

EDITORIAL

Road safety: A Public Health PerspectiveAmrita Kansal¹, Satya Ranjan Lenka²^{1,2}MBBS, MD (Community Medicine), WHO Country Office for India, New Delhi

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Road Traffic Injuries (RTIs) are the eighth leading cause of death globally, and the leading cause of death among young people aged 15–29 years. Current trends suggest that by 2030 road traffic deaths will become the fifth leading cause of death unless urgent action is taken (1). India accounts for about 10% of road crash fatalities worldwide, causing approximately 140,000 deaths and almost a million of serious injuries each year (2). As per the Global Burden of Diseases, Injuries and Risk Factors study- 2010, RTIs are the eighth leading cause of Disability Adjusted Life Years (DALYs) in India. It is significant to note that RTIs were not among the top ten lists of DALYs in India in 1990 and has appeared in 2010 (3).

Ministry of Road Transport and Highways (MoRTH) estimates that on Indian roads every minute a crash happens and results in one death every four minute. Nearly half of those dying on Indian roads are “vulnerable road users” i.e. pedestrians, cyclists and motorcyclists and more than half of the road traffic casualties happen in the wage-earning age group. The economic losses due to RTIs are huge and phenomenal and are estimated to be around 3% of GDP (2). Moreover, the pain, suffering and agony of those affected are significant and difficult to measure even with advanced research techniques.

In 2010 at the United Nations General Assembly, governments around the world recognized road traffic injuries as a global health and development problem and declared a ‘Decade of Action for Road Safety (2010–2020)’ with the goal to reduce the

increasing trend in road traffic deaths and save 5 million lives over the 10-year period. In order to achieve this goal, a Global Plan of Action was developed which categorizes the measures needed to reduce road traffic deaths into five categories viz. road safety management, safer roads and mobility, safe vehicles, safer road user behaviour and post-crash response. The crisis is preventable but requires commitment and concerted efforts by different stakeholders to rise to the challenge of making road safety a public health priority (4, 5).

It is recommended that all countries, regardless of their level of road safety performance, move to a ‘Safe System Approach’ to road safety. This approach aims to achieve a road system better able to forgive road users’ errors – either by preventing crashes altogether or in the event of a crash, by keeping crash energies below the levels likely to result in death or serious injury. Safer road systems will come about through improved management of roads, vehicles and speeds and through managing the interaction of these three components and their impact on road users (6).

As per the Global Plan for the Decade of Action for Road safety 2011-2020, each country needs a lead agency on road safety, with the authority and responsibility to