SECTION «B»

MAJOR ROAD SAFETY REPORTS PUBLISHED BY YASA
Risk Takers are Accident makers
I-ROAD TRAFFIC INJURIES: AN INTERNATIONAL DILEMMA

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Introduction:
Road traffic accidents kill more than 1.3 million people yearly and injure or disable between 40 and 50 million a year. Most of the victims are young males and vulnerable road users. According to the World Health Organization, road traffic deaths are predicted by 2020 to increase by 83% in low-income and middle countries, and to decrease by 27% in high-income countries. According to the scientific Research Foundation (SRF), Road traffic injuries in the Arab region are a major public health problem, claiming about 40 thousand lives per year and around one million victims. This is equivalent to the entire population of both Qatar and Bahrain. As a result, our societies bear a huge cost that is estimated to be about 2.5% of the Arab National Products including Oil revenues. Although the huge number of injuries caused by wars that are unfortunately continuous in the Middle East, road traffic injuries are the leading cause of death among youth in our region and are predicted to increase in the next decade. This report prepared by YASA International targets to face the increasing death toll in the majority of developing countries where more than one million are killed annually due to road traffic injuries and more than forty million are severely injured. YASA International invites all developing countries to study the success of most developed highly motorized countries and then to respond to the rising road trauma levels by analyzing plan to reduce casualties through outcome-oriented interventions. The world is changing day after day, and globalization has been in the making for many years. All people became interdependent and closer to each other because of globalization. Threats to health and safety are also international.

1. A major threat to health is the growing problem of unintentional injuries, which are rapidly growing around the world and causing a huge economic and social impact on all societies, especially in the developing world.
2. In spite of the fact that the risk of crash is relatively low for most individual journeys, people face risks on roads due to the various travels done on daily and weekly basis. Almost anybody can be involved in a traffic crash. No special time, place, or equipment is necessary. Crashes and related-injuries are not restricted or limited to race, creed, social status, age, or sex. The old and the young, the rich and the poor, men and women all may be involved in a crash.

3. The term “accident”, which is widely used worldwide, can give the intended impression that “accidents”, are inevitable and unpredictable events that cannot be reduced. Therefore, most new documents related to road safety prefer to disregard the term “accident” and replace it with “crash”. The injury problem has been largely neglected because injuries were viewed as random events. Nowadays, injuries are known to be preventable by the majority of people. The uses of helmets, seat belts, child seats, and pedestrian bridges have all been proven to be effective measures for injury prevention.

4. For more than four decades, most of the developed countries have been organizing sustainable national campaigns to decrease RTI. The number of people killed and injured due to traffic crashes had significantly decreased in the developed world with different rates among developed countries. With this clear decrease in numbers, many institutions adopted “Vision Zero” initiated by Sweden that targets a theoretical zero death by road crashes. In June 2003, a new European charter for road safety was launched in a target of reducing the burden of injuries.

5. People from all socioeconomic groups suffer fatal injuries, but death rates due to injury tend to be higher in those with lower income groups. The poor are less likely to make a full recovery following an injury due to the lack of the required means.

6. In most of the developing countries, no effective traffic safety campaigns have been organized.

7. The governments and the citizens of most of the developing world perceive road safety as a low priority issue in spite the fact that victims of road accidents in most developing countries are significantly increasing. No sustainable effort has been done to
decrease road crashes. International agencies have almost done no successful effort to assist developing countries to combat this burden of injury. Even the last world summit about development organized in South Africa in summer 2002 did not adopt traffic safety as an international issue for sustainable development. The United Nations Development Program UNDP, an international organization dedicated to help and assist developing countries in their efforts to achieve sustainable human development, had not consider until recently the struggle against road tragedies to be included in their mission and their policy.

RELEVANCE AND OBJECTIVE OF THE REPORT

A key purpose of this report is to enhance the efforts targeting the international cooperation for road safety. It communicates information related to road traffic injury prevention to a wider audience especially in the developing countries, where the burden of traffic related injuries is still underestimated. This report may push many institutions (media, specialized non – governmental organizations, governmental agencies, and others) to study seriously the immediate needs to improve road safety and to put more pressure on their citizens and governments to prioritize safety. Very few studies have tried to treat this subject from this perspective.

Moreover, non – governmental organizations in developing countries had not been well supported by their governments compared to the support of similar institutions in developed countries. Most of these associations are disappointed by the carelessness of governmental agencies in dealing with road safety.

