

Rochester Institute of Technology

RIT Digital Institutional Repository

Theses

2011

An assessment of road traffic safety in Kosovo : {presentation given on September 6, 2011}

Mentor Bislimi

Follow this and additional works at: <https://repository.rit.edu/theses>

Recommended Citation

Bislimi, Mentor, "An assessment of road traffic safety in Kosovo : {presentation given on September 6, 2011}" (2011). Thesis. Rochester Institute of Technology. Accessed from

This Master's Project is brought to you for free and open access by the RIT Libraries. For more information, please contact repository@rit.edu.

Masters of Science Degree in Professional Studies
Center for Multidisciplinary Studies
**Rochester Institute of Technology & American University in
Kosovo**



“AN ASSESSMENT OF ROAD TRAFFIC SAFETY IN KOSOVA”

Mentor BISLIMI

AUGUST 31, 2011

Acknowledgments

I wish to express my deep and sincere appreciation to the people and the Government of the United States of America for their generosity and financial support, who have made possible completion of my master studies.

Extensive gratitude and thanks go to my family and all those who helped me with the preparation of this report.

I would like to cordially thank my Mentor Prof. Brian Bowen for his guidance, motivation, advises, patience and support provided during my capstone project writing.

I would like to thank my capstone advisers Biljana Rexhiq, Head of the Higher Offence Court, MD PHD Fatime Arënliu-Qosaj, and Mirvete Kelmendi who have supported me to find key features in legislation scope and in overall.

I shall always remain grateful to AUK-RIT, all professors, whose advice and support gave me core guidance to develop knowledge regarding the capstone project writing.

I would like to thank the Ministry of Internal Affairs-Kosova Police, for their understanding and for the data made available to me, related to traffic accident.

I would also like to sincerely thank Prof. Niccole Hyatt and Prof. Lynne Welton, for all efforts and the patience they have shown in developing questionnaires, and my colleagues Mentor Sadiku and Diana Pacolli in the Ministry of Health who are part of AUK-RIT, for their boost and encouragement during all this time.

TABLE OF CONTENTS

Acknowledgments.....	2
Abbreviations.....	10
Executive Summary.....	11
Chapter 1	
Overview of Road Safety.....	13
Chapter 2	
Background of Legislation	
2.1. Primary Legislation	22
(a) Law on Road Traffic Safety.....	22
(b) Law on Minor Offence.....	24
(c) Law on Health.....	24
(d) Law on Private Practice in Health.....	24
(e) Law on Public Health.....	25
(f) Law on Medical Emergency Services.....	25
2.2. Secondary Legislation.....	25
(a) Administrative Instruction for Hospital Services No. 08/2007.....	25
(b) Administrative Instruction Technical Medical Conditions, Space and Personnel according to the type of the health institution No. 07/2010.....	26
(c) Administrative Instructions No.04/2011.....	26
2.2.1 Strategies of Kosovo Health,	26
(a) Strategy of Kosovo Health, 2005-2015.....	26
(b) Strategy of Kosovo Health, 2010-2014.....	27
2.3. European Union Directives.....	27
(a) Directives related to health issues.....	27
(b) Child restraint Directives.....	29
(c) Periodic training of drivers.....	29

Chapter 3

Driver Questionnaires

- 3.1 Responses relates to three groups of drivers.....30
- 3.2 Drivers that had accidents.....36

Chapter 4

Institutional Obstacles & Responses from Police Questionnaires

- 4.1 Lack of Coordination.....39
 - 4.1.1 Administrative Instruction on Establishing a Road Traffic Safety Council39
- 4.2 Lack of National Strategy and Action Plan.....42
- 4.3 Road Safety Coordinator for each Traffic Region.....43

Chapter 5

Health Emergency Services & Responses from Health Professionals Questionnaires

- 5.1 Organizational Arrangements.....48
- 5.2 Functionality of Health Institutions.....54

Chapter 6

Emergency Services & Emergency Call Numbers

- 6.1 Functionality of unique emergency number 112.....55
- 6.2 Existing emergency call numbers in Kosova.....58
- 6.3 Single European emergency call number 112.....59
 - 6.3.1 EENA-the European Emergency Number Association.....60

Chapter 7

Training & Equipment

- 7.1 Health professionals training & equipment.....61
- 7.2 Driver training.....65
- 7.3 Police training & equipment.....70

Chapter 8

Road Traffic Safety in other Countries

8.1 Best practices in Road Safety in the Member States of the EU	74
8.1.1 Institutional organization of road safety.....	74
8.1.2 Winter speed limits and winter maintenance in Finland.....	75
8.1.3 Low speed zones in residential areas.....	75
8.1.4 The road safety information system in Latvia (Linked Database).....	75
8.1.5 Enforcement and education.....	76
8.1.6 Efficient response of emergency systems with tow trucks Germany.....	78
8.1.7 Rettungsgasse-route for emergency vehicles.....	78
8.2 Comparative data in some countries.....	78
Chapter 9	
Road Traffic Prevention	
9.1 Questions related to preventions.....	82
9.2 World report recommendations.....	91
Chapter 10	
Discussion & Recommendations	
10.1 Final Discussion	92
10.2 Conclusions.....	97
10.3 Recommendations.....	98
References.....	102
List of Figures	
Figure 1.1.Numbers of road traffic accidents in Kosova from 2002 until 2010.....	13
Figure 1.2.Organisational chart of the Kosova Police.....	15
Figure 1.3.Death accidents by road user category in 2009 and 2010.....	17
Figure 1.4.Injured accidents by road user category in 2009 and 2010.....	17
Figure 1.5.Traffic accidents, January-December for 2009 and 2010.....	18
Figure 1.6.Death traffic accidents according to regions.....	18
Figure 1.7.Injured traffic accidents according to regions.....	19

Figure 1.8.Summarizes the number of fatality accidents, injuries and non injury accidents.....	20
Figure 1.9.Summarizes number of vehicles in Kosova.....	21
Figure 1.10.Insurance company activity through number of cars policies sold in thousands.....	21
Figure 3.1.What would you do if you are a witness in an accident.....	30
Figure 3.2.Do you know what to do if you start to feel sleepy while driving.....	31
Figure 3.3.Do you know what fatigue is.....	32
Figure 3.4.Which of these substances have negative effect while driving.....	32
Figure 3.5.What percentage of the time do you drive according to the speed limit.....	33
Figure 3.6.What percentage of the time do you wear a seatbelt while driving.....	33
Figure 3.7.What percentage of the time do you drive while also drink alcohol.....	34
Figure 3.8.What percentage of the time did you drive without driving license.....	34
Figure 3.9.Do you know what the legal alcohol limit is.....	35
Figure 3.10.How many times you were penalized from police or court.....	35
Figure 3.11.How old your car is.....	36
Figure 3.12.Whose' fault was the accident.....	36
Figure 3.13.Did injuries affect your socio-economic life.....	37
Figure 3.14.Did injuries cause to lose your job.....	37
Figure 3.15.How many years have you had a drivers' license.....	38
Figure 3.16.How many times have you made an accident.....	38
Figure 4.1.Do you consider there to be a sufficient level of cooperation with your office and municipalities in your region.....	39
Figure 4.2.Do you consider there to be a sufficient level of cooperation with your office and police stations in your region.....	40
Figure 4.3.Do you consider there to be a sufficient level of cooperation with your office and Traffic Directory.....	40
Figure 4.4.Do you consider there to be a sufficient level of cooperation with your office and Road Traffic Safety Council.....	41
Figure 4.5.Do police stations regularly report to your office about traffic accidents.....	41
Figure 4.6.Do you have regular meeting with municipalities in your region.....	42

Figure 4.7.Which of the following makes difficulty in collecting data.....43

Figure 4.8: Organizational Chart of Regional Traffic Unit of Kosova Police.....43

Figure 4.9.Is any person in charge to take notes about difficulties in the process of the Law
on Road Traffic Safety implementation.....44

Figure 4.10.What steps do you take when in one place accidents occur often.....45

Figure 4.11.What steps do you take when in one place exist a need to put signs.....45

Figure 4.12.What steps do you take when noticed difficulties in the process of the Law on Road Traffic
Safety implementation.....46

Figure 4.13: Coordination among main stakeholders through Regional Traffic Coordinator.....47

Figure 5.1.Do you consider it is important to report accidents.....48

Figure 5.2.What percentage of accidents reported.....49

Figure 5.3.To which institution do you report number of traffic accidents.....49

Figure 5.4.Do you report number of health certificates for drivers.....50

Figure 5.5.How many health certificates for drivers do you issue per year.....51

Figure 5.6.How many people are refused annually for health certificates.....51

Figure.5.7.Do you have standard registration form when you record traffic accidents data.....52

Figure 5.8.Do you register cost of medical services for traffic accidents.....52

Figure 5.9.Do patient in your institution pay for emergency health services.....53

Figure 5.10.What kind of protocols apply your emergency unit.....53

Figure 6.1.Organizational Chart of the Emergency Management Agency.....55

Figure 6.2.Organizational Chart of the Department of Operations56

Figure 6.3.Do you know what the unique number of emergency is.....57

Figure 6.4.Do you know what the unique emergency number is.....57

Figure 6.5.Is it functional specific number of the public phone line for the emergency health
services.....58

Figure 6.6.Information about emergency number.....59

Figure 7.1.How do you train your staff.....61

Figure 7.2.In which fields' emergency medical staff is trained.....62

Figure 7.3.From which institution is certified medical staff of emergency.....	62
Figure 7.4.To what extent is developed exercise of the first aid for health professionals.....	63
Figure 7.5.To what extent is equipped your emergency unit.....	63
Figure 7.6.In which periods do you think that emergency medical staff should be re-certified.....	64
Figure 7.7.How many auto ambulances have your emergency unit.....	64
Figure 7.8.What kind of training do you need for your medical emergency staff.....	65
Figure 7.9.Do you know to give first aid, in case that you are involved in road accident.....	66
Figure 7.10.What training do you need.....	66
Figure 7.11.How many years have you worked in police.....	71
Figure 7.12.How long have you worked on the road safety.....	71
Figure 7.13.What your level of education is.....	72
Figure 7.14. Do you believe that Kosova Police has sufficient training in regard to road safety and traffic accidents.....	72
Figure 7.15.Which forms of training are most needed.....	73
Figure 7.16.How adequate are your equipment.....	73
Figure 9.1.Do you believe that many road accidents in Kosova might be prevented.....	82
Figure 9.2.If answer is yes in first question, prioritize the main three.....	83
Figure 9.3.Do you think that police should be part of Examination Commission to obtain driver license.....	83
Figure 9.4.Do you practice to put permanent radar to measure speed without physically presence.....	84
Figure 9.5.Do you consider we should impose heavy penalties for those who cause accidents.....	85
Figure 9.6.Do you consider we should impose heavy penalties for those who cross speed limits.....	85
Figure 9.7.Do you consider that license of those who make serious accidents should be cancelled.....	86
Figure 9.8.Do you consider that license of drunkard drivers should be cancelled immediately.....	86
Figure 9.9.Do you consider that video and computer games that stimulate racing should be banned by law.....	87
Figure 9.10.Do you think that we need to setting up requirements to ban old vehicles from traffic.....	88
Figure 9.11.Option A for improving road safety in Kosova.....	88
Figure 9.12.Option B for improving road safety in Kosova.....	89

Figure 9.13.Option C for improving road safety in Kosova.....	90
---	----

List of Tables

Table 1.1.Road traffic accidents in Kosova during 2002 until 2010.....	14
Table 1.2: Death and injured accidents by road user category.....	16
Table 1.3: Traffic accidents according to location.....	19
Table 1.4: Number of registered vehicles.....	20
Table 5.1.Driving time to reach emergency site.....	54
Table 6.1: Existing emergency call numbers in Kosova.....	59
Table 7.1.GDE matrix Goals for driver education.....	68
Table 7.2. Different measures for driving training, testing and licensing.....	69
Table 8.1.Existence of a National Road Safety Strategy and Targets.....	74
Table 8.2.National data coordinators by country/area and WHO region.....	76
Table 8.3.Multi-Annual expenditure framework for road investment, 2010-2012.....	76
Table 8.4.Number and estimated road traffic death rate.....	78
Table 8.5.Blood alcohol concentration limit for drivers.....	79
Table 8.6.Estimated road traffic death rate per 10,000 vehicles.....	80
Table 8.7.Road safety policies.....	80
Table 8.8.IRTAD Database, June 2010, Fatalities by age.....	81
Table 9.1.Drivers licensing in the EU countries and Kosova.....	84

Abbreviations

EU	European Union
EEA	States of European Economic Area
EENA	European Emergency Number Association
CCUK	Clinic Center University of Kosova
CRV	Center for Registration Vehicles
MoH	Ministry of Health
MIA	Ministry of Internal Affairs
MT	Ministry of Transport
MLSW	Ministry of Labor and Social Welfare
NIPHK	National Institute of Public Health
RTSC	Road Traffic Safety Council
WHO	World Health Organization
USAEC	Unique System of Alarm and Emergency Coordination
RTSD	Road Traffic Safety Directorate (Latvia)
BAC	Blood Alcohol Concentration
PHC	Primary Health Care

Executive Summary

During the last decade, Kosova has not developed clear and sufficient policies to improve road traffic safety. In the long term, in relation to this matter no strategies, plans, and adequate programs have been drafted. This issue is not yet a priority of Government, although there are some signs that this situation is soon to be reassessed. The lack of road information system, collision of laws, lack of the laws implementation and coordination among designated mechanisms, make this issue more complicated. Furthermore, there are many unregulated issues which are not in compliance with the EU Directives.

According to data in 2010, every day in Kosova there is: **49.4** accidents, **21** injured persons, and **0.5** persons lose life or one person killed on the road every other day. Deaths in traffic accidents per annum (2010) in 100,000 inhabitants, in Kosova were 8 per 100,000 of the population, compared with nearly 7 across the EU. The rate of fatalities however in 10,000 vehicles in Kosova is much more compared to other states (Kosova 8.7, Austria 1.2, UK 1.0 and USA 1.7). Throughout Kosova territory, Prishtina region leads with road traffic accidents. In 2010 Prishtina region had 44% of all national road accidents and 31% of all national road deaths.

Major Recommendations from Five Different Interviewed Groups

Recommendations	Interviewed groups					
	Head of regional traffic police	Traffic Police	Driver that had accidents	Drivers < 30 years	Drivers > 30 years	
Put signs and lighting in the roads	10	10	4	6	6	36
Improve road condition	10	4		8	10	32
Strengthen driver license procedure		4	10	10	8	32
Education in school	10	8				18
Reduce black spots		8	2			10
Establish a traffic information system	10					10

This capstone project conduct extended surveys producing substantial amounts of significant data. Five sets of surveys were conducted being addressed to five groups of people related to traffic accidents:

- Head of regional traffic police
- Traffic police
- Three groups of drivers, (drivers over 30 years, drivers fewer 30 years and drivers that had accidents).

Options A, B, and C for improving road safety analyzed in Chapter 9, with total seventeen recommendations were prioritize according to points. Recommendation which was rated with highest points is estimated with 10 points. Second one with 8 points, third with 6, fourth with 4, and fifth with 2 points.

Based on this survey related to five different groups of respondents, one of the most important measures which should be undertaken to reduce road traffic accidents are put signs and lightning in the roads. Secondly, improve road condition and third one strengthening the procedure to obtain driver license and onwards.

The capstone project has also addressed a survey to health professionals as well making an analysis of the traffic law, the law on medical emergency services and other legal instruments related to road safety.

The project offers an assessment of the medical emergency services, information about existing emergency numbers in Kosova, and the EU. The training needs for health professionals, drivers, and traffic police were also assessed. The best practices in the EU member states that may be transferable in Kosova, comparative analyses with different states in region, Europe and World, and prevention measures that policymakers should take into consideration in the process of creating new road safety policies.

Major project recommendations are:

- Amend laws and by-laws taking into consideration EU Directives
- Multidisciplinary approach through developing a National Strategy and Action Plan for road safety
- Establish an information system of road traffic safety
- Strengthen driver license procedure through inclusion of the Kosova Police in the exam commission for driver licenses
- Enforce speed limits and increase the percentage of those wearing seat belts
- Appoint a Coordinator in each of Kosova's six regions of traffic police and National Data Coordinator
- Provide regular training for health professionals, training for drivers and traffic police
- Inform and increase awareness about unique emergency numbers
- Implement best practices from EU member states related to road safety
- Allocate financial resources through implementing article 7 paragraph 4 of Administrative Instruction No.18/2008, On Establishing a Road Traffic Safety Council
- Implement Health Strategies 2005-2015 and 2010-2014 and develop of an Emergency Service Strategy and Action Plan.

CHAPTER 1

Overview of Road Safety

The purpose of this chapter is to explain in general the road traffic safety, including total numbers of deaths and injured accidents, as well in regions, number of vehicles, and other obstacles which reflect road safety in Kosova.

Kosova is a South East European country with an area of 10,887 km², numbering approximately 2.2 million inhabitants¹. The majority, (about 88%) are Albanians. The proportion of the largest minority, the Serbs, is about 7%. The other minorities, Bosnians, Croats, Goranis, Ashkalis, Romas, Egyptians and Turks, comprise 5%. The population of Kosova is young: 50% are under 20 years of age and up to 60% are 0-25 years of age¹. Kosova's road network of 8,522 km is characterized by uneven quality and limited reach. Kosova has 632 km of primary roads, 1,319 km of secondary roads and 6,571 km of local roads². The road network density of 0.78km/km² is higher than the Western Balkans regional average of 0.56 km/km². However, Kosova lags behind other lower middle income countries in the region when road density is adjusted by population size. Kosova has 3.6 road-km/1,000 people compared to 8.6 road km/1,000 people in Europe and Central Asia³. Conditions of the primary, secondary and local road network needs to improve. One recent study³ which sampled the local road network estimated that 94% of inspected roads on the local network are in poor or very poor condition and in need of urgent reconstruction. Accidents and injuries in the field of road traffic are a major public health problem in the world and in Europe⁴. Every year 1.2 million people are killed in road traffic accidents around the world. Up to 50 million people are injured, many suffering life-long disability⁵. This represents an average of 3,242 persons dying each day around the world⁶.

Figure 1.1: Total numbers of road traffic accidents in Kosova from 2002 until 2010

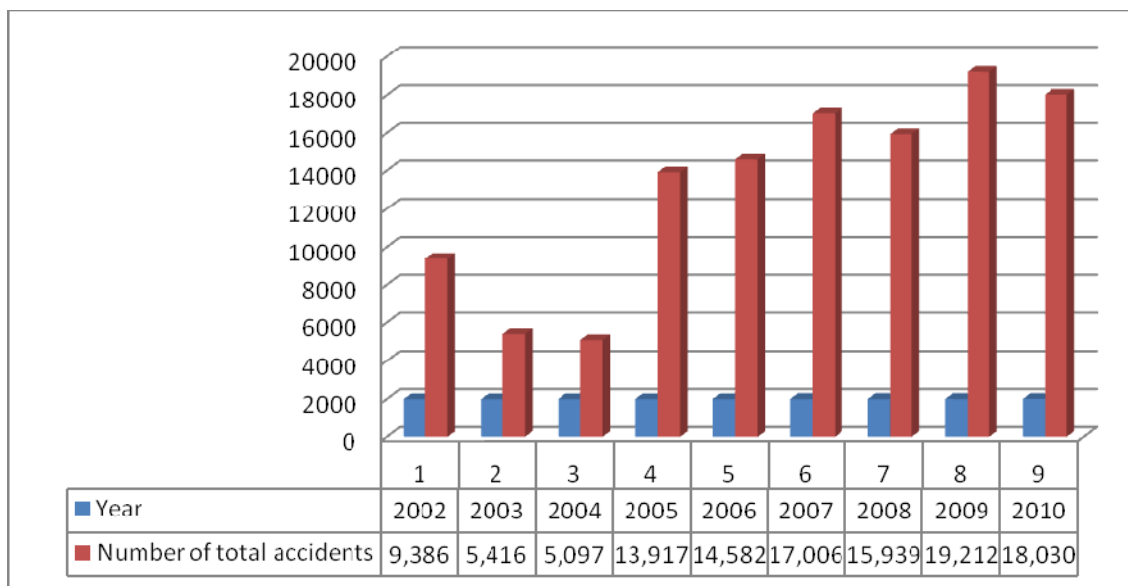


Table 1.1: Road traffic accidents in Kosova during 2002 until 2010⁷

Road Traffic Accidents				Consequences on people			
Year	Vehicle damage only	With injuries	Hit and run	Total accidents	Fatal accidents	With injuries	Total deaths
2002	8,126	1,153	0	9,386	107	1,983	132
2003	4,019	1,415	0	5,416	107	2,012	130
2004	5,097	1,326	0	5,097	141	2,053	170
2005	11,266	2,506	303	13,917	145	4,206	155
2006	11,413	3,013	574	14,582	156	4,789	178
2007	12,978	3,901	749	17,006	127	6,264	139
2008	11,313	3,850	658	15,939	118	6,427	133
2009	14,330	4,730	984	19,212	152	7,984	176
2010	12,594	4,327	417	18,030	158	7,731	175
Total	91,136	26,221	3,685	118,585	1,211	38,127	1,388

Source: Police data

Results from the Table 1.1, show that from 2002 until 2010 there are 118,585 total accidents with 1,388 deaths. Even though the number of road facilities in the EU was almost halved in the past decade, 34,500 people were killed on EU roads in 2009⁷. Based on these data in European Union in 2009 in 100,000 inhabitants, there are 7% of rate traffic deaths comparing to 8% of deaths in Kosova. The cost for society is huge, representing approximately 180 billion € per year⁸. While road accidents and poverty appear to be strongly linked⁹, in Kosova there are no survey or evidence available on the socio-economic impact of road accidents. In addition, after the war in Kosova there is a rapid increase of the number of various vehicles, which are increasing the likelihood of accidents in the road¹. It has been estimated that full compliance with traffic law could reduce road crashes by 50% and is a very important and cost effective way to achieve substantial improvement in road safety within a relatively short period¹⁰. Toward this direction Kosova Police in general and Traffic Police in particular has decisive role for traffic law enforcement. Due to significance of the Kosova Police related to this issue and road safety, is presented the organizational chart of the Kosova Police and position of traffic directory.

Figure 1.2: Organizational Chart of the Kosova Police

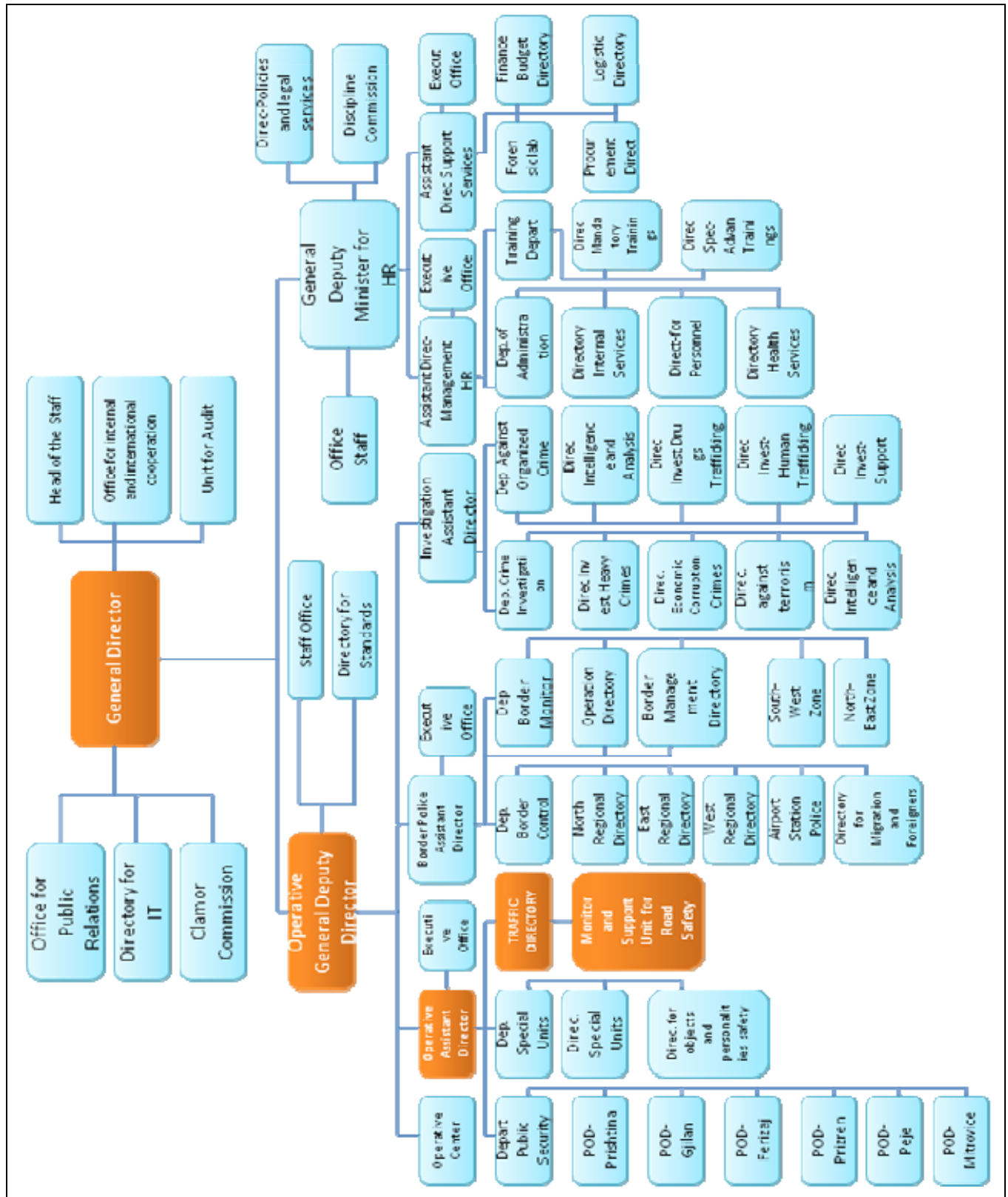


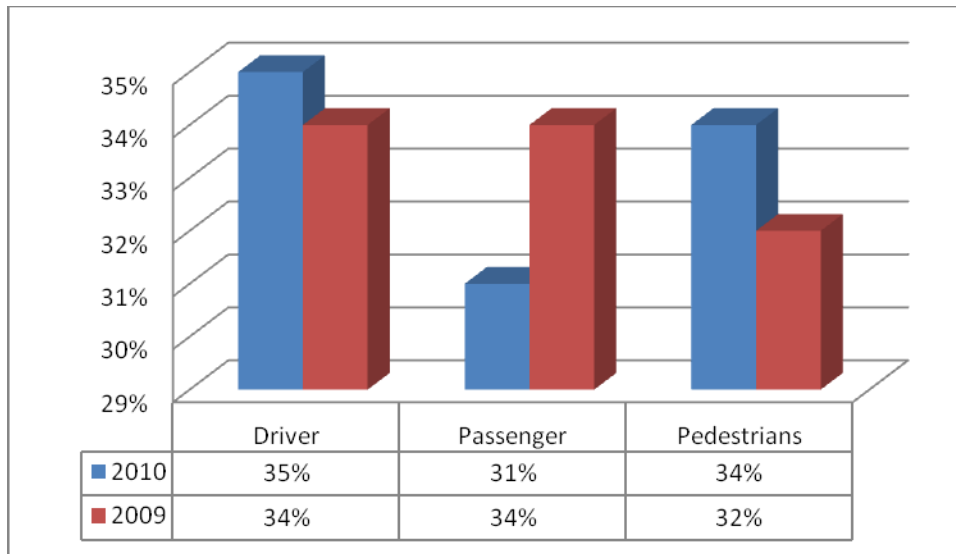
Table 1.2: Death and injured accidents by road user category from 2006 until 2010

Fatal accidents	2006	2007	2008	2009	2010	Total
People dead	178	139	133	176	175	801
Driver		47		59	61	
Passenger		37		60	54	
Pedestrians	65	55	50	57	60	287
0-12 years	26	12	12	25	11	86
12-18 years	17	10	5	5	4	41
Over 18		33	33	27	45	
People injured	4,789	6,264	6,427	7,984	7,731	33,195
Driver	3,720	5,102	5,321	2,906	2,936	
Passenger				3,938	3,741	
Pedestrian	1,069	1,162	1,106	1,140	1,053	5,530
0-12 years	416	459	387	368	335	1,985
12-18 years	177	162	163	143	127	772
Over 18	476	541	556	629	591	2,793

Source: Police data

According to data in 2010, every day in Kosova occurred: **49.4** accidents, **21** injured persons and **0.5** persons lose life or one person killed on the road every other day¹¹. Road infrastructures in Kosova are of low standard and there are many problems with signs, especially in rural areas. Road Safety policies at local, national, European or International level should integrate relevant objectives of other public policies and vice versa¹².

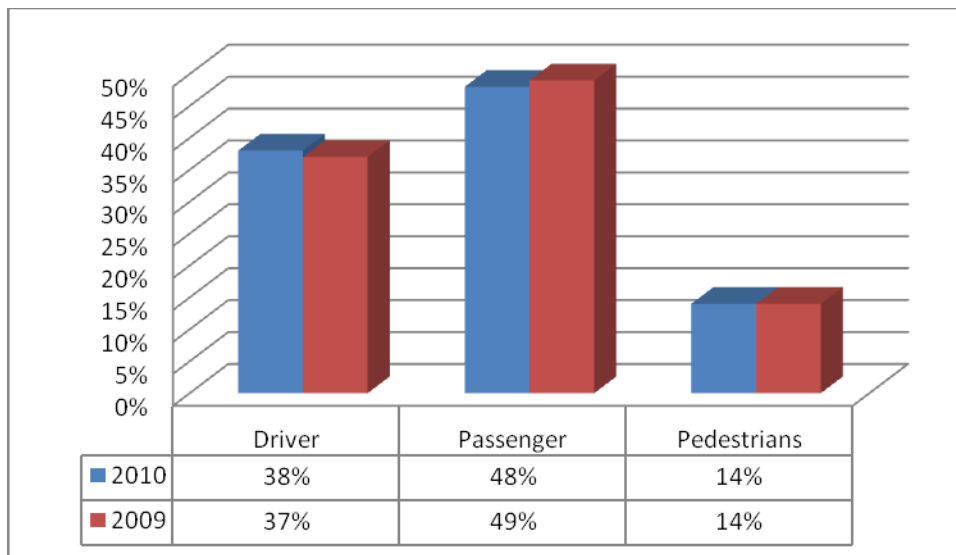
Figure 1.3: Death accidents by road user category in 2009 and 2010



Source: Police data

Figure 1.3 shows that number of death accidents by road user category in 2009 and 2010 differs very little or is almost the same.

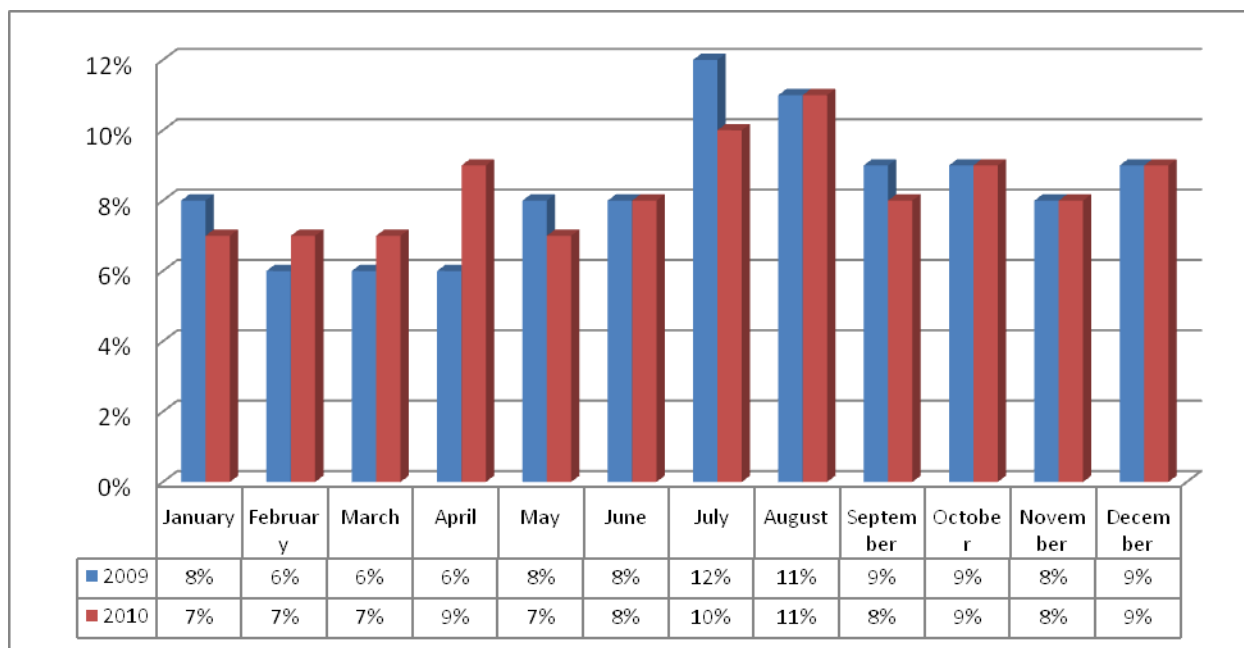
Figure 1.4: Injured accidents by road user category in 2009 and 2010



Source: Police data

However, in Figure 1.4 there are different pictures about accidents with injuries. The percentage of injured persons in 2009 and 2010 is almost the same. Thus, the most injured persons are passengers with 48% and 49%, driver with 38% and 37%, while pedestrians are with 14% in both years.

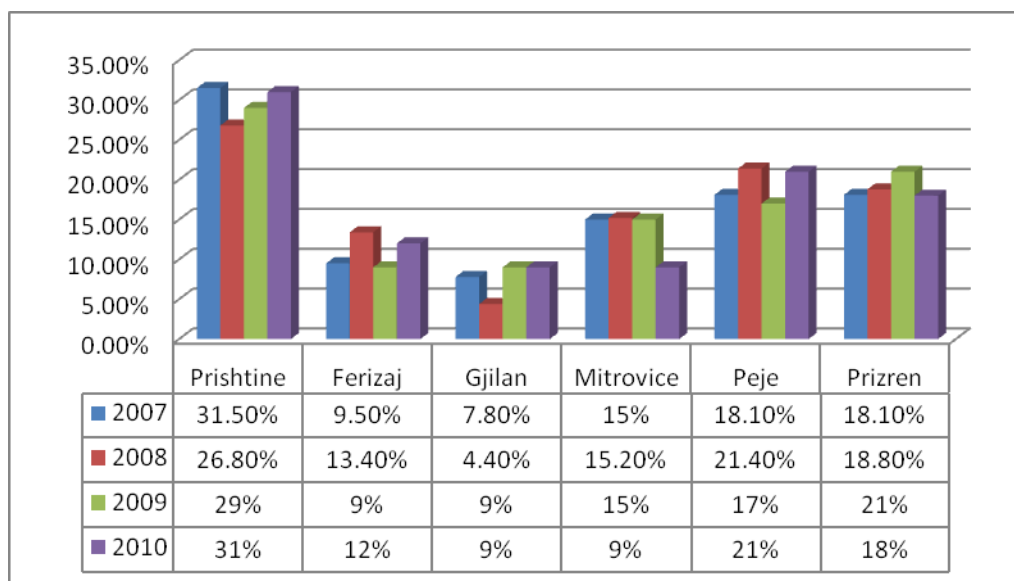
Figure 1.5: Traffic accidents, January-December, 2009 and 2010



Source: Police data

Figure 1.5 presents total accidents based on months, from January until December for both years 2009 and 2010. Based on those data, July and August in both 2009 and 2010 are months with most accidents. Also, continue months until December prevail related to other months. The total accidents based on months for 2007 and 2008 year is almost the same, like in 2009 and 2010. July, August dominate in compare to other months¹³.

