The Gender and Road Safety Framework

Integrating gender considerations into the Safe System approach

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ABOUT ICLEI

ICLEI – Local Governments for Sustainability is a global network working with more than 2,500 local and regional governments committed to sustainable urban development. Active in 125+ countries, ICLEI influences sustainability policy and drives local action for low-emission, nature-based, equitable, resilient, and circular development. ICLEI's Members and team of experts work together through peer exchange, partnerships and capacity building to create systemic change for urban sustainability.

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ABOUT TRANS-SAFE

The TRANS-SAFE project: Transforming road safety in Africa is a Horizon Europe-funded project that aims to maximise the impact of safe systems solutions by bringing road safety agencies and experts from Europe and Africa to drive policy actions. The project ensures that road conditions meet the recommendations of the Road Safety Cluster of the African-EU Transport Task Force (2020), delivers on the Joint EU-Africa Strategy, and advances countries' progress towards the 2030 Agenda of Sustainable Development Goals.

www.trans-safe.org

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SECTION 1: INTRODUCTION

Road safety is a gendered issue

Road crashes kill 1.19 million people annually and injure tens of millions more (WHO, 2026). In 2003, the World Health Organization (WHO) named road crashes the neglected pandemic, which is the leading cause of death for children and youth in the world (Adhanom Ghebreyesus & Todt, 2025). Data show that males are three times more likely to be involved in a car crash than females (WHO, 2026). One of the factors contributing to that is the limitations put on women's mobility in general, as women are less likely to drive, ride a bike, or use public transportation. However, when we look closely at the data, research shows that women are 73% more likely to be injured in a frontal crash than men because of the vehicle safety elements that are designed around the male body (Joy, 2023).

Research also shows that men are more likely to be killed in a car or motorcycle crash as drivers, while women are more likely to be killed as pedestrians or passengers. Studies have concluded that men tend to be involved in a road crash earlier in their driving history, are more likely to drive at higher speeds, exhibit risky driving behavior, and show less regard for traffic laws (Burlacu & Gonzalez Carvajal, 2021). The EU's 7th road safety PIN report states that, in a hypothetical scenario where all drivers in the EU are women, the road mortality rate in the EU would be 20% lower than the average rate (ETSC, 2013).

Efforts are in progress towards "Vision Zero" and the elimination of road risks. However, road safety measures often neglect the factors of womenś lower representation on the roads and the potential of promoting safer mobility for women in their economic and overall well-being and participation in society. In some countries, up to 80% of women avoid public transportation due to the risks of sexual harassment (Adhanom Ghebreyesus & Todt, 2025), and they may avoid cycling for the same reason and for road safety considerations (Burlacu & Gonzalez Carvajal, 2021).

This publication provides a framework for local and regional governments, transport planners, health authorities, and civil society to integrate gender analysis into road safety action across all five pillars of the Safe System. It presents several case studies from Africa and the Global South, or those applicable in the context of the global majority, to guide similar efforts into a more equitable road safety policy. The framework provides a set of concrete recommendations for cities.

1.19M

lives lost to road crashes every year

WHO, 2026

73%

higher injury risk for women in frontal crashes

JOY, 2023

3×

men are three times more likely to crash

WHO, 2026

Methods and approaches

The safe system approach

The Trans-Safe project operationalizes the Safe System approach for African road safety. The approach, endorsed by the UN Decade of Action for Road Safety 2021–2030, holds that road deaths are a product of systemic issues across multiple pillars and therefore requires system-level interventions. The five pillars of the Safe System approach are: safe roads, safe vehicles, safe road users, post-crash care, and the fifth pillar is contextually named by different organisations either as safe speeds when referring to micro-scale developments, or land-use planning and multi-modal transport for macro-scale developments.

