it relates to a particular country, city or community, with the latest data and information. Data on road traffic crashes are often compiled by government departments or academic experts. Nongovernmental organizations can use this information strategically and present it in a user-friendly way to support advocacy efforts (see case study on the Islamic Republic of Iran on page 23). They may use “social math”, a technique aimed at making data more understandable by making them more relevant to our everyday lives, to present these data in a way that is easily understandable for the public (see page 20). The *Global status report on road safety 2018* has one-page country profiles, from 178 countries, that include data on several key post-crash care items such as availability of a national emergency care access phone number. Groups are encouraged to make use of these individual country profiles to raise awareness about capabilities for emergency care in their countries.



Nongovernmental organization leader with the photo of her son, a victim of a road crash, at the 3rd Ministerial Conference on Global Road Safety in Sweden
© Ahlstrom/Elgquist

- Stories of affected people and their families. To policy-makers and the broader public, the personal statements of those people whose lives have been affected by a road traffic crash can often be more powerful than the statistics. The Global Alliance of NGOs for Road Safety's report: *The Day Our World Crumbled: The Human Cost of Inaction on Road Safety* presents numbers and testimonies that demonstrate the impact of road crashes, including the lack of prompt emergency care. Additionally, the Association for Safe International Road Travel and WHO released *Faces behind the figures: voices of road traffic crash victims and their families*, which features 22 stories of road traffic injury victims as told by their families. These publications are powerful commentaries on the devastation and grief of those who have lost loved ones, often in an instant. They are a reminder that if effective emergency care services had been available, so much of the loss could have been avoided. See related links.

For both types of documents, it is important to prepare a dissemination plan carefully in advance of production, in order to decide what format they should be released in and how they will be distributed so that they reach the intended target audience.

Case Study: Using data to pinpoint problems and solutions in the Islamic Republic of Iran

Road Safety Pioneers (RSP) works in the Islamic Republic of Iran, and its main objective is to advocate for road safety using evidence and data. It focuses on education of children and professional drivers. It consists mostly of lay volunteers but also has several road safety experts, media specialists, post-crash experts and urban planners.

In 2015, RSP decided to evaluate road-related injury data. They found several sources of data – police, ambulance service, and hospital but varying levels of reliability and consistency made the data difficult to monitor and analyze.

RSP decided that more sophisticated data and methods of analysis were needed. In conjunction with local road authorities, RSP started entering their province's road traffic crash data into a geographic information system (GIS). Using a combination of ambulance provider and local provincial forensics data, RSP observed that 60% of road traffic fatalities occurred at the scene of the crash, and 10% occurred en route to the hospital. Using data from the current ambulance station locations, it also observed that the time between the initial call and the ambulance arriving at healthcare facilities was unacceptably long.

RSP formulated a plan to decrease road traffic mortality by reducing the time needed for prehospital providers to access the scene of crash. The GIS-mapped crash data indicated high-risk areas. RSP presented this data in an understandable and user-friendly manner to local government and successfully advocated for several local ambulance stations to be rearranged to decrease the time needed to reach the scene of the crash. As a result, follow-up data showed that, from 2015 to 2017, the average time from call to arrival at the crash scene decreased by 10%, and the mortality rate of people who died en route to the hospital decreased from 10% to 7%.

Visit: www.safety4all.ir/

7.3.2 Organize events

Nongovernmental organizations have the capacity to plan and host advocacy events in their countries and communities. Such events contribute to general awareness-raising about the importance of emergency care and the gaps that are impacting victims and their families. These events can attract media attention and therefore also be used to spread more specific advocacy messages, such as calling for additional training of frontline providers or improvements in access to prehospital services. Below is a list of some events that are commonly organized by nongovernmental organizations, sometimes in the context of a national road traffic injury prevention day, week or month:

- briefings for policy-makers, representatives of the media and others;
- inauguration of memorials to victims and survivors, such as remembrance gardens and internet-based memorials;
- ceremonies dedicated to victims and survivors, such as moments of observed silence and candlelight vigils;
- public workshops and other education-oriented events;
- school-based interventions, such as youth assemblies;
- street demonstrations, such as in the case study below, fairs walks or similar events;
- benefit concerts or sports events;
- photo, painting, essay or other types of competitions.