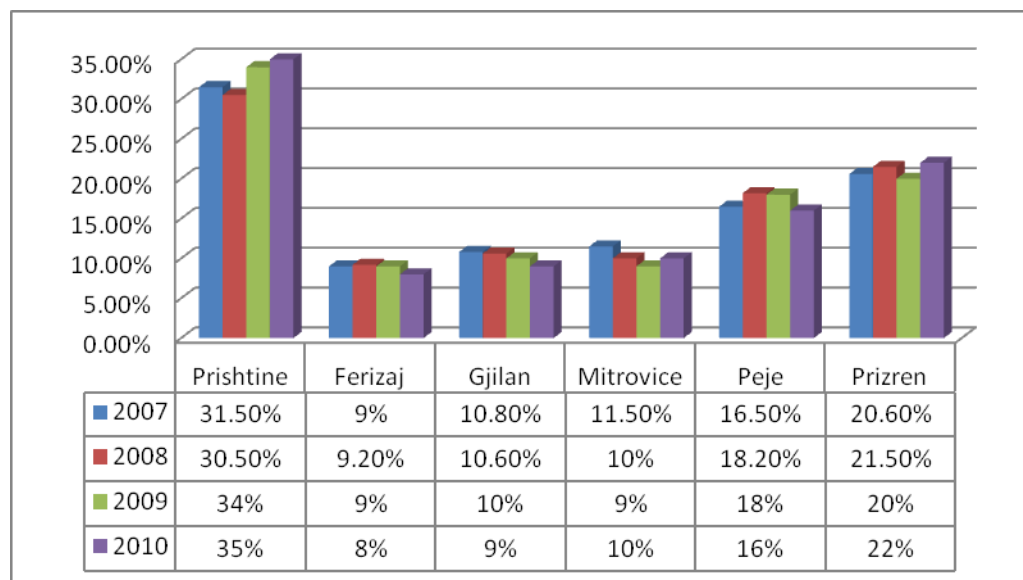
Figure 1.6: Death traffic accidents according to regions



Source: Police data

Figure 1.6 shows that from 2007 until 2010, the most fatal accidents happened in Prishtina region, then Peja and Prizren. Results from Figure 1.7 presented below show that highest percentage of injured accidents occurred in Prishtina then Prizren and Peja. Nevertheless, the percentage of total accidents is higher than in other two cases. Thus, Prishtina region leads with road accidents, with 41.63% in 2007, 40.93% in 2008, and more than 44% in 2009 and 2010 year. Results from figure 1.6 and 1.7 show, that there is a need to make different activities in regions, and make decentralization programs.

Figure 1.7: Injured traffic accidents according to regions



Source: Police data

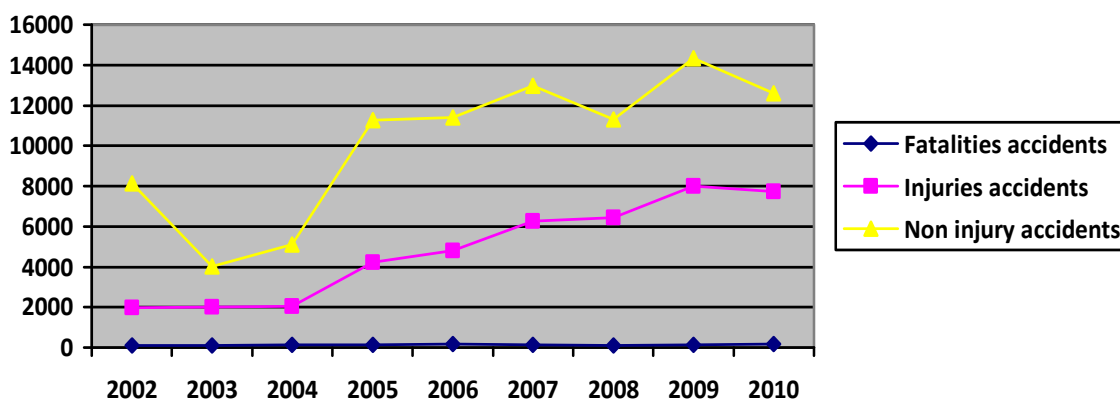
The total accidents based on regions for 2007 and 2008 year is almost the same. Prishtina with more than 40% of total accidents prevail in compare to other regions¹³. Table 1.3 shows that more than half of total accidents happened in urban roads.

Table 1.3: Traffic accidents according to location

Traffic accidents according to location										
Year	Highway		Regional		Urban		Rural		Other	
	No of accidents	%	No of accidents	%	No of accidents	%	No of accidents	%	No of accidents	%
2007	4,720	27.6	1,234	7.2	8,736	51.5	1,979	11.3	337	2.5
2008	4,192	26.3	1,306	8.2	8,374	52.5	1,729	10.8	336	2.1
2009	5,427	28.2	1,434	7.5	10,030	52.2	1,999	10.4	322	1.7
2010	4,726	26.2	1,492	7.95	9,788	54.3	1,751	9.7	273	1.5

Source: Police data

Figure 1.8: Summarizes the number of fatality accidents, injuries and non injury accidents during 2002 until 2010 (Trends in traffic accidents from 2002 until 2010)



Government planned to increase road safety through sustainable funding that may be derived from taxes on fuel insurance, premiums, and traffic tickets¹⁴. Another significant issue is that not all road traffic accidents are reported to the police and there is a gap of traffic data. For traffic accidents, only one source is available-Police accidents database. Reliable data on the exact number of registered vehicles is not ready available¹⁵. According to Statistical Office of Kosova, the number of registered vehicles in 2002 was (215,504)¹⁵.

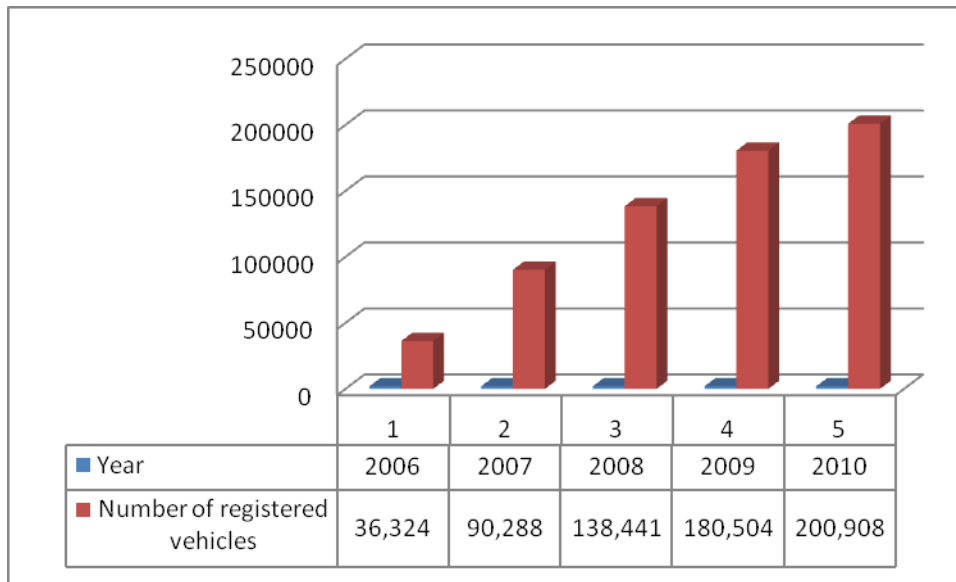
Table 1.4: Number of registered vehicles

Year	Total	Cars	Vans, light trucks	Small busses	Heavy trucks	Other
2003	129,619	104,282	16,825	985	5,677	1,823
2004	169,072	137,981	21,565	1,142	7,213	1,171
2005	200,000	145,546	13,887	13,757	4,769	22,042
2006	178,000	146,744	20,611	239	6,457	4,124

Source: Statistical Office of Kosova¹⁶

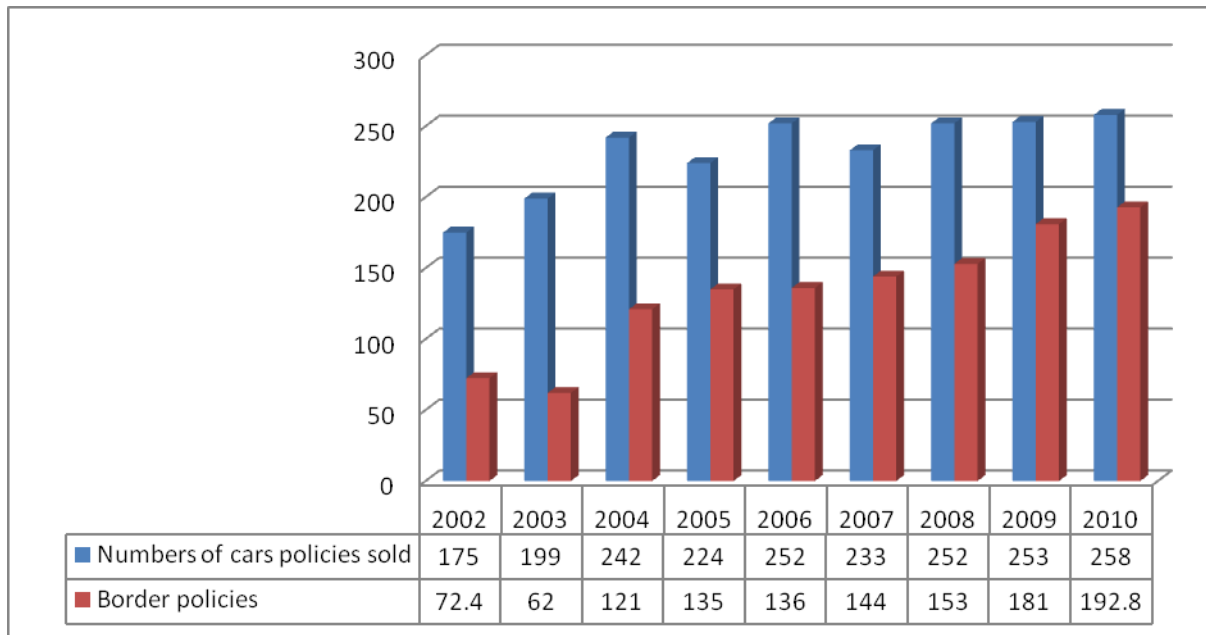
Table 1.4 shows number of registered vehicles from 2003 until 2006. Figure 1.9 and table 1.4 have different data of registered vehicles in the same years. In addition, the data of cars policies sold presented in Figure 1.10 is different. Various vehicles data reflects the weak cooperation and coordination of road safety stakeholders. According to data from Department for vehicle registration and driving license introduced in Figure 1.9, the number of vehicles is in the trend of growing.

Figure.1.9: Summarizes the number of vehicles in Kosova



Source: Department for vehicle registration and driving license in the MIA

Figure 1.10: Insurance Company Activity through number of cars policies sold (in thousands)



Source: Central Bank of Kosova

Figure 1.10 shows number of policies sold from 2002 until 2010. In 2010 there are sold 258,000 cars policies within in Kosova and 192,800 cars policies in the border (cars entered from abroad). There are many cases in practice that cars are not registered but are insurance. According to these data the most border cars policies are sold in July and August.

Chapter 2

Background of Legislation

This chapter presents results from the survey of primary and secondary legislation and EU Directives related to our legislation. Obstacles that are obvious and worthwhile to mention is that there are many unregulated issues, poor enforcement of road safety regulations, and collision of laws.

2.1 Primary Legislation

According to the juridical system in Kosova primary legislation is the law which is approved by the Kosova Assembly. Road safety and traffic accidents have great impact on increasing health costs. However, health policies were not sufficiently directed toward solving this core problem of society.

(a) Law on Road Traffic Safety

The Law on Road Traffic Safety No.02/L-70 is basic law that regulates road traffic safety. Obstacles and identified in the Law on Road Traffic Safety are as follow:

-Article 3 defines used notions or terms for the purpose of this law. Term “ADR Certificates” used in this law is not explained through article 3, even if based on article 197 drivers’ is obliged that during the vehicle allurement must carry with him this document. According to Council Directive 94/55/EC 1994 with regard to the transport of dangerous goods ADR is carriage of dangerous goods by road.

-Article 205 of the law determines duties of the participant on a traffic accident and among other highlight obligation of him/her to inform police or health institutions, but lawmaker did not mention where to call respectively notify about emergency call number. It is needed to set up provisions to inform participant on a traffic accident or citizens about unique emergency call number 112 and medical emergency numbers.

-Article 209 defines that Health Institutions are obliged immediately to inform the Kosova Police about the traffic accidents. Also, related to this issue paragraph 3 of article 209 determines that Health Institutions should be fined for minor offence in case if do they not inform the Kosova Police for the road traffic accidents. However, in this article not even in this law (based on article 2), it is not determined responsibility of which organ is execution a minor offence. How will be informed Health Institutions for their obligations when even competent organs in the Ministry of Health are not informed. This has more negative impact knowing the fact that there is no national strategy for road safety.

-Article 210 of the law determines the displacement of the vehicle, for cause of traffic accident. Paragraph 1 set up that driver, or the owner, respectively the vehicle user has to remove it from the road. If he or she is not able to do it, then vehicle displacement will be done by a company contracted for vehicle displacement with authorities for road traffic safety. Thus, the company has the right for the compensation in the court. Nevertheless, who will pay costs in the case of false call? This issue is not regulated in appropriate manner. In this case it should take into consideration the example in Germany (see section 8.1.6).

-Article 227 determines that contains of alcohol in the blood for the driver is 0.5 gram/lit. The law determines the level of alcohol for drivers in general and does not divide them on the novice drivers and general one like many states in the world¹⁷ (see table 8.5).

-The law mentions child restraints in article 184. Article 184 paragraph 1 specifies that driver is not allowed to carry child younger than 5 years of age on the back seat, except if it has on the back enforced the children seat, on which the child must be fasten or on a observation from a person over 18 years of age.

This paragraph allows alternative choices for drivers; if child is not restraint then somebody should to be cared for him. Among others law does not specify the type of child restraint system and other solutions that determine Directive 2003/20/EC. In addition, Article 198 of the law determines that driver and the person that is transported on the vehicle must use safety belt during the vehicle movement, but do not mention child restraints. Child restraint laws should specify the type of restraint, the child's age for which each restraint is appropriate, and the seating position¹⁸.

-Article 263 is not in compliance with article 266. The minimum age of the person for the vehicle operation is not specified for category T, L and sub-category B1.

-The law does not mention directly which vehicles are obliged to be equipped with the tachograph. However, indirectly maybe it is understood, because article 295 defines the duration of the motored vehicle operation more than 3.5 tons and the tachograph is defined an equipment which at least insures the speed register and the past vehicle road.

-Article 270 paragraph 5 determines that driver's license for category "B" will be issued for a permanent period. Article 7 of the Directive 2006/126/EC¹⁹ determines "As from 19 January 2013, licenses issued by Member States for categories AM, A1, A2, A, B, B1, and BE shall have an administrative validity of 10 years".

-Article 358 paragraph 6 of the Law on Road Traffic Safety determines the confiscation of the driver's license when it comes to the execution of negative points for the violation performer against the traffic safety.

Moreover, article 352 paragraph 3 of the law defines that driver, to who, in term of 36 months for cause of minor offence made from this law, were pronounced 9 negative points, will be punished by taking away the driver license or the license will be abrogated. This is main deficient of the law because it is not possible to be applied into the practice.

The reason is straightforward, because the Law on Minor Offence determines statutory limitation of the minor offence after the period of 2 years.

(b) Law on Minor Offence

The Law on Minor Offence²⁰ which is still in force determine two kinds of statutory limitation, relative and absolute and extend is one year respectively two year. System of penalty endorsement determined²¹ to abrogate driver's license for drivers, for cause of minor offence, in a period of three years, is in the collision with two year of statutory limitation for minor offence²².

Collision of the Article 352 paragraph 3 of the Law on Road Traffic Safety and article 28 of the Law on Minor Offence is the main reason that made impossible implementation of the first one, because article 1 paragraph 3 of the Law on Road Traffic Safety determines that Law on Minor Offences will be implemented within the scope of it.

(c) Law on Health

Law on Health No.2004/4 is basic health law. Other health laws and Administrative Instructions that regulate health sector have to be in compliance with this law.

The Health Law set up basic frameworks, standards, and principles that regulate generally major issues in the health sector. It is important to emphasize inter alia that health care is provided by organizing and implementing health care activities in the public, private, and mixed Health Care Institutions. The Law on Health does not regulate emergency services that deal with road traffic accidents. The emergency is mentioned only in the chapter 1 under definitions; point (j) determines the meaning of the emergency.

(d) Law on Private Practices in Health

The Law on Private Practice No.2004/50 regulates private practice and health care activities of Private Health Institutions. The law has many deficiencies. It is not drafted according to Government Administrative Instruction No.14/2008 for the Compose of Draft Laws and sub legislative acts. There are not a purpose and scope of law; it is unstructured and other things that should take into consideration in the future. However, the most important thing that was not regulated is failing to determine responsibilities of Private Health Institutions required dealing with emergency services. The law is not in compatibility with the Law on Medical Emergency Services.

(e) Law on Public Health

The purpose and scope are not the part of the content in the Law on Public Health No.02/L-78. But the purpose has to be identification and solving of all community problems from every health aspects, prevention of disease and other public issues.

The Law on Public Health does not determine emergency as public health issue. The road safety is a major public health problem. Like the Law on Health, the Law on Public Health does not regulate or even mention this issue.

(f) Law on Medical Emergency Services

The Law on Medical Emergency Services No.02/L-50 regulates organization, activity and financing of the medical emergency services of Kosova (article 2). Article 3 defines that Medical Emergency Service shall be exercised at the primary and secondary level, at referral Centers in Kosova, at the University Clinical Center of Kosova, including the Emergency Service within the Kosova Security Forces. According to article 5 Medical Emergency Service is provided through emergency activities performed at the public and private sector. This law determines emergency health activities that public and private health institutions needs to fulfill. Among others each emergency institution should have at least 2 auto ambulances, the direct public phone number for medical emergency and specific training on emergency care for the health personnel of the institution.

It is important to highlight that emergency health services in accordance with article 13 of this law is provided free of charge in the public and private health institutions.

The Public Health Institutions apply this provision but not private health institutions.

2.2 Secondary Legislation

Term by-laws in Kosova legal system in broad sense means, Administrative Instructions, Statute, Decree, Internal Regulations, Informative Circular and Decisions²³. Draft law and by-laws have to be in accordance by Work Regulation of the Government of Kosova No.01/2007 and Government Administrative Instruction No.14/2008. In the process of draft by-laws, draft-authors have to take into consideration ten rules set up by the European Council²⁴ and take measures to avoid the collisions of laws and by-laws.

(a) Administrative Instruction for Hospital Services in Kosova No. 08/2007

Administrative Instruction for Hospital Services in Kosova No. 08/2007 determine technical medical condition for hospitals regarding space, personnel and equipment. Private health institutions as secondary health care institutions are licensed based on the criteria and conditions set up in this administrative instruction. Article 2, determines that type of hospitals are universal, daily and special including both sectors public and private.

Article 52 inter alia defines obligations that hospitals need to fulfill to provide health care services. However, this Administrative Instruction is not in a compliance with article 17 paragraph 2 of the Law on Medical Emergency Services and in the near future has to be changed.

(b) Administrative Instructions Technical Medical Conditions, Space and Personnel according to the type of the health institution No.07/2010

This Administrative Instruction set up the minimum of general and specific technical medical conditions by type of health institution regarding space, personnel, and equipment. Based on article 3, 5, 23, and 24 there are four types of Health Institutions in the primary health care including Health Ambulantas, Specialist Outpatient Clinic, Family Medicine Center, and Diagnosing Therapeutic Center. These private health institutions are licensed based on the criteria and conditions set up in this administrative instruction. This Administrative Instruction is not in compliance with article 17 paragraph 2 of the Law on Medical Emergency Services and in the near future has to be changed.

(c) Administrative Instructions Health Certificates No.04/2011

Article 289 of the Law on Road Traffic Safety No.02/L-70 determines that MoH in cooperation with the MT and Kosova Police will set up medical requirements to issue medical certificate. Administrative Instructions No.04/2011 set up requirements to issue health certificates but it is not in compliance with Directive 2006/126/EC and Commission Directive 2009/113/EC.

2.2.1 Strategies of Kosova Health

There are two main strategies that anticipate general lines of traffic accidents and emergency services.

(a) Strategy of Kosova Health, 2005-2015

Objective seventeen (17) of the Strategy determines reduction of incidence rate of accidents while objective twenty eight (28) is to improve the emergency health care services and preparation for emergency situations in the health sector. Among others Strategy for objective 17 emphasized that road traffic safety is important public health issue and there is need to establish an inter-sector working group for accident control, provide provision of records for accident related injuries, increase level of coordination among major stakeholders, support development of programs to improve road safety, provide victims with proper rehabilitation and orthopedic devices for victims of accidents.

But, what was done during these years. This objective remained only in the paper and little was done until now to improve the situation.

(b) Strategy of Kosova Health, 2010-2014

Based on objective 1 purpose B the Strategy of Kosova Health, 2010-2014 determines increasing capacities of emergency services through training emergency staff and need of compilation the protocols for emergency services²⁵. To implement this Strategy, MoH launched Action Plan for Strategy of Kosova Health, 2010-2014.

To implement objective 1 of the strategy that highlights improvement the health status of population and quality of health care services, the Action Plan determines activities such as strengthening capacities of emergency services and identification and prevention the road accidents. To strengthen capacities of emergency services the Action Plan determines cost of 1,440,000 Euros in regard to increase emergency services by providing modern equipment, to train the staff and develop Clinical Guidelines and Protocols²⁶. While to promote and prevent road accidents the Action Plan determines cost of 67,200 Euros in regard to increase awareness in the schools, day-care-centers, and implement Strategy for Health Care Promotion²⁶.

2.3 EU Directives

(a) Directives related to health issues

Directive 2006/126/EC of the European Parliament and of the Council of 20 December 2006 on driving licenses, among others regulate Minimum Standards of Physical and Mental Fitness for driving a power-driven vehicle (Annex III). According to this annex drivers are classified in two groups: Group 1 and Group 2. Requirements for group 1 are easier in compare to group 2.

Group 1: Drivers of vehicles of categories A, A1, A2, AM, B, B1 and BE;

Group 2: Drivers of vehicles of categories C, CE, C1, C1E, D, DE, D1, and D1E;

Article 266 of the Law on Road Traffic Safety describes and count drivers categories and sub-categories but does not divide them into two main groups and classifications of categories and sub-categories is not based on the Directive.

-Article 8 (Annex): In general driving licenses shall not be issued to or renewed for applicants or drivers suffering from:

-Complaints or abnormalities of the locomotors system. Exception: driving licenses may be issued to physically disabled applicants or drivers following the issuing of an opinion by a competent medical authority and to any applicant suffering from a progressive complaint on condition that the disabled person is regularly examined.

-Article 9: Cardiovascular disease-Serious arrhythmia, angina during rest or emotions. Exception: Myocardial infarction shall be subject to authorized medical opinion and, if necessary, regular medical check-ups.

-Article 11: Serious neurological disease, mental disorders (article 13), drivers who are dependent on alcohol (article 14), applicants or drivers who regularly use psychotropic

substances (article 15) renal disorders (article 16). There are determined exceptions in some cases, unless the application is supported by authorized medical opinion.

Commission Directive 2009/113/EC of 25 August 2009 amended Article 6, 10 and 12 of the Annex III to Directive 2006/126/EC.

-Article 6: Eyesight-All applicants for a driving license shall undergo an appropriate investigation to ensure that they have adequate visual acuity, field of vision, twilight vision, glare and contrast sensitivity, diplopia and other visual functions. For example, in the scope of visual acuity Group 1 should have binocular visual acuity, with corrective lenses if necessary, of at least 0.5 when using both eyes together, while Group 2 of applicants for a driving license should have a visual acuity, with corrective lenses if necessary, of at least 0.8 in the better eye and at least 0.1 in the worse eye.

-Article 10 Diabetes Mellitus: In general driving licenses may be issued, or renewed for, applicants or drivers who have diabetes mellitus. Exception: driver license should not be issued for those who have recurrent severe hypoglycemia or/and impaired awareness of hypoglycemia (means that the assistance of another person is needed).

The criteria for group 2 when treated with medication which carries a risk of inducing hypoglycemia (that is, with insulin, and some tablets), are: no severe hypoglycemia events have occurred in the previous 12 month; the driver has full hypoglycemic awareness; the driver must show adequate control of the condition by regular blood glucose monitoring, at least twice daily and at times relevant to driving etc.

-Article 12 Epilepsy: If the person has epilepsy, the criteria for an unconditional license are not met. Drivers assessed under group 1 with epilepsy should be under license review until they have been seizure-free for at last five years. Furthermore, in the directive it is determined that a specialist (neurologist) report is required, stating the period of driving prohibition and the requested follow-up.

Among others for group 2 is required to have no relevant cerebral pathology and no epileptic form activity on the electroencephalogram (EEG). A person with a structural intracerebral lesion who has increased risk of seizures should not be able to drive vehicles of group 2 until the epilepsy risk has fallen to at least 2% per annum. Nevertheless, in the directive there are many other solutions that policy makers should take into consideration in the process of changing Law on Road Traffic Safety and Administrative Instruction No.4/2011 of the MoH.

(b) Child Restraint Directives

Council Directive 91/671/EEC²⁷ and Directive 2003/20/EC²⁸ which amend the first one determine use of safety belts and child restraint systems.

Directive 2003/20/EC among others specified:

Child restraint is classified in five mass groups (article 1 paragraph 3) and is subdivided into two classes (a) an integral class and (b) a non-integral class (article 1 paragraph 4):

- (a) Group 0 for children of a mass of less than 10 kg;
- (b) Group 0 plus for children of a mass of less than 13 kg;
- (c) Group I for children of a mass of from 9 kg to 18 kg;
- (d) Group II for children of a mass of from 15 kg to 25 kg;
- (e) Group III for children of a mass of from 22 kg to 36 kg;

Article 2 determines that children less than 150 cm in height occupying M1, N1, N2 and N3 vehicles fitted with safety systems shall be restrained according to article 1(4), suitable for the child's mass as prescribed up in article 1(4). In addition, member states may allow children of less than 150 cm in height and at least 135 cm in height to be restrained by a safety belt for adults. They also may allow, those children referred in article 2 (i) and (ii) not to be restrained by a child-restraint system when travelling in taxis. It is important to emphasize that this directive shall apply to all motor vehicles in categories M1, M2, M3, N1, N2 and N3 as defined in Annex II to Directive 70/156/EEC (12), intended to use on the road, having at least four wheels and a maximum design speed exceeding 25 km/h. Directive 70/156/EEC is amended many times and repealed with effect from 29 April 2009 with article 49 of the Directive 2007/46/EC of the European Parliament and of the Council of 5 September 2007 establishing a framework for the approval of motor vehicles and their trailers, and of systems, components and separate technical units intended for such vehicles.

(c) Periodic training of drivers

Directive 2003/59/EC²⁹ regulates initial qualification and periodic training of drivers. This Directive shall apply to vehicles of category C1, C1+E, C or C +E, and of category D1, D1+E, D or D+E, as defined in Directive 91/439/EEC. Law on Road Traffic Safety did not regulate the periodic training for drivers.

CHAPTER 3

Driver Questionnaires

In this chapter is included survey and data analysis from three groups of driver questionnaires. The questions will be analyzed and compared according to the Law on Road Traffic Safety. Results from the project survey will be illustrated with figures.

3.1. Responses related to three groups of drivers

This questionnaire is divided into three groups, driver questionnaire (A) (B) and (C) and includes one hundred and twenty interviews with drivers including male and female. The sample of questionnaire (A) includes fifty drivers over thirty years and questionnaire (B) includes fifty drivers less than thirty years. The sample of questionnaire (C) includes twenty drivers that are involved in traffic accidents. It is important to emphasize that from questionnaire (A) (B) and (C) are excluded health workers and police. In the beginning it will be explained same questions related to three groups of drivers. Answers given from drivers will be interpreted with the provisions of the Law on Road Traffic Safety.

Figure 3.1: What would you do if you are a witness in an accident?

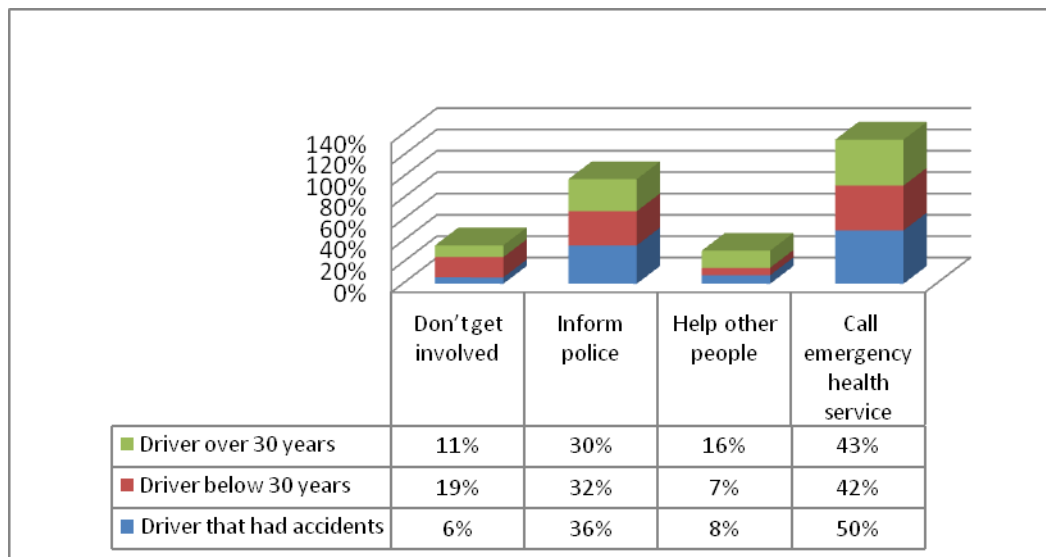


Figure 3.1 shows correct answers from group (A) and (B) are almost the same 73% respectively 74%, in terms of obligations of participants in an accident to inform police or call emergency health institutions, while 86% of respondents or drivers that had accidents are more informed about their duty based on law. Younger drivers do not wanted being involved because of their lack of skills and inexperience.

Article 205 of the Law on Road Traffic Safety determines the obligations of participants or persons who are informed about the accident, to inform either the police or health institution on a traffic accident. The law does not give the priority in this case.

Figure 3.2: Do you know what to do if you start to feel sleepy while driving?

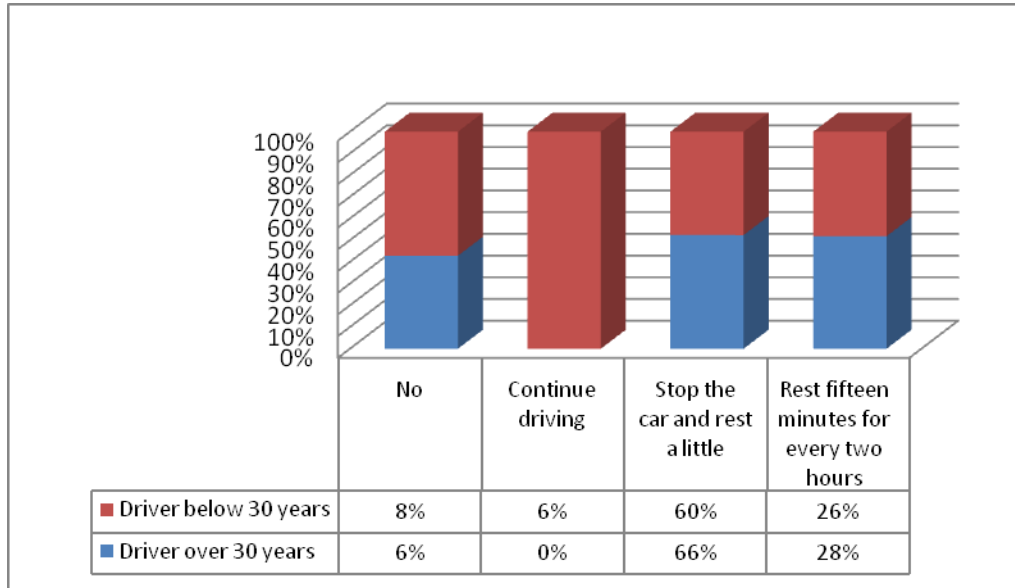


Figure 3.2 shows that almost 86% of drivers' less and 88% of drivers' over 30 years are aware that they should stop the car and rest in the case they feel sleepy while driving. Article 295 of the Law on Road Safety determines the duration of the motored vehicle operation for drivers who operates the bus, transporting vehicle or the combination of vehicles the maximum allowed measure of which is more than 3.5 tons. Those drivers are not allowed to operate that vehicle in duration more than 9 hours within 24 hours. Nevertheless, law has regulated this issue only for specific categories of drivers and did not take into consideration the general rule, when drivers should take a 15-minute break after driving for 2 hours³⁰. The answers related to fatigue (Figure 3.3) show that driver over and fewer 30 years have a few differences. In compare to that, drivers that made accidents are more uninformed about the fatigue. Article 226 paragraph 2 of law prohibits operating the vehicle on road traffic when driver is tired or sick.

Accidents caused by driver fatigue are most likely to occur³⁰:

- On long journeys on monotonous roads
- Between 2am and 6am and between 2pm and 4pm
- After having less sleep than normal and on journeys home after nightshifts
- After drinking alcohol and after taking medicines which cause drowsiness

Figure 3.3: Do you know what fatigue is?

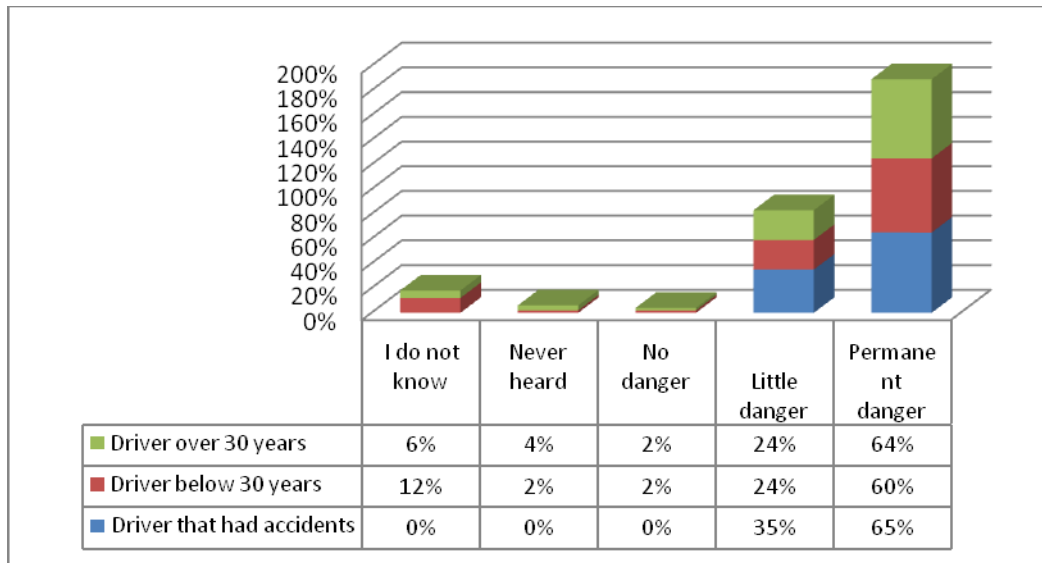
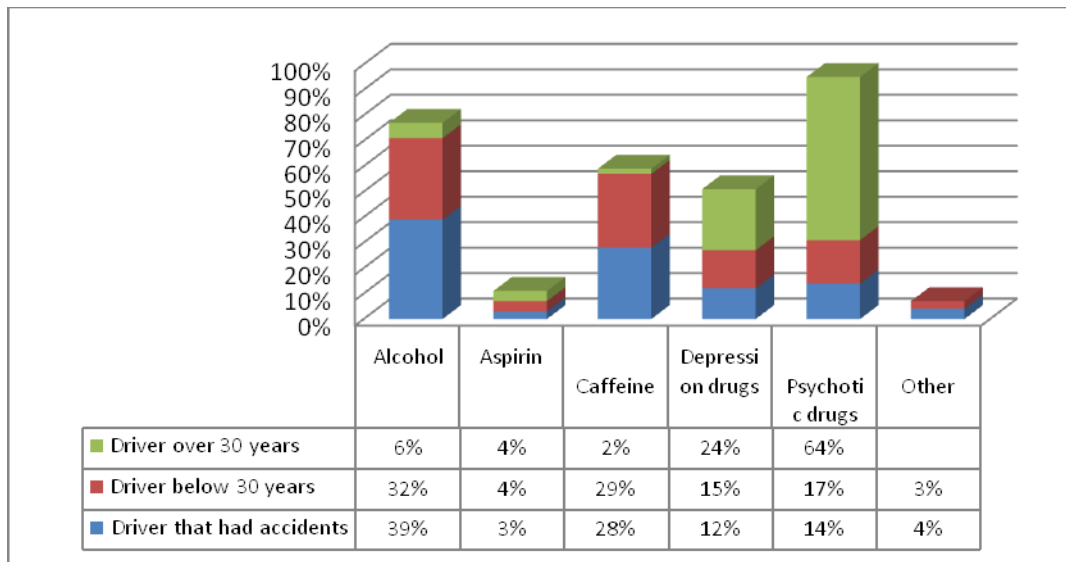
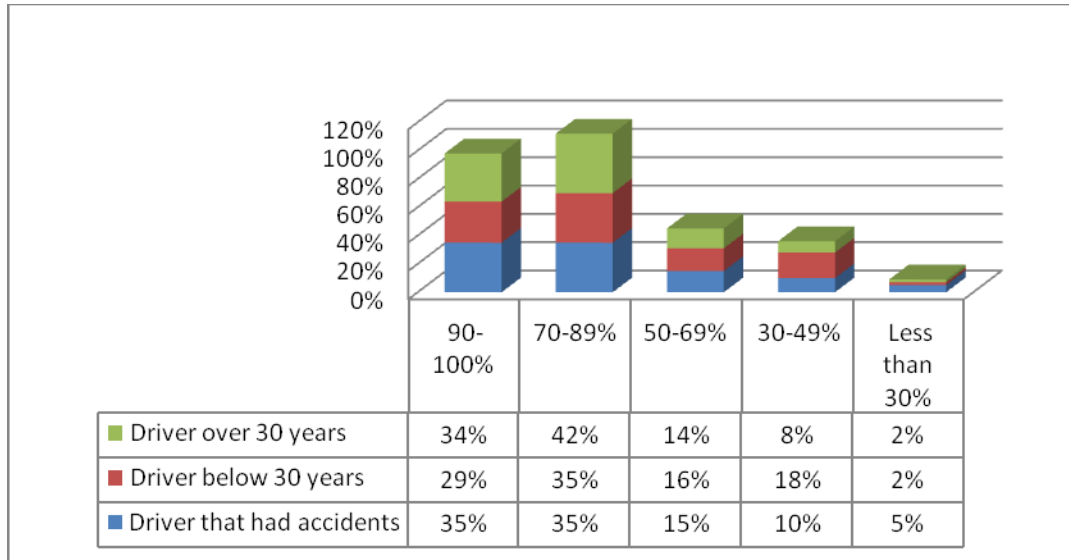


Figure 3.4: Which of these substances have negative effect while driving?