Safe roads

Safe vehicles

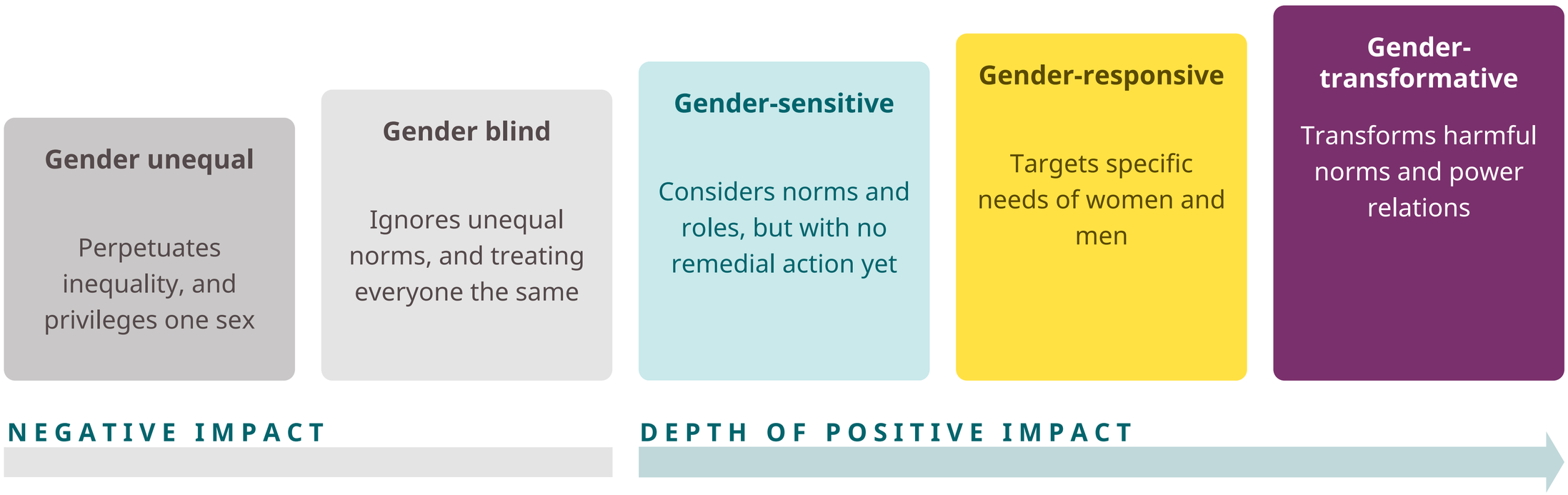
Safe road users

Multi-modal mobility & land use

Post-crash care

From gender-blind to gender-transformative

To add a gender lens to the Safe System approach, this framework progresses from recognizing gender differences to redesigning systems for structural transformation. UNDP defines three distinct levels, each building on the last: gender-sensitive, gender-responsive, and gender-transformative actions.



SECTION 3: SAFE SYSTEMS FOR ALL

Safe roads

The physical road design, including its surface, geometry, lighting, crossing provisions, and pedestrian infrastructure, determines who can use it safely and who cannot. In most African cities, road design standards have been adopted from colonial-era or internationally derived frameworks built around motor vehicles, rather than pedestrian safety. 53% of road deaths in Africa are vulnerable road users, the majority of whom are pedestrians who make 31% of all road fatalities on the continent. This affects women who primarily make chained short trips, often on foot, including after dark, when lighting deficits and absence of continuous footpaths make road space actively dangerous. Physical road infrastructure in most African cities fails on both counts: footpaths are discontinuous or absent, crossings are unmarked or poorly placed, and street lighting is concentrated along commercial arterials rather than the residential and peri-urban roads where women's pedestrian journeys are frequent (SSATP, 2025).

Gender-sensitive road safety audits, which assess physical infrastructure against women's actual usage patterns (including nighttime pedestrian routes, informal market access points, and health facility approach roads), generate an evidence base that standard daytime technical audits miss entirely. Low-cost physical interventions have demonstrated consistent impact: speed humps, raised crossings, thermoplastic footpaths, bollards, and improved lighting at key pedestrian nodes. At the transformative level, a deep understanding of the social gender norms and their manifestation in the physical environment should be reflected. In the examples below, different levels of gender-mainstreamed actions for safer roads are listed in the form of case studies.

Figure 1: Safe roads in Africa need to account for various types of users, and the mixed road space allocation.

Safe roads: Best practices

GENDER-SENSITIVE — Acknowledges gender aspects

Sex-disaggregated data in urban transport surveys

Multiple cities, Morocco

The World Bank's 2017 social survey informed the design of female-friendly infrastructure, training, and codes of conduct. The results later informed the Bus Rapid Transit (BRT) project developments in Casablanca and Agadir. Reference: She Drives Change

Night-time vulnerability assessment

Monash, Australia

The consulting company, ARUP, in cooperation with Monash Universityś XYX lab, created a tool for night-time vulnerability assessment, usable to map safety at night in cities. Reference: Night-time Vulnerability Assessment - Arup

GENDER-RESPONSIVE — Addresses gender inequities

Gender-conscious feasibility studies and terms of references

The Philippines

The Philippines' national Department of Public Works and Highways (DPWH) introduced a toolkit for making road infrastructure gender responsive, which includes integrating a gender action checklist into early project feasibility studies and project procurement. The checklists and gender analyses can be used in road infrastructure projects in other countries in the Global South. This proactive step is crucial in making safe roads for all a priority before road construction starts. Toolkit: Toolkit in Making Roads Infrastructure Gender Responsive | Department of Public Works and Highways

GENDER-TRANSFORMATIVE — Transforms norms & power structures

CARE's rural road maintenance program

The program run by CARE International from 1983 to 2006 employed around 42,000 vulnerable women annually, especially destitute and socially excluded women. The workforce worked in rural road maintenance, while pairing that work with training in human rights, health, business, and income generation. The daily wage earned allowed roughly 20% of the participants to run post-program enterprises, and around 60% remain economically active after graduating. Beyond economics, the program has shifted social standing, with 90% of community members acknowledging the improved road quality these women delivered. The participants reported greater acceptance at social events and functions. The women-led road maintenance associations were also a vital community safety net for women who lack male family support. References: Socially Inclusive and Gender-Responsive Transport Projects: A Case Study of the Timor-Leste Road Sector Improvement Project and The rural maintenance program - summary report