Nongovernmental organizations at the 3rd Global Ministerial Conference on Road Safety, Sweden
© Ahlstrom/Elgquist

In 2006, the European Federation of Road Traffic Victims, RoadPeace, and WHO released the document *World Day of Remembrance for Road Traffic Victims: a guide for organizers* (see section “Related links” below), which is helpful in planning advocacy events. Advocacy in the context of events and activities that address a broader agenda, such as international, national, or local events, could also be used to advocate for a specific issue. For example, a campaign or event that focused on children and adolescents could be a useful way for a nongovernmental organization to highlight the importance of emergency care for injured children.

Case study: Using training events to attract volunteers and raise awareness in the United Republic of Tanzania

Trek Medics International is a nonprofit organization founded by paramedics that aims to improve post-crash care in settings with limited resources through use of innovative mobile technologies. It does this primarily through Beacon, a text message-based emergency dispatching platform that relays requests for emergency assistance from the scene of an emergency to trained responders throughout the community via text message, with or without internet, and coordinates them to quickly locate, treat and transport emergency victims to local hospitals.

In the United Republic of Tanzania, Trek Medics partnered with a local health organization, Tanzania Rural Health Movement (TRHM), to recruit and train boda boda (motorcycle) taxi drivers to become local first responders. They used informational flyers, social media campaigns, and local radio and newspaper interviews to increase public awareness. Branded vests worn by trained boda boda drivers increased the visibility of the programme.

As part of the training programme, actors were used to conduct simulated road traffic collisions in highly public areas, such as along main roads. Medics-in-training were tasked with providing first responder care and then transporting “patients” to local health facilities.

Following the simulated collisions, some volunteers would remain behind at the scene to hand out flyers advertising the local emergency response number and to educate the public about what had occurred and what types of emergency services were available. Often, interested bystanders would sign up for first responder classes, and so these events became a form of recruitment for Trek Medics’ local partners.

Visit: <https://www.trekmedics.org>

7.3.3 Identify champions

Leaders of nongovernmental organizations are often good spokespersons for their cause. As many have been touched personally by the loss of a loved one in a road traffic crash or other injury, they speak with passion and commitment about the issue. For some organizations, it may also be useful to recruit other spokespersons or champions. Prominent figures from politics, entertainment, arts, fashion, sports and other spheres of public life can serve as champions, provided that they are truly committed. It has been demonstrated that when a minister of health or other prominent leader makes improving emergency care a political priority and invests the resources needed to respond, then gains are made. Celebrity champions, especially if they are carefully chosen and can be involved over the long term, can also make important contributions by raising awareness and lobbying for change.

7.3.4 Engage the media

In order to reach policy-makers and the public at large, nongovernmental organizations must also reach out to the media. Getting to know the media environment and how media operates in a particular environment is vital for gaining attention. In some countries, media representatives are approachable and supportive, while in others, they may be difficult to access. In all cases, messages to media should be consistent and delivered in a coordinated fashion where possible. The message should state the objective of the advocacy effort, the solution the organization proposes, and the action that the public can take to help solve the problem. Nongovernmental organizations should consider the most useful kinds of information to share with the media and the formats to use. Such information could include data and information in the form of:

- press releases;
- personal stories;
- fact sheets;
- audiovisual materials;
- websites or sections of websites tailored towards the specific needs of journalists and other media representatives.