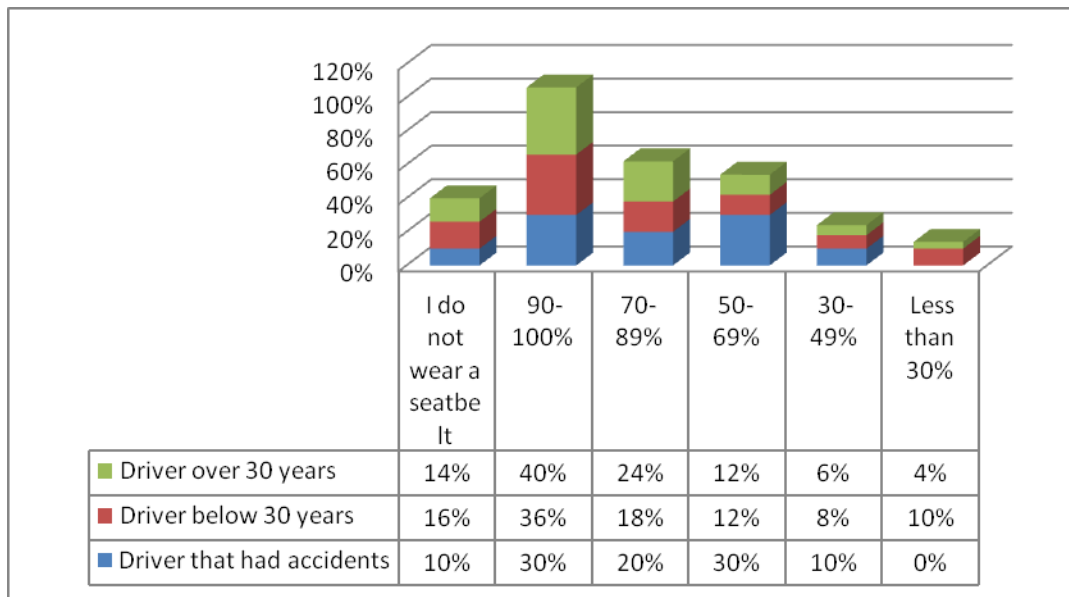
Results from Figure 3.4 show the drivers who are not informed about the narcotics substances and medicaments which shall not be used before and during the allurements. There are approximately 600 different drug substances listed on the schedule of medications in Australia³¹. Around 20-25% of prescription drugs affect the central nervous system, either by depressing or stimulating its function³¹. Article 291, paragraph 4 of the Law on Road Traffic Safety determine the duty of MoH to regulate this issue with a secondary legislation act.

Figure 3.5: What percentage of the time do you drive according to the speed limit?



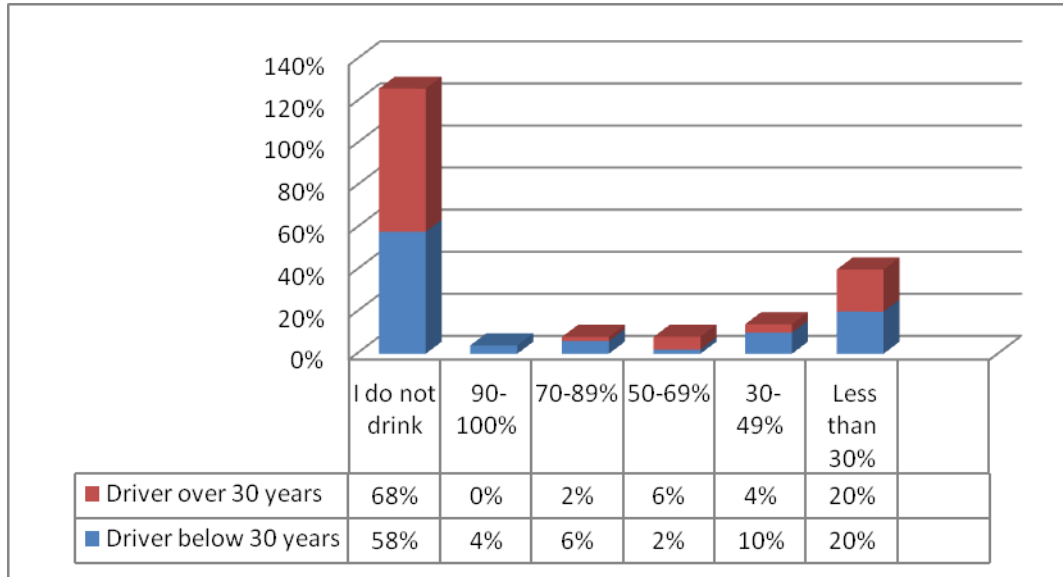
Answers in Figure 3.5 show that younger drivers' do not drive based on the speed limit in compare with two other groups of drivers.

Figure 3.6: What percentage of the time do you wear a seatbelt while driving?



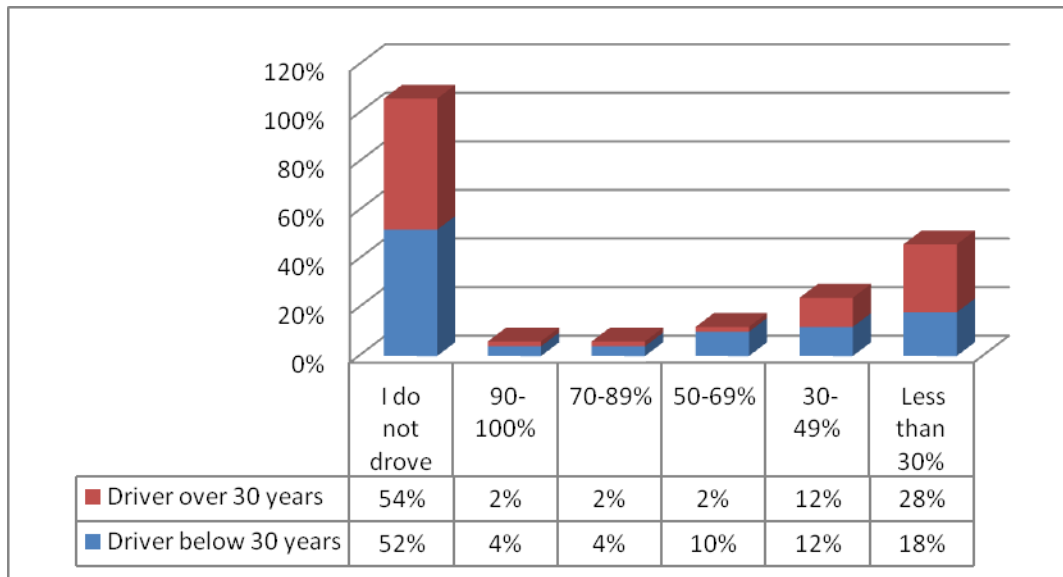
Article 198 paragraph 1 of the law determines obligation to the driver and the person that is transported to use the safety belt during the vehicle movement. Figure 3.6 shows that behavior and younger drivers' acts are in contradiction with this provision than other two groups and there is need to enforce traffic law.

Figure 3.7: What percentage of the time do you drive while also drink alcohol?



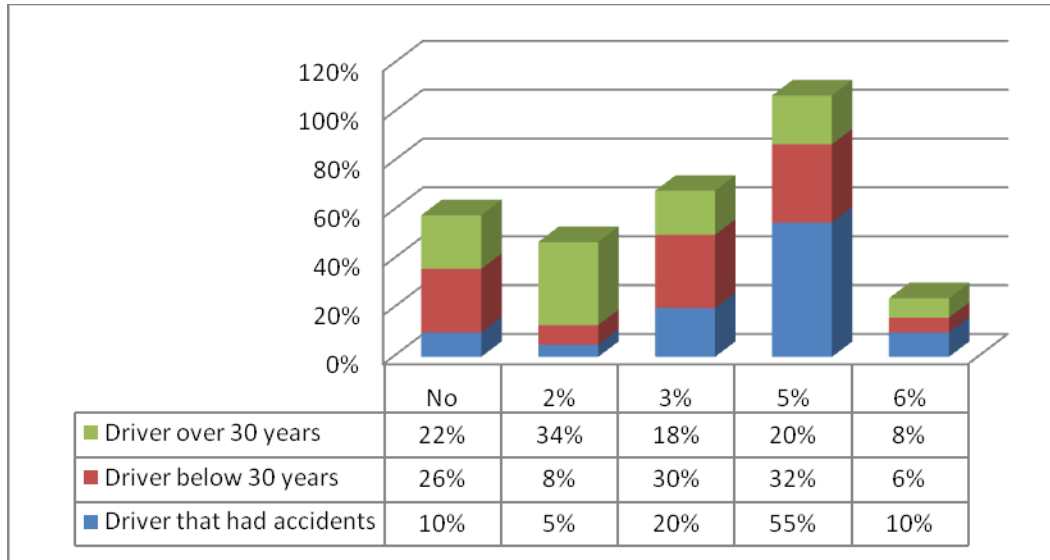
According to the majority of respondents, 68% of driver over 30 and 58% of drivers' fewer 30 years do not drink alcohol while driving. Even if there is small difference in percentage, driver fewer 30 years are more inclined simultaneously to drink and to drive.

Figure 3.8: What percentage of the time did you drive without driving license?



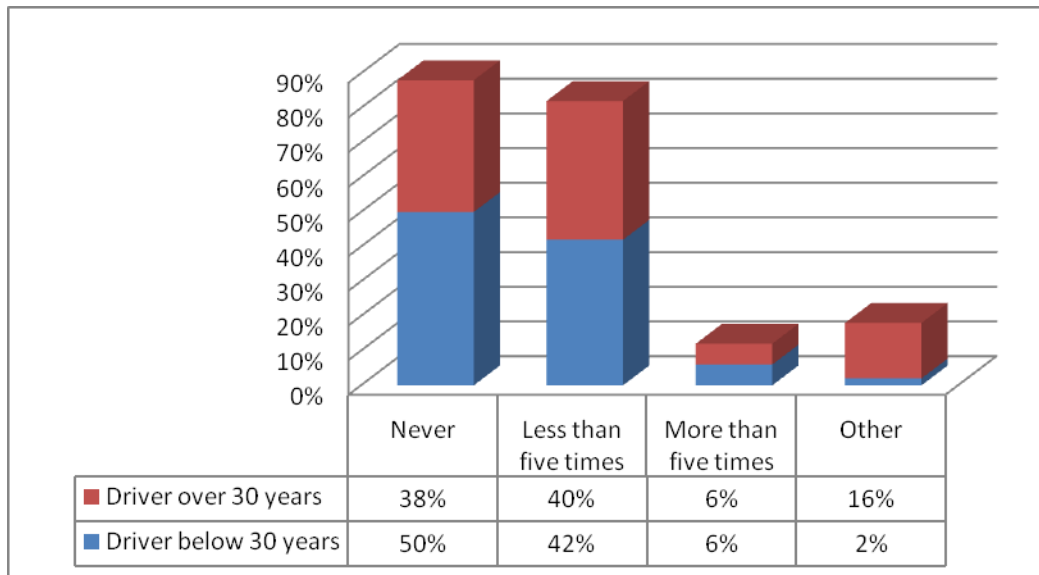
The survey findings underline that more than half respondents from both groups did not drove without driving licence. In this regard drivers' less 30 years are more disposed to drive without driving licence.

Figure 3.9: Do you know what the legal alcohol limit is?



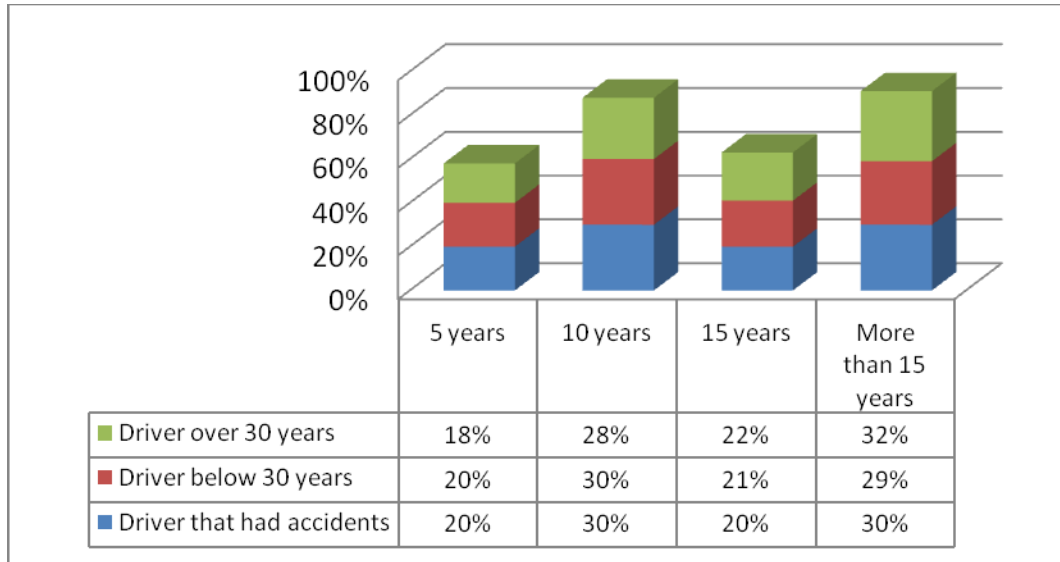
Article 227 of the Law on Road Traffic Safety determines that driver is not allowed to operate the vehicle on the road traffic, if the blood contains more than 0.5 gram/lit or mg/ml. The Figure 3.9 shows that 55% of respondents (driver that had accidents) give correct answers about the legal alcohol limit. Also 32% of young drivers knew correct answer in compare to only 20% of drivers over 30 years.

Figure 3.10: How many times you were penalized from police or court?



The answers in Figure 3.10 show interesting results. Driver fewer 30 years are less penalized from the court or police than driver over 30 years.

Figure 3.11: How old your car is?

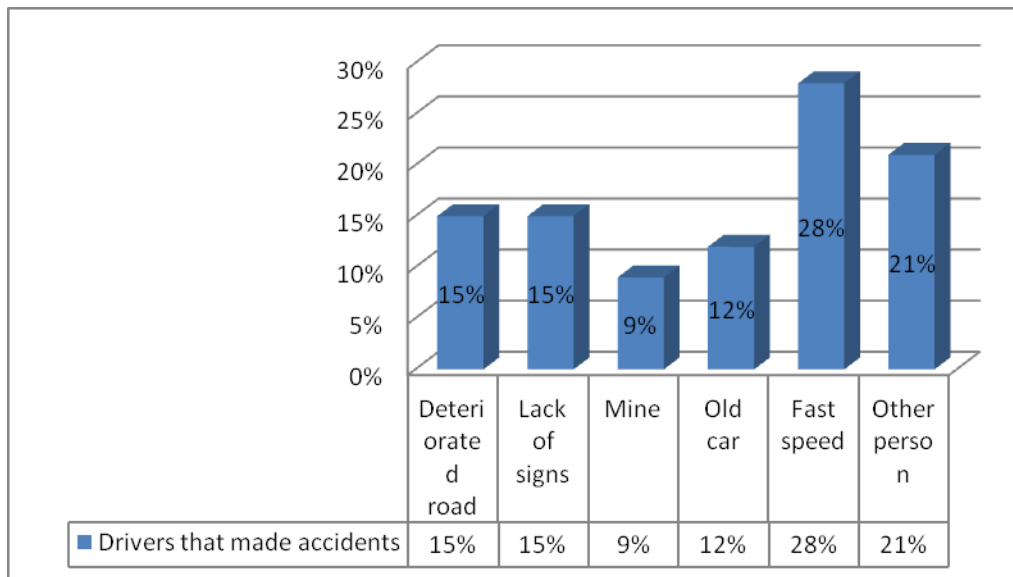


An answer related to the question how old is your car shows almost the same results for all three groups of drivers. These results show that we have more old cars than new one.

3.2. Drivers that had accidents

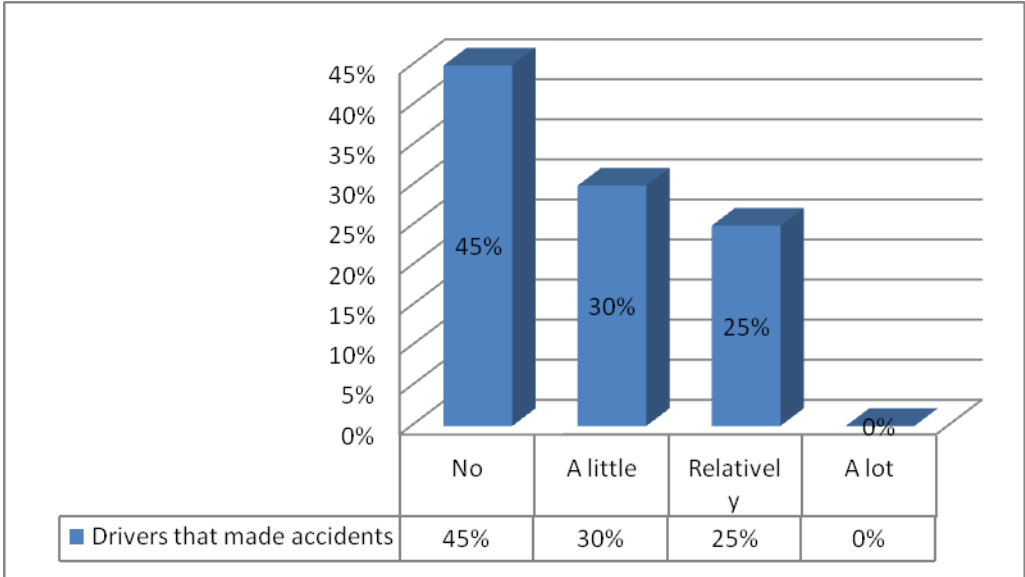
This group of drivers includes twenty drivers that are involved in traffic accidents.

Figure 3.12: Whose' fault was the accident?



Almost 37% of respondents highlight that behavior is one of the main factor that cause road accidents. Therefore, fast speed is in the first place.

Figure 3.13: Did injuries affect your socio-economic life?



It is a well known fact the link between accidents and socio-economic life. Results from Figure 3.13 show that 55% of respondents are in some way affected from the accidents.

Figure 3.14: Did injuries cause to lose your job?

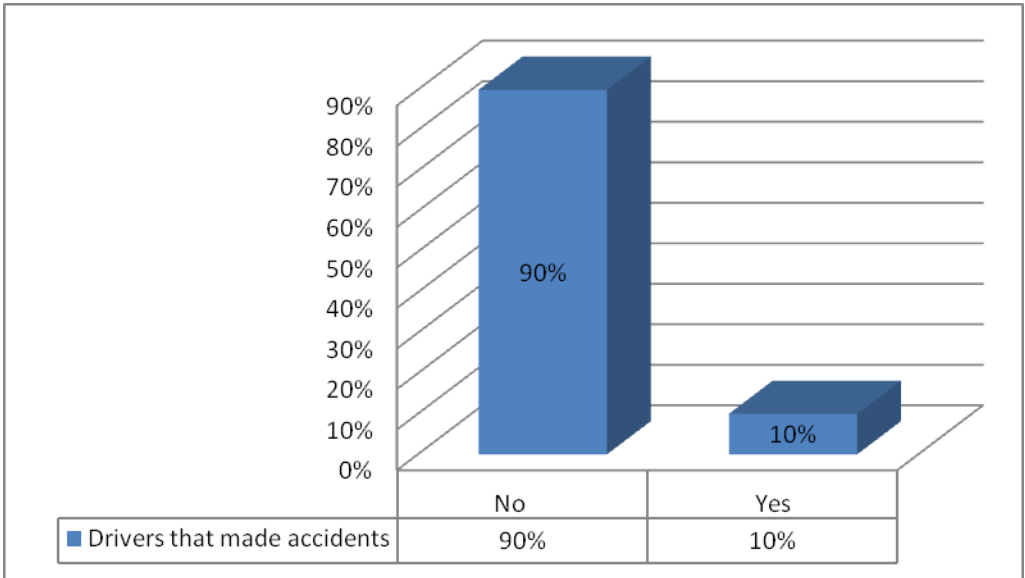


Figure 3.14 shows that 10% of respondents lose their job as a result of road traffic accidents.

Figure 3.15: How many years you have had a driver' license?

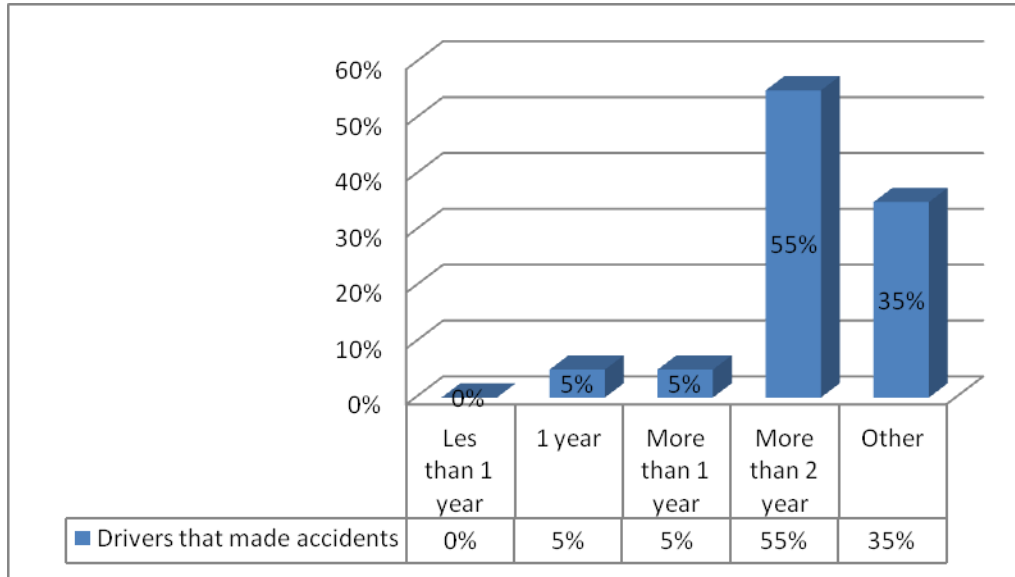
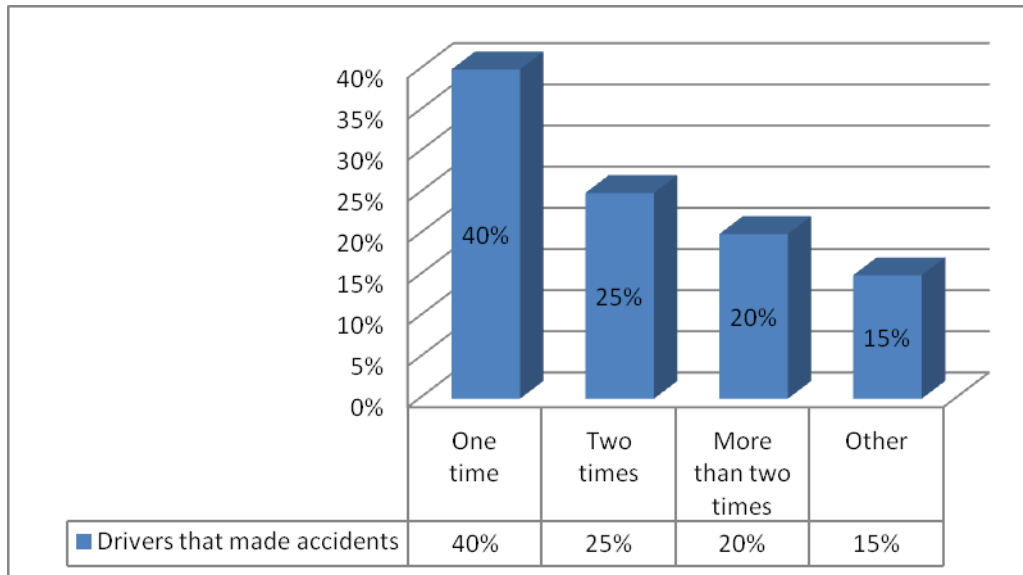


Figure 3.15 shows that most of the respondents have had driver license in the period more than 2 year. In fact, 5% of respondents were in both cases, until 1 year and more than 1 year, and 55% responses that they has driver license more than 2 year.

Figure 3.16: How many times have you made an accident?



The answers related to times of accidents show that 40% of respondents had accident one time, 25% two times, and 20% were involved directly in an accident more than two times.

CHAPTER 4

Institutional obstacles & Responses from Police Questionnaires

This chapter introduces institutional obstacles respectively lack of cooperation and coordination of all stakeholders involved in the road safety. Furthermore, this chapter brings in the police questionnaire that includes interviewing with 6 persons who are in charge within the Regional Traffic Directory in Kosova and fifty traffic police.

4.1 Lack of Coordination

To enhance the coordination and cooperation among all stakeholders in the road traffic safety, the Government of Kosova has established Road Traffic Safety Council which represents an advisory entity for the Government of Kosova.

4.1.1 Administrative Instruction No.18/2008, On Establishing a Road Traffic Safety Council

The objective of the Council is to increase cooperation and coordination among all stakeholders having responsibility for the safety in road traffic. The article 3 determined that within RTSC will be established an information system of road traffic safety for the purpose to facilitate, enable decision-making within the major institutions. However, all important institutions are not included within the Council. Article 5 defines composition and function of the RTSC. Even if traffic accidents and road safety is linked with poverty, MLSW is not included in the composition of the RTSC. Policy makers should take into consideration the changing and adoption this Administrative Instruction.

Figure 4.1: Do you consider there to be a sufficient level of cooperation with your office and municipalities in your region?

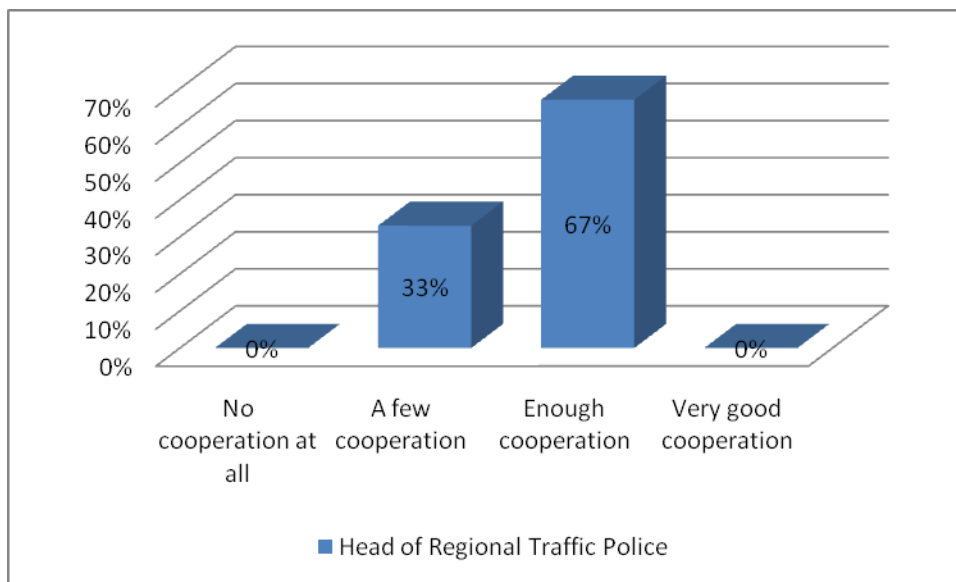
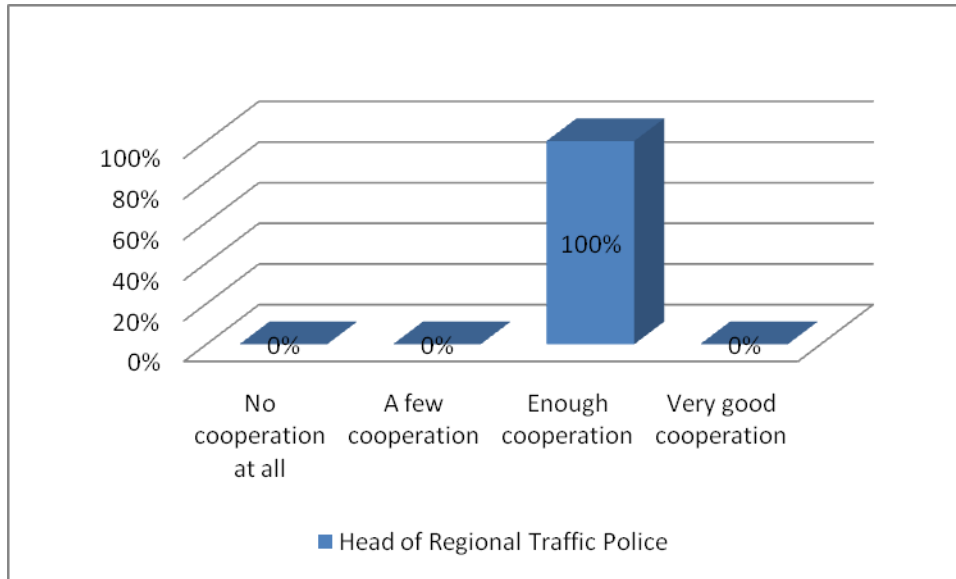


Figure 4.1 shows sufficient cooperation between Regional Traffic Office and municipalities. In fact 67% of respondents assert that there is enough cooperation and 33% admit that there is a little cooperation between municipalities and regional office.

Figure 4.2: Do you consider there to be a sufficient level of cooperation with your office and police stations in your region?



Questionnaire answers in Figures 4.2 and 4.3 show that 100% of respondents assert that there is enough cooperation with regional office and police stations respectively traffic directory in the center.

Figure 4.3: Do you consider there to be a sufficient level of cooperation with your office and traffic directory?

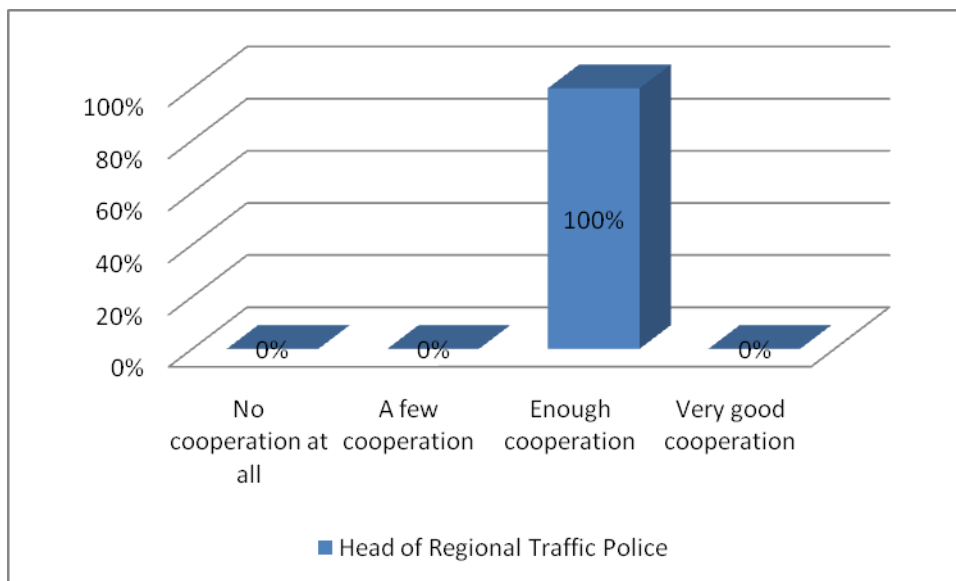
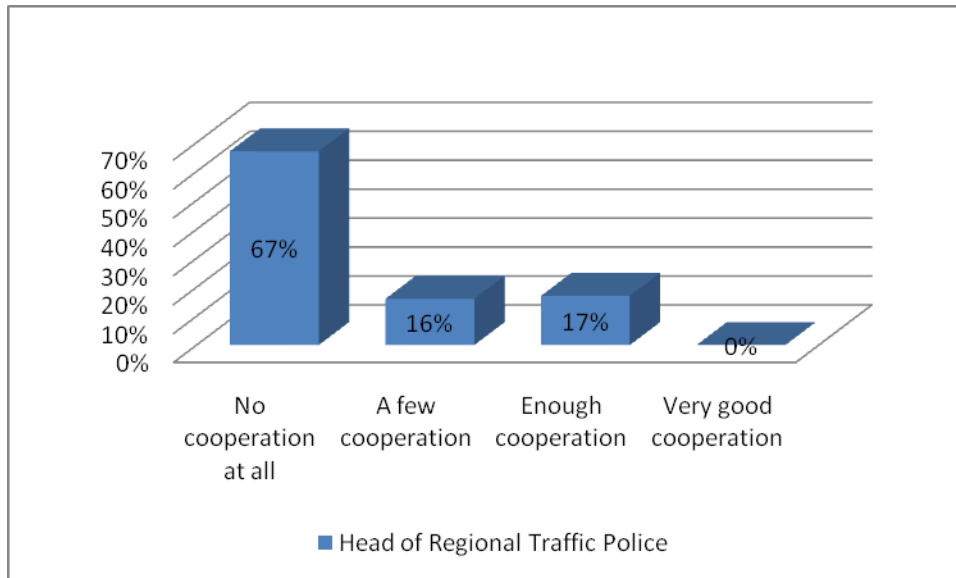
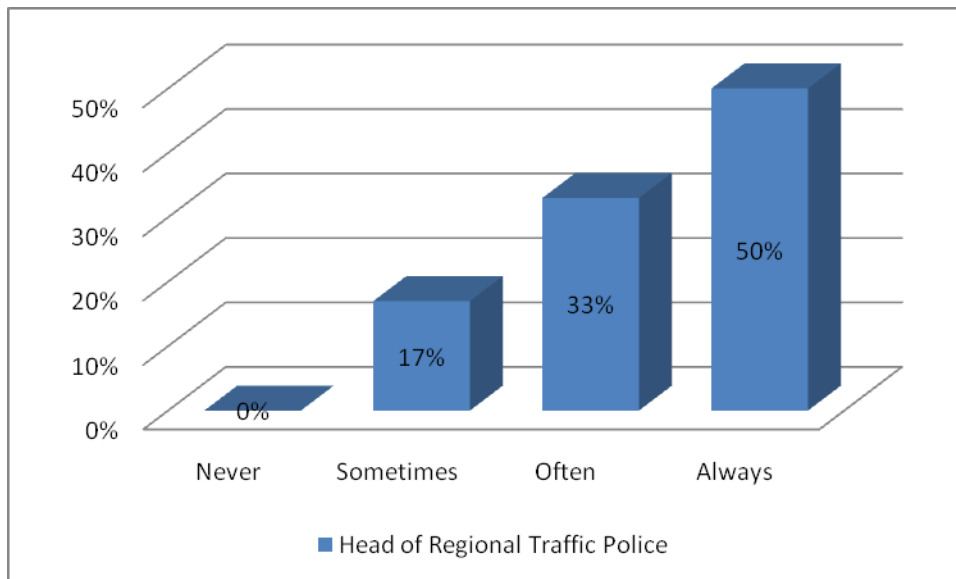


Figure 4.4: Do you consider there to be a sufficient level of cooperation with your office and Road Traffic Safety Council?