Safe vehicles

The African vehicle safety issue is double-faceted. On one hand, most African countries accept second-hand imported vehicles from European countries and others that might have been designed to outdated or unregulated safety standards (Fia Foundation, 2020). The second issue is a global gendered problem of the bias towards testing vehicles on male bodies. Studies in the US show that crash test dummies have been modelled on an approximately 77 kg, 177 cm tall dummy with a male muscle mass, bone density, and seated posture (Linder & Svensson, 2019) (Barry, 2019). This persisted until the current decade, even though researchers have understood these risks as early as the 1980s. Female bodies are found to be at 73% higher risk of serious injury and 17% more likely to be killed in equivalent frontal collisions than male bodies, with the use of a seatbelt. This design and safety failure stems from the negligence of anatomical factors in female bodies, which would include weight, height, bone anatomy at the hips, arms, and head, and soft tissues and fat distribution (Barry, 2019). In the African context, this problem is exacerbated by the Eurocentric and US-centric safety design standards that don't account for different body types.

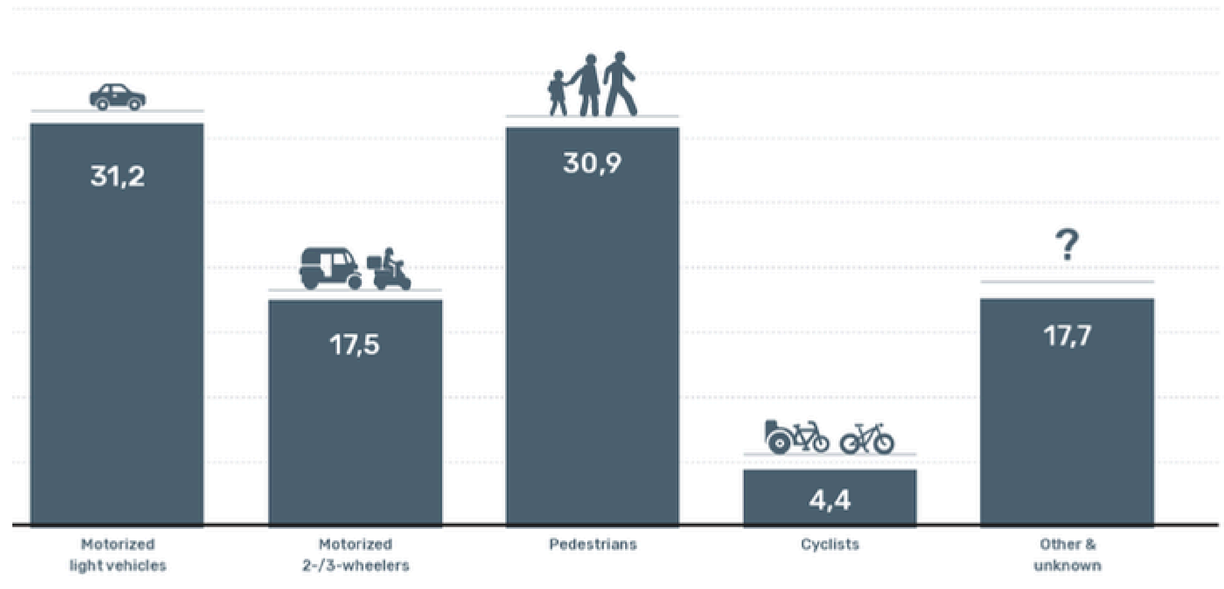


Figure 2: Road fatalities in Africa by user type show that light-duty vehicle passengers face the highest road fatality rate. Source: WHO, 2021