Media presence at a World Day of Remembrance for Road Traffic Victims event in Kyrgyzstan
© Road Safety NGO Kyrgyzstan

Developing and continuing to nurture relationships with individual representatives of the media, editors and reporters, can be particularly helpful. It is important that the nongovernmental organization establish itself as a trusted source for the media, and it can do this by providing accurate and up-to-date information, messages and materials in line with the best science available. The organization may host briefings for the media at opportune moments around the launch of new initiatives, disseminating results of assessments or studies of local emergency care capacity, expansion of existing emergency care training programmes, and high-profile national events. The media often reports on road traffic crashes and other events that take the lives of many people. Such reports can trigger huge public concern. If this concern is effectively channelled, it can produce a rapid and sustained increase in political commitment to improving emergency care.

Case Study:**Advocating to the public for funding for prehospital care in the United States**

The Medic One / emergency medical services (EMS) system serving Seattle and King County, Washington, in the United States, is provided on a regional basis by numerous local fire departments. Fire departments are funded by regular, continuing taxes. However, the Medic One (or paramedic services) component and some of the first responder services are funded by a voter-approved, additional, intermittent tax (or levy). The regional EMS levy has been in place since 1979 and in general is renewed every six years by the voters as a ballot initiative. This represents an approximate 3% relative increase in property tax rates.

Advocacy encouraging citizens to vote in favour of the levy has been carried out by a variety of concerned parties. One of the foremost of these is the International Association of Fire Fighters union and its locals throughout King County.

In the lead up to the vote, union members work together to develop talking points showing the value of the levy to community members, such as showing that the tax represents only a small amount of cost per household but provides one of the leading prehospital emergency medical care systems in the world. The message is disseminated in a number of ways.

The union members work off duty to build support for the levy through door-to-door canvassing in their own communities, through placing posters and undertaking mass mailings, and through social media. Limited use is made of paid advertisements due to costs. However, considerable free publicity is obtained through public events (called kick-off events), to which the press and key officials and community members are invited.

With one exception (1997), the levy has been approved every year that it has been on the ballot. In this case study, no nongovernmental organization was founded. Rather existing groups (especially labor unions) came together temporarily to advocate for the needed measures.

Visit: www.kingcounty.gov/depts/health/emergency-medical-services/medic-one.aspx

7.3.5 Use social media

Increasingly, nongovernmental organizations, like many of their partners, use social media—platforms such as Facebook and Twitter as well as web-based blogs—in support of their programme objectives. These channels serve as a means of sharing information, encouraging debate and creating a community of supporters for their efforts. Social media communications are relatively inexpensive to produce and generally available to anyone at little or no cost. They do, however, require dedicated human resources in order to ensure the regular production of timely and relevant information. It’s important to use them strategically and to be sure that those groups the nongovernmental organization intends to reach also use the same channels. This requires planning: to set objectives, define target audiences and develop a specific strategy for each platform. The case study above shows how union members in the United States have used social media and other low-cost ways of promoting their message, to gain community support. Webinars to assist road safety nongovernmental organizations in advocacy can be found on the Global Alliance of NGOs for Road Safety’s website (see related links).



Checklist: Taking action

The following initiatives may be considered, depending on the objective to be achieved:

Have you developed documents that compile key existing facts as well as documents that describe the impact of the lack of access to timely emergency care?

Have you carefully prepared a dissemination plan in advance of the production of these documents?

Have you planned and hosted a high-profile advocacy event, such as an event on the third Sunday of November to mark the World Day of Remembrance for Road Traffic Victims?

Have you identified opportunities to organize events in the context of others hosted on related issues, in order to spread the road safety message?

Have you recruited spokespersons or champions for your cause?

Have you become familiar with the media environment in your country?

Have you developed and continued to nurture relationships with individual representatives of the media?

Have you developed materials which specifically meet the needs of the media?

Have you developed consistent messages and delivered them in a coordinated fashion?

Have you used social media to share information, encourage debate and create a community of supporters for your efforts?