Results from Figure 4.4 show that 67% of respondents claim that do not exists cooperation between the Road Traffic Safety Council and Regional Office. While 17% bear out that there is enough cooperation and 16% that there is a little cooperation.

Figure 4.5: Do police stations regularly report to your office about traffic accidents?



Reporting from police stations not seems to be adequate. Only 50% of respondents declare that police stations report regularly, while 33% often and 17% report sometimes.

Figure 4.6: Do you have regular meeting with municipalities in your region?

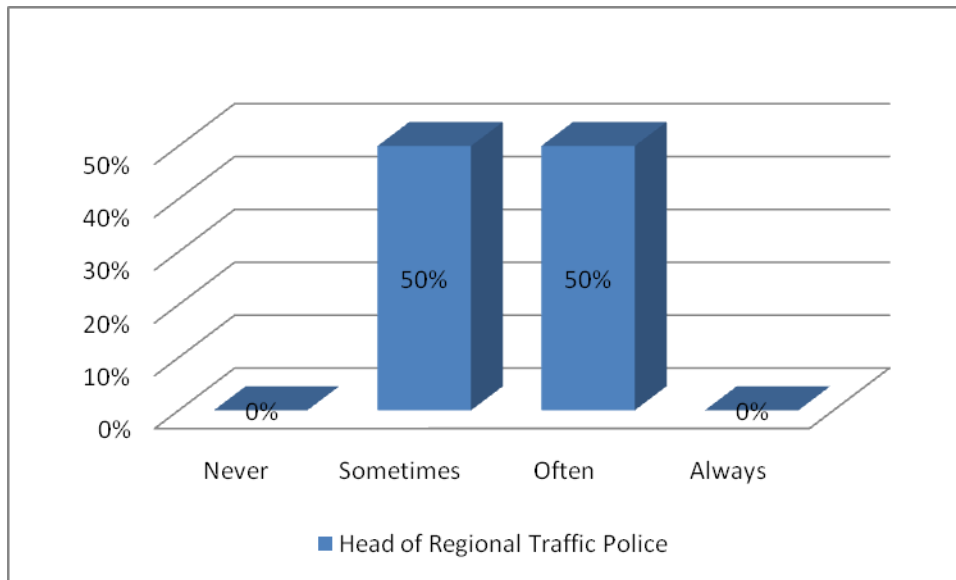


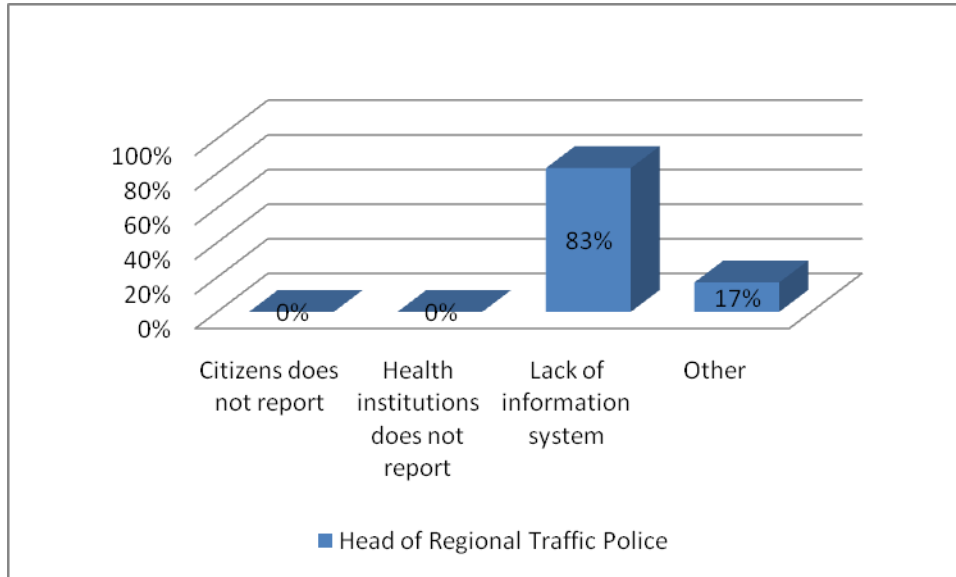
Figure 4.6 shows that 50% of respondents assert that they have sometimes regular meeting with municipalities and the other half declared that they often hold meetings with municipalities. The answers from the questionnaires responses presents the need to strength the coordination among these stakeholders.

4.2 Lack of a National Strategy & Action Plan

Taking into consideration the fact that road traffic safety is multidisiplinary nature, Government as one of the main organ for the responsibility of road traffic safety³², should create a unique National Strategy for Road Traffic Safety and Action Plan to implement it. This step will increase likelihood to reduce road traffic accidents and create safer roads. Among others in Annex I-List of activities, European Commission has predicted to develop a comprehensive strategy of action on road injuries and emergency services, focus on training and education of all users etcetera⁷.

Based on results from Figure 4.7 is shown that 83% of respondents assert the importance of data for the road safety and the lack of information system as main hidrances in the process of collecting data. Information system is bearing point for road traffic safety and will create conditions to have accurate data for policymakers in the process of making adequate policies.

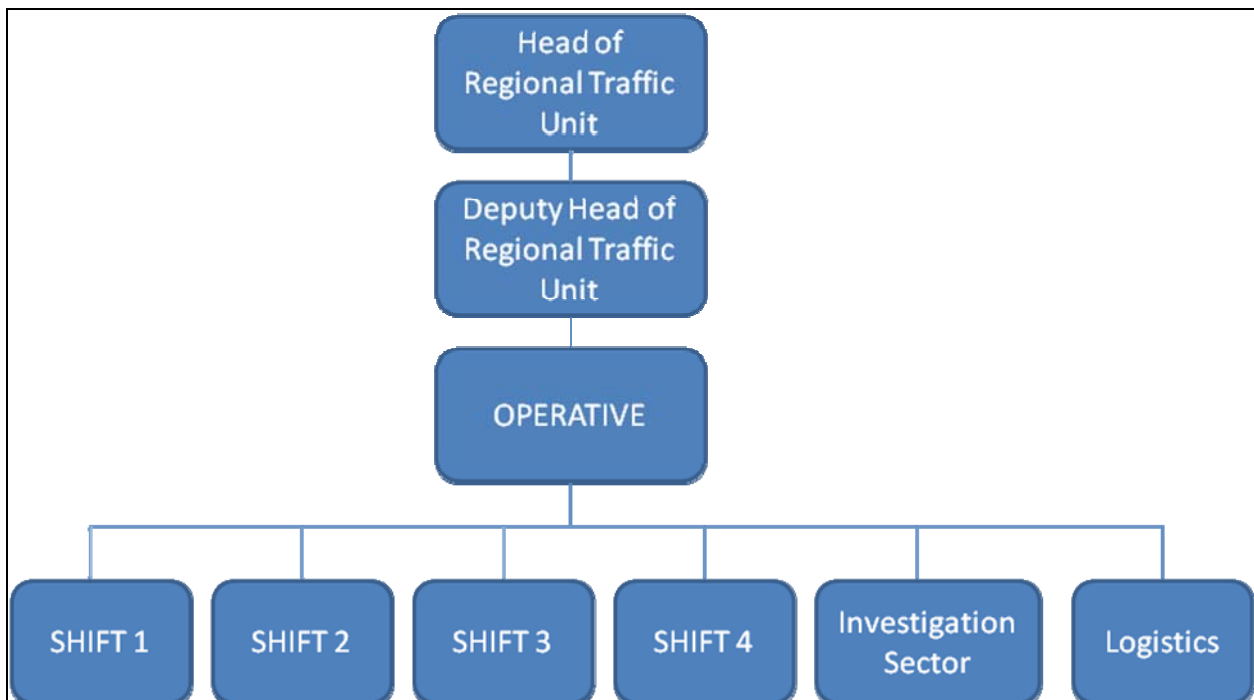
Figure.4.7: Which of the following makes difficulty in collecting data?



4.3 Road Safety Coordinator for each Traffic Region

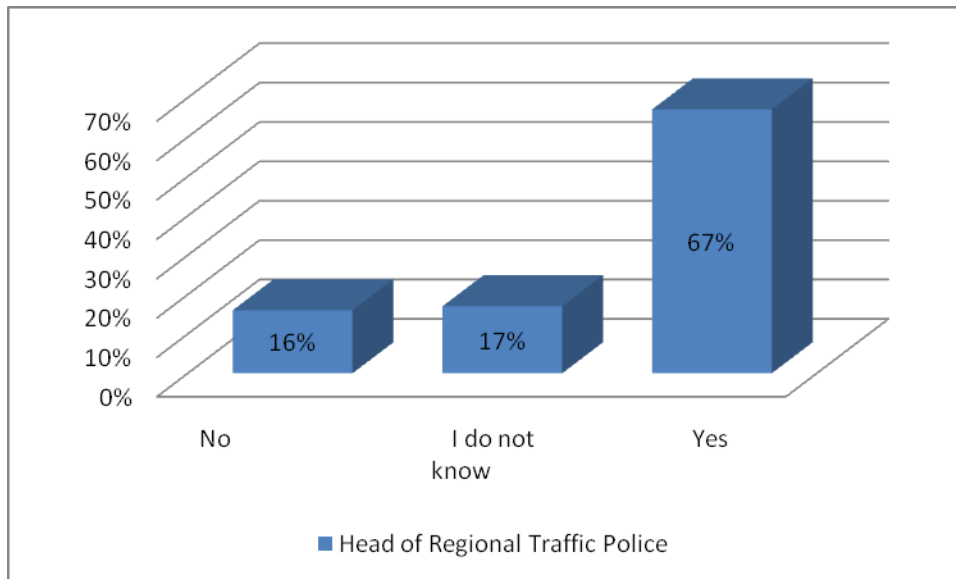
Kosova Police Traffic is organized in six regions such as: Prishtina, Mitrovica, Peja, Prizren, Gjilan and Ferizaj. Organizational structure of Regional Traffic Unit provided below is arranged in four shifts presented in figure 4.8.

Figure 4.8: Organizational Chart of Regional Traffic Unit of Kosova Police



Article 6 of Administrative Instruction No.18/2008, On Establishing a Road Traffic Safety Council determine that RTSC may establish branches over the regions in case find it necessary. One of the main barriers to implement it is lack of sufficient funded. On the other hand, it will be appropriate until then to empower existing staff in traffic police regions with new job description. This mean that there will be six traffic coordinators in six regions and one of the main duties among others will be coordination of activities among all stakeholders as presented in Figure 4.13. Survey presented in this Chapter shows that there is lack of institutional organizations. This gap needs to be covered in the near future through developing multidisciplinary approach of road safety and allocate adequate financial and human resources, as recommendations proposed in the world report for prevention injuries. Coordinator will provide better organization within the unit. Survey presented in Figure 4.13 below shows that there is need for a coordinator who will have new job description and among others will take notes about the Law on Road Traffic Safety implementation and other issues related to road safety.

Figure 4.9: Is any person in charge to take notes about difficulties in the process of the Law on Road Traffic Safety implementation?



Answers from respondents in Figure 4.9 show that 67% of them has a person in charge to takes notes about the difficulties in the process of law implementation. But, it is worthwhile to highlight that 16% of them do not have a person in charge to continue follow the difficulties of law implementation and 17% even do not know if they have or not.

Figure 4.10: What steps do you take when in one place accidents occur often?

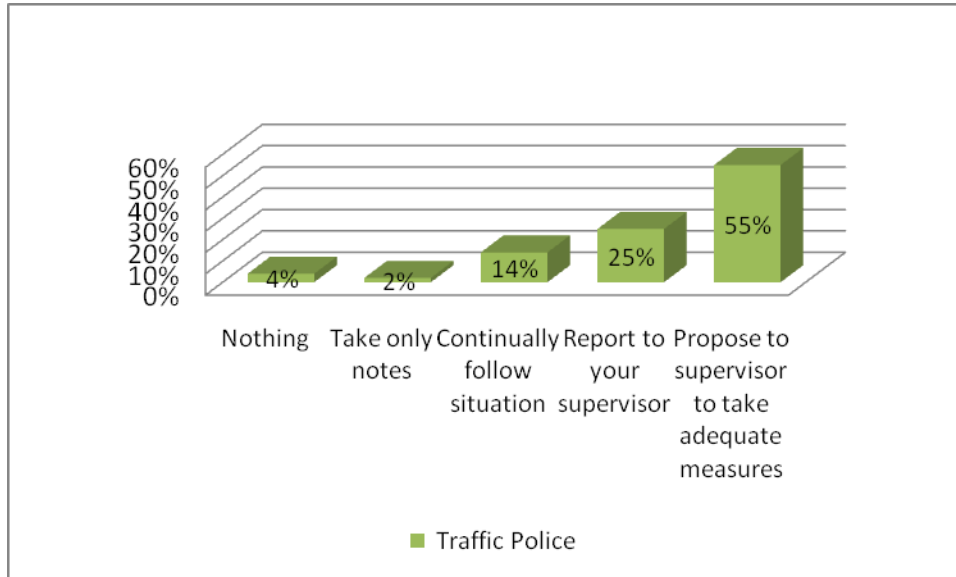


Figure 4.10 shows that opinions about this issue are fragmented. While 55% of traffic police think that they propose to supervisor to undertake adequate measures, 25% report to his supervisor, 14% only follow situation, 4% nothing and 2% of traffic police take only notes. Also, Figure 4.11 below shows almost the same results. 41% of respondents propose to supervisor to undertake adequate measures, 52% report to his supervisor and other 7% take only notes or do nothing.

Figure 4.11: What steps do you take when in one place exists a need to put signs?

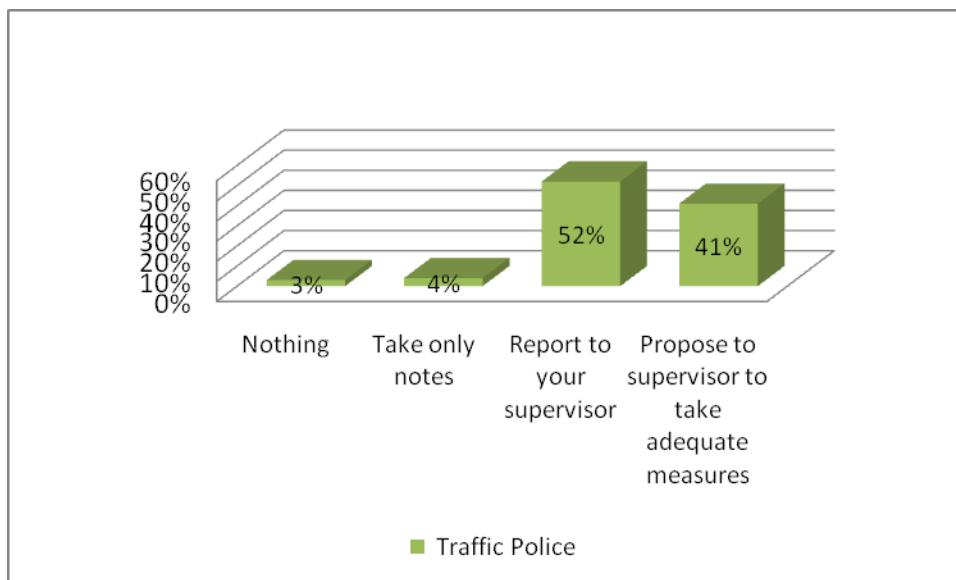
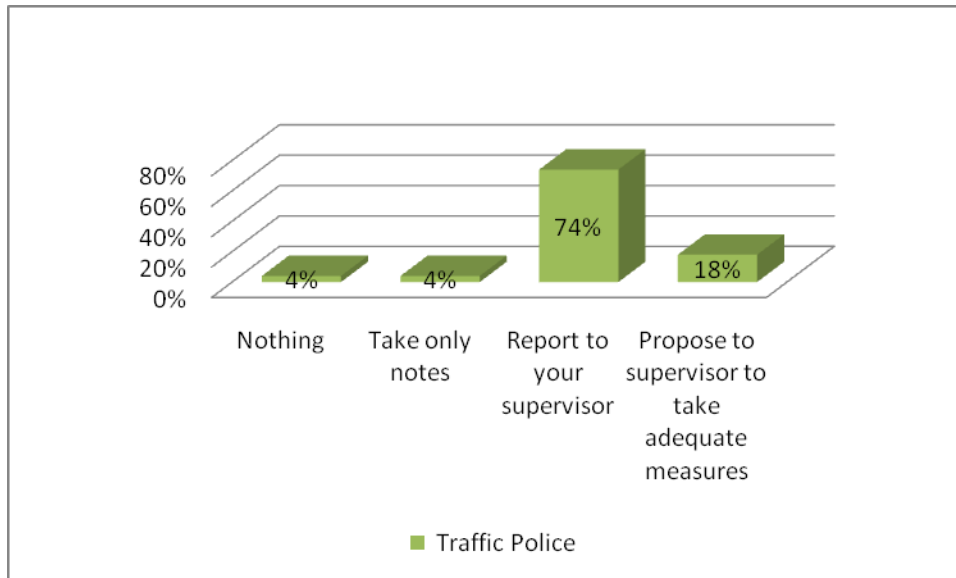


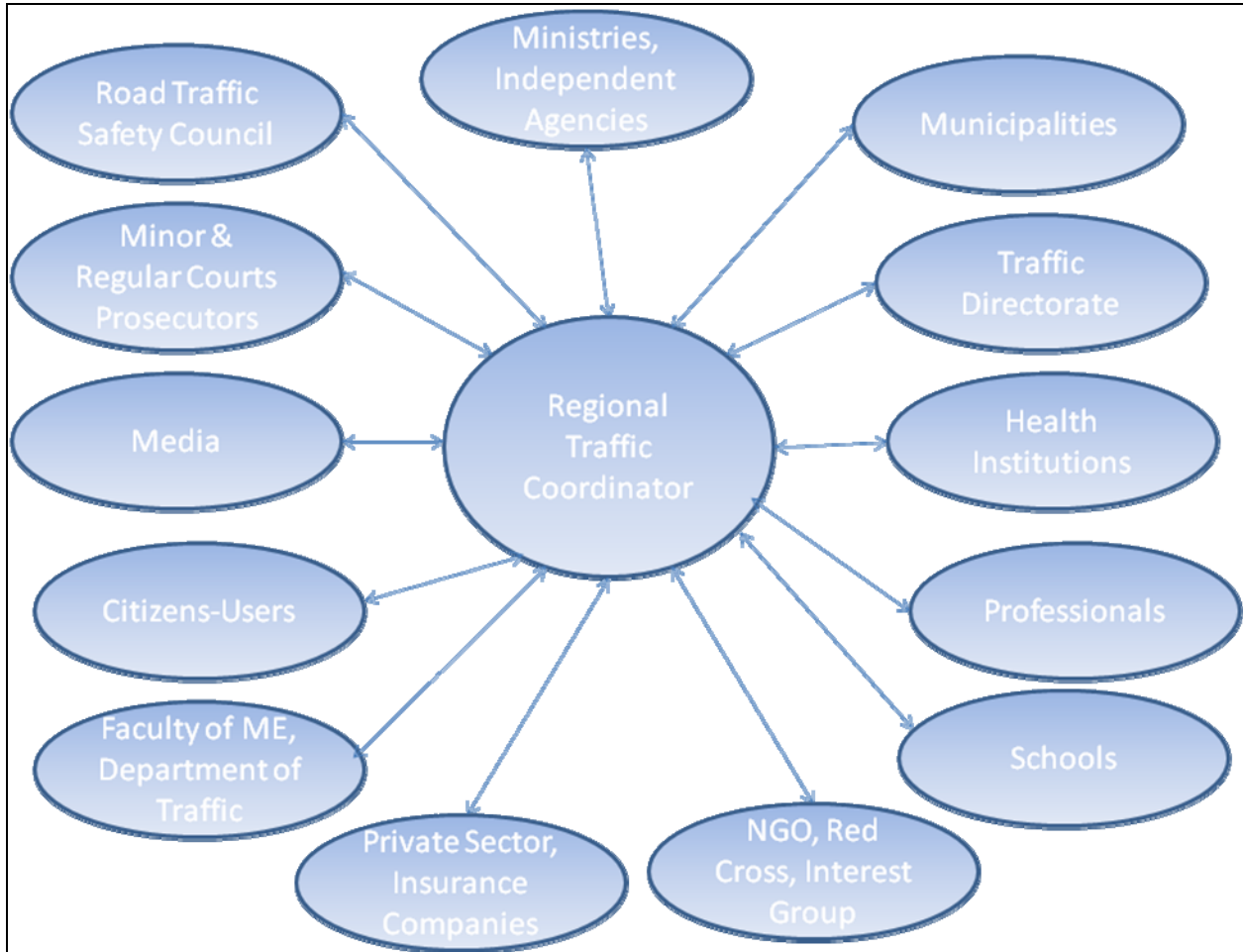
Figure 4.12: What steps do you undertake when noticed difficulties in the process of the Law on Road Traffic Safety implementation?



Results from Figure 4.12 show that 74% of respondents think that if they have difficulties in the process of law implementation, they should report it to their supervisor, 18% propose their his supervisor to undertake adequate measures, 4% only take notes and other 4% think that they should do nothing.

Figure 4.13 below presents main stakeholders such as Faculty of Mechanical Engineering, Municipalities, Ministries, etcetera that needs to coordinate activities among themselves through Regional Traffic Coordinator. According to new job description Regional Traffic Coordinator will be obliged to coordinate mutual activities related to road safety, assist to prepare and implement road safety projects, propose adequate measures in his region, organize and participate directly in different road safety events aiming to increase awareness about the level of risk from traffic accidents, assist, prepare and coordinate activities with municipalities in his region through mutual activities, interact with other stakeholders in mutual activities, organize regular meetings with stakeholders in his region, propose measures and participate in the policy making process, compile the decentralization program together with regional stakeholders, take data from both public and private health institutions, inform other stakeholders about current and ongoing processes and activities related to road safety etcetera.

Figure 4.13: Coordination among main stakeholders through Regional Traffic Coordinator



CHAPTER 5

Health Emergency Services & Responses from Health Professionals' Questionnaires

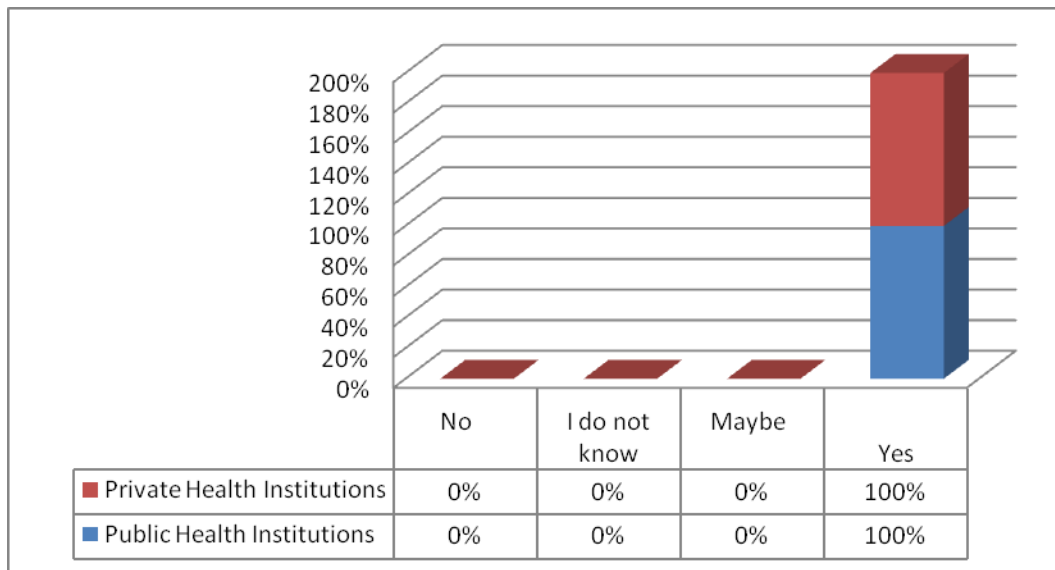
In this chapter is explained health professionals' questionnaires related to health emergency services, juridical acts in the sector of health that regulates this issue and impact of other legal instruments. This questionnaire includes interviews with public and private health institutions. The site includes 10 public and 10 private health institutions.

5.1 Organizational Arrangements

Emergency health care services in Kosova health institutions are developed without a unified and detailed plan¹. Provision of inadequate services for the population is a result of not analyzing the real needs of the population for these services and the lack of work guidelines¹. Strategy of Kosova Health, 2005-2015 inter alia determines that to improve emergency health services there is need to prepare unique plans for development of emergency services at all levels of health care, ensure adequate development of human resources, develop unique guidelines for emergency services, and ensure adequate and unique system of fast communication in emergency services.

Health Emergency Services are regulated based on the Law on Medical Emergency Services No.02/L-50. According to law health emergency services will be offer in three levels of health care, primary, secondary, and tertiary within CCUK. Based on article 5 these emergency health services should be offered in both sectors public and private.

Figure 5.1: Do you consider that it is important to report accidents?



Results from Figure 5.1 show that all respondents (100%) including public and private health institutions are aware about importance to report road traffic accidents.

However, answers related to Figure 5.2 what percentage of accidents reported show those respondents (from public and private health institutions) to have different approach from answers presented in Figure 5.1. Based on obtained results one third of respondents in both institutions do not report traffic accidents. In overall, public institutions are more informed than private one, in regard to report accidents.

Figure 5.2: What percentage of accidents reported?

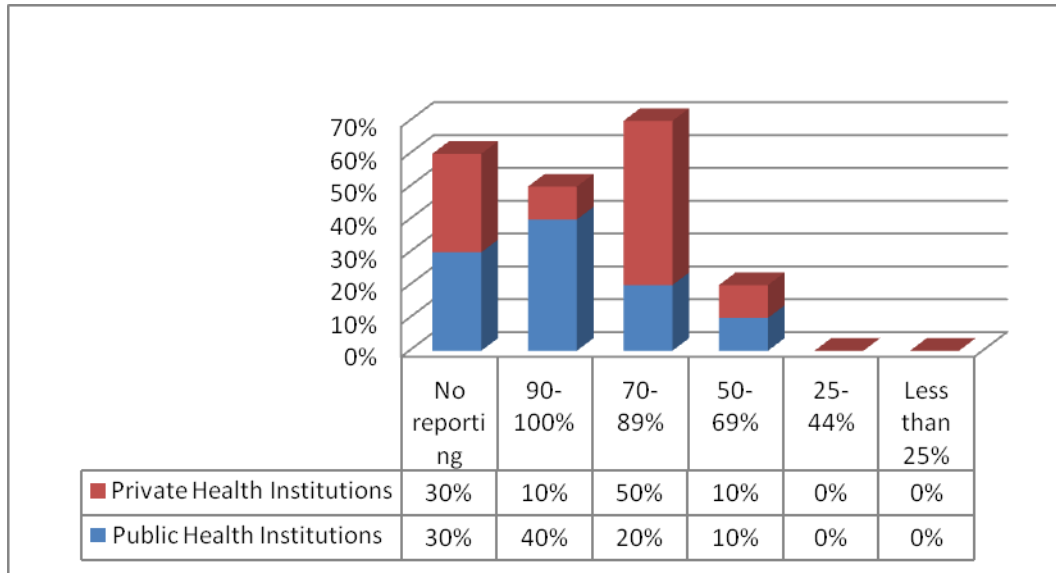
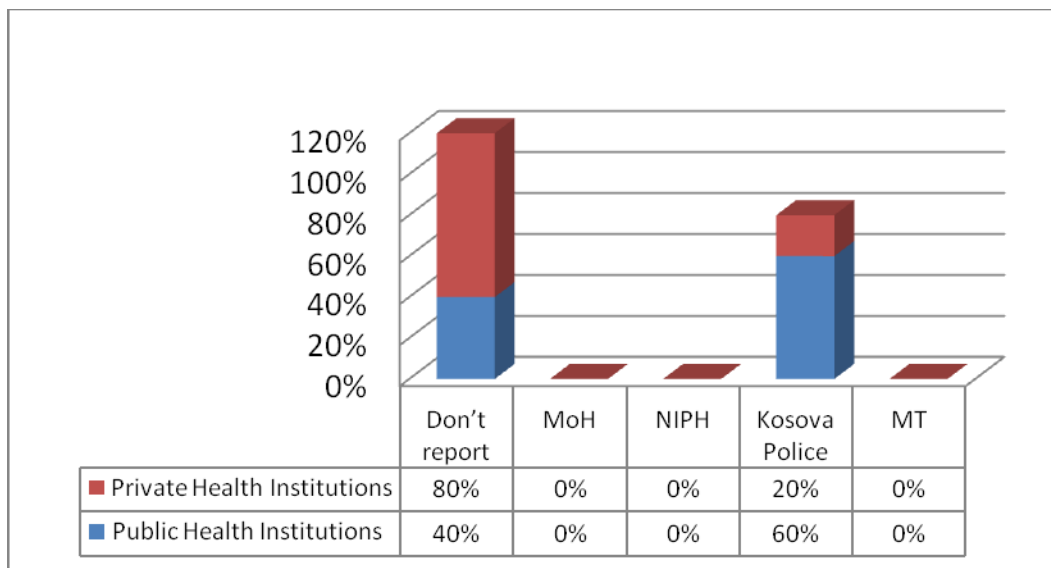


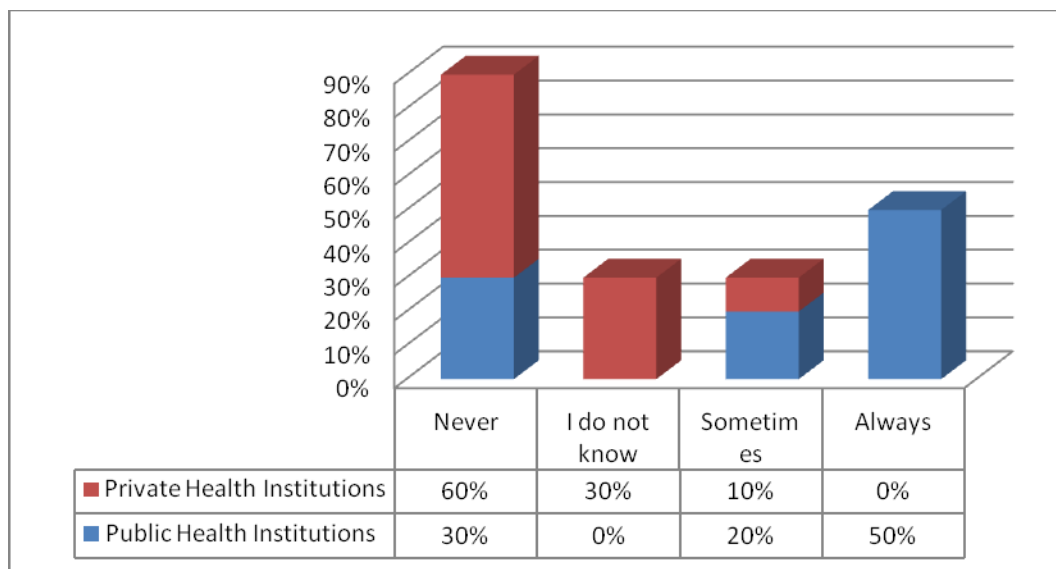
Figure 5.3: To which institution do you report number of traffic accidents?



Based on majority of respondents, hindrances on reporting are 80% from private institutions comparing to 40% from public health institutions.

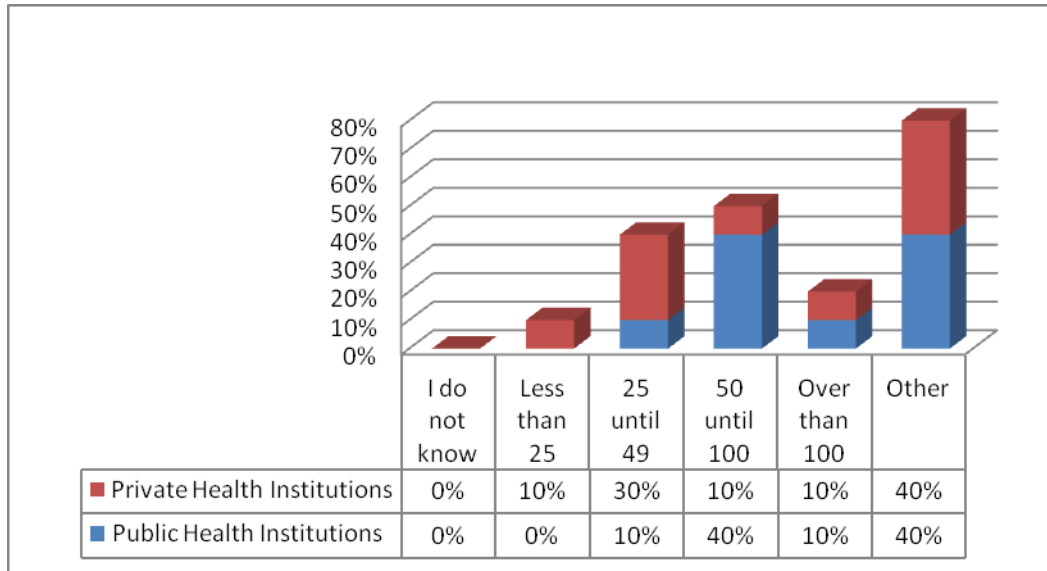
Only 20% of private respondents and 60% of public respondents in both institutions knew about the duty to report obliged by law. According to article 209 of the Law on Road Traffic Safety, health institutions are obliged to inform Kosova Police immediately about the traffic accidents.

Figure 5.4: Do you report number of health certificates for drivers?



Article 289 of the Law on Road Traffic Safety determines that MoH in cooperation with the MT and Kosova Police will regulate the medical certificate release and medical examination field with by-law. Administrative Instruction in Health No.4/2011 does not oblige health institutions to report number of health certificates for drivers. This situation is clearly shown by the results obtained from Figure 5.4 where 90% of private and 30% of public health institutions do not report. Administrative Instruction on Health No.4/2011 should be amended and to determine the obligation of Health Institutions to report. This is crucial because there are about 23,000 candidates examined per year³³. This means 23,000 thousands health certificates.

Figure 5.5: How many health certificates for drivers do you issue per year?



According to both public and private health institutions only 10% of respondents assert that they issue more than 100 hundred certificates per year. These results show difference from the factual picture presented above.

Figure 5.6: How many people are refused annually for health certificates?

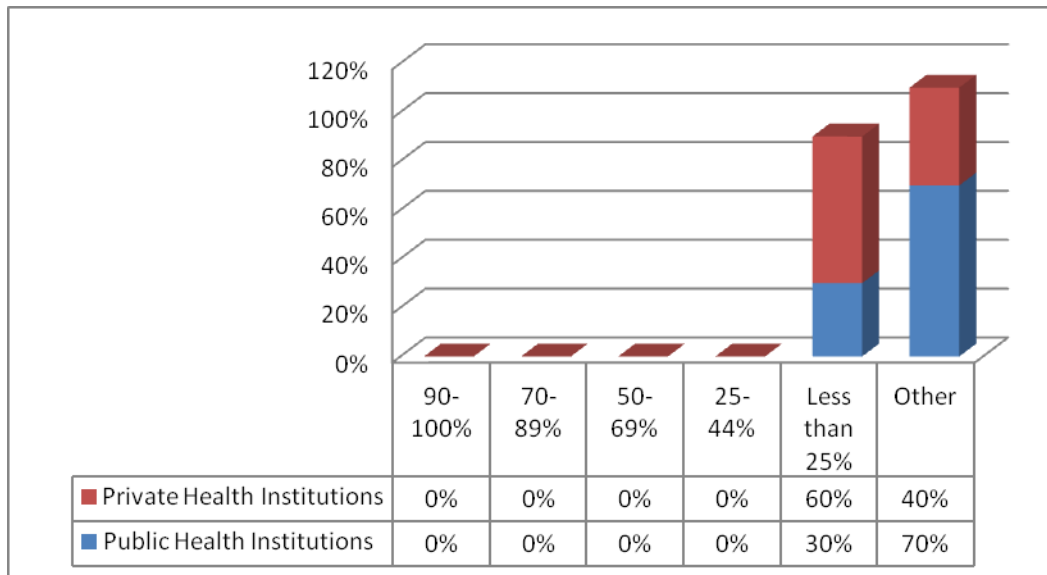
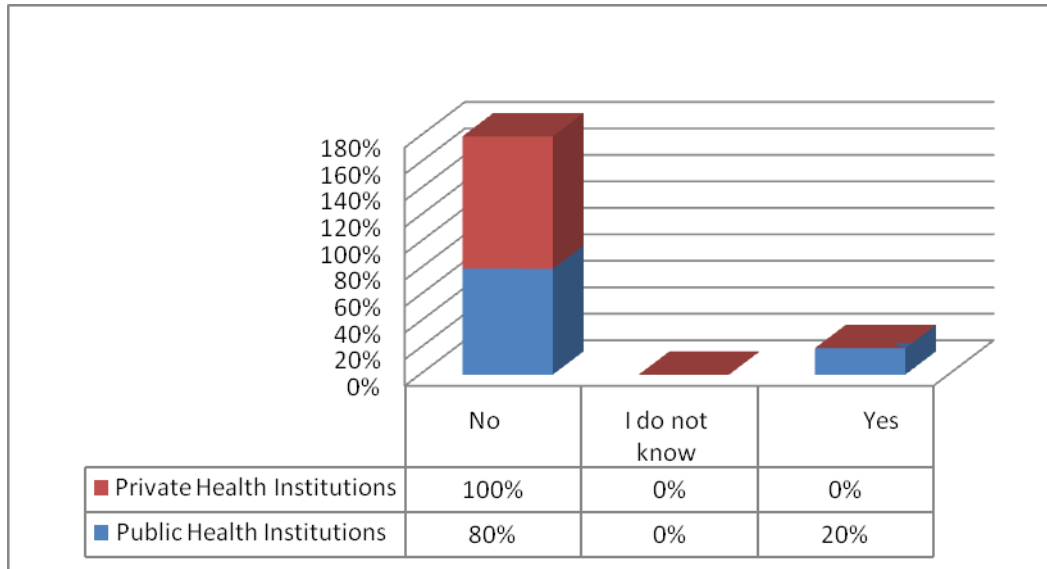


Figure 5.6 shows that persons refused annually for health certificates are at low percentage. Thus, 60% of respondents from private health institutions in compare to 30% in public institutions answer that 25% of persons are refused annually for health certificates.