Having reliable data on the numbers of victims and injured under an acceptable transparent registration system will push governmental agencies to formulate and implement national strategies in order to start decreasing the burden of injuries. The loss of productivity due to death and disability from injury represents a significant loss of economic opportunity in all countries. The treatment and rehabilitation of injured persons account for a large proportion of many national health budgets. Personal loss, to the injured and to those close to them, is immeasurable.
Unfortunately, most developing countries did not realize the various negative impacts of RTI (pain, hospitalization and tourist frustration by unorganized traffic) on their GDP and on their sustainable development.

The main aim of this report is to provide both public and private policy makers in developing countries and cities, with scientific tools and practical experiences to draw strategies, design and implement road safety programs that can be effective in reducing the death toll on roads by taking into consideration that international cooperation was effective in reducing RTI in most developed countries. Learning by sharing is considered a very efficient tool to reduce the impact of road traffic injuries.

**FUNDAMENTALS OF ROAD SAFETY**

Each injury incident is a complex interaction between a number of factors, including the host, agent, and physical and socio cultural environment. Dr. William Haddon, one of the first theorists in injury prevention, developed the Haddon Matrix to describe the inter-action between these elements during three phases: pre-event (before the injury occurs), event (while the injury in occurring), and post event (after the injury has occurred). The matrix helps professionals to assess the different elements of an injury and identifies which ones can be used to prevent injury. The traditional view of injuries as “accidents”, or random events, has resulted in the historical neglect of this area of public health. During the past few decades, public health officials have recognized that injuries are preventable, and they have established methods of scientific study for the prevention of injuries.

Road traffic injuries are a worldwide leading cause of injuries.

The most recent estimates show that injuries are among the leading causes of death and disability in the world. They affect all populations, regardless of age, sex, income or geographic region. An injury is defined as “a bodily lesion at the organic level, resulting from acute exposure to energy in amounts that exceed the threshold of physiological tolerance. In some cases, the injury results from an insufficiency of a vital element”.

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Despite the large social and economic costs of unintentional injuries, there has been a relatively negligible amount of investment in injury prevention and safety promotion research, compared with other health issues such as HIV/AIDS, Malaria, and Diarrhoeal diseases.

According to World Health Organization (WHO) press, deaths from Road Traffic Injuries (RTI) account for around 25% of all deaths from all kinds of both intentional and unintentional injuries. There are more than one million and two hundred thousand victims on roads and more than 40 million serious injuries per year that are caused by traffic crashes.

YASA International estimates that more than two million people are lost yearly by road traffic crashes, if we consider deaths due to serious injuries in the first year after the crash. According to a study organized by the Scientific Research Foundation (SRF) in the Middle East Region, more than 55% of road traffic victims are from among the economically productive males.

Road crashes form the leading cause of death to people between 1 and 40 years old in most countries. Road traffic injuries are the leading cause of death due to injury, and according to the global burden of disease study, the ninth leading cause of all deaths.

By 2020, WHO projected that Road Traffic Injuries (RTI) will account for about 2.3 million deaths, with 90% of these occurring in the Less Motorised Countries (LMC)’16 and rise to 3rd most significant burden of diseases.

Although men are more likely to suffer a fatal injury than women (men accounted for two thirds of the total number of deaths due to injury worldwide in 1998), injuries are a leading cause of death for both sexes and in all age groups.

Combined figures from Australia, the Netherlands, New Zealand, Sweden and the United States indicate that, in these countries at least, for every person killed by injury, around 30 times as many people are hospitalized and 300 times as many people are treated in hospital emergency rooms and then released. Many more are treated in other health care facilities, such as family doctors’ offices and first-aid clinics.
Unfortunately, injury prevention has been considered seriously only in high-income countries. It is estimated that around 75% of the global burden of traffic injuries is in the developing countries, whereas only 25% are occurring in the developed countries. This contrasts the fact that more than 75% of the vehicles of the whole world are circulating in the developed countries (vehicles circulating in low-income developing countries are less safe than those in high-income countries).

According to YASA International, a Non-governmental Organization specialized in Injury Prevention; the number of road victims will increase during the next two decades in most low-income countries especially in the Middle East Region. Many advocacy non-governmental organizations recommended that all governments should face the growing number of road tragedies and work to save people’s lives by reducing mortalities and morbidities caused by road crashes.

Decreasing the burden of injury is among the main challenges for public health. Many prevention strategies have already shown to be effective such as using seat belts and child seats in cars, and also helmets by motorcyclists. Another lesson is that the approach to injury prevention needs to be multidisciplinary and treated as a major public health issue. In many cases, it is only through effective collaboration between physicians, sociologists, psychologists, lawyers, politicians, engineers, designers, human right experts, journalists, and other professionals from the public and private sectors that the right injury prevention strategy can be developed and promoted.