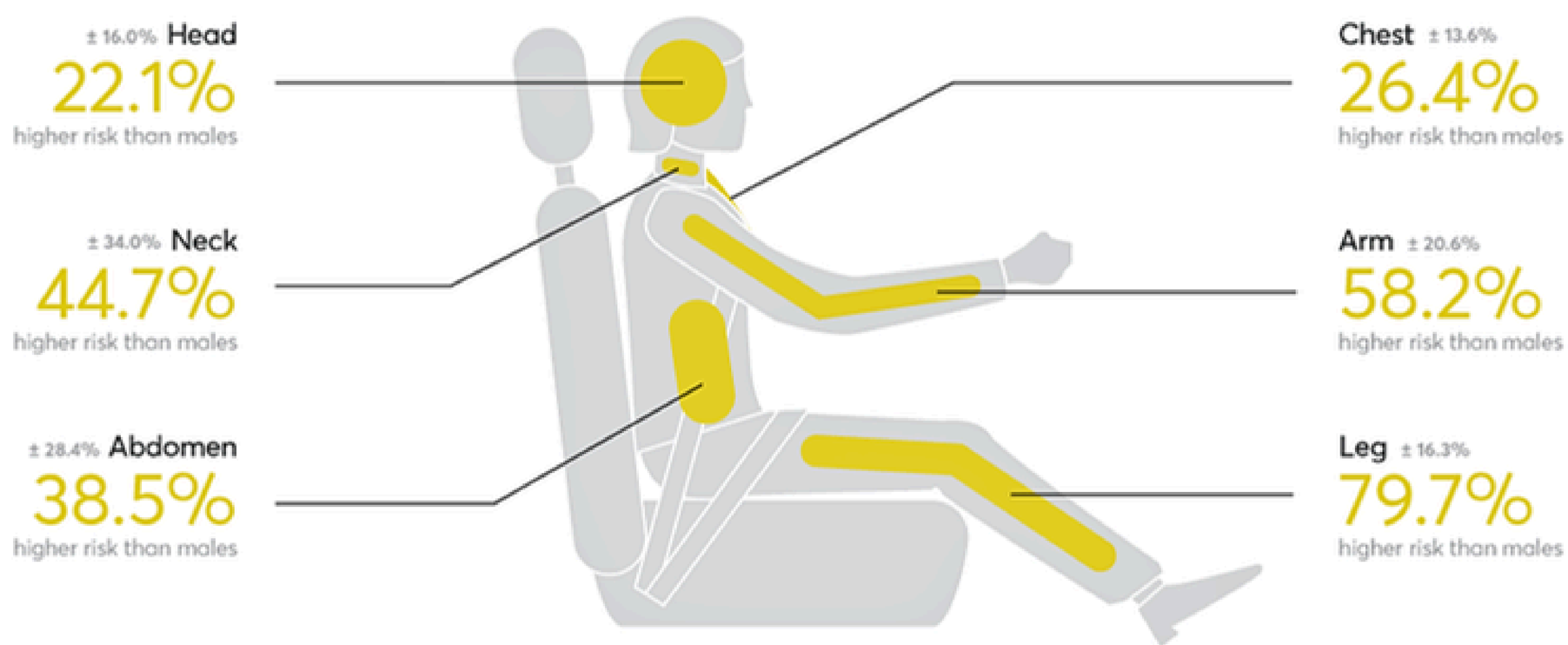


Figure 3: The likelihood of women's increased injury in a car crash. Photo: US National Highway Traffic Safety Administration (NHTSA)

Safe vehicles: Best practices

GENDER-SENSITIVE

Acknowledges gender aspects

Sex-disaggregated data in crash reporting

Argentina

The Argentine Road Observatory published a national analysis of crash statistics disaggregated by gender, showing that men account for 75% of fatalities as drivers while women are more likely to be victims as pedestrians and passengers, with distinct injury exposure linked to care-related mobility. The report framed sex-disaggregated data as the prerequisite for vehicle safety policy: without it, interventions target the wrong risk profile.
Reference: IDB Moviliblog / Argentine Road Observatory, 2021

GENDER-RESPONSIVE

Addresses gender inequities

Female crash test dummies and virtual body models

Europe and USA

Regulatory crash tests (UNECE R94/R95/R137; US FMVSS 208/214) still use a 50th-percentile male dummy, with the so-called female dummy derived from scaled-down male data. In response, Sweden's VTI developed the EvaRID and SET-50F average-female models under the EU ADSEAT project, the US NHTSA approved the advanced THOR-05F female dummy (2026), and Euro NCAP's Vision 2030 integrates female dummy protocols. The open-source VIVA+ average-female virtual human body model (EU VIRTUAL project) now makes female-body crash assessment possible at no licensing cost. Reference: Project Virtual; NHTSA, 2026.

POLICY FRONTIER

Mandating female-body standards in vehicle import regulation

No African market currently requires gender-inclusive crashworthiness in vehicle import certification, even though the continent's fleet is dominated by older imported vehicles built to male-only standards. Gender-transformative change means African governments with large import markets like South Africa, Egypt, and Nigeria coordinating through regional and national export regulatory bodies to make female-body crash testing a condition of import certification. This can leverage collective market power to pressure global manufacturer standards.

Safe road users

Road user behavior is gendered in two directions. The first is that men take consistently greater road risks and produce more traffic offences, such as drunk driving (Burlacu & Gonzalez Carvajal, 2021). Across 12 African countries surveyed by the ESRA2 study, men reported significantly higher personal acceptability of speeding, drunk driving, and mobile phone use while driving, as well as more acceptability of riding with a child that is not secured by a seatbelt or a child seat (Torfs, 2021). In the second direction, women face structural safety threats as public transport users, including the risk of sexual harassment on a moving vehicle, which can subject women's lives to physical road safety danger in addition to the physical, sexual, and psychological risks.