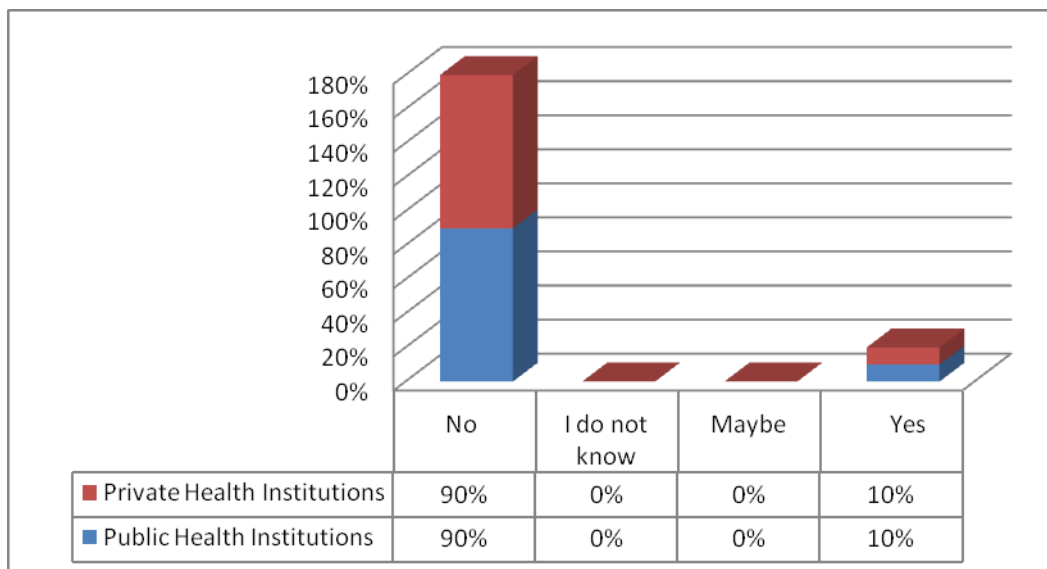
The last option (other), opinion of 40 % for private and 70% for public health institutions is natural because health institutions are not obliged to report number of health certificates for drivers they issue and do not know exact number.

Figure 5.7: Do you have standard registration form when you record traffic accidents data?



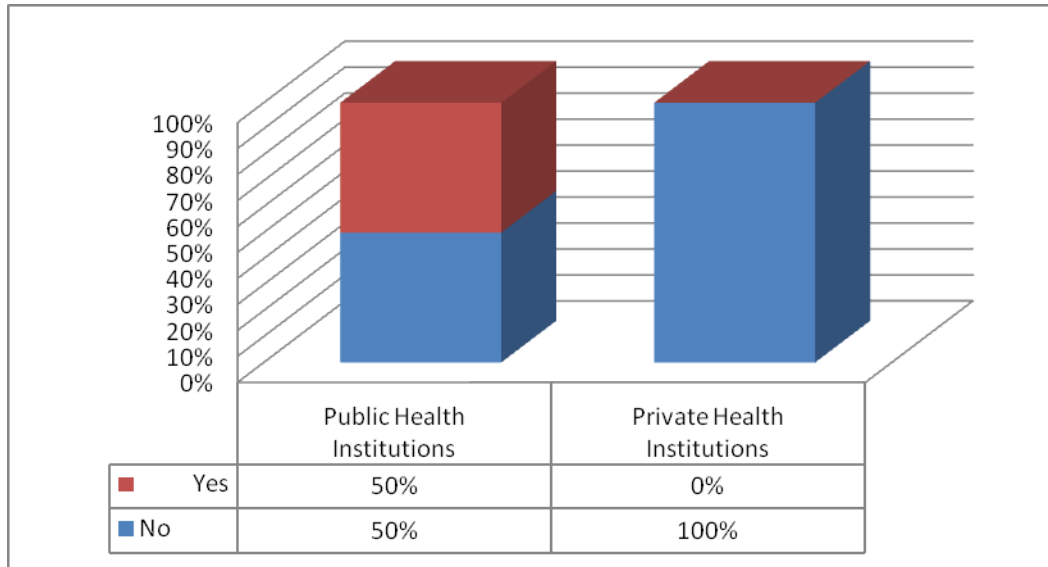
Without data and especially accurate one it is difficult to imagine well development of plans, programs and policies for road safety. Even if 20% of respondents from public health institutions assert that they have standard form to record traffic accidents data (Figure 5.7), they give different answers about the register cost of medical services. The same approach has private institutions.

Figure 5.8: Do you register cost of medical services for traffic accidents?



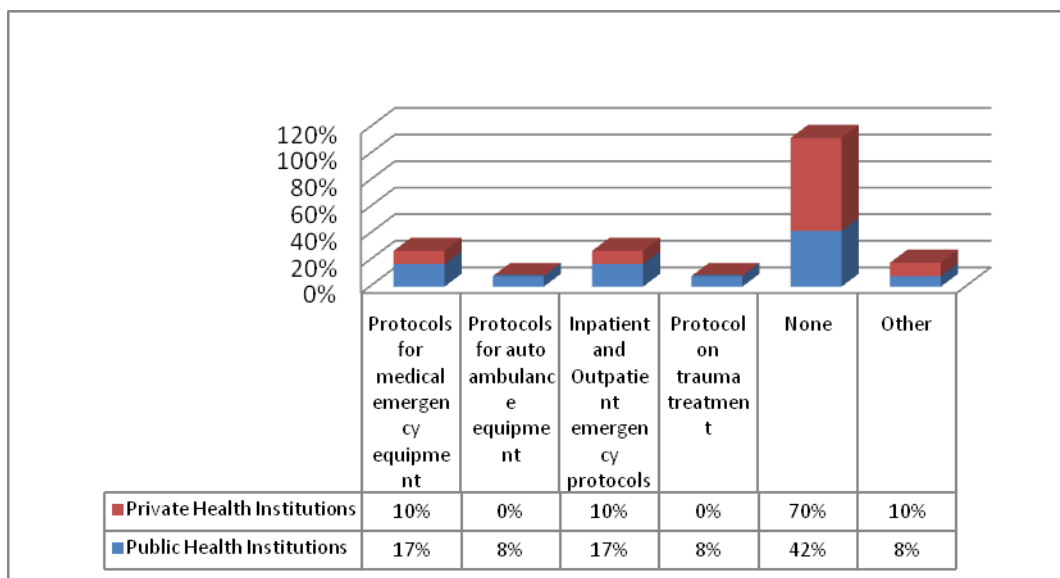
In Figure 5.7, 100% of respondents assert that do not have standard form to record accident data, while in Figure 5.8 results show when 10% of respondents bear out that they register costs of medical services for traffic accidents.

Figure 5.9: Do patient in your institution pay for emergency health services?



Based on the Law of Medical Emergency Services, article 13 defines that emergency medical services is implemented without co-financing respectively paying for all emergent patients in public and private institutions. Nevertheless, as we see in Figure 5.9 practice proved that law is not implemented.

Figure 5.10: What kinds of protocols apply your emergency unit?



Article 17 paragraph 6, article 26 paragraph 4, article 35 paragraph 7 and article 36 paragraph 6, of the Law on Medical Emergency Services determines inter alia kinds of protocols that should be apply from the health institutions.

5.2 Functionality of Health Institutions

The survey about both public and private health institutions that provide health emergency services and responses from health professionals' questionnaires shows that the Law on Medical Emergency Services No.02/L-50 is not implemented at all. Moreover, weak functionality of emergency services in health institutions is a cause of the lack of emergency office within organizational structure of the MoH. Article 11 of law determines that activity of medical emergency service is under the legal and professional monitoring which is exercised by the MoH through its Office for Medical Emergency Services.

The Law on Road Traffic Safety and Law on Medical Emergency Services do not determine the driving time to reach the emergency site. The organization of Emergency Services in Kosova requires approval of planning parameters (financial, human resources, facility access, and service provision) that would have to be reflected in Kosova Law No.02/L-50 (2006) and development of an emergency health service strategy for the next ten years³⁴. This strategy should be adopted in the light of unique National Strategy for Road Traffic Safety. All countries (EU) have provisions for the quick and effective coordination of emergency services in place³⁵. An interesting point is the differing standards as regards response time³⁴. The care after an accident usually consists of the following measures³⁶: First aid; emergency call; efficient response of emergency systems; security and safeguarding of accidents sites; transportation and medical treatment to enable a transport of the victims; further medical treatment and psychological support.

Table 5.1: Driving time to reach emergency site

Country	Measure	Legally required time	Maximum driving time to reach emergency site	Urban areas	Rural areas
Germany	Time for emergency response	Yes	12 minutes		
			Sparsely areas 15 min		
Latvia	-II-	Yes		15 min	25 min
UK	-II-	Yes		14 min	19 min
Kosova	-II-	No			

Source: Review of implementation at the country level³⁵

CHAPTER 6

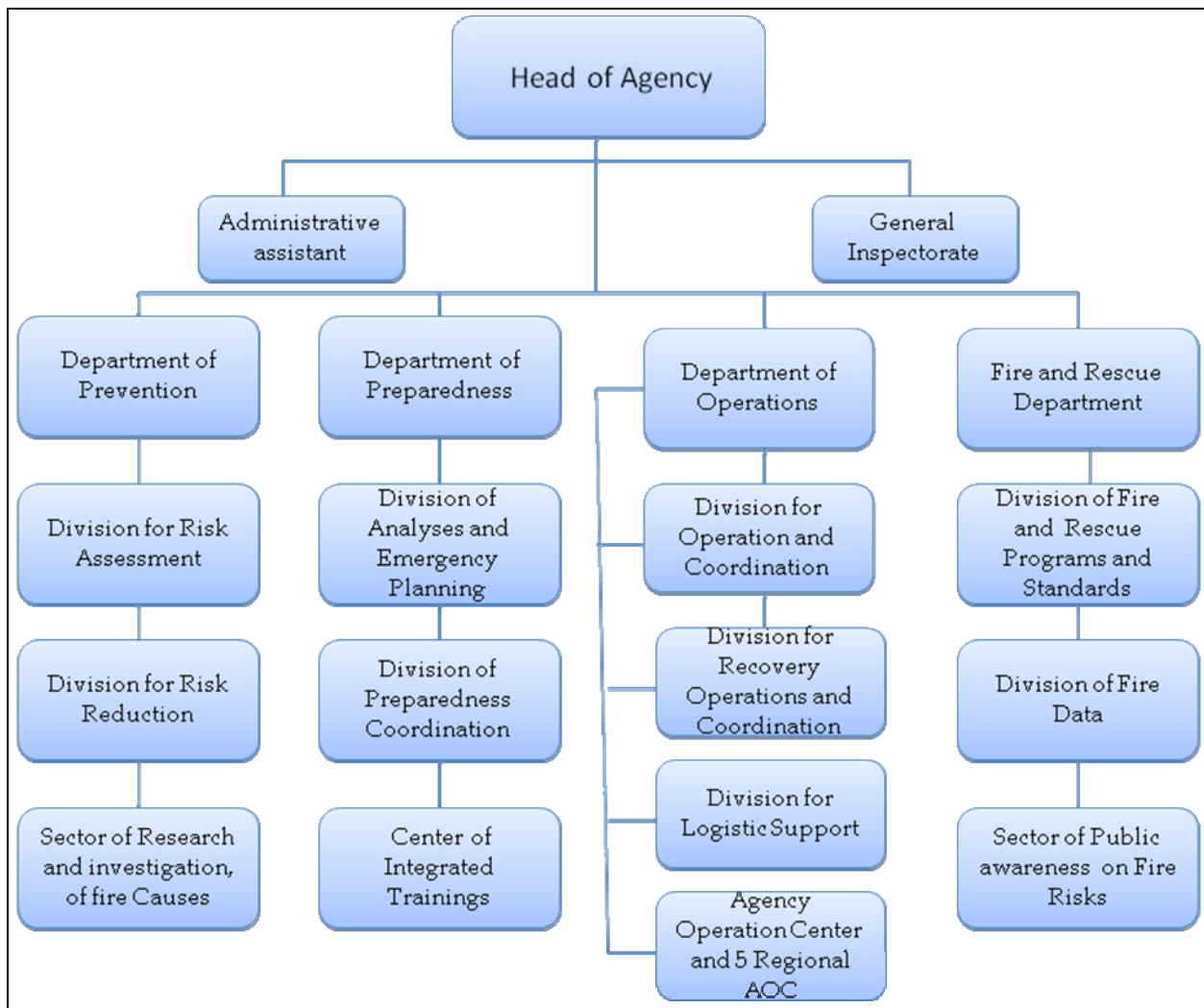
Emergency Services & Emergency Call Numbers

This chapter presents the organization of the sector of emergency services including existing emergency numbers in Kosovo, questions related to unique emergency number and Single European emergency call number 112.

6.1 Functionality of unique emergency number 112

According to article 40 paragraphs 3 of the Law on Natural Disasters and other disasters No.02/L-68 it is determined that unique system of alarm and emergency coordination has unique emergency number for whole territory of Kosovo, and this number is 112. Article 40, paragraph 4 determines that USAEC should be organized in central and municipality level.

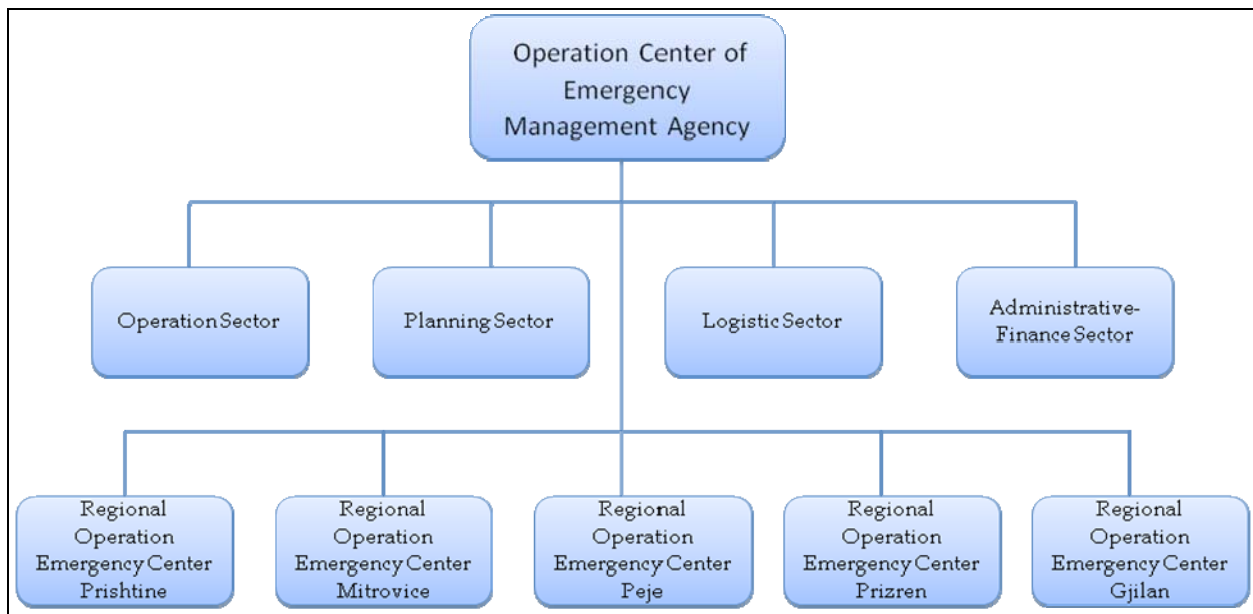
Figure 6.1: Organizational Chart of the Emergency Management Agency



The Law on Natural Disasters, article 40 determines that organizational functionality and spread of USAEC will be regulated with Administrative Instruction adopted by the government. However, until now this was not done. This law regulates protection system to save people, animals, wealth, and legacy from natural disasters and other disasters. Appraisal of risk in the country level from natural and other disasters is responsible of Emergency Management Department (article 38.2). Thus, Emergency Management Department within Ministry of Internal Affairs is responsible to compile and implement plan for protection against natural and other disasters (article 28). Administrative Instruction of Ministry of Internal Affairs No.18/2010 On Organization and Structuring of Emergency Management Agency determine that Emergency Management Department will be transferred as an independent executive agency within MIA (article 3). Article 5 determines that agency is organized and structured under four Departments, Offices and its inspectorate (see Figure 6.1). According to the Law on Natural Disasters, USAEC is obliged to provide timely and accurate information for other emergency services such as: Kosova Security Force, Kosova Police, fire services, and medical emergency services.

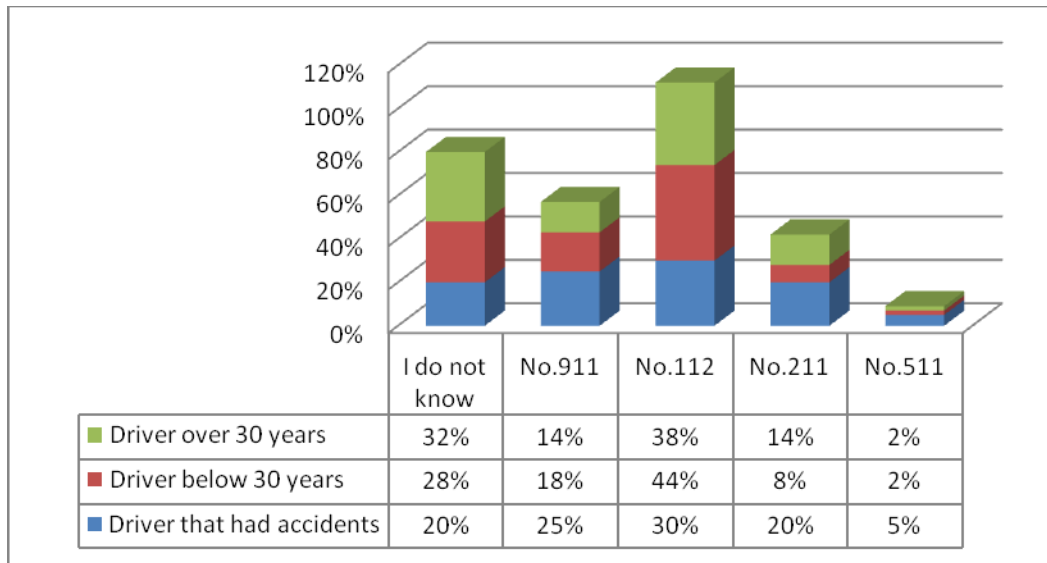
Unique system of alarm and emergency coordination is a service when all citizens can provide services in case of different type of emergency, respectively if they are in difficult situations and need assistance. They can dial 112 from mobile phones and fix phones, and a call is free of charge. Operation center of emergency management agency operates in five regions of Kosova, but until now is not spread out in municipalities.

Figure 6.2: Organizational Chart of the Department of Operations within Emergency Management Agency



Source: Administrative Instruction of MIA No.18/2010 on Organization and Structuring of Emergency Management Agency

Figure 6.3: Do you know what the unique number of emergency is?



While the answer of younger drivers in compare to older drivers differ a few, 44% to 38%, only 30% of drivers that had accidents give correct answer about the unique number of emergency.

Figure 6.4: Do you know what the unique emergency number is?

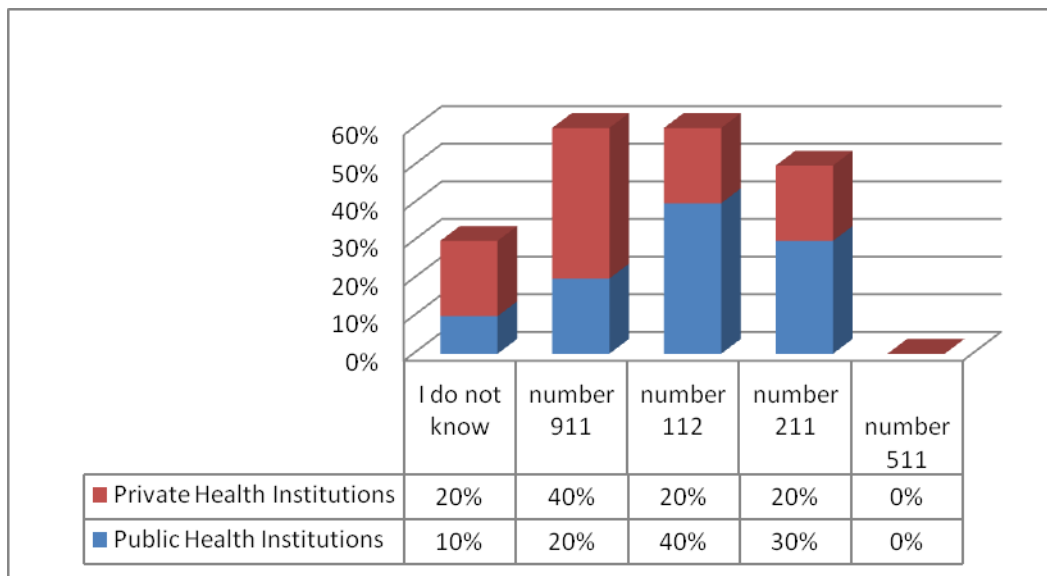


Figure 6.4 shows that even if, emergency number helps emergency services to respond adequately and effectively, most of the public and private institutions do not know which the unique emergency number is. Only 40% of public health institutions and 20% of private institutions give correct answer.

Figure 6.5: Is it functional specific number of the emergency health services?

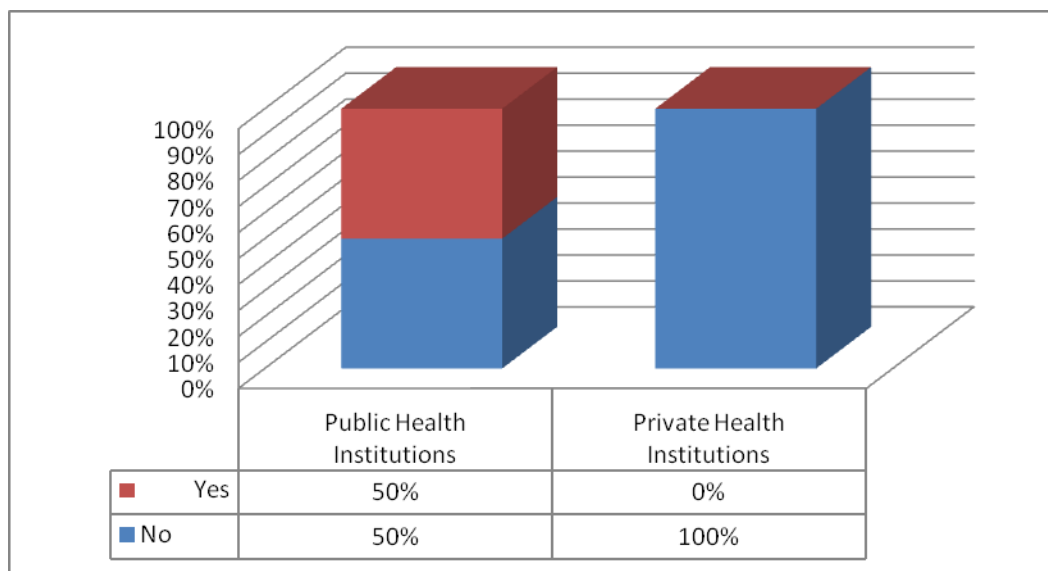


Figure 6.5 shows that half of respondents assert that medical emergency number is functional, but in their answers they give private mobile phones. This means that they are confused and do not know what is about. In other side respondents from private health institutions 100% of them declare that emergency medical number is not functional. Article 9 of the Law on Medical Emergency Services determines that medical emergency services have to provide and implement the unique system of intercommunication within the medical emergency institutions and other institutions with emergency activities. In addition, article 42 specifies that medical emergency services uses specific number of the public phone.

6.2 Existing emergency call numbers in Kosova

Actually in Kosova exists many emergency numbers were citizens could call in case of emergency situations. As it were discussed, 112 is unique emergency call number were citizens can call free of charge from mobile or fix phones. Besides the 112, there are police numbers, firemen and medical emergency number. Emergency health units are institutions that provide health emergency services within primary health care. The administrative structure of Kosova is organized into 38 municipalities³⁷. Municipalities ensure implementation of PHC in Kosova by offering preventive measures through application of the family medicine concept³⁷.

Emergency health units provide services for citizens in case of health emergency situations through medical emergency number presented in the Table 6.1 below.

Table 6.1: Existing emergency call numbers in Kosova

Emergency services	Numbers	Call from fix phones	Call from VALA	Call from IPKO
Unique emergency services	112	112	112	112
Police services	92; 192	92	192	192
Firemen services	93; 193; 933	93	193	933
Medical emergency services	94; 194; 944	94	194	944

Source: www.kosovopolice.com and kk.rks-gov.net Municipality of Mitrovica

It is worthwhile to mention that all telephone calls from fix or mobile phones are free of charge.

Figure 6.6: Information about emergency number?



Source: Capstone Project data

Figure 6.6 shows that there is need to install emergency number in the emergency vehicles and avoid different numbers set from donators.

6.3 Single European Emergency Call Number 112

Nowadays, EU has single emergency call number 112. The European emergency call number was adopted with Council Decision³⁸ in 1991. Among others article 1 determines that member states shall ensure that the number 112 is introduced in public telephone networks, as the single European emergency call number.

Article 26 of the Directive 2002/22/EC of the European Parliament and of the Council of 7 March 2002³⁹ determines that member states ensure that, despite of national emergency call numbers, all end users of publicly available telephone services including users of public pay telephones, are able to call the emergency services free of charge, by using the single European emergency call number '112'.

Directive inter alia determines that member states shall ensure that citizens are adequately informed about the existence and use of the single European emergency call number '112'. According to Universal Service Directive obligations to pertaining 112 are⁴⁰:

- Information of citizens;
- Free of charge access to be ensured for all;
- 112 to be handled as well as other emergency numbers;
- Obligation to provide caller-location information;
- Accessibility for people with disability.

6.3.1 EENA-the European Emergency Number Association

EENA-the European Emergency Number Association, is a Brussels-based NGO set up in 1999 dedicated to promote high-quality emergency services reached by the number 112 throughout the EU⁴⁰. The EENA memberships include 480 emergency services representatives from 39 European countries, 30 solution providers, 9 international associations/organizations, as well as 26 members of European Parliament⁴⁰.

About 112

- Created in 1991 (Council Decision);
- Common EU emergency number (in parallel with national number but unique in some countries);
- Implemented in all EU countries + EEA;
- Works 24/7;
- Access to Fire, ambulance and police.

112 are managed by each Member States and provide services for all citizens. 112 functions from mobile phones, fix phones and some VoIP, only in all EU Member States³⁹. This number is now available in all Member States⁴¹.

CHAPTER 7

Training & Equipment

This chapter brings in responses from health professionals, drivers, and traffic police about training needs and equipment.

7.1 Health Professionals Training & Equipment

Figure 7.1: How do you train your staff?

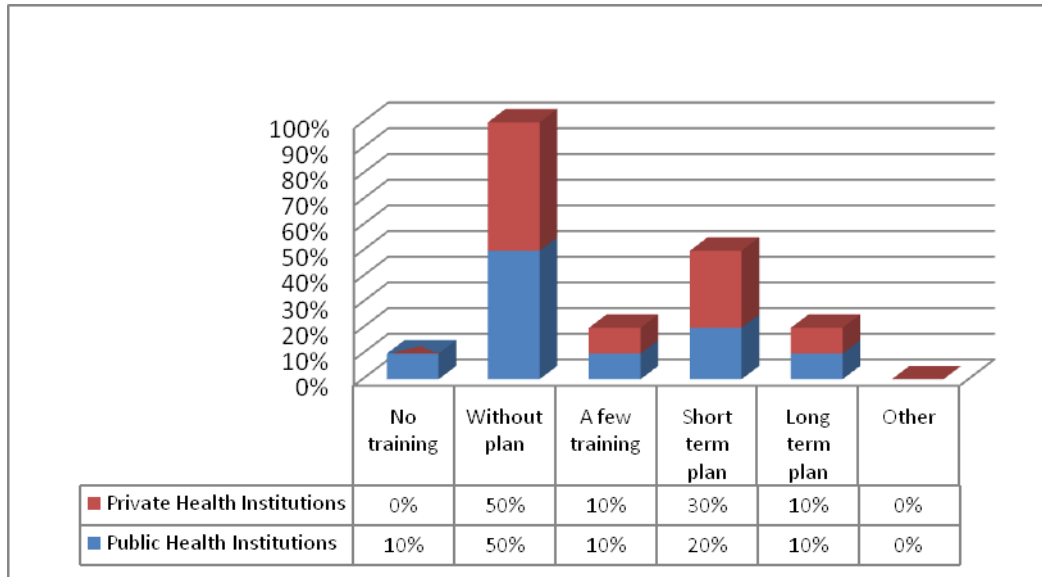


Figure 7.1 shows that 50% of the health institutions including public and private one train their staff without systematic planned program and only 10% of them train their staff based on long term plan.

Article 16 paragraph 8 of the Law on Medical Emergency Services determine that medical staff of emergency is trained and certified by the Certifying Board of the Department of Medical Emergencies of University Center. Certification is done in the courses of medical emergency. The Figure 7.2 below shows that training is focused in the course basic support of life for both institutions.

Figure 7.2: In which fields' emergency medical staff is trained?

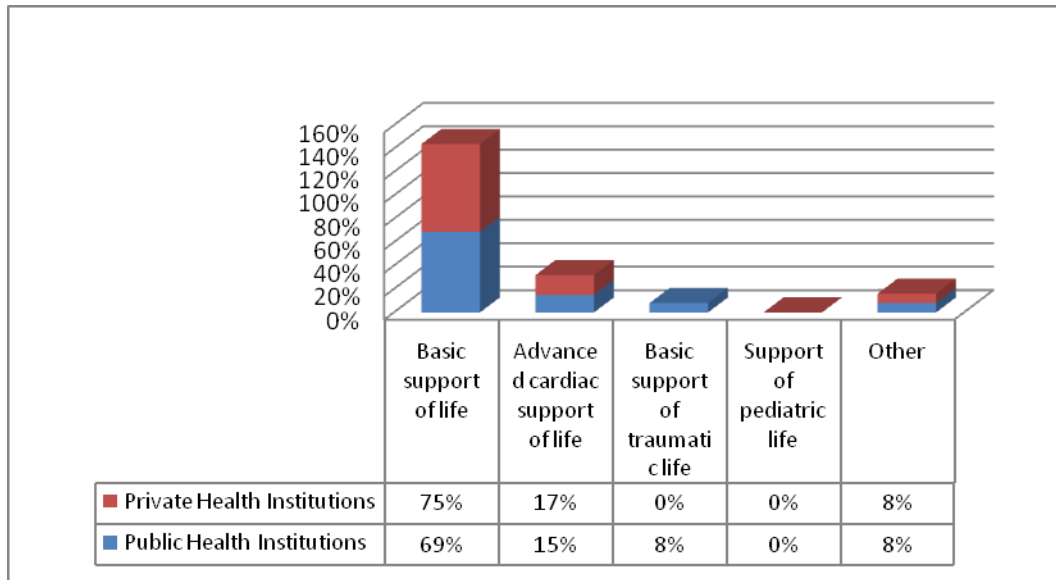
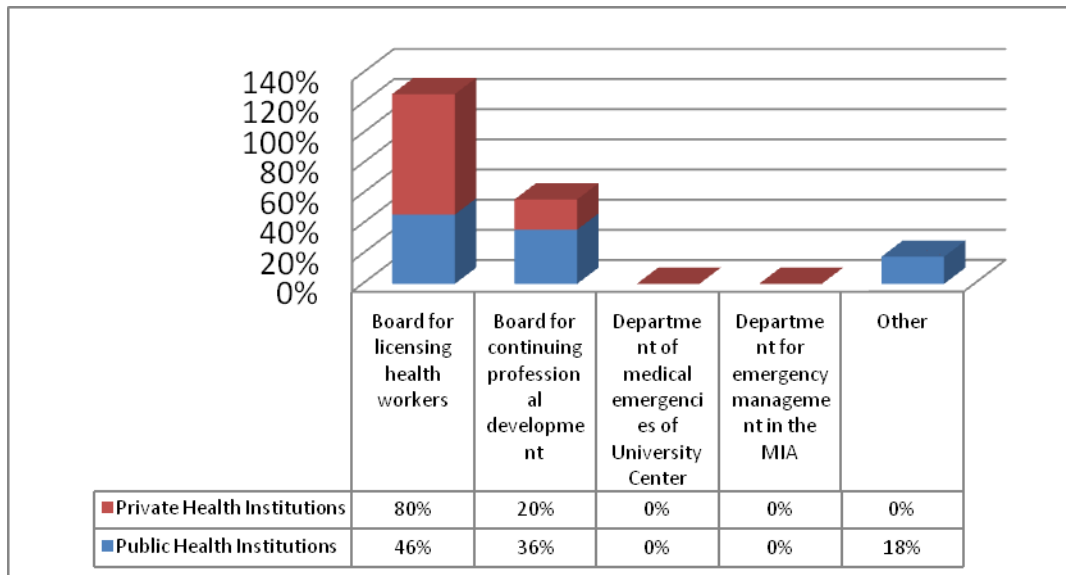
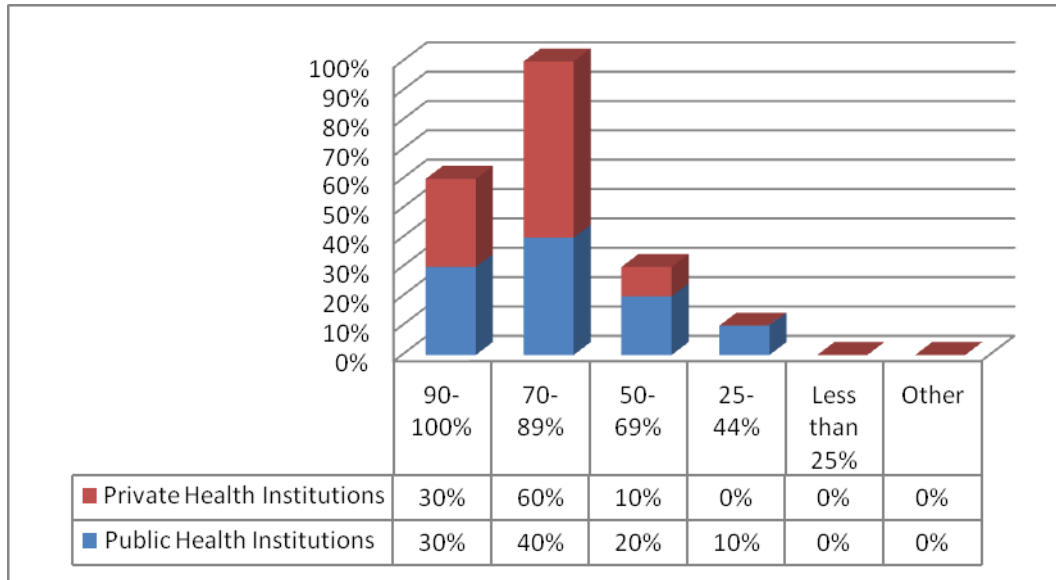


Figure 7.3: From which institution is certified medical staff of emergency (for emergency services)?