The objective of road safety work throughout the eight decades that follow 1923 is still the same. The whole target is to reduce the number of the casualties, and the diversified impacts of road accidents. However, the most important and difficult element of achieving this objective is in the HOW phase of the improvement process. The answer of developed countries is through sustainable planning, programming and implementing of road safety campaigns.

**ROAD CRASHES ARE CAUSING HUGE LOSSES**

The road injuries and loss of human lives would be seriously strained if steps were not taken at this time to find conventional solutions to dealing with the traffic problem. We can assure that the context of the aforementioned statement is valid worldwide although major
changes had occurred in some developing countries and road safety is considered today as a high priority transport and public health issue in most developed countries.

Mortality due to road traffic injuries have always existed in the past but their recognition as a public health problem is a phenomenon of the last decades of the twentieth century. Policy makers and safety professionals in many countries find it very difficult to institute changes that can result in dramatic decrease in fatalities. This is mainly because experience shows that public sectors and individuals do not abide easily by instructions given in order to promote road safety.

Attempts to educate people face many problems due to the wide variations between people’s knowledge and their actual behavior.

This makes injury prevention and safety promotion a very complex process. Therefore, there is a societal and moral responsibility to design our vehicles and our roads and different domestic traffic laws so that people find it easier and convenient to behave in a safe manner without sacrificing their needs to earn a living or to fulfill their other societal obligations. With better designs, rules and regulations, the probability of people hurting each other or themselves will decrease. Such systems cannot function unless there is a societal and political understanding about the ethical and moral responsibility of the governments and the civil society organizations to ensure the right to life of all its citizens. This right to life includes living in good health. Once we admit that injury control is a public health problem and that we have ethical responsibility to arrange for the safety of individuals, the worldwide problem of injuries will start to be resolved.

Injury control work needs very innovative working techniques.

The present collaboration mechanisms for inter disciplinary research, sharing techniques between different states, and structures for interaction between scientists and the public are still somewhat weak. The better structures and methodologies will become apparent only if we consciously evaluate experiences, successes and failures in widely different societies and settings.

Road safety is an issue of immense human proportions, it is an issue of economic proportions, it is an issue of social proportions and it is
also an issue of equity. Road safety very much affects poor people.

Collaboration between individuals and countries had almost succeeded in many environmental issues and it is highly urgent to enhance efforts of international collaboration on all plans to reduce road traffic injuries caused by all types of accidents, especially traffic crashes.

European Commission: Placing Users at the Heart of Transport Policy
Of all modes of transport, transport by road is the most dangerous and the most costly in terms of human lives. Still viewed as something of a fact of life in most developing countries, it is only recently that road accidents have aroused any particularly strong reaction. Road safety should be placed in the heart of domestic and international transport policies.

Studies indicate that drivers in Europe (as in most developed countries) expect stricter road safety measures, such as improved road quality, better training of drivers, enforcement of traffic regulations, checks on vehicle safety, and road safety campaigns. While in most developing countries, the aforementioned recommendations still considered as a low priority.

In the European Union, in the 1990’s, many directives related to technical standardization have been promulgated in order to develop safe motor vehicle equipment and accessories (compulsory use of seatbelts, transport of dangerous goods, use of speed limitation devices in lorries, standardized driving licenses and roadworthiness testing of all vehicles).

The Maastricht treaty in 1992 finally provided the community with the legal means to establish a framework and introduce measures in the field of road safety.

In the battle for road safety, the European Union set to itself an ambitious goal to reduce the number of people killed between 2000 and 2010 by half. This would be by a series of recommendations such as harmonization of penalties and promotion of new technologies to improve road safety. While in developing countries, the situation is very different.

The sums spent on improving road safety fail to reflect the severity of the situation. Efforts to prevent road accidents are still inadequate.
WORLD HEALTH ORGANIZATION’S RESPONSE (WHO)

In recent years, indications that road traffic injuries are raising sharply, particularly in developing countries, have given WHO a new impetus to address this major public health concern.

The WHO Director General had announced that the annual World Health Day in 2004 will be dedicated to “Road Safety”. During this event they launched the World report on road traffic injury prevention that WHO prepared with the World Bank. Although efforts on road traffic injuries have been rather sporadic since the World Health Assembly called on WHO to act on the problem since 1974, there is no doubt of WHO’s renewed determination to address the issue.

The first tangible outcome of this renewed commitment was the production of the “Five-year WHO strategy for road traffic injury prevention”. Developed in 2001 in collaboration with experts from health, transport and police, as well from NGO’s and the private sector, the document covers the areas of epidemiology, prevention and advocacy. It outlines a strategy for building capacity at local and national levels to monitor the burden of road traffic injuries; for incorporating road traffic injury prevention and control into national public health agendas; and for promoting action-oriented policies and programs so as to prevent road traffic injuries.