Effective actions must address both directions of gendered behaviors and risks. Awareness campaigns can explicitly challenge the association between driving behavior and male identity. For women's safety as transport users, the most replicable African model is the integration of gender-based violence prevention directly into road safety operator training, treating harassment and crash risk as joint professional responsibilities rather than separate agendas with separate champions. Women's representation as drivers, operators, managers, and regulators is also a precondition for safe diverse groups of road users.

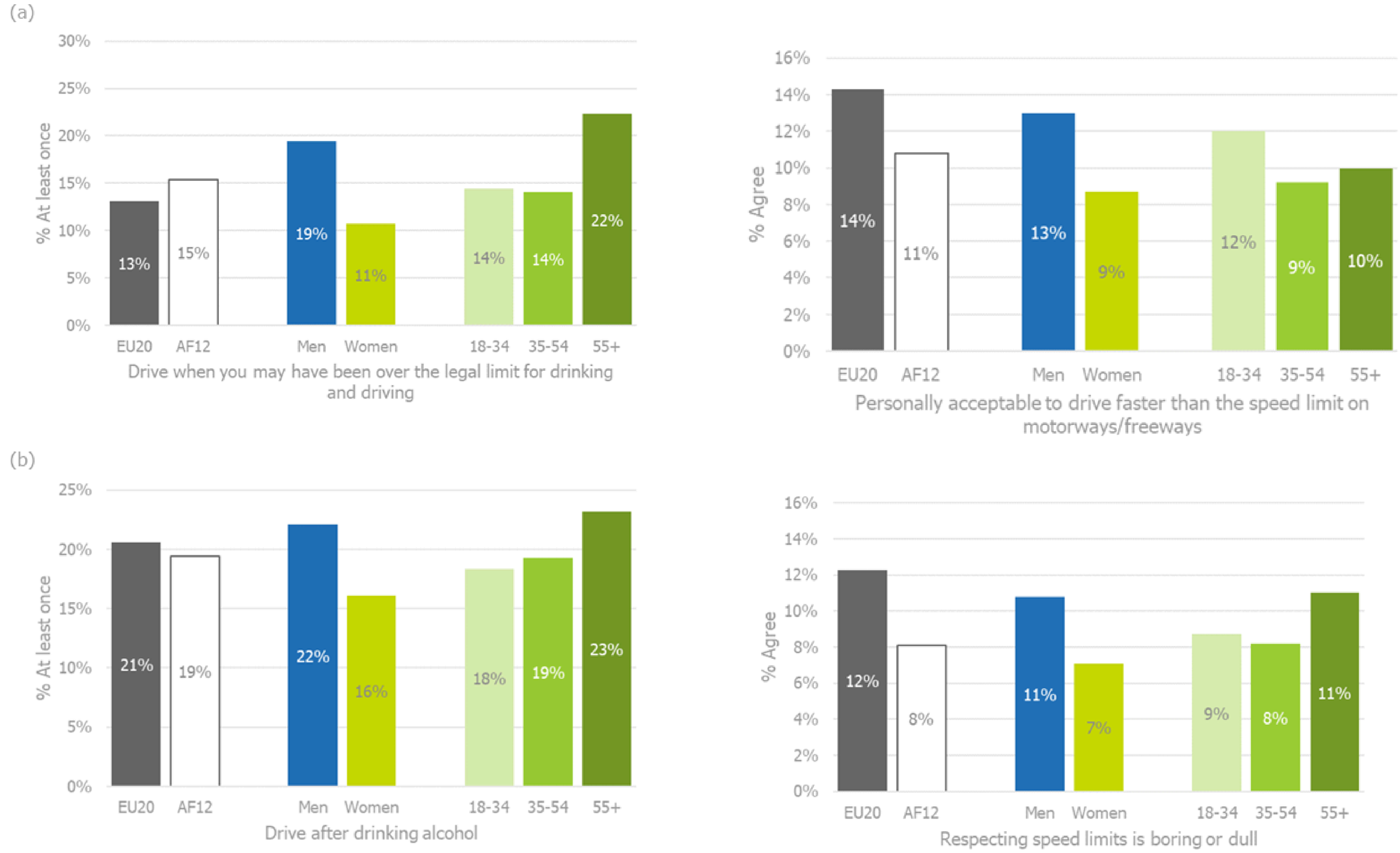


Figure 4: ESRA (E-Survey of Road Users' Attitudes (ESRA) conducted a road safety culture survey in 12 African countries and found more acceptance of risky driving behavior among men, especially when it comes to speeding, use of helmets, and driving after drinking alcohol. Source: SSATP