7.4 Review progress

As with many institutions with limited capacity, many nongovernmental organizations are not able to conduct a rigorous scientific review of their programmes and activities. Some undertake process evaluations, which can be helpful to inform strategy and future action. As a minimum, a regular review of strategies and actions should be conducted and include key partners from government, including health and transport ministries (if appropriate), academia and other nongovernmental organizations, in order to chart progress and determine whether the current strategy should be changed. This could happen in the context of a meeting among nongovernmental organizations, where groups come together to exchange experiences and approaches to advocacy and identify effective strategies and priority activities. Such a meeting may involve partners from government ministries, foundations and the media and can give recognition and visibility to the work of nongovernmental organizations.



Blood donation drive in Mozambique for World Day of Remembrance for Road Traffic Victims
© AMVIRO



Checklist: Reviewing progress

Have you reviewed your strategies with key partners to chart progress and determine whether there should be modifications?

8. GUIDING PRINCIPLES FOR ADVOCATING FOR IMPROVED EMERGENCY CARE SERVICES⁶

Given the sometimes challenging political and financial environments in which nongovernmental organizations work, it is important for them to make the most of their advocacy efforts. It may be useful to keep in mind some guiding principles.

- **It is important to be committed over the long term.** Change is rarely achieved overnight, and even in the best-performing countries in the world, it has taken years to achieve a decrease in deaths from road traffic crashes and other injuries.
- **It is essential to be strategic.** There is a tendency among some nongovernmental organizations to engage in a broad range of activities, and this may not always yield results. Instead, they should target their efforts carefully, as described on page 18 in Roads For Life's advocacy for refresher trauma training, so as to make the best use of their limited time and resources in favour of the greatest potential gains. They need to be realistic about what is achievable.
- **It is critical to ensure that efforts are based on the best scientific evidence.** Nongovernmental organizations should engage in a permanent dialogue with emergency care experts, in order to stay informed about the latest knowledge and practice from the field and use that understanding to enhance ongoing research and activities. In certain settings, the best scientific evidence may contradict the common understanding, and nongovernmental organizations can play a role in highlighting such contradictions and promoting what really does work. Road Safety Pioneers' data-driven prehospital project on page 23 is an example of this.
- **It is helpful to make use of existing materials to avoid duplication of effort.** Many organizations offer materials that can be used to support national and local initiatives to improve care for the injured. These should be tailored for relevant audiences and translated into appropriate languages.
- **It is vital to engage with partners.** Few nongovernmental organizations are able to succeed in their efforts without the support of partners from government, academia, the private sector, foundations or agencies such as the police, fire department and medical services. They also benefit from reaching out to other nongovernmental organizations in order to coordinate messages, support one another's activities and generate resources. The importance of engaging with partners, promoting similar actions and speaking as a community with one voice cannot be overestimated. Several case studies in this guide demonstrate this, such as the Eastern Alliance for Safe Sustainable Transport and Fire Aid's work with local partners and community members in the Republic of Moldova on page 14.
- **It is crucial to review progress regularly.** While much advocacy contributes to general awareness-raising, targeted advocacy can most effectively contribute to concrete and measurable change. Even when an organization lacks the capacity to monitor its programmes in detail, it is useful to make a conscious effort at the start of the advocacy to identify some specific targets that would show that they had been successful. These targets should then be used to compare progress before and after the advocacy effort to determine whether that effort needs to be redirected in some way.

⁶ Advocating for Road Safety and Road Traffic Injury Victims: a guide for nongovernmental organizations. Geneva: World Health Organization, 2012.

9. CONCLUSION

Emergency care saves lives, and nongovernmental organizations can contribute to making emergency care an issue that is personal, real, and in need of urgent action. They are instrumental in generating a demand from the public for more timely and effective emergency care, and in helping planners and policy-makers understand the potential contribution of emergency care to the health system. In some settings, they are also able to play an accountability role, highlighting the shortcomings of existing government policies and programmes when needed. Case studies from all around the world show that nongovernmental organizations can be powerful and effective agents of change to strengthen emergency care and ensure that people with road traffic injuries and other emergency conditions get the lifesaving care they need when they need it.