In order to identify effective and cost-effective strategies for preventing road traffic injuries, WHO has commissioned the Cochrane Injuries Group to conduct a systematic review of existing good practice in this area. The Cochrane Injuries Group, based at the London School of Hygiene and Tropical Medicine, is an international network whose task is to prepare, maintain and promote high-quality, peer-reviewed systematic reviews.

WHO COLLABORATING CENTERS

The Department of Violence and Injury Prevention of the WHO is supported in its work by a network of WHO Collaborating Centers and National institutions designated by the WHO Director General to form part of an international network undertaking activities in support of WHO’s program priorities. Seventeen such bodies have been designated as WHO Collaborating Centers on Injury Prevention.
and Control. Discussions to create additional six of which five are in developing countries are in progress. In November 2002, VIP hosted the 12th Meeting of WHO Collaborating Centers on Injury Prevention and Control. With the participation of VIP staff and Regional Advisors and representatives of the Collaborating Centers, the meeting was also an opportunity to update participants on the current work of WHO and the Collaborating Centers for Injury Prevention and Control.

THE RESOLUTION OF THE GENERAL ASSEMBLY OF THE UNITED NATIONS 57/309

A turning date in the improvement of road safety, worldwide, was 22 May 2003 when the Fifty-eighth session of the General Assembly of the United Nations took the resolution 57/309. This resolution discussed road traffic injuries and the challenges relating to the prevention of road crashes and their impacts. It emphasizes that road traffic injuries now pose a global public health crisis that requires urgent action at the national and the international level.

THE MISSION OF YASA INTERNATIONAL

YASA International (www.yasa.org), an active International Non-Governmental Organization, seeks through its effort to create a greater level of safety awareness and commitment from all people in order to reduce the global burden of unintentional injuries. It supports strategies to improve international cooperation for safety promotion and injury prevention. The organization launched from Lebanon in 2002 the Middle East Campaign for Accident Prevention (MECAP), which was successful in building effective partnerships with many public and private agencies in the region, especially with media and educational institutions.

The organization works to persuade policy-makers and decision-makers of the immediate necessity to treat Injury Prevention as a major public health issue and to adopt the universal concept of 6Es, based on cross-sectoral collaboration, as a new approach to reduce RTI.

YASA International provides social support to the bereaved families. It counts on their active participation in the safety promotion movement in Middle East.
GENDER AND ROAD TRAFFIC INJURIES

Globally, almost three times as many males as compared to females die from road traffic crashes, accounting for the largest sex differentials in mortality rates from unintentional injury. In Barcelona, Spain, a large 6-hospital study found that 7 of 10 road traffic injury cases above the age 14 years were among males, and the overall death rate was more than three times higher for men than women (Plasencia 1995). Injury and fatality rates for males are higher for every category of road injury victim in several developing countries.

Higher male risk of road traffic injuries and fatality is associated to a significant extent with greater exposure to driving as well as to patterns of high-risk behavior when driving. On the other hand, higher male pedestrian injury and fatality rates appear to hold irrespective of time spent walking on the road, and are attributable to alcohol use and risky behavior.

SOCIAL AND ECONOMIC COSTS

The experiences of the high-income countries show clearly that “Economic assessment of the costs involved is an essential element in the planning of the implementation phases” of road safety improvement programs. This sort of assessment played a significant role in motivating the political leadership in developed countries to respond energetically towards improving the level of road safety. Such response had helped the declaration of road safety as a national and strategic goal, and the allocation of adequate funding for this purpose. At present, the socio-economic and environmental costs of road accidents worldwide are not known. However, Retting estimated a global economic impact of motor vehicle injuries and property damage being of more than US 300 billion USD annually.

SRF using the same calculation principles as Retting estimated in 2000 the global economic impact at more than US 500 billion USD annually. In the United Kingdom, the estimated economic costs of RTI, despite the decrease in road fatalities, have increased from 230 million pounds in 1961 to 2,820 million pounds in 1985, a percentage increase of 1,126%. In the United States, in 1940, the estimated economic cost of road accidents of 34,501 road fatalities was 1.6 billion USD. In 1950, the cost of 34,763 fatalities increased to 3.1 billion USD. In the 1990’s,
it reached 95 billion USD. It is estimated to be more than 400 billion USD in 2015.