Safe road users: Best practices

GENDER-SENSITIVE Acknowledges gender aspects

Harassmap and “678” film

Egypt

Harassmap started in Egypt in 2010 as a crowdsourcing tool for harassment in public transportation, with the release of the landmark feature film “678” that addresses sexual harassment in public transportation. The film, which takes place on a public bus, provoked a nationwide debate on harassment in public transportation and is linked to increased reporting and social awareness on the topic. Both the film and Harassmap, as well as feminist campaigns that took place during the 2011 Egyptian revolution, contributed to the criminalization of sexual and verbal harassment in Egypt in 2014. Source: Heinrich Böll Stiftung

GENDER-RESPONSIVE Addresses gender inequities

Usalama Wa Umma public safety training

Kenya

The program was initiated and operated by the civil society organization ‘Flone Initiative’ to provide certified training for transport operators on combating gender-based violence and sexual harassment. Until 2018, the training capacitated 554 drivers and transport workers, mostly men. The Flone initiative also planned to expand the program to include a training manual in driving schools. Source: Policies for Inclusive TOD, Access for all Series

"Bájale al Acoso" (Stop the Harassment) SMS Hotline

Ecuador

The hotline set up by the city of Quito enables residents to report sexual harassment in public transportation by sending an SMS with the word "harassment" and the bus ID to the authorities. Each report activates a response mechanism that notifies the driver, who activates an alarm inside the bus. The victim is contacted by a support team within 3 minutes, giving that person alternatives to file a complaint and receive protection, and police are sent to the next station. In one year, the hotline received 1500 cases, 43 of which went to court. Source: Participedia

GENDER-TRANSFORMATIVE Transforms norms & power structures

Speed-dating campaign: Driving too fast is not attractive

Belgium

Under the Go For Zero Road Safety Initiative, a campaign was organized to debunk a positive image of speed. The ‘speed dating’ campaign was launched, together with a popular women’s magazine to investigate whether women passengers find speeding men attractive. The women participants went on a date with a chosen man (an actor) on an off-road drive at high speeds. Upon exiting the vehicle, all respondents disapproved of the behavior of their speeding date. The reactions of the participating women were recorded and subsequently used in the media along the highways and in radio programs, with snapshots that read: “I cannot date a man who plays with other people’s lives” or “Driving too fast turns me off completely.” Such campaigns challenge gender norms when it comes to the masculine image and behavior. Source: Flash25_Gender.pdf

Multi-modal transport and mixed land-use

Urban land-use planning in many African countries still reflects car-centric planning, especially for new developments where residential areas are separated from other functions, contrary to traditional cities and towns. Research across African and Global South cities consistently finds that women make short, linked trips daily to cover gender-assigned roles of family care, shopping, social functions, or working. These trips often combine walking and informal mobility when public transport is absent. These trip-chains are structurally invisible in origin-destination surveys calibrated to peak-hour commuter flows, which means that the pedestrian risk embedded in them is not systematically counted. Hence, infrastructure gaps are often not addressed.

Furthermore, women often face challenges using different modes of mobility due to socio-cultural norms or family and social constraints. In Egypt, for example, only 1% of all people who cycle are women (Mousa, 2021), and 3.1% in Nairobi, Kenya (Flone initiative, 2023). Cycling women made 0.1% of active mobility users in Cape Town, South Africa, and Accra, Ghana, and 2.1% in Kisumu, Kenya (ECF, 2023). When it comes to public transport, women often face harassment and gender-based violence, which can lead to total or partial avoidance of public transportation (VREF, 2023).

Integrating gender into multi-modal mobility planning may begin with making care-related trip chains visible in transport data and awareness campaigns. In Bogotá, the *Manzanas del Cuidado* (Care Blocks) model established 30 km/h zones anchored around care infrastructure in low-income neighborhoods. At the transformative level, a bike-sharing program in Egypt placed docking stations at women's dormitories, cycling lanes built to connect them to the city, and a community mobilization program that challenged the social norms that had kept women off bicycles in the first place. Because women in the student dorms were from other cities, the social constraints on them were dropped, and they started using bikes even in a very conservative setting, unlocking a new mode of mobility for women in the city.