The Figure 7.3 shows that none of the health institutions knew that medical staff of emergency should be trained, certified, and re-certified by the certifying board of the department of medical emergencies of UCKK. The reason is simple, Board is not yet established (article 16.8). Among others Department of Emergency has responsibility to hold training in courses of medical emergency at primary, secondary, and tertiary level and to take care of continuous education in the field of emergency services (article 28 paragraph 3 of the Law on Medical Emergency Services).

Figure 7.4: To what extent is developed exercise of the first aid for health professionals?



Results from Figure 7.4 show that, health professionals in the private health institutions are more trained in the field of first aid than in the public health institutions. Furthermore, private health institutions are better equipped than public health institutions. Figure 7.5 shows that 50% of private health institutions are equipped until 90-100% in compare to only 10% of public health institutions.

Figure 7.5: To what extent is equipped your emergency unit?

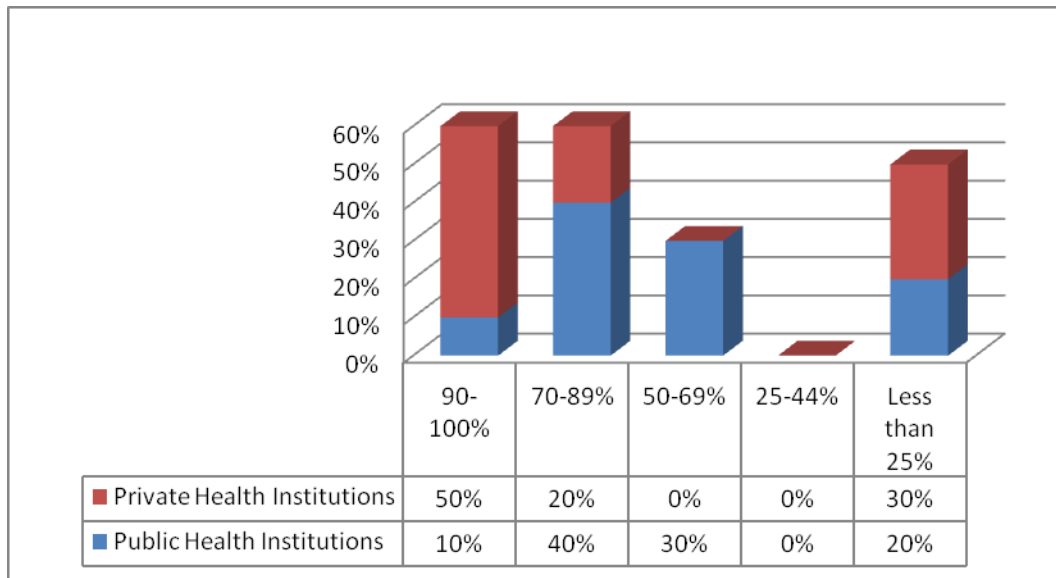
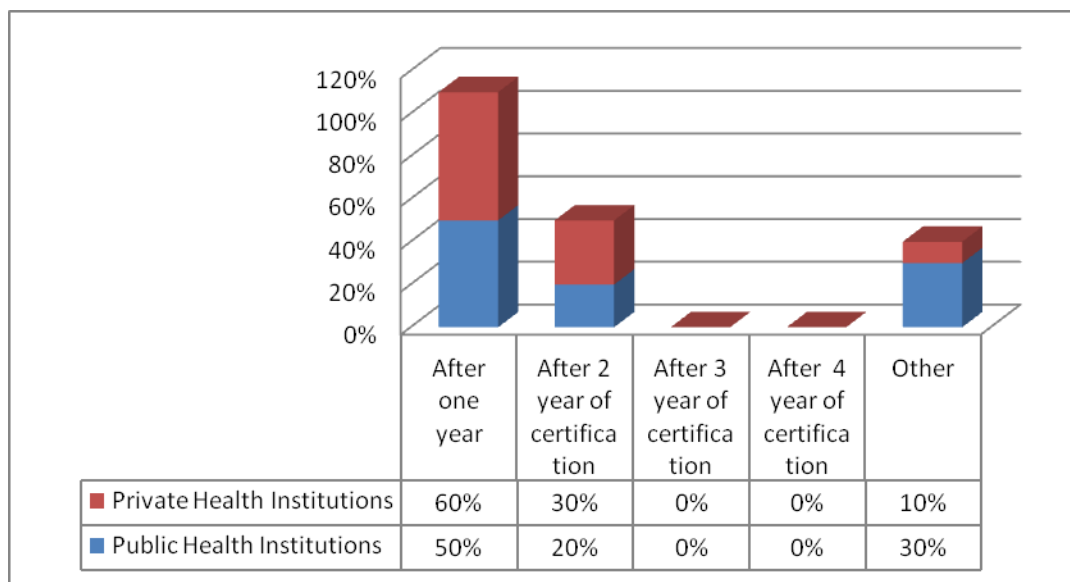
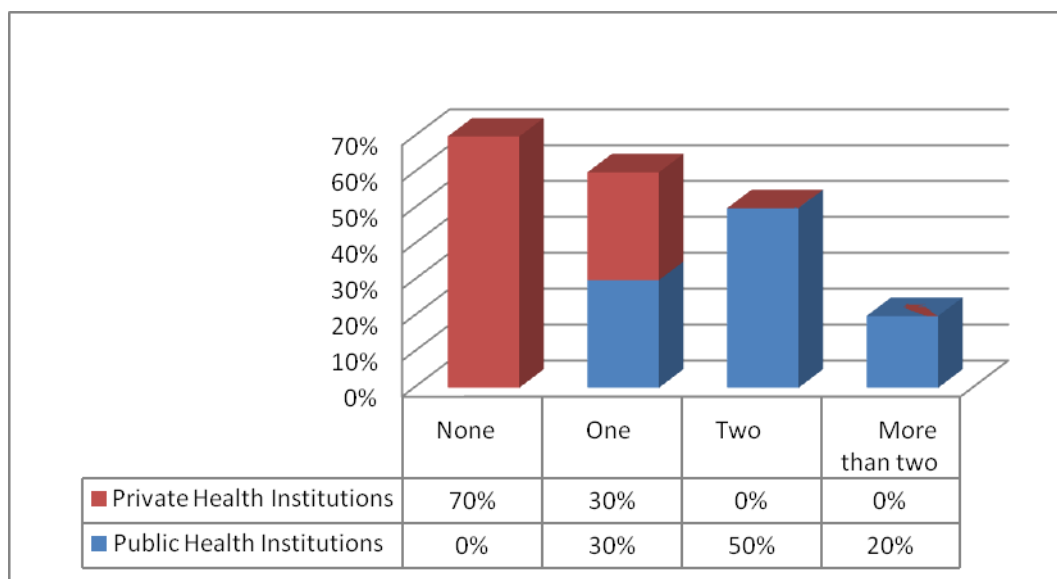


Figure 7.6: In which periods do you think that emergency medical staff should be re-certified?



Results from the Figure 7.6 show that 30% of private institutions and 20% of public institutions give correct answers about the validity of courses of medical emergency. Furthermore, law determines that after expiration of two years the staff should be re-certified.

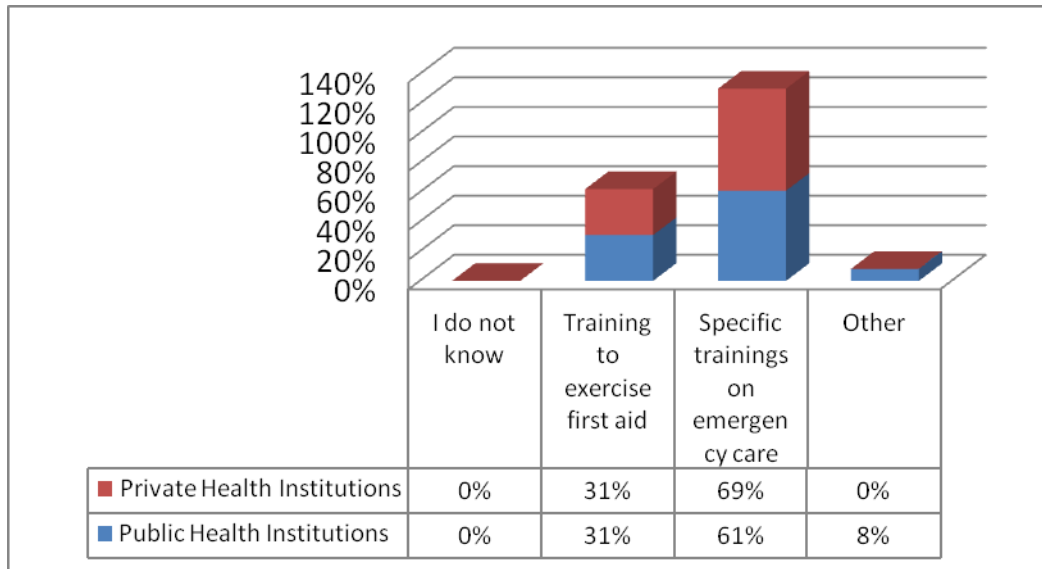
Figure 7.7: How many auto ambulances have your emergency unit?



Article 17 paragraph 2 of the Law on Medical Emergency Services determines that each emergency unit should have at least 2 (two) operational ambulances for the transport of emergent patients equipped according to the protocol. Results from Figure 7.7 show that 70% of private institutions do not have auto ambulances and 30% have only 1 (one).

While half of public institutions have two auto ambulances, 30% have one and 20% have more than two auto ambulances. The Law on Private Practices in Health, Administrative Instruction for Hospital Services in Kosova No. 08/2007 and Administrative Instructions Technical Medical Conditions, Space and Personnel according to the type of the health institution No.07/2010 are not in compatibility with the Law on Medical Emergency Services about this issue.

Figure 7.8: What kind of training do you need for your medical emergency staff?



According to responses from both health institutions introduced in Figure 7.8, training needs for medical emergency staff prevail in the field of specific training on emergency care with 69% for private health institutions respectively 61% for public health institutions. Afterwards, training to exercise first aid with 31% for both institutions.

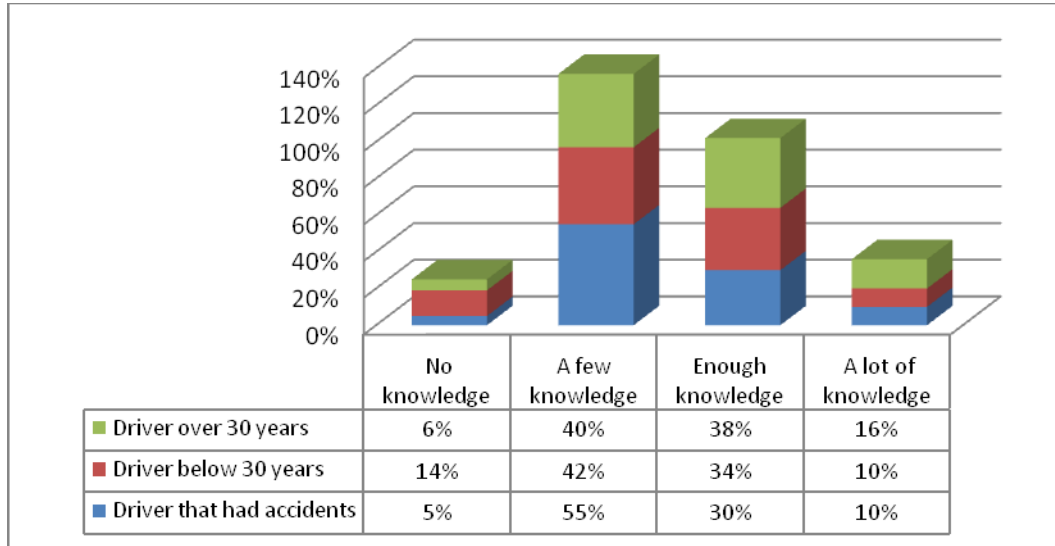
7.2 Driver Training

Based on its policy orientations on road safety, EU has set up seven objectives, and as essential emphasised education, training and enforcement. Improving education and training of road users is first one and includes⁴²:

- Pre-test learning (inclusion of accompanied driving with parents or other licensed adults);
- The driving licence test;
- Post licence training (continous training for non profesional drivers).

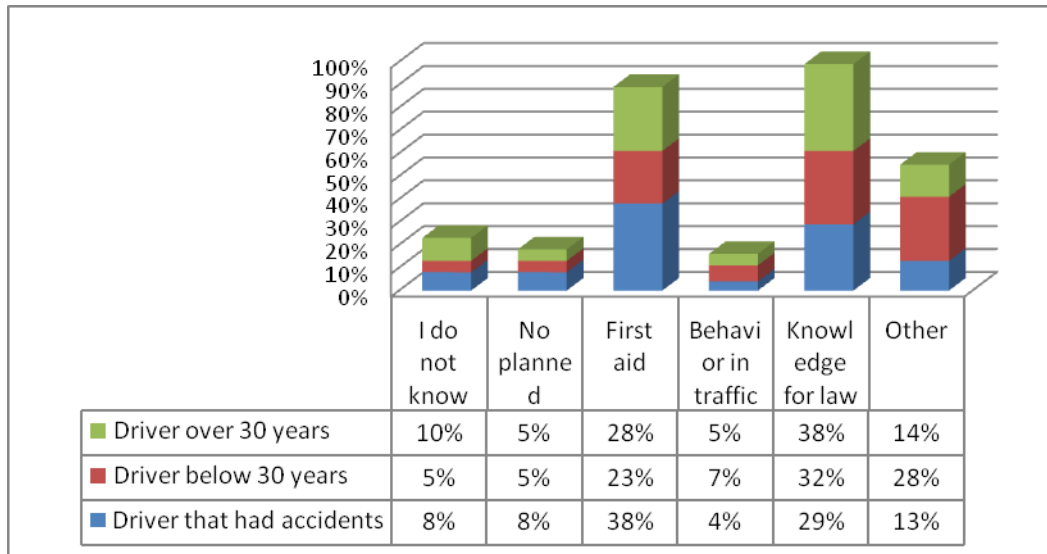
Many countries such as New Zealand, Canada, and the USA apply graduated driver licensing systems. This system provide gradual access to a full driving licence for novice drivers and riders⁶. This system is based on commonly restrictions include limits on night-time driving, limits on the number of passengers, and a prohibition against driving after drinking any alcohol⁶.

Figure 7.9: Do you know to give first aid, in case that you are involved in road accident?



Results from Figure 7.9 show that three groups of drivers do not have knowledge to give first aid. The law does not obliged driver to give first aid in cases that he or she is involved in an accident.

Figure 7.10: What training do you need?



Survey from Figure 7.10 shows that there are different opinions among three groups of drivers related to training needs. Driver over 30 years and fewer 30 years think that they need to have more knowledge about law with 38% respectively 32% and then knowledge for first aid, while driver that had accidents think that giving first aid is the first one with 38% and then knowledge for law with 29%.

Of all victims killed in a road crash, 57% die in the first minutes after the crash, before the arrival of the emergency services⁴³. The measure is especially important in rural areas where emergency services frequently cannot arrive at the crash location within 5-15 minutes⁴³. The 'ideal' first aid education system in a country should be built as follows³⁶:

- Mandatory (legal requirement) "first aid" education for drivers during their licensing (driver training);
- First aid education in schools, repeated e.g. once a year, to maintain knowledge;
- Re-certification of "first aid" for drivers at regular intervals;
- Optional: first aid campaigns to motivate non-driving adults, maybe with special focus on special target groups, like senior citizens.

A general problem is the fact that such a course, (mandatory first aid courses) which is held once at the start of 50 or 60 years of driving, is no guarantee for competent behaviour in case of accident³⁵. In none of the countries where first aid courses are a mandatory element of novice drivers' education is there legislation which foresees a repetition of the course after a certain period of time³⁵. In France, there is no first aid teaching within driver training, because for fear of aggravating some lesions, or harming the victim³⁵.

For driver education it is important for learner drivers not only to learn to master their vehicle, and to be familiar with traffic regulations, but also that to learn to assess risks and risks-increasing factors in road traffic as well as to be a good judge of their own skills and limitations⁴³.

The GDE matrix is based on the assumption that the driving task can be described as a hierarchy⁴⁴. The idea of the hierarchical approach is that abilities and preconditions on a higher level influence the demands, decisions, and behavior on a lower level⁴⁴.

Table 7.1: GDE matrix Goals for driver education⁴⁴

GDE matrix: essential elements of driving training			
	Knowledge and skills	Risk increasing factors	Self-evaluation
IV. Goals for life and skills for living	Lifestyle, age, group, culture, social position, etc, vs driving behavior	Sensation- seeking Risk- acceptance Group norms Peer pressure	Introspective competence Own preconditions Impulse control
III. Goals and context of driving	Modal choice, Choice of time, Role of motives Route planning	Alcohol, fatigue Low friction Rush hours Young passengers	Own motives influences choices Self- critical thinking
II. Mastery of traffic situation	Traffic rules Cooperation Hazard perception Automatization	Disobeying rules Following too closely Low friction, Vulnerable road users	Calibration of driving skills Own driving style
I. Vehicle maneuvering	Car functioning Protection system Vehicle control Physical law	No seatbelts Breakdown of vehicle systems Worn-out tyres	Calibration of car- control skills

Table 7.2 presented below shows measures taken from different countries as efforts to improve road safety. Such measures should be taken into consideration from policymakers in the process of amending the Law on Road Traffic Safety. Accompanied driving is not foreseen based on traffic law. According to article 234 paragraph 1 of the Law on Road Traffic Safety, it is determined that candidate who want to attain driver license will start training not earlier than 3 months before the required age to take driver license (18 years). EU Directive 2003/59 set minimum requirements for the qualification and ongoing training of professional drivers of category C and D, but driver training (for category A and B) and post licensing measures (e.g. probationary periods) have not yet been addressed by European level regulations⁴⁴.

Table 7.2: Different measures for driving training, testing and licensing⁴⁴

Name of measures	Description of measure	Evaluated?
L17 Austria	Combined accompanied driving and structured professional training for learner drivers (voluntary)	Yes
Initial driving training (Denmark)	Structured, modular approach to initial driver training with professional instructors (obligatory)	Yes
Eco-driving course for driving instructors (Germany)	Training in eco-driving for pre-license driving instructors	No
Driving training stepwise (Nederland)	Structured, modular approach to initial driver training with professional instructors (voluntary)	Yes
Introductory course for accompanying persons/lay instructors (Sweden)	Introduction seminar for anyone who wishes to become a lay instructor (obligatory)	No
Safety halls (Sweden)	Visits to a 'Safety hall' for insight based training (obligatory when existing)	Yes
Lowering minimum age, (Sweden)	Lowering the minimum age to start learning to drive to 16 (from 17.5), to encourage more driving practice before full licensing	Yes
Multiphase training (Austria)	Obligatory post-license training for novice drivers	Yes
Screening Flemish motorcyclist (Belgium)	Refresh training for motorcyclist (voluntary)	Yes
2-nd-phase training, (Estonia)	Obligatory post-license training for novice drivers	No
2-nd-phase training, (Finland)	Obligatory post-license training for novice drivers	Yes
Voluntary 2-nd-phase, Germany	Voluntary post-license training for novice drivers	No
2-nd-phase driver training, Luxembourg	Obligatory post-license training for novice drivers	Yes
Additional training for motorcyclist Slovenia	Refresh training for motorcyclist (voluntary)	No
BP Professional drivers' training program Spain	In-house ongoing driver training program	Yes

2-nd-phase Switzerland	training,	Obligatory post-license training for novice drivers	No
Mobi+ Belgium		Voluntary post-license training for novice drivers	No
Driver 65+ Norway		Voluntary post-license training for novice drivers	Yes
Be alive-drive daily-Slovenia		Voluntary post-license training for novice drivers	No
Restructuring driver testing procedures Malta		Introduction of a more demanding category B driving license	No
Probationary license for novice drivers Austria	for	Stricter BAC rules and driver improvement courses for novice driver offenders	Yes
G-Cam2 Belgium		On-board diagnostic system (camera, computer) for measuring driver celebration behavior	No
Probationary license for novice drivers Germany	for	Extension of probationary license and driver improvement courses for novice drivers offenders	Yes
70kmh speed restrictions for novice drivers Lithuania		Novice drivers are restricted to a maximum speed of 70kmh in the first two years of solo driving	No
Probationary license for novice drivers Slovakia	for	Refresher training or re-testing for novice driver offenders	No
Novice drivers sanctions Switzerland		Stricter sanctions for novice divers committing major driving offenses in the post-license probationary period	No
Graduated Driver Licensing Canada		Progressive access to full licensing based on minimum practice rules and post-test restrictions (obligatory)	Yes

7.3 Police Training & Equipment

Training and equipment has crucial role in the process of traffic law enforcement carried out by the police.

The answers related to period working in the police in Figure 7.11 below show that 80% of respondents bear out that they have worked more than 3 years, while 2% worked two until three years.

Figure 7.11: How many years have you worked in police?

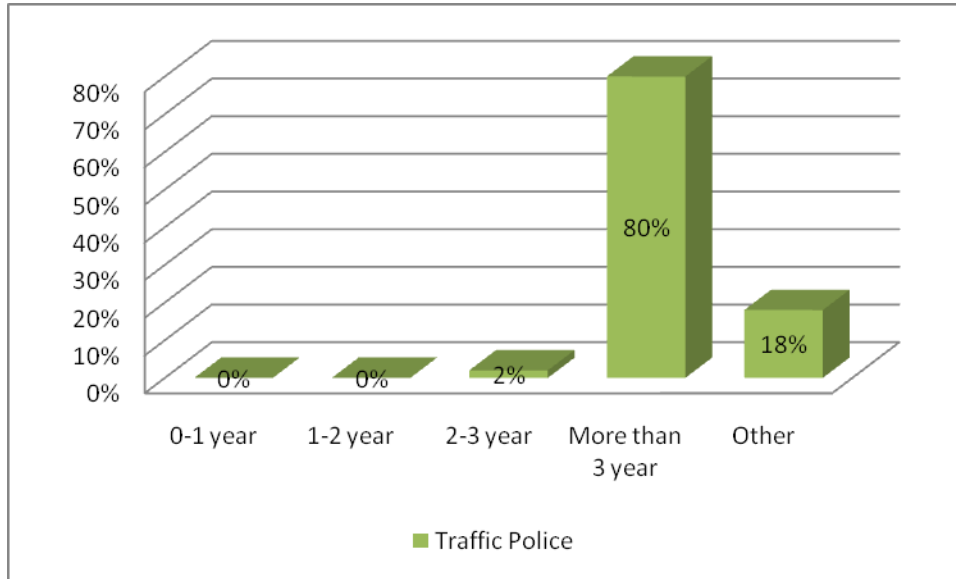
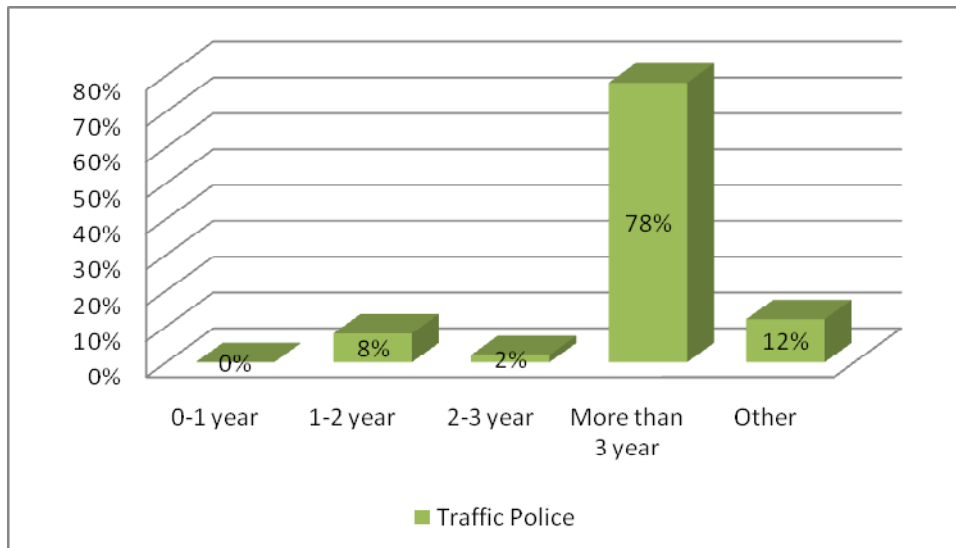


Figure 7.12: How long have you worked on the road safety?



Almost the same answers was obtained from Figure 7.12 when 78% of respondents have been worked in the period more than three years in the road safety. The rest or 20% of respondents has less work experience in the police and road safety.

Figure 7.13: What your level of education is?

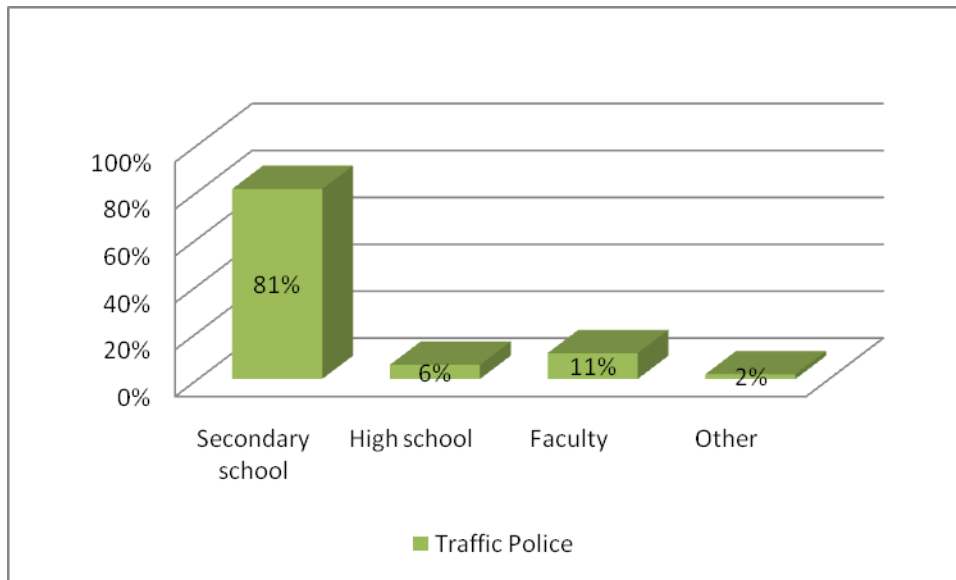


Figure 7.13 shows that 81% of respondents has secondary school, 11% has faculty and only 6% high school. As it was mentioned, according to policy orientations on road safety in the EU 2011-2020, education is one the most important objectives together with enforcement and driver training. So, in this direction it is needed to develop policies toward increasing capacities of human resources as a way of improving road safety.

Figure 7.14: Do you believe that Kosova Police has sufficient training in regard to road safety and traffic accidents?

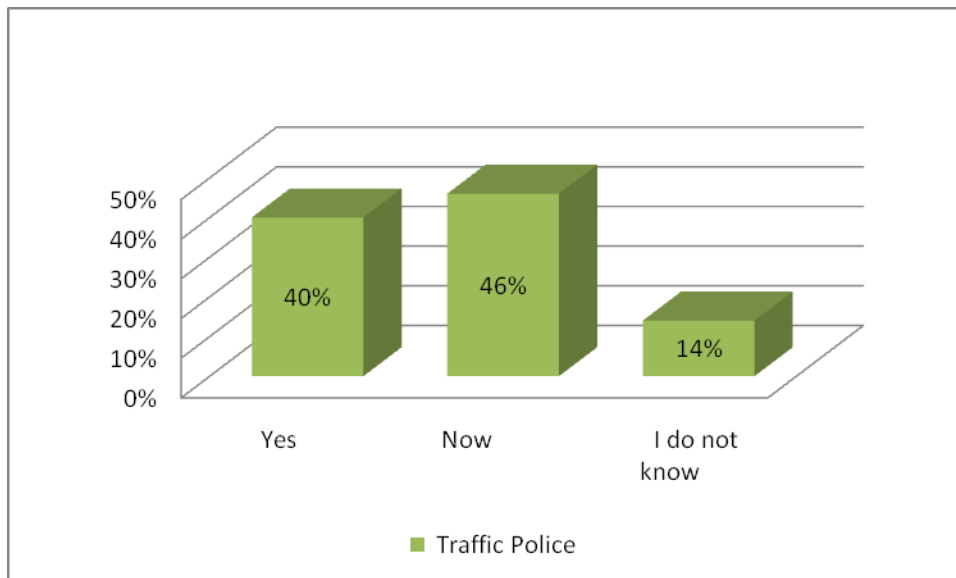
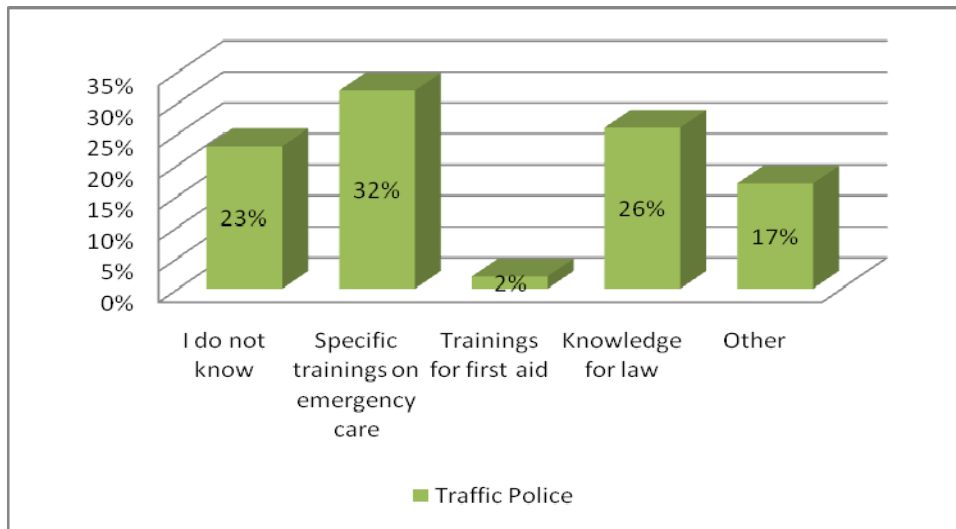


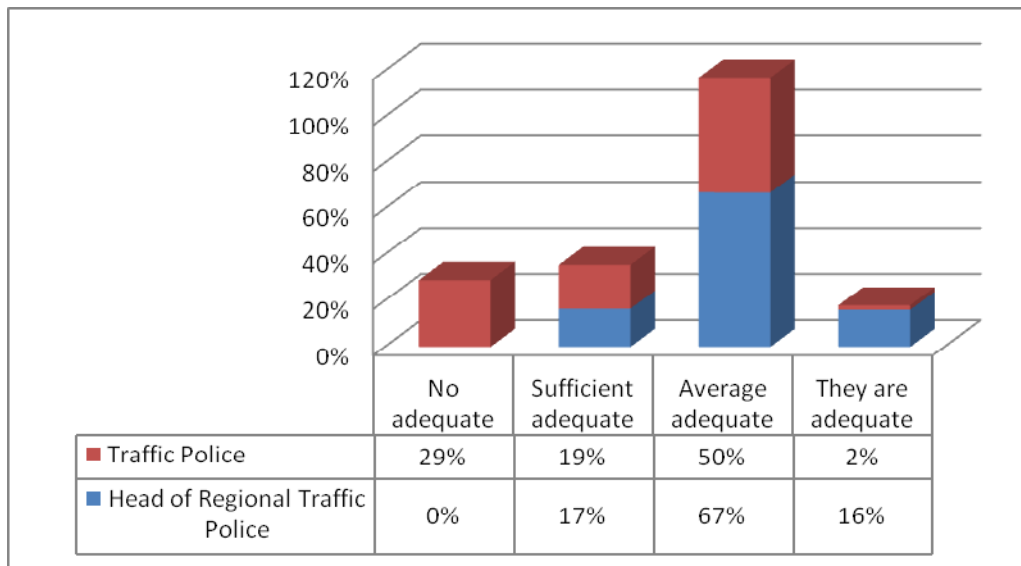
Figure 7.14 shows that 46% of respondents (traffic police) think that they need to be trained, while 40% think that they are well trained and 14% do not know.

Figure 7.15: Which forms of training are most needed?



Results from survey in Figure 7.15 show that 32% of respondents think that they need to be trained in specific fields of emergency care, 26% to expand knowledge for law, 23% do not know in which fields they need to be trained, 2% to take training for first aid, while 17% think that they need other training.

Figure 7.16: How adequate are your equipment?



It is obvious that equipment play important role to accomplish duties in effective and efficiency way. Even if responses differ between head of regional traffic police and traffic police, results presented in Figure 7.16 show that traffic police work without adequate equipments. While 29% of traffic police think that they have no adequate equipments, 50% of them that they are adequate, and only 2% think that have adequate equipments. On the other side 67% of head of regional traffic police think that they have in average adequate equipments and 16% that they are adequate.

CHAPTER 8

Road Traffic Safety in other Countries

In this Chapter is included best practices used in other countries that may be transferable in Kosovo. Furthermore, this Chapter brings up and compares data on road traffic accidents, number of vehicles and other issue related to road safety in overall.

8.1 Best practices in Road Safety in the Member States of the EU

A commonly agreed definition of what is “Best Practice” was not available. However, this obviously refers to a road safety policy that has proven to be successful⁴⁵.

8.1.1 Institutional organization of road safety

Institutional organization of road safety refers to a variety or measures, which together, form the basis for the implementation of measures in all fields of road safety such as road safety vision, targets and strategies, allocation of financial resources, and to tools and strategies for selection and implementation of cost-effective road safety measures⁴³. In Kosovo, different policies of road safety exists and there are no steps toward improving this situation and adopt a National Strategy of Road Safety and Action Plan.

Table 8.1: Existence of a National Road Safety Strategy and Targets

		Existence of a National Road Safety Strategy	Specification of targets in National Road Safety Strategy
Location	Time Period		
Albania	2007	No	
Austria	2007	Yes	Yes
Brazil	2007	Multiple strategies	
Bosnia and Herzegovina	2007	Yes	Yes
Croatia	2007	Yes	Yes
China	2007	Yes	No
France	2007	Yes	Yes
Germany	2007	Yes	No
India	2007	Yes	
Montenegro	2007	No	
Slovenia	2007	Yes	Yes
Serbia	2007	Multiple strategies	
Turkey	2007	Multiple strategies	
USA	2007	Yes	Yes
UK	2007	Yes	Yes
FYROM Macedonia	2007	No	
Kosova	2010	No	

Table 8.1 shows existence of a national road safety strategy and targets in different countries⁴⁶.

8.1.2 Winter Speed Limits and Winter Maintenance in Finland

Maintenance of existing roads is necessary to keep them to standard. Maintenance relates to pavement, signs and markings as well as the road side⁴³. During winter conditions, crash risk is higher, therefore, in Finland, general speed limits in rural roads and motorways are reduced by 20km/h in the winter months⁴³. Reduced speed limits in winter time were found to reduce injury crashes by 28% and fatal crashes by 49%⁴³. This will be suitable taking into consideration road conditions and current circumstances of road safety in Kosova.

8.1.3 Low speed zones in residential areas

For safety, low speed zones are essential when motorized vehicles use the same space as pedestrians and cyclists. In many countries, low speed zones have been introduced in residential areas, near school and in shopping areas. In Europe, 30km/h zones are more common. In home zones, the maximum speed is even lower: 10-15km/h. The results in a UK showed that 30km/h zones reduced accidents by 27%, crashes causing injury by 61% and serious crashes by 70%.

8.1.4 The road safety information system in Latvia (Linked Database)

Good and reliable data is conditional for understanding road safety problems, for prioritizing road safety measures and for monitoring developments over time⁴³. RTSD in Latvia has worked out a strategy of development of Road Safety Informative System and created several registered and databases⁴⁷:

-Register of vehicles;

-Register of drivers;

-Register of crashes;

-Register of violators of road traffic rules;

Many European states have different databases but in general they are separated and owned by different institutions. The system is based in the linked databases and it is possible to find data from different registers. The vehicle identification key indicator is the Vehicle Identification Number or plate number of vehicle⁴⁷. To link data between register of vehicles and register of crashes the key indicator is the plate number of the involved vehicle⁴⁷. Personal identification number is the key indicator to link the data among register of drivers, register of offenders and register of traffic accidents. The Road Safety System is transferable to other countries⁴⁷. Many countries in the region, Europe and World have appointed National Data Coordinator for Road Safety as will presented in the table 8.2. In Kosova this position does not exist yet.