The **WHO Global Alliance for Care of the Injured (GACI)** is a network of governmental and intergovernmental organizations as well as nongovernmental organizations, including professional societies, working internationally, that collaborate to improve care for the injured across the spectrum of prehospital and hospital care and rehabilitation of the injured.

GACI's vision is to provide guidance and support to governments to significantly improve care of the injured in a sustainable and affordable manner through systematic provision of essential trauma services. These services should be available to every injured person in any location without regard to their personal characteristics or ability to pay.

GACI promotes improvements across three main domains:

- lifesaving care at the scene;
- timely treatment of injuries;
- restoration of function and independence.

The aim is to save millions of lives and minimize the devastating consequences of injuries by strengthening trauma care systems.

The **Global Alliance of NGOs for Road Safety** was established in 2011 by nongovernmental organization members of the United Nations Road Safety Collaboration (UNRSC) and currently represents more than 300 member nongovernmental organizations working in road safety and victim support from 100-plus countries around the world.

The Global Alliance of NGOs for Road Safety is a registered nonprofit organization and is the platform for nongovernmental organizations worldwide to share knowledge and collectively advocate for road safety and the rights of victims of road traffic crashes. Its mission is to unite, empower and strengthen nongovernmental organizations to stimulate collaborative advocacy, action and accountability for road safety and road victims.

The Global Alliance of NGOs for Road Safety provides services to its members in three key areas:

- networking and sharing;
- advocacy;
- capacity building.

RELATED LINKS

WHO RELATED LINKS:

Advocating for road safety and road traffic injury victims: A guide for nongovernmental organizations
<https://apps.who.int/iris/handle/10665/44854>

Decade of Action for Road Safety 2021–2030
<https://www.who.int/teams/social-determinants-of-health/safety-and-mobility/decade-of-action-for-road-safety-2021-2030>

Faces behind the figures: voices of road traffic crash victims and their families
<https://apps.who.int/iris/handle/10665/43548>

Global status report on road safety 2018
<https://apps.who.int/iris/handle/10665/276462>

Guidelines for essential trauma care
<https://apps.who.int/iris/handle/10665/42565>

Preventing injuries and violence: an overview
<https://apps.who.int/iris/handle/10665/361331>

Post-crash response: supporting those affected by road traffic crashes
<https://apps.who.int/iris/handle/10665/251720>

Prehospital trauma care systems
<https://apps.who.int/iris/handle/10665/43167>

Strengthening care for the injured: success stories and lessons learned from around the world
<https://apps.who.int/iris/handle/10665/44361>

United Nations Global Road Safety Week
<https://www.unroadsafetyweek.org/en/home>

WHO Emergency Care Programme
https://www.who.int/health-topics/emergency-care#tab=tab_1

WHO-ICRC basic emergency care: approach to the acutely ill and injured
<https://www.who.int/publications/i/item/basic-emergency-care-approach-to-the-acutely-ill-and-injured>

WHO Global Alliance for Care of the Injured
<https://www.who.int/initiatives/global-alliance-for-care-of-the-injured>

World Day of Remembrance for Road Traffic Victims: a guide for organizers
<https://apps.who.int/iris/handle/10665/43520>

World report on road traffic injury prevention
<https://apps.who.int/iris/handle/10665/42871>

Youth and road safety
<https://apps.who.int/iris/handle/10665/43607>

GLOBAL ALLIANCE OF NGOs FOR ROAD SAFETY RELATED LINKS:

The day our world crumbled: the human cost of inaction on road safety
<http://roadsafetyngos.org/peoples-survey-report/>

Global Alliance of NGOs for Road Safety
<https://www.roadsafetyngos.org>

World Health Organization

20, Avenue Appia

1211 Geneva 27

Switzerland

<https://www.who.int/>