MEDICAL COSTS

There is an urgent need to spend more money on improving and upgrading the quality of the pre-hospital care for road traffic victims especially by improving the means of emergency medical transport (medical ambulances and helicopters) and by a better preparation of the rescue team in emergency medicine.

In the European Union, according to the present definition of the injured road traffic victim and the evaluation of the total medical expenses, the average cost of an injured victim amounts to 3,000 Euros, this represents a yearly expense of 15 Euros for each European citizen.

Thus, the total annual European medical expenses amount to 4.5 billion Euros, which represents only 3% of the total annual socio-economic costs of the 150 billion Euros of road, crashes. Therefore an increase of, for example, 30% of the medical expenses (representing only 1% of the above total socio-economical costs of road traffic crashes), would permit to decrease drastically the 20% to 40% “avoidable deaths” in hospitals.

PEOPLE DISABLED

According to the WHO, disability is a huge public health problem affecting at least 10% of the world population. From these more than 20 million people are severely disabled because of road traffic crashes. Proper treatment and care of the disabled would represent an enormous burden to the public health problem services, therefore most of the care for these victims is left to its families, self-help groups and charities, or they are simply abandoned and left for themselves.

The most tragic situation is that of the mentally disabled (due to brain trauma) who will need continuous care and assistance for the remainder of his life. Motor disabled people (often due to spinal trauma) may frequently, after rehabilitation, be able to undertake some activities, allowing them certain independence. It is however necessary to provide them the necessary equipment (wheelchairs and artificial
limbs) and to adapt the surroundings in order to allow them to practice their mobility (fitting pavements, buses, trains, doors, lifts and toilets).

This would give them the access education, professional training and eventually to find a job.

**INDIRECT EFFECTS**

There are also considerable indirect effects of road traffic injuries: members of the public may be affected by road traffic injuries even when they or their family members are not directly involved in road crashes. For example, fear of road traffic injuries can prevent old people from venturing outdoors. In many high-income countries, increasing use of cars has led to a general decline in walking and an increase in sedentary lifestyles, which in turn has had adverse consequences in terms of increasing obesity and cardiovascular health problems.

**CONCLUSION**

Road traffic injuries are a deadly scourge, claiming the lives of 1.3 million people around the world each year. 30 to 50 million are seriously injured on the roads among which some become permanently disabled.

The vast majority of these occur in developing countries, among pedestrians, cyclists, motorcyclists and users of public and scholar transport, many of whom would never be able to afford a private motor vehicle.

This research focused on the requirements and policies that may be efficient in the struggle against underestimation of road safety on the global scene. There is a need on a number of fronts to prevent these needless deaths and disabilities, and the immense loss and suffering that RTI are causing. During the last five decades, many programs and policies were implemented to prevent road traffic crashes in the developed countries.

Recently, few developing countries started to organize interventions that aim to reduce traffic injuries. Road safety efforts include strategies to address speed and alcohol consumption; promotion of airbags, helmets and seat belts and other restraints; and greater visibility of
people walking or cycling. A concerted effort on the part of governments and their partners to improve road safety can make a difference.

Road crashes must be prevented, although the historical approach that used to place responsibility mainly on the road user is inadequate and confusing. This old approach is now absent in the developed countries, but still exists in the majority of the developing countries. This research advocated an approach that recognizes not only the fallibility of road users, but also the major roles of emergency systems, law enforcement and the infrastructure.

Public and private organizations, working in the road safety field, should establish a sustainable cooperation on the local, regional and international scenes. They can share experiences to reduce the global burden of road traffic injuries through safety promotion and learning by sharing from other successful and unsuccessful interventions, either in the developed countries or in the developing countries. This cooperation will help for more spreading the word that road traffic injuries are preventable.

Low-income countries should take benefit from the extensive research and studies organized in the industrialized countries about traffic safety measures. Not only the civil society organizations, but also the governmental agencies can take advantage of the successes and failures of road safety campaigns that were organized in the developed countries.

International organizations such as the WHO, the World Bank, and the UNICEF started to realize their primordial role for road safety. In early September 2003, the secretary-General of the United Nations Mr. Annan recommended most United Nations agencies to integrate road safety into other policies, such as those related to sustainable development, the environment, gender, children or the elderly. He also said that road safety requires strong political will on the part of the governments.

Strong political advocacy is required. Road safety is a political issue that frequently involves tensions between various sectors of society.

For example, improving the rights of vulnerable road users may involve tensions with those advocating increased motorized travel.
USE CAR SEATS... FOR THE SAFETY OF YOUR CHILDREN

LESS THAN 1 YEAR OLD

BETWEEN 1 & 3 YEARS OLD

OVER 3 YEARS OLD
BE RESPONSIBLE