Table 8.2: National data coordinators by country/area and WHO region¹⁸

COUNTRY/AREA	WHO REGION	Name of National Data Coordinator(s)
Albania	Europe	Bozo, Maksim;
Austria	Europe	Kisser, Rupert;
Bosnia and Herzegovina	Europe	Kovacevic, Jasminka; Seranic, Alen;
Croatia	Europe	Brkic Bilos, Ivana;
Montenegro	Europe	Stojanovic, Svetlana;
Slovenia	Europe	Kosir, Matej;
Serbia	Europe	Paunovic, Milena;
Turkey	Europe	Inan, Hyseyin Fazzil;
USA	Americas	Dellinger, Ann;
UK	Europe	Bellis, Mark; Hughess, Sara;
FYROM Macedonia	Europe	Tozija, Fimka;
Kosova	Europe	No

Toward improving current situation on the road safety, MEF and MT have planned to invest for road information system and infrastructure for drivers training as presented in the Table 8.3.

Table 8.3: Multi-Annual expenditure framework for road investment, 2010-2012

Projects funded under the MTEF	2009 budget	2010 estimate	2011 estimate	2012 estimate	Total 2010-2012
IT system for traffic safety (software)		1,000,000 €			1,000,000 €
Additional funding requirement 2010-2012		2010 estimate	2011 estimate	2012 estimate	Total 2010-2012
Driving polygon		4,000,000 €	2,000,000 €	1,000,000 €	7,000,000 €
Driving license (devices, databases)		1,695,000 €	1,380,000 €	2,310,000 €	5,385,000 €
Software equipment		4,880,000 €	3,300,000 €	3,300,000 €	11,480,000 €

Source: Ministry of Finance and Economy, Ministry of Transport. -Forecast with World Bank adjustments to account for Route 7 expenditure⁴⁸.

8.1.5 Enforcement and Education

It has been estimated, that theoretically full compliance with traffic law could reduce road accidents by 50%⁴⁹. The European Commission has estimated that from the 40,000 annual road accidents fatalities speeding drivers caused 11,000, drunk drivers caused 10,000, and 10,000 car occupants died because they did not wear seat belt⁴⁹.

Some measures against speeding, wearing seat belts and drink driving that many countries apply are: fixed speed cameras, mobile speed cameras, section speed control, onboard cameras, seatbelts control, lowering of the alcohol limit etc. Fixed speed cameras (United Kingdom) is implemented with 38 local partnerships, including total of 4,100 camera sites. At camera sites, there were over 100 fewer fatalities (32%), 1,745 fewer people killed or seriously injured (42%) and 4,230 fewer personal injury collisions per annum⁴⁹. Enforcement costs, including supporting education, estimated at about 96 million Euros. Safety cameras are funded through revenue raised from fines. Estimated value of accident saving are 258 million Euros⁴⁹. 1,000 fixed and 500 mobile speed cameras (automatic speed enforcement in France) have been taken in use nationwide since 2003⁴⁹. The total number of road accident fatalities in France decreased by over 30%: from 7,655 in 2002 to less than 5,300 in 2005. This corresponds to the savings of close to 1,800 lives in 2005⁴⁹. The annual cost of maintaining the system of 1,500 cameras is approximately 100 million Euros. The annual income from speeding fines is approximately 375 million Euros⁴⁹.

Building behavior and developing competences is a life-long activity⁵⁰. The educative continuum begins from kindergarten and primary school to the post driving license period. Each program or step in the continuum uses knowledge and competences acquired through previous steps⁵⁰. Some themes are first taught in one of the steps and returned back to later, viewed from a different angle or with some information added⁵⁰. At the moment, the educative continuum includes the following steps⁵⁰:

- APER or 'attestation of first level road education' (kindergarten and primary school)
- ASSR or School Road Safety attestation, first level (college, age 11-14)
- BSR or Road Safety Certificate (age 14, exam giving access to moped riding)
- ASSR second level (gymnasium, age 14-16), needed to be able to register for the driving license exam ACC, Anticipated Accompanied Driving (driving schools, age 16-18)
- Driving exam (from the age of 18) and approbatory driving license with a point demerit system (6 points) for 2 year with AAC and 3 years if AAC has not been used
- Final driving license with a point demerit system (12 points)
- Rehabilitation sessions for multi-offenders.

Educative continuum as a measure is planned to have effect in the long term. There are many other measures that were implemented in different countries that may be useful and transferable in Kosova and could be found in official supreme website⁵¹.

8.1.6 Efficient response of emergency systems with tow trucks Germany

The core of the measure is the agreement between insurance companies and the Ministry of Transport that a tow truck is sent to the incident location immediately after the incident has been reported³⁶. In case of false alarm, the bill is paid by the Ministry of Transport. In all other cases the bill is paid by the insurance company.

8.1.7 Rettungsgasse-route for emergency vehicles

The German term “**Rettungsgasse**” is defined by law in Germany and Switzerland and means, if there is a traffic jam and an emergency vehicle needs to get through, all others shall form a free lane in the middle of two lanes³⁶. This free lane enables all emergency vehicles to provide fast and efficient help to those who need it, not only victims of an accident but also all other emergency cases that might occur³⁶.

8.2 Comparative data in some countries

This section will introduce data related to road safety in countries in Balkan region, Europe and World. Table 8.4 shows that comparing to these data, in Kosova the rate traffic deaths in 100,000 inhabitants, is not anxiously.

Table 8.4: Number and estimated road traffic death rate

Location	Time Period	Estimated Road Traffic Death Rate (per 100,000 population)	Modeled number of Road Traffic Deaths
Albania	2007	13.9	445
Austria	2007	8.3	691
Bosnia-Herzegovina	2007	10.9	428
Brazil	2007	18.3	35,155
Bulgaria	2007	13.2	1,006
China	2007	16.5	220,783
Croatia	2007	13.6	619
France	2007	7.5	4,620
Germany	2007	6	4,949
India	2007	16.8	196,445
Montenegro	2007	20.4	122
Slovenia	2007	14.6	293
Serbia	2007	9.8	962
Turkey	2007	13.4	10,066
USA	2006	13.9	42,642
UK	2006	5.4	3,298
FYROM Macedonia	2006	6.9	140
Kosova	2007	6.3	139
Kosova	2010	8	175

Source: World Health Organization⁴⁶

The association between alcohol levels and crash risk is also related to the age of the driver⁵². Keall, Frith and Patterson (2001) estimated that teenage drivers with 0.03 had five times the risk being fatally injured in a crash relative to drivers aged 30 years and over at the same BAC level⁵². The risk levels were significantly higher at all BAC levels for drivers aged fewer than 20 and aged 20-29, relative to drivers aged 30 and over⁵². All countries should set limits of 0.02g/dl or below for young/novice drivers¹⁸. Table 8.5 provided below shows blood alcohol concentration limit for drivers. In many countries there are different BAC limit general population, novice drivers and professional drivers.

Table 8.5: Blood alcohol concentration limit for drivers

Location	Time Period	Blood Alcohol Concentration (BAC) limit for drivers		
		General Population	Young drivers	Professional/Commercial Drivers
Albania	2007	0.05	0.05	0.05
Austria	2007	0.05	0.01	0.01
Bosnia-Herzegovina	2007	0.03	0	0
Brazil	2007	0.02	0.02	0.02
Croatia	2007	0.05	0	0
China	2007	0.02	0.02	0.02
France	2007	0.05	0.05	0.05
Germany	2007	0.05	0	0.05
India	2007	0.03	0.03	0.03
Hungary	2007	0	0	0
Montenegro	2007	0.05	0.05	0
Slovenia	2007	0.05	0	0
Serbia	2007	0.05	0.05	0
Turkey	2007	0.05	0.05	0
USA	2006	0.08	0.02	0.04
UK	2006	0.08	0.08	0.08
FYROM Macedonia	2006	0.05	0	0
Kosova	2010	0.05	0.05	0

Source: World Health Organization⁴⁶

Table 8.6 presents number of vehicles in different countries. Data of vehicles in Kosova for 2010 are presented according to MIA and for 2006 based on Statistical Office of Kosova; those are not in compatibility with each other. Results presented in Table 8.6 show that rate of fatalities in 10,000 vehicles in Kosova are many times over than European States, and one of the worst in the region except Albania. In addition, number of vehicles in India is based on data in 2004, while in China based on data in 2006.

Table 8.6: Estimated road traffic death rate per 10,000 vehicles

Location	Year	Number of vehicles registered	Population	Modeled number of road traffic deaths	Estimated road traffic death rate (per 10,000 vehicles)*
Albania	2007	349,646	3,190,012	445	12.7
Austria	2007	5,796,973	8,360,746	691	1.19
Brazil	2007	49,644,025	191,790,929	35,155	7.08
Bosnia and Herzegovina	2007	675,063	3,934,816	428	6.3
China	2007	145,228,994	1,336,317,116	220,783	15.2
Croatia	2007	1,949,936	4,555,398	619	3.17
France	2007	39,926,000	61,647,375	4,620	1.15
Germany	2007	55,511,374	82,599,471	4,949	0.89
India	2007	72,718,000	1169015509	196,445	27.01
Montenegro	2007	199,014	597,983	122	6.13
Slovenia	2007	1,286,903	2,001,508	293	2.27
Serbia	2007	2,235,389	9,858,424	962	4.3
Turkey	2007	13,311,000	74,876,695	10,066	7.56
USA	2006	251,422,509	305,826,246	42,642	1.69
UK	2006	34,327,520	60,768,946	3,298	0.96
FYROM Macedonia	2007	259,421	2,038,464	140	5.39
Kosova	2006	178,000	2.2	178	10
Kosova	2010	200,908	2.2	175	8.7

Source: World Health Organization⁴⁶

*Capstone project data

Table 8.7: Road safety policies

Location	Year	There are national policies to promote walking and cycling	There are national policies to promote investment in public transportation
Albania	2007	No	Yes
Austria	2007	Yes	Yes
Bosnia and Herzegovina	2007	No	No
Brazil	2007	Yes	Yes
China	2007	No	Yes
Croatia	2007	No	No
France	2007	Sub national	Yes
Germany	2007	Yes	Yes
India	2007	Yes	Yes
Montenegro	2007	No	No
Slovenia	2007	Yes	Yes
Serbia	2007	No	Yes
USA	2007	Yes	Yes
UK	2007	Yes	Yes
FYROM Macedonia	2007	No	No
Kosova	2010	No	No

Source: Global status report¹⁸

Table 8.7 presents national policies to promote walking and cycling and investment in public transportation. Kosovo has not yet developed national policies in these areas. In fact, current situation reflect insufficient attempts to improve road safety.

Table 8.8: Fatalities by age, June 2010

		all road user	0-14 years	% all road user fatalities	15-17 years	% all road user fatalities	18-20 Years	% all road user fatalities	21-24 years	% all road user fatalities	25-65 years	% all road user fatalities	65 years and more	% all road user fatalities
Location	Year													
Austria	2008	679	12	1.8	26	3.8	60	8.8	74	10.9	335	49.3	172	25.3
Belgium	2007	1,067	30	2.8	27	2.5	90	8.4	125	11.7	622	58.3	167	15.7
France	2008	4,275	125	2.9	172	4.0	424	9.9	534	12.5	2,209	51.7	811	19.0
Germany	2008	4,477	102	2.3	174	3.9	436	9.7	451	10.1	2,242	50.1	1,066	23.8
Hungary	2008	996	25	2.5	32	3.2	37	3.7	66	6.6	644	64.7	179	18.0
Ireland	2008	279	20	7.2	20	7.2	33	11.8	41	14.7	155	55.6	47	16.8
Japan	2009	5,772	116	2.0	133	2.3	242	4.2	242	4.2	2,082	36.1	2,597	51.2
Netherlands	2009	644	23	3.6	26	4.0	53	8.2	73	11.3	282	43.8	187	29.0
Norway	2008	255	9	3.5	11	4.3	35	13.7	26	10.2	126	49.4	48	18.8
Poland	2009	4,572	128	2.8	119	2.6	361	7.9	471	10.3	2,639	57.7	811	17.7
Slovenia	2008	214	4	1.9	10	4.7	13	6.1	25	11.7	128	59.8	34	15.9
Spain	2008	3,100	84	2.7	95	3.1	210	6.8	256	8.3	1,851	59.7	551	17.8
Sweden	2008	397	6	1.5	13	3.3	32	8.1	32	8.1	212	53.4	102	25.7
Switzerland	2008	357	10	2.8	14	3.9	26	7.3	18	5.0	189	52.9	100	28.0
UK	2008	2,645	110	4.2	160	6.0	272	10.3	270	10.2	1,333	50.4	499	18.9
USA	2008	37,261	1,347	3.6	1,596	4.3	3,187	8.6	3,940	10.6	21,579	57.9	5,533	14.8
			0-12 years	%	12-18 years	%	Over 18	%	Other	%				
Kosova	2009	176	25	14.2	5	2.84	27	15.3	119	67.6				
Kosova	2010	175	11	6.3	4	2.3	45	25.7	115	65.7				

Source: IRTAD Database

Table 8.8 presents fatalities by age. According to policies data there are no data divided in all those categories. Data for 2009 and 2010 (in Kosovo) years presents only pedestrians and in category other are included all other fatalities.

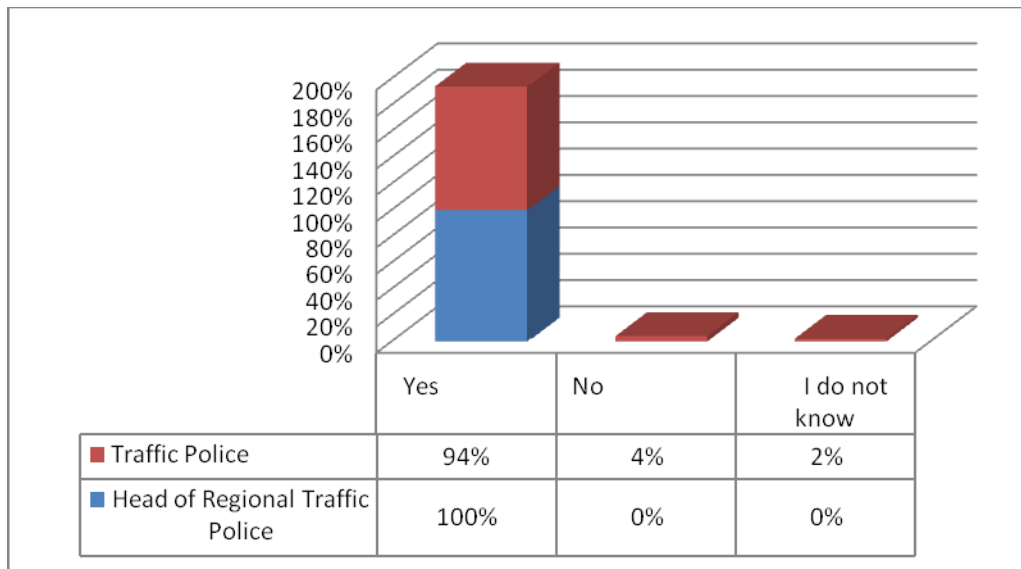
CHAPTER 9

Road Traffic Prevention

This Chapter assesses Head regional traffic police, Traffic Police and Drivers questions related to prevention measures. Furthermore, the Chapter presents some recommendations from the world report on road traffic injury prevention.

9.1. Questions related to preventions

Figure 9.1: Do you believe that many road accidents in Kosova might be prevented?



The Figure 9.1 shows how responses are fragmented. While, 100% of head regional traffic police believe that accidents might be prevented, 94% of traffic police has the same opinion, 4% do not believe and 2% do not know if accidents might be prevented.

Results from Figure 9.2 presented below show that one priority for both traffic police and head of regional traffic police is the same, participation of police in examination commission for driver license with 31% and 27%. While, traffic police with 22% are to strengthen the procedures to issue driver license and with 17% to establish traffic information system, head of regional traffic police with 27% are for establishing traffic information system and increase the level of cooperation with relevant institutions.

Figure 9.2: If answer is yes in first question, prioritize the main three?

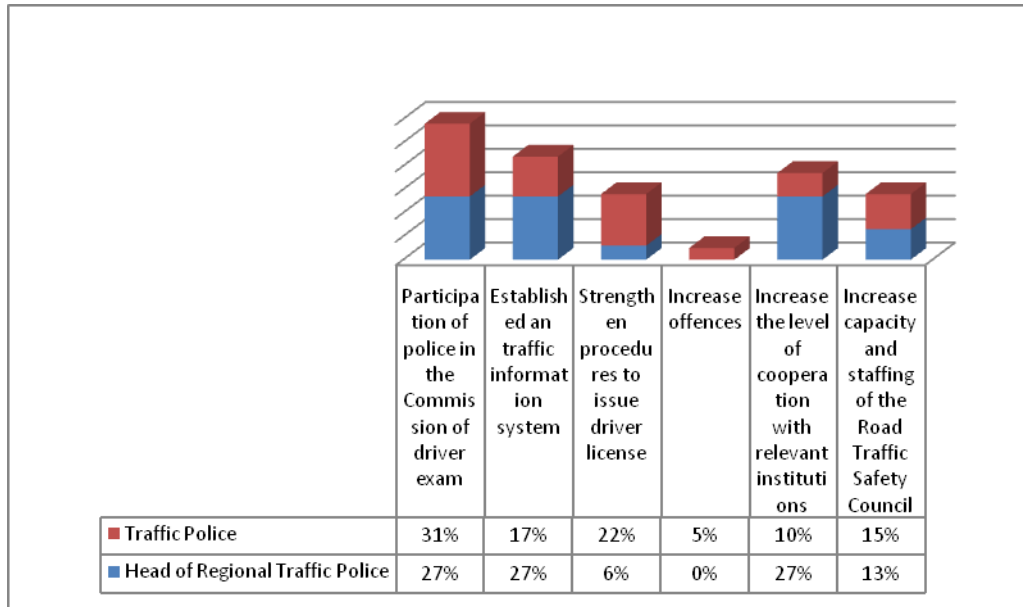
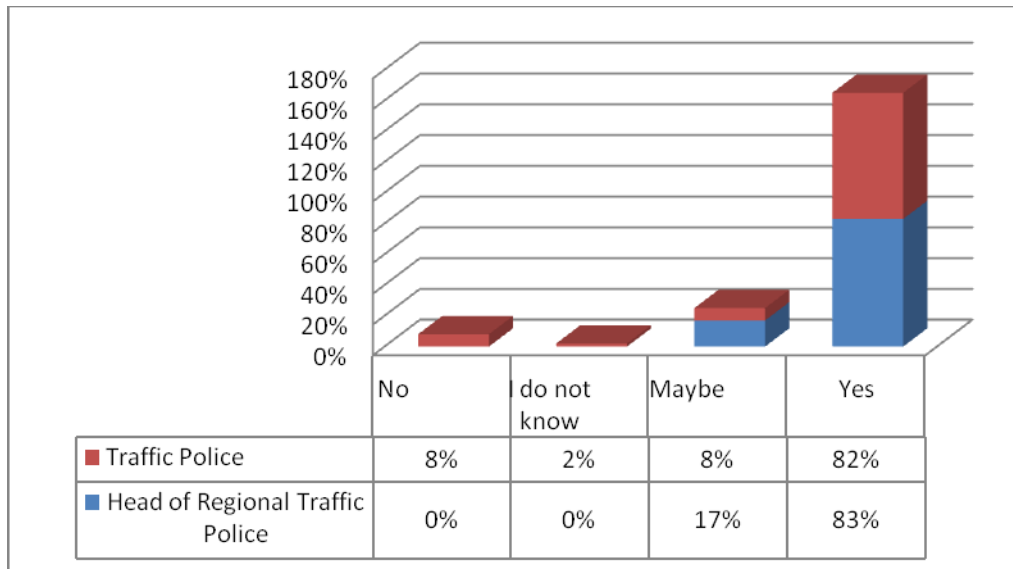


Figure 9.3: Do you think that police should be part of the Examination Commission for driving license?



Both respondents' traffic police and head of regional traffic police in the survey from Figure 9.3 have almost the same response. With 82% and 83% they think that police should be part of the commission for driver examination. Among others, article 245 and 250 of the Law on Road Traffic Safety No.02/L-70 determines the criteria and conditions for giving the driver exam. The driver exam will be contained through the theory and practical testing.

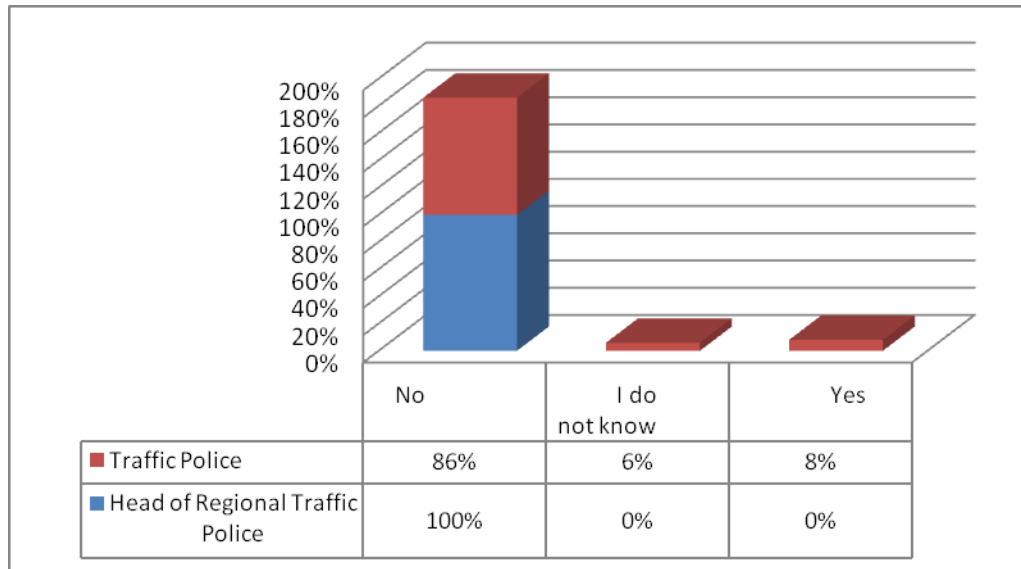
According to the law, MT determines the criteria and conditions for giving the exam. The theory part is taken before the questioner and there is not foreseen a commission. There are no examples in the reference countries where the examination of drivers is organized within the Ministry. Institutions subordinated either to the MT or to the MIA undertake the examination of drivers in the reference countries³³. In the Table 9.1 below, has been presented responsibility authorities for drivers licensing in some countries in Europe.

Table 9.1: Drivers licensing in the EU countries and Kosova

Country	Responsible Authority
Finland	Vehicle Administration
Estonia	Estonian Motor Vehicle Registration
Slovakia	Traffic Inspectorate/Ministry of Interior Affairs
Ireland	Road Safety Authority
Latvia	Road Traffic Safety Directorate
Lithuania	State Company REGISTRA
Slovenia	Inspectorate/Ministry of Internal Affairs
Kosova	Ministry of Transport

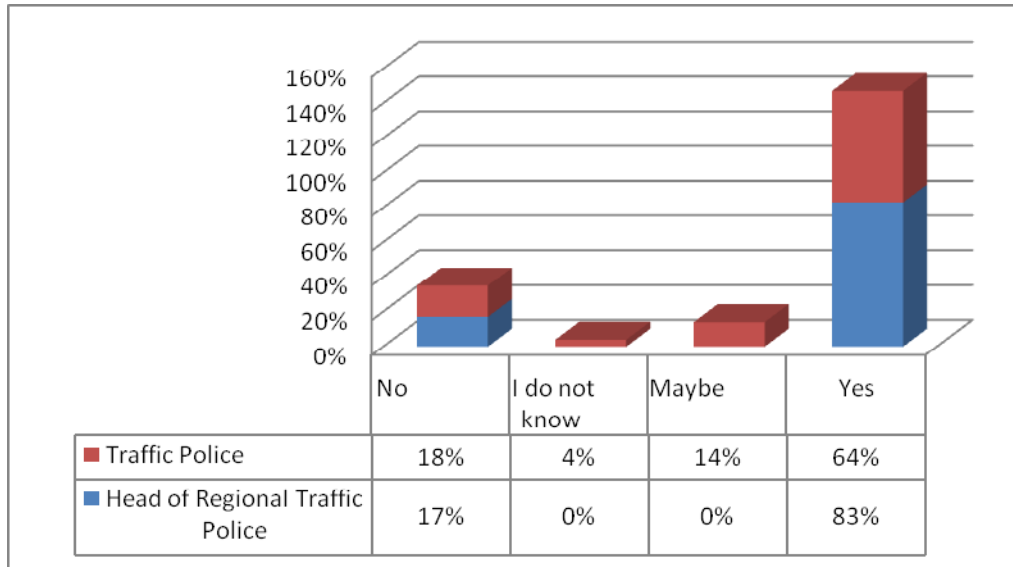
Source: FRIDOM, Functional Review of the Ministry of Transport and Communications³³

Figure 9.4: Do you practice to put permanent radar to measure speed without physically presence?



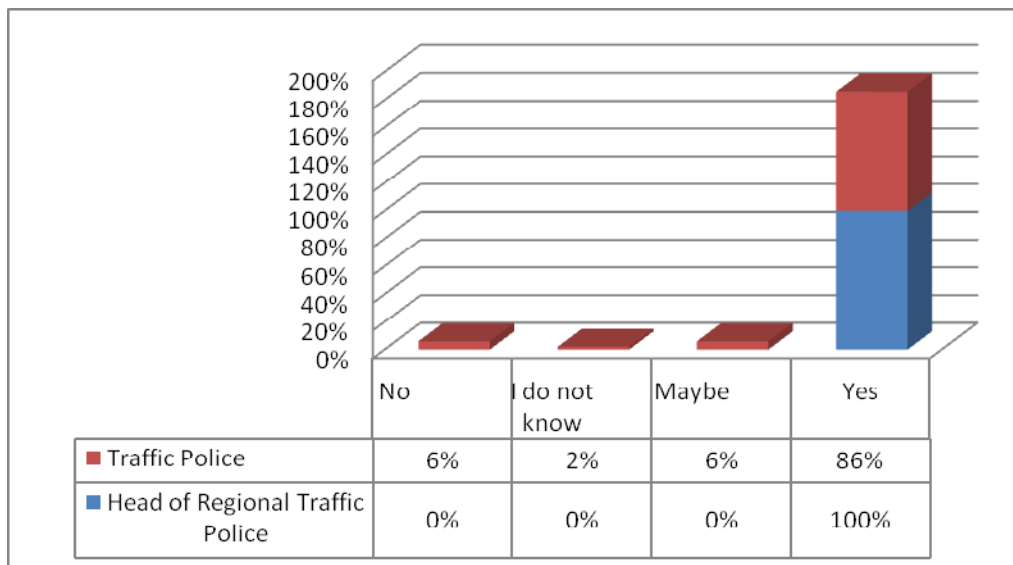
Results from Figure 9.4 show that police do not use permanent radar to measure speed without physically presence. Responses from Head of Regional Traffic Police show that 100% of them know that they do not use this kind of radar, while traffic police are not well informed about it. Thus, 86% of them know that they do not use this sort of radar, 6% do not know and very interesting is that 8% think that they use it.

Figure 9.5: Do you consider we should impose heavy penalties for those who cause accidents?



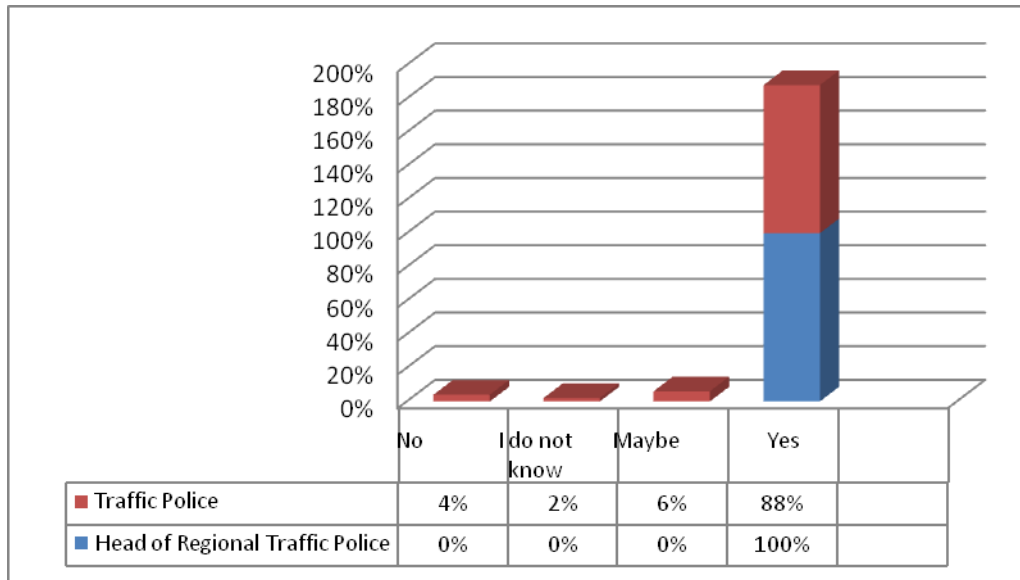
The answers from Figure 9.5 show that 83% of Head Regional Traffic Police are pro imposing heavy penalties, while 17%, do not like to do it. In other side, 64% of traffic police are pro imposing heavy penalties, while 18% are against, 14% are doubt and 4% do not know to impose or not heavy penalties for those who cause accidents.

Figure 9.6: Do you consider we should impose heavy penalties for those who cross speed limits?



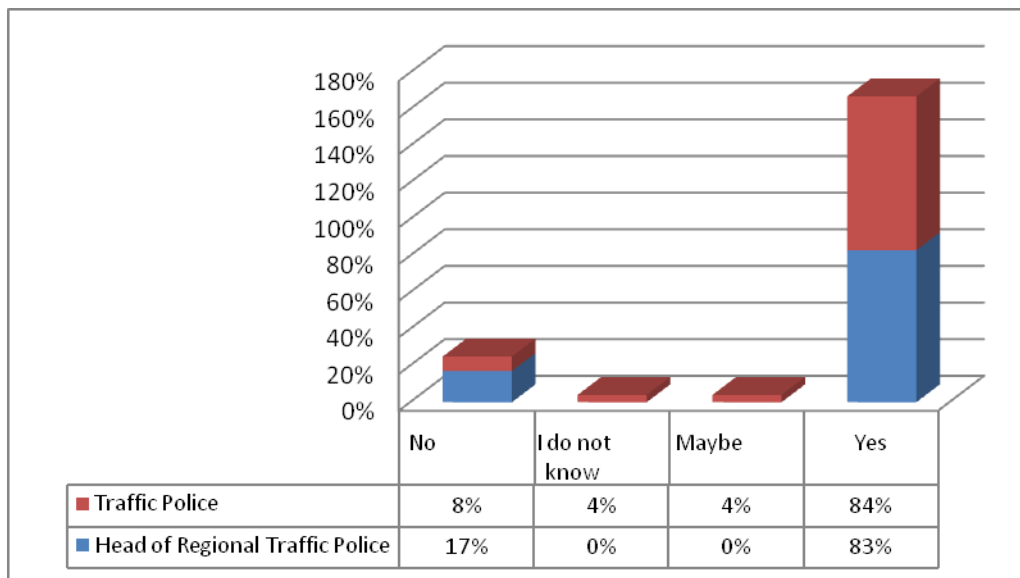
According to majority of respondents, 100% of Head Regional Traffic Police are pro imposing heavy penalties for those who cross speed limits (Figure 9.6), while, 86% of traffic police are pro imposing heavy penalties, 6% are against, 6% are doubt and 2% do not know if better to impose or not heavy penalties for those who cross speed limits.

Figure 9.7: Do you consider that license of those who make serious or many times accidents should be cancelled?



The answers related in Figure 9.7 show that 100% of Head Regional Traffic Police are pro cancelling driver license for those who make serious accidents, while 88% of traffic police are pro, 6% are doubt, 4% are against, and 2% do not know.

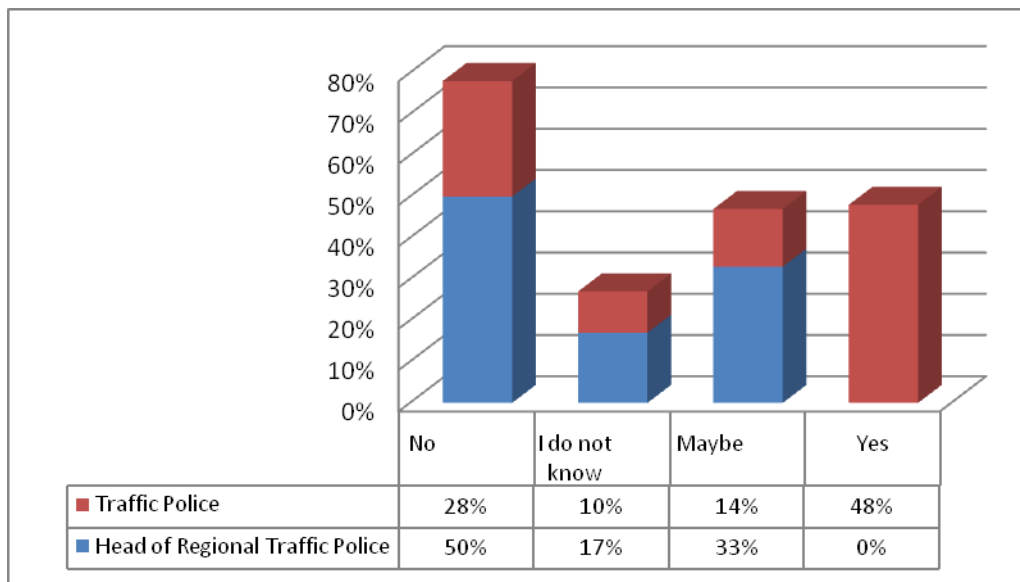
Figure 9.8: Do you consider that license of drunkard drivers should be cancelled immediately?



Survey in Figure 9.8 shows, that, both Head Regional Traffic Police and Traffic Police are pro cancelling license of drunkard drivers with almost the same percentage, 83%, and 84. While 17% of Head Regional Traffic Police are against, 8% of Traffic Police are against, 4% do not know and 4% are doubt about what to decide.

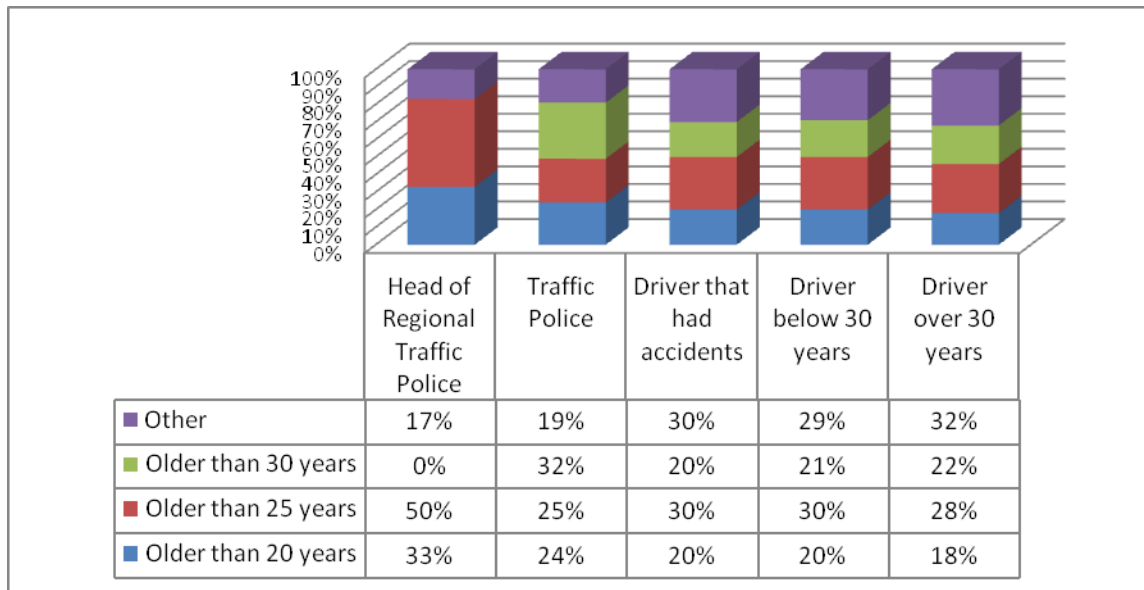
Council Directive on driving license (91/439/EEC) which is still in force⁵³ on article 14 paragraph 1 stipulate that driving licenses shall not be issued to, or renewed for, applicants or drivers who are dependent on alcohol or unable to refrain from drinking and driving. Furthermore, part 2 of this paragraph determines that driving licenses may be issued to, or renewed for, applicant or drivers who have in the past been dependent on alcohol, after a proven period of abstinence, subject to authorized medical opinion and regular medical check-ups. This article remained still in force with Directive 2006/126/EEC of 20 December 2006.