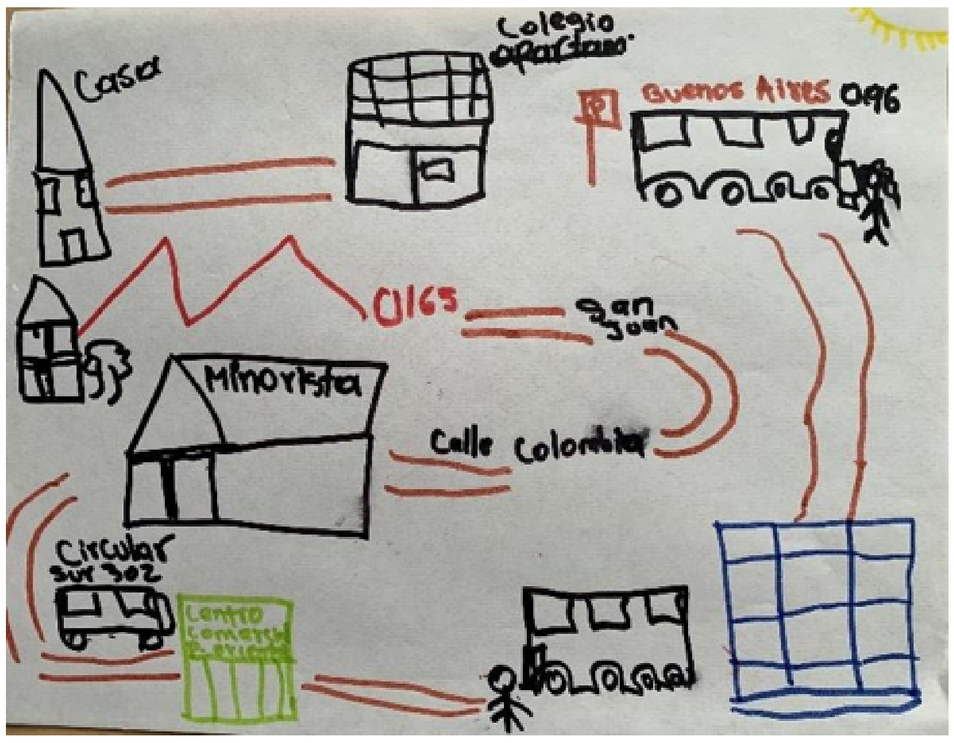


Figure 5: Self-reported chained trips of domestic workers in Bogotá. Photos: Invisible Commutes

Multimodality and mixed land-used: Best practices

GENDER-SENSITIVE Acknowledges gender aspects

Women only public transport wagons

Cairo, Egypt

The women-only metro wagons were introduced to Cairo as early as 1989, two years after the first metro line was established. The service still serves millions of women daily, who might otherwise avoid commuting by public transport. A study by UN Women in 2013 showed that 99% of Egyptian women surveyed experienced sexual harassment in public spaces, and 86.5% don't feel safe in public transport. While the women-only wagons can alleviate this risk and be included in public transportation, they don't challenge gender-based violence. In 2026, women-only BRT buses started operating in Cairo.
References: Cairo-BRT-gender-study and From play-acting to real-life action | UN Women

GENDER-RESPONSIVE Addresses gender inequities

Manzanas del Cuidado "Care Blocks"

Bogotá, Colombia

Care blocks are specialized, local urban districts providing free services to women caregivers and their families to reduce, redistribute, and recognize unpaid care work. Currently, there are 25 care blocks located in vulnerable areas. They combine education, health, and entrepreneurship services for caregivers with simultaneous care for children, older adults, and People with Disabilities. In the surrounding rural areas, where the care blocks are distant from the trip origin points, care buses are provided free of charge for caregivers. Reference: The Manzanas del Cuidado of Bogotá: The impact of a public policy of care on the mobility of non-remunerated domestic caregivers in the locality of Bosa and Manzanas del Cuidado de Bogotá

GENDER-TRANSFORMATIVE Transforms norms & power structures

Dakar's Bus Rapid Transit (BRT)

Dakar, Senegal

The BRT project in Dakar doesn't only address women's safety in public transport, it also explicitly targets women's employability and professional presence in the public transport sector. The project targeted raising the share of female employees from a baseline of 6% to 25%, adding an avenue of employment, economic, and social empowerment that was partially untapped. The presence of female drivers and controllers, as well as other security measures like CCTV cameras, encourages female commuters to trust the service.
Reference: Case Study: Dakar, Senegal | She Drives Change

Post-crash care

The consequences of a road crash are also a road safety issue that must be considered at all levels. Across sub-Saharan Africa, fewer than half of the countries have formal pre-hospital care systems, and the countries that do face critical gaps in equipment, training, inter-agency coordination, and hospital trauma infrastructure, which affects all road victims regardless of gender. For women, three compounding barriers determine what happens in the critical minutes and hours that follow, and all three operate before a single clinical decision has been made. The first is awareness. A survey of 445 respondents in Nigeria found that women were significantly less likely to know about or have ever used emergency medical services (EMS) as crash victims or as witnesses. This is particularly prevalent among women with lower literacy rates (Akinreni, Filani, Asuni, & Owodunni, 2023). Studies in Gambia, Kenya, and Nigeria found that the decision to seek healthcare for women is often dependent on husband/male relatives, mother-in-law, or village elders. Sometimes cultural barriers affect those decisions, leading to the neglect of women's emergency response (Kironji et al., 2018).

The second barrier is economic access. Women in Africa are less likely to hold health insurance, more likely to be in informal employment without employer-sponsored coverage, and more likely to bear the indirect economic burden of crashes on their households as the primary caregivers of injured family members. The third barrier is the one the road safety sector has been slowest to name. Multiple studies found that women's self-reported pain is often perceived as exaggerated and dramatized; therefore, given lower priority or overlooked in emergency care services. A study found that women wait 30 minutes longer than men in emergency departments and are less likely to receive pain relief for identical complaints, regardless of the clinician's gender (eClinicalMedicine, 2024).