Figure 9.9: Do you consider that video and computer games that stimulate racing should be banned by law?



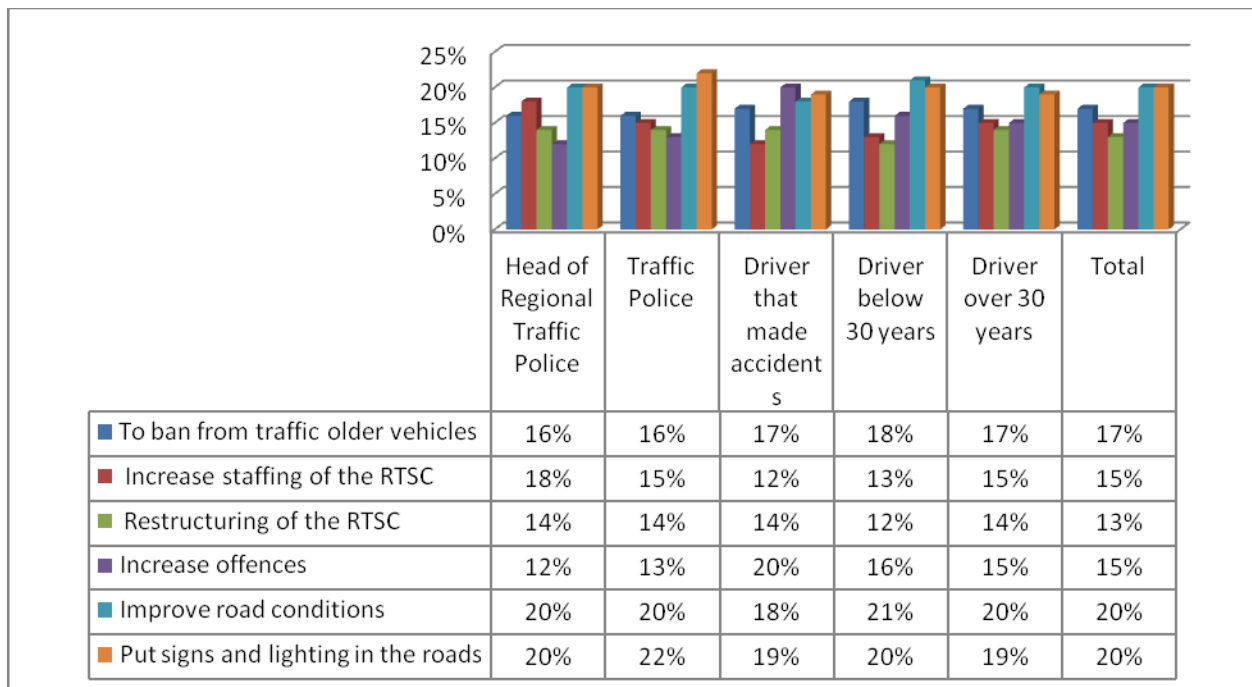
The Law on Road Traffic Safety did not regulate this issue. Responses from respondents in Figure 9.9 are fragmented. Furthermore, no one of Head Regional Traffic Police are pro regulating this issue by law, half of them are against, 33% are undetermined about that and 17% do not know what is the best choice. While, 48% of Traffic Police think that video and computer games that stimulate racing should be banned by law, 28% are against, 14% are uncertain and 10% do not know what is the best solution in this case.

Figure 9.10: Do you think that we need to setting up requirements to ban from traffic older vehicles?



Results from Figure 9.10 show that, 50% of Head regional traffic police are pro setting up requirements to ban from traffic older vehicles than 25 years, while 32% of Traffic Police respondents are to ban older vehicles than 30 years from traffic. Furthermore, the three groups of drivers, those that made accidents, those below 30 and over 30 years are pro setting up requirements to ban from traffic older vehicles than 25 years.

Figure 9.11: Options A for improving Road Safety

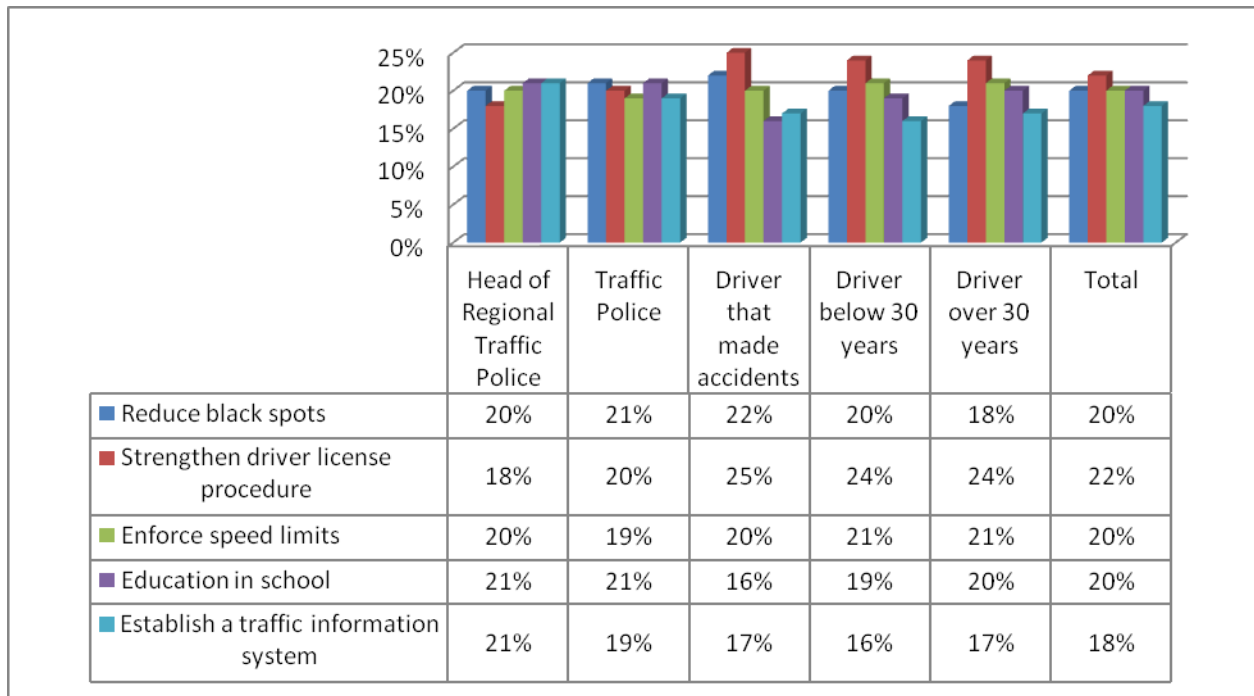


To evaluate the priorities for improving road safety three sets of options were presented in the project survey. These were:

Options A

- To ban from traffic older vehicles
- Increase staffing of the Road Traffic Safety Council
- Restructuring of the Road Traffic Safety Council
- Increase offences
- Improve road conditions
- Put signs and lighting in the roads

Figure 9.12: Options B for improving Road Safety

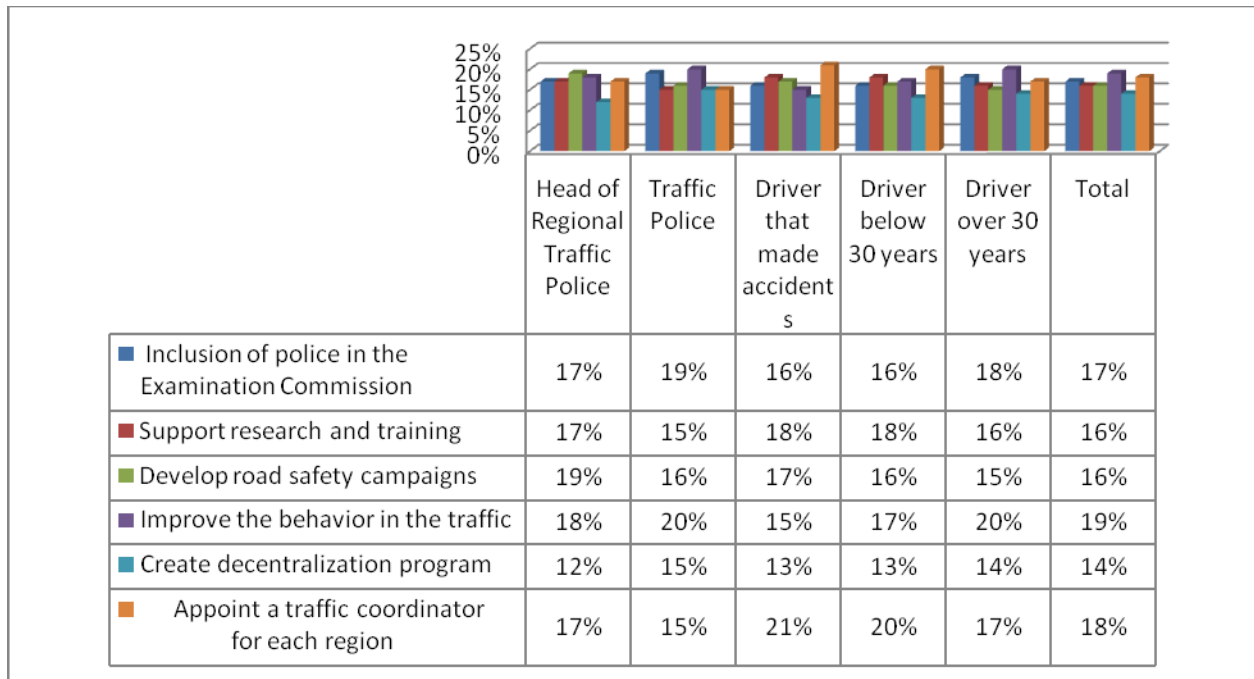


Options B

- Strengthen driver license procedure
- Enforce speed limits
- Identification and reduce black spots
- Education in school
- Establish a traffic information system

Based on Figure 9.11 and 9.12 (Options A and B) for improving Road Safety, the most important recommendations are improving road condition, put signs and lighting in the roads, strengthen driver license procedure, enforce speed limits etc.

Figure 9.13: Options C for improving Road Safety



Options C

- Inclusion of the police in the Examination Commission for driving procedures
- Support research and training
- Develop road traffic safety campaigns
- Improve the behavior in the traffic
- Create road safety decentralization program
- Appoint a road safety coordinator in each of Kosova six region of traffic police

Figure 9.13 Options C for improving Road Safety shows those most important recommendations is improving behavior in the traffic; appoint a road safety coordinator etc.

9.2 World Report Recommendations

Six main recommendations⁷ of world report on road traffic injury prevention are:

1. Identify a lead agency in government to guide the national road traffic safety effort;
2. Assess the problem, policies and institutional settings relating to road traffic injury and the capacity for road traffic injury prevention in each country;
3. Prepare a national road safety strategy and action plan;
4. Allocate financial and human resources to address the problem;
5. Implement specific actions to prevent road traffic crashes, minimize injuries and their consequences, and evaluate the impact of these actions;
6. Support the development of national capacity and international cooperation;

It is worthwhile to briefly mention some actions for road safety proposed⁷ in the world report that government or public health should do:

- Make road safety a political priority;
- Develop a multidisciplinary approach to road safety;
- Enact and enforce legislation requiring the use of bicycle helmets;
- Establish data collection systems designed to collect and analyse data and use the data to improve safety;
- Strengthen pre-hospital and hospital care;
- Support research on risk factors and on the development, implementation, monitoring and evaluation of effective interventions, including improved care.

CHAPTER 10

Discussion & Recommendations

10.1 Final Discussions

Road Safety is an important issue that has great impact in the society including social, economic and health. To move forward in this direction for Kosova, it is recommended to coordinate activities of all stakeholders respectively to have multidisciplinary approach. The road safety is not a priority for the government. Thus government in recent years was oriented only to develop road infrastructure and not in other segments of road safety. Although traffic accidents in Kosova are increasing, no studies showing the impact of road traffic accidents have been made.

According to data in 2010, every day in Kosova occur: **49.4** accidents/24h; **21** injured persons/24h; and **0.5** persons lose life/24h or one person in every second day. The annual traffic deaths (2010) in Kosova were 8 per 100,000 of the population, compared with nearly 7 across the EU. The rate traffic deaths in 100,000 inhabitants, for 2006 in UK was 5.4, USA 13.9, whereas for 2007 in Brazil was 18.3, while in Montenegro 20.4. Comparing to these data (Table 8.4), in Kosova the rate traffic deaths in 100,000 inhabitants is not anxiously. But, there is different view in the case of fatalities rate in 10,000 vehicles. According to vehicle data for 2006 taken by Statistical Office of Kosova, it is estimated that rate of fatalities in 10,000 vehicles in Kosova was 10; while in 2010 (vehicle data taken by MIA) is 8.7, Austria 1.2, UK 1, USA 1.7 etcetera. These values are many times over than European states, and one of the worst in the region except Albania 12.7, but are lower than in China 15.2 and India 27.

It is important to emphasize that from 2005 and onwards traffic accidents are increasing. This situation appears to be as a result of increasing number of various vehicles in recent years. But, the lack of accurate data makes it impossible to understand causes of this situation. During research, it was noticed different data of registered vehicles for the same period, presented in Chapter 1. Various vehicles data from Statistical Office of Kosova and MIA for the same period reflects the weak cooperation and coordination of road safety stakeholders. This situation seems without outlook whereas Kosova do not have National Data Coordinator for road safety. As a result, appointing a National Data Coordinator and creating a road safety information system will be significant opportunity to have accurate data and to provide policymakers with necessary information in order to draft policies.

According to data from 2007 until 2010 most of accidents have occurred in Prishtina region. In fact, in the region of Prishtina in 2007 and 2008 includes more than 40% of total accidents, while in 2009 and 2010 happened more than 44% of total accidents. In addition Table 1.3 shows that more than half of total accidents happened in urban locations.

In addition, July and August are months that dominate with road traffic accidents in comparison to other months for the period 2007 until 2010. Therefore, there is a need to make more efforts to enforce laws in all regions, especially in Prishtina region and particularly in these months. Municipality of Prishtina needs to coordinate activities with Regional Traffic Police Directory and other regional stakeholders to mitigate this situation.

Meanwhile, difficulties in implementation regarding to primary and secondary legislation are obvious. As a result of collision of the Law on Road Traffic Safety and Law on Minor Offence, there is no implementation of the basic law on road traffic safety related to system of point endorsement and this has become one of the main problems in the legislation scope in particular, and for the road traffic safety in overall. Problem of enforcement exists also with other legal instruments. Moreover, article 7 paragraph 4 of Administrative Instruction No.18/2008 is not implemented. Therefore, it is crucial point to implement it, aiming to provide road safety sustainable funding and create conditions to improve road safety. According to article 7 paragraph 4 of Administrative Instruction No.18/2008, On Establishing a Road Traffic Safety Council it is determined that road safety sustainable funding may be derived from taxes on fuel, insurance premiums, and traffic tickets. In addition, one of the main world report recommendation is to allocate financial and human resources to address the problem.

The core point that derives from Chapter 2 is that the Law on Road Traffic Safety is not implemented and these regulations including laws and by-laws are not adequate and in compatibility with EU Directives. Thus, besides inclusion articles in chapter 2 and these which are not in compatibility with EU Directives, new traffic law among others should include and set up provisions for periodic training of drivers, BAC to novice drivers not more than 0.2 gram/lit, include accompanied driving, lowering the minimum age to start learning to drive, graduate licensing, stricter sanctions for novice drivers and other measures recommended.

The Government should design effective regulations for road safety by amending existing ones. So, an importance of enforcement may be seen from the EU course. According to EU policy orientations, education, training, and enforcement are highlighted as essential objectives. It has also been estimated that full compliance of traffic law could reduce road traffic accidents by 50% and is a cost effective way.

Moreover, results from survey in Chapter 3 bear out those three groups of drivers (drivers over 30 years, drivers below 30 years and drivers that made accidents) are not sufficiently informed regarding responsibilities which derive from the Law on Road Traffic Safety and medicaments that should not be used before and during the allurements.

This status is awkward because based on 600 different drug substances listed on the schedule of medications in Australia, 20-25% of prescription drugs affect the central nervous system.

In addition, almost half of respondents (drivers) have little knowledge to give first aid, and they need to improve behavior in traffic respectively to drive more according to speed limit and increase percentage of wearing seat belt.

The project findings present an overview of no coordination of main stakeholders and appropriate measures to enhance this coordination through appointing one coordinator in each region. This is primarily due to the fact that there is no coordination of activities among main stakeholders. This situation exists because Kosova has no strategy and action plan for road safety. Thus, there is an immediate need to compile National Strategy and Action Plan for road safety. However, changes cannot be attained at once, but through strengthening the level of cooperation and coordination of all stakeholders. So, as a possible alternative in a short term should be appointing traffic regional coordinator in six regions in Kosova who will coordinate activities among all stakeholders and contribute to mitigate situation in road safety. Figure 4.13 presents main stakeholders that need to coordinate activities through regional traffic coordinator. In practices exists a phenomenon or maybe it is an occurrence that none of the stakeholders presented in Figure 4.13 following the traffic accidents cases or what happens with injured persons after a period of time. In order to maintain accurate data regarding fatal cases it is needed to have the list of deaths from municipalities, official requests from prosecutors, data from both health institutions public and private, data from police and data from the courts that derives from counts or requests to compensate damage that usually occur.

Moreover the project adds information about health emergency services. There are different situations in public and private health institutions. Public health institutions reports more than private institutions and are better informed regarding responsibilities which arise from the Law on Medical Emergency Services. Health institutions, public, and private do not report sufficiently about traffic accidents and it is needed to create system for linking data from health institutions to police database.

In general, health institutions make training without planning, and their units are not well equipped. In this case, of course, they have insufficient trained staff. The results from health professionals questionnaires presented in this project indicate that both health institutions public and private make training without planning, 70% of respondents in private and 42% in public health institutions response that they do not use any protocols for emergency services, and only 30% of private and 20% of public health institutions know correct answers that after expiration of two years the medical staff should be re-certified. Therefore, there is a need to adopt circle information for Public and Private Health institutions about their obligations arising from the Law on Road Traffic Safety and Law on Medical Emergency Services and to provide regularly emergency training to medical staff in both sectors based on needs assessment and according to the Law on Medical Emergency Services.

Public health institutions are better equipped with operational ambulances for transport of emergent patients comparing private health institutions. In fact, only 30% of private institutions have auto ambulances.

They have them because of their needs. The Law on Private Practice and other by-laws such as Administrative Instruction for Hospital Services in Kosova No. 08/2007 and Administrative Instructions Technical Medical Conditions, Space and Personnel according to the type of the health institution No.07/2010 do not require having them, because these regulations are not in compatibility with the Law on Medical Emergency Services. Thus, these regulations need to be changed according to the Law on Medical Emergency Services. Furthermore, weak functionality of emergency services in health institutions is a cause of the lack of monitoring mechanisms. Article 11 of the Law on Medical Emergency Services determines that activity of medical emergency service is under the legal and professional monitoring which is exercised by the MoH through its Office for Medical Emergency Services. Therefore, the current situation on emergency services within health institutions is understandable as Office for Medical Emergency Services does not exist.

The results from health professionals' survey among others show that the Law on Medical Emergency Services is not implemented and needs to be changed. Hence, to provide qualified medical services and training of medical staff is necessary. There is also a need to adopt provisions related to planning parameters, financial, human resources, facility access and service provision, and set up provisions for quick and effective coordination of emergency services respectively driving time to reach emergency site like other countries in the EU.

It should also be noticed, that based on three groups of drivers and health professionals responses, and there is low public awareness about unique emergency number and emergency health number. Certain steps need to be undertaken to improve the link or communication between health institutions and patients. This will enable to reach emergency site faster.

In order to effectively manage these situations there is a need to improve current medical policies. In addition, it is needed to inform and increase awareness of road users related to emergency numbers. In addition, many existing emergency numbers in Kosova produce the needs to direct policies toward unique emergency numbers 112 vs. other emergency numbers. Table 6.1 presents advantages and disadvantages of calling emergency numbers in Kosova. The likelihood to call unique emergency number 112 is easy because exists a possibility to call it from different kind of phones including fix phones or mobile one with only dialing 112, that is not case with other emergency numbers.

According to responses from respondents (three groups of drivers, traffic police, health professionals' and head of regional traffic police) there are insufficient training and equipment and this would be taken as necessary step in the future.

It is important to note that according to majority of respondents (head of regional traffic police and traffic police), with more than 80%, police should be part of the Examination Commission for driving license procedures. Table 9.1 shows the example where reference countries do not organize examination for drivers within the Ministry.

Involvement of police in examination commission will assure stricter and more controlled procedures in obtaining driving license.

It is significant to highlight that survey from Figure 9.10 shows that, 50% of head of regional traffic police are pro setting up requirements to ban from traffic vehicles older than 25 years, while 32% of Traffic Police respondents are to ban from traffic vehicles older than 30 years. Furthermore, the three groups of drivers, those that made accidents, those below 30 and over 30 years are pro setting up requirements to ban from traffic older vehicles than 25 years. This measure seems too tough but instead those policymakers as alternative choice could reduce the period of regular technical control of older vehicles than 25 years every 6 months instead of 1 year as the current situation is.

Some of practices used from other states are cost effective and may be transferable in Kosova with reasonable costs but some measures related to enforcement are of higher costs. Fixed speed cameras, mobile speed cameras or onboard cameras are only some of the measures used successfully in some of the EU states. Fixed speed cameras are implemented in the UK with local partnerships at about 96 million Euros while mixed system is used in the France included fixed and mobile cameras. It has been estimated that value of accident saving in the UK are 258 million Euros while in France fatal accidents decreased by over 30%. These measures are possible to apply in Kosova only with public private partnership projects, because with current low budget public institutions cannot withstand alone such projects. The Law on Public Private Partnership determines that public institutions may invest in mutual projects with private sector. Furthermore, survey findings suggest that best practices of some European states should be considered from policymakers in the future and apply those which are transferable in Kosova and best suites to our current situation.

According to responses from respondents (three groups of drivers, traffic police, and head of regional traffic police) introduced in Figures 9.11, 9.12 and Figure 9.13,) indicate that among many choices, how traffic situation in Kosova might be improved, there are some measures with higher percentage in compare with others. Based on this survey related to five different groups of respondents, one of the most important measures which should be undertaken to reduce road traffic accidents are put signs and lightning in the roads. Secondly, improve road condition and third one strengthening the procedure to obtain driver license and onwards. In addition, other prevention measures presented in Chapter 9 and world report recommendations should take into consideration from policymakers during the development of new policies. It should be noted that statistics used in this Project do not include data from some minority municipalities.

10.2 Conclusions

- Road safety should be a priority for government. It is necessary that new policies of government take into consideration the best practices in other countries and make efforts to apply those which fit better to our circumstances;
- Region in Prishtina prevails in comparison to other regions related to total accidents with more than 40% for periods from 2007 until 2010;
- More than half of road traffic accidents occur in urban location for periods from 2007 until 2010;
- July and August dominate in total accidents compared to other months from period 2007 until 2010;
- System of point endorsement of the Law on Road Traffic Safety is not implemented because of collision with the Law on Minor Offence;
- The Law on Medical Emergency Services is not implemented;
- Improvement of emergency health services will not be possible without implementing the Law on Medical Emergency Services. This means that it is necessary to change by-laws related to emergency services and create adequate conditions to do training programs for health professionals and implement rules for public and private health institutions set out in the law;
- There are no available reliable data because of the lack of road safety information system;
- In general, according to responses from questionnaire introduced in the project there are insufficient training of medical staff, traffic police and drivers;
- The Law on Road Traffic Safety is not sufficiently implemented and it is not in compliance with EU legislation;
- Improvement of the road safety will be no possible without changing the basic law on road safety, developing a National Strategy and Action Plan for road safety, amending recommended legal instruments;
- Road Traffic Safety Council is, in a sense, should go through strengthen its capabilities to pass faster current difficulties that is faced;
- Lack of coordination among main stakeholder will stay in the same position, if there are no strong efforts to appoint a coordinator in each six regions of traffic police;

- The Law on Private Practices in Health, Administrative Instruction for Hospital Services in Kosova No. 08/2007, Administrative Instructions Technical Medical Conditions, Space and Personnel according to the type of the health institution No.07/2010 are not in compatibility with the Law on Medical Emergency Services;
- Administrative Instruction in Health No.4/2011 is not in compliance with Directive 2006/126/EC and needs to incorporate minimum standards of physical and mental fitness;
- Periodic training of drivers is not regulated with the Law on Road Traffic Safety and there is need to inclusion based on EU Directive 2003/59/EC;

10.3 Recommendations

Major Recommendations from Five Different Interviewed Groups

- Put signs and lightning in the roads, improve road condition, strengthening the procedure to obtain driver license, education in school, reduce black spots, establish an information system of road traffic safety and onwards.

Legal Framework

Change, amend, adopt, and implement the current laws, by-laws, and strategies based on the findings:

- Change the Law on Road Traffic Safety. Besides inclusion articles in Chapter 2 and incorporated issues from Child Restraint Directive 2003/20/EC and Directive 2003/59/EC of Periodic Training of Drivers it is needed to set up provision for BAC to novice drivers not more than 0.2 gram/lit, include accompanied driving, lowering the minimum age to start learning to drive, graduate licensing, stricter sanctions for novice drivers in the post-license probationary period and obligatory post-license training for novice driving, free lane for emergency vehicles, efficient response of emergency systems with tow trucks in Germany, and different measures for driving training in other countries that fits better to our circumstances;
- Amend the Law on Public Health. It is needed to set up provisions that accidents and injuries in the field of road traffic are public health;
- Change Administrative Instruction No.18/2008, On Establishing a Road Traffic Safety Council. It is needed to include the MLSW in the composition of the RTSC;
- Create a unique National Strategy for Road Safety and design Action Plan;
- Change Administrative Instruction Health Certificates No.4/2011. Incorporate minimum standards of physical and mental fitness based on Directive 2006/126/EC

and oblige both health institutions public and private to report for number of health certificates they issue;

- Implement Strategy of Kosova Health, 2005-2015 objective seventeen (17) and twenty eight (28). Reduce the incidence rate of accidents and improve the emergency health care services;
- Implement Strategy of Kosova Health, 2010-2014, objective one (1) purpose (B). Increase capacities of emergency services through training emergency staff and adopt Clinical Guidelines and Protocols;
- Allocate financial resources through implementing article 7 paragraph 4 of Administrative Instruction No.18/2008, On Establishing a Road Traffic Safety Council;
- Make more efforts to enforce laws in all regions, but especially in Prishtina region and particular in July and August;
- Harmonize laws and by-laws with EU Directives.

Institutional strengthening

- Establish an information system of road traffic safety;
- Increase capacities of Road Traffic Safety Council;
- Appoint a coordinator in each of Kosova six regions of traffic police and National Data Coordinator;
- Prepare new job description and provide professional training for Regional Coordinator for road safety and National Data Coordinator;
- Oblige regional stakeholders to report to regional coordinator for road safety about traffic accidents;

Increase the capacity to the health Institutions for emergency services

- Amend the Law on Medical Emergency Services. Adopt provisions related to planning parameters (financial, human resources, facility access and service provision), set up provisions for quick and effective coordination of emergency services respectively driving time to reach emergency site and regulate no compatibility with the Law on Natural Disasters about health emergency number taking into consideration inclusion of private sector;
- Implement the Law on Medical Emergency Services No.02/L-50; Create Office for Medical Emergency Services within organizational structure of MoH; Create Certifying Board of the Department of medical emergencies of UCCK;

Change Administrative Instruction for Hospital Services in Kosova No. 08/2007 and Administrative Instructions Technical Medical Conditions, Space and Personnel according to the type of the health institution No.07/2010 according to the Law on Medical Emergency Services. There is need to implement provisions for regular training of medical staff, applying clinical guidelines and protocols, possess operational ambulances for the transport of emergent patients, and incorporate the communication system in medical emergency.

- Assess training needs to emergency staff of both Public and Private Health Institutions;
- Provide regular emergency training to all public and private health institutions based on needs assessment and according to the Law on Medical Emergency Services;
- Develop of an Emergency Health Service Strategy and Action Plan;
- Oblige both public and private health institutions to report to regional coordinator for road safety about traffic accidents;
- Develop and provide to all health institutions a standard accident reporting form that among others will enable to register costs of medical services;
- Adopt circle information for Public and Private Health institutions about their obligations that results from the Law on Road Traffic Safety and Law on Medical Emergency Services;
- Create mechanisms to monitor and audit implementation of the Law on Medical Emergency Services;
- Create system for linking data from health institutions to police database;

Spread of and increase awareness about unique emergency number 112

- Allocate funds and create conditions to adopt Administrative Instruction for organizational functionality and spread of Unique System of Alarm and Emergency Coordination. This will create possibility to organize USAEC in the municipality level;
- European 112 Day respectively February 11 to be held in Kosova as an Emergency Day with the aim of making sure that citizens are informed about the unique emergency number 112;
- Inform and increase awareness about unique emergency number 112 and other emergency numbers;
- Put unique emergency number 112 in the emergency vehicles and avoid different numbers set from donators;

- Put unique emergency number 112 in most frequented sites or specified places.

Road Safety Preventions

- Impose heavy penalties for those who cross speed limits;
- Cancel license of those who make serious or many times accidents;
- Cancel license of drunkard drivers;
- Set up requirements to ban vehicles older than 25 years from traffic;
- Government should take into consideration that during the process of changing the Law on Road Traffic Safety to include measure preventions recommended by WHO.

Other recommendations

- Provide professional training for traffic police and drivers;
- Include the Kosova Police in the examination procedures for driver license;
- Promote national policies in public transportation, walking and cycling;
- Install cameras in traffic lights or designated positions;
- Develop decentralization programs for regions;
- Transfer the competence from MT to independent government agency to organize and undertake the examination of drivers;
- Increase percentage of wearing seat belt;
- Provide information to drivers and health professionals;
- Adopt Administrative Instruction for list of substances or medicaments that is not allowed to use before and during the allurement.

References:

1. The Strategy for Kosovo Health 2005-2015 page 9, page 26, page 33
2. Egis BCEOM International and COWI Kosovo-Multi-Modal Transport Strategy and Action Plan, page12 (Final Version, May 2009);
3. Kosovo Public Expenditure Review June 3, 2010 Report N0.53709-XK, Document of the World Bank page 42 see Annex D;
4. Actions for the public health sector to improve road traffic safety (Public Health Program 2003-2008) Edited by Rupert Kisser, Claudia Kormer, Mathilde Sector, March 2005 page 5;
5. United Nations Road Safety Collaboration: a handbook of partner profiles, Version I, March 2005, Department of Injuries and Violence Prevention, WHO page 5;
6. World Report on road traffic injury prevention, WHO, 2004, The World Bank, Geneva 2004, page 55, 133;
7. WHITE PAPER Roadmap to a Single European Transport Area-Towards a competitive and resource efficient transport system COM (2011) 144 final, March, 2011, page 17, 31, 180, 181, 182, 183, 185;
8. Transport Safety Performance in the EU:A Statistical Overview, European Transport Safety Council, Brussels 2003, page7;
9. Technical Assistance for socio-economic impact of road crashes (financed by the Poverty Reduction Cooperation Fund) October 2005, Asian Development Bank, C.M. Melhuish page 1;
10. Supreme, Summary and publications of best practices in Road Safety in the Member States, Handbook for Enforcement page 9;
11. Kosova Police, Analyses and Statistics 2009-2010, Traffic Directory Prishtine, page 2;
12. European Commission, Brussels, 20.07.2010, COM (2010) 389 final, Towards a European road safety area: policy orientations on road safety 2011-2020.
13. Statistics and analysis of traffic accidents, Traffic Directory, Prishtine, 2007-2008, page 3;
14. Administrative Instruction nr.18/2008, On Establishing a Road Traffic Safety Council article 7 paragraph 4;
15. WBC-inco.net, Coordination of research policies with the Western Balkan Countries, National background report on transport for Kosovo, Shaban Buza, PhD, Asc.Prof. Faculty of

- Mechanical Engineering, Ramadan Duraku, Msc, Lecturer-Faculty of Mechanical Engineering, Prishtina, May 2009, page 18;
16. Statistical Office of Kosova, Monthly Bulletin, November 2005, page 20; and Quarterly Bulletin, January 2009, page 20;
 17. Statistical data www.who.org;
 18. Global status report on road safety, Time for action, WHO, 2009, page 23, 33, 247, 287;
 19. Directive 2006/126/EC of the European Parliament and of the Council of 20 December 2006 on driving licenses;
 20. Law on Courts No.03/L-199, repeal Law On Minor Offence from January 1, 2013 (article 42,43);
 21. Law on Road Traffic Safety No.02/L-70 article 352 paragraph 3;
 22. Law on Minor Offence No.23/79, KSAK article 28;
 23. Work Regulation of the Government of Kosova No.01/2007;
 24. COUNCIL RESOLUTION of 8 June 1993 on the quality of drafting of community legislation (93/C 166/01);
 25. Strategy of Kosovo Health, 2010-2014, group of authors-Ministry of Health page 32;
 26. Action Plan for Strategy of Kosovo Health, 2010-2014 page 26, 30;
 27. Council Directive 91/671/EEC of 16 December 1991 on the approximation of the laws of the Member States relating to compulsory use of safety belts in vehicles of less than 3,5 tones;
 28. Directive 2003/20/EC of the European Parliament and of the Council of 8 April 2003 amending Council Directive 91/671/EEC on the approximation of the laws of the Member States relating to compulsory use of safety belts in vehicles of less than 3,5 tones;
 29. Directive 2003/59/EC of the European Parliament and of the Council of 15 July 2003 on the initial qualification and periodic training of drivers of certain road vehicles for the carriage of goods or passengers, amending Council Regulation (EEC) No 3820/85 and Council Directive 91/439/EEC and repealing Council Directive 76/914/EEC;
 30. Volunteer Drivers' Handbook, The Royal Society for the Prevention of Accidents, page 3; www.rosipa.com;
 31. Driving implications of prescription medications, Megan Bohesky, Carlyn Muir, Monash University Accident Research Centre June 2008, page 1;

32. Administrative Instruction No.18/2008, On Establishing a Road Traffic Safety Council, article 3;
33. Fridom, Functional Review of the Ministry of Transport and Communications, page 17;
34. Transition in Health and Health Care in Kosovo, Fatime Arënliu-Qosaj, MD MPH, Prof.Ass.Dr.Merita Koçinaj-Berisha, MD PHD;
35. Supreme, Summary and publications of best practices in Road Safety in the Member States, Review of implementation at the country level, page, 56, 59, 60, 61;
36. Supreme, Summary and publications of best practices in Road Safety in the Member States, Post Accident Care, page 7, 26, 27;
37. Primary health care statistics for decision makers in Kosova, Mr.sci. Mentor Sadiku, February 18, 2011;
38. COUNCIL DECISION of 29 July 1991 on the introduction of a single European emergency call number (91/396/EEC);
39. Directive 2002/22/EC of the European Parliament and of the Council of 7 March 2002 On universal service and users' rights relating to electronic communications networks and services (Universal Service Directive);
40. Input to the own-initiative Report on Universal Service and 112, info@eena.org; www.eena.org;
41. Flash Euro barometer, European Commission, The European Emergency Number 112, Summary, February 2009 page 4;
42. Towards a European Road Safety area, Policy orientations on road safety 2011-2020;
43. Supreme, Summary and publications of best practices in Road Safety in the Member States, Handbook for measures at the country level, page 7, 9, 25, 44, 61;
44. Supreme, Summary and publications of best practices in Road Safety in the Member States, Driver education, training and licensing, page, 20, 104;

45. Best practices for road safety in Europe: A systematic approach, Transport research arena Europe 2008, Ljubljana, Martin Winkelbauer, Klaus Machata page 4;
46. www.WHO.org;
47. Supreme, Summary and publications of best practices in Road Safety in the Member States, Statistics and in depth analysis page 36;
48. Medium Term Expenditure Framework, 2010-2012, see Annex D, page 48;
49. Supreme, Summary and publications of best practices in Road Safety in the Member States, Enforcement page 9, 31, 32, 34;
50. Supreme, Summary and publications of best practices in Road Safety in the Member States, Education and Campaigns, page 34;
51. <http://ec.europa.eu/transport/supreme/index.en.htm>. and
http://ec.europa.eu/transport/road_safety/projects/doc/supreme.pdf;
52. Road safety impact of establishing blood alcohol concentration level at 0.05, Bill Frith, Land Transport Safety Authority of New Zealand and Grant Strachan, Land Transport Safety Authority of New Zealand, page 2;
53. Council Directive of 29 July on driving licenses (91/439/EEC) shall be repealed (last part) with effect from 19 January 2013 with Directive 2006/126/EEC of 20 December 2006;