After motor vehicle collisions, women are significantly less likely to receive bystander CPR than men. A study found that 95% of the CPR training manikins sold globally are flat-chested, and only 1 out of 20 included breasts or a breast overlay (Szabo et al., 2024).

In places with high levels of racial bias, a second layer compounds for black women who might face false biological myths about pain tolerance, still held by 40% of medical students surveyed in a 2016 study in the USA. This makes Black women 22–40% less likely to receive any pain medication at all (Ruben & Stosic, 2024). In some parts of Africa, where these clinical biases intersect with histories of racialized medical violence and where formal EMS reaches fewer than half of crash victims in peri-urban and rural corridors, the post-crash care gap is simultaneously the most severe and the most structurally neglected dimension of the road safety system.

Closing these gaps requires coordinated action across the entire post-crash chain. In the prehospital setting, standardized EMS analgesia protocols should require written documentation when pain medication is withheld, along with the reasoning. Community-level EMS awareness campaigns targeted specifically at women can be delivered through market associations, community health worker networks, and in schools, addressing the awareness gap that sits upstream of every other intervention. At the hospital level, pain assessment protocols anchored to patient self-reported scores rather than clinician interpretation have been shown to reduce gender and racial treatment disparities. Patient advocates, specifically in racialized environments, can be placed in emergency departments serving crash-prone corridors and have been shown to reduce dismissal rates and shorten treatment delays for marginalized patients.

Post-crash care: Best practices

GENDER-SENSITIVE Acknowledges gender aspects

Women's emergency services awareness gap

Nigeria

A cross-sectional survey of 445 respondents found that only 41% were aware of emergency medical services at all, and that gender was a statistically significant predictor of that awareness (OR=0.626): women were significantly less likely to know about or ever use emergency services. The primary barrier was lack of awareness rather than reluctance, meaning women who survive a road crash are more likely to wait without activating care even where services exist.
Reference: Akinreni et al., Journal of Public Health and Emergency, 2023.

GENDER-RESPONSIVE Addresses gender inequities

Community based post-crash care training

South Africa and Rwanda

The Trans-Safe project provided community-level post-crash care training, turning community members into first responders, especially in zones where ambulance reach is limited. The trainings were attended mostly by women, who received education on witness protocols, Stop the Bleed, and CPR techniques. Reference: Trans-Safe

GENDER-TRANSFORMATIVE Transforms norms & power structures

Women's Emergency Response Rooms

Sudan

Following the collapse of state institutions in 2023, women volunteers established several hundred community-based emergency response rooms providing trauma care, gender-based violence response, psychosocial support, and safe evacuation where no state emergency service could reach. They are the continent's most radical proof-of-concept for women-designed, women-led emergency response architecture directly applicable to road crash first response in corridors where formal EMS is absent, positioning women as architects of the solution rather than its beneficiaries. Reference: African Arguments.

SECTION 4

Recommendations

For national road safety agencies

1. Mandate sex-disaggregated data across the whole chain, including crash reporting, EMS records, and hospital trauma admissions.
2. Set a gender representation target for road safety governance by establishing a measurable pathway toward closing the gender gaps in national road safety agencies, committees, and observatories.

For city and transport authorities

3. Commission gender-sensitive road safety audits. Assess physical infrastructure against women's actual usage patterns, including pedestrian routes, market access points, and nighttime lighting.
4. Prioritize traffic calming around schools, markets, clinics, and childcare facilities.
5. Make women's trip-chains visible in mobility planning. Require every diagnostic and origin-destination survey to capture multi-stop, full journeys.

For health ministries and emergency services

6. Adopt standardized pain assessment protocols anchored to patient self-reported scores, and require written justification whenever analgesia is withheld in prehospital as well as hospital settings.
7. Target emergency service awareness campaigns for women through market associations, community health worker networks, and school parent bodies, addressing the awareness gap that sits upstream of every other post-crash intervention.
8. Embed bias mitigation training into emergency medicine and EMS credentialing, paired with structural accountability like patient feedback mechanisms and gender-disaggregated outcome audits at trauma centers.

For vehicle regulators and regional bodies

9. Establish minimum crashworthiness standards for imported vehicles. Set import certification requirements that close the gap between Africa's fleet and current safety standards.
10. Advance female-body crash testing through regional coordination.

For transport operators and associations

11. Adopt and replicate the Safe Public Transport trainings that activate operators' commitments, trained drivers, and accessible in-vehicle reporting channels.
12. Open the transport workforce to women with driver training and licensing support and improve the conditions that make retention possible.

For development finance institutions and donors

13. Make gender equity a financing condition in transport and mobility projects, possibly by requiring women's representation in project governance, gender-disaggregated data collection, and gender-responsive safety audits as prerequisites for road safety and transport infrastructure funding.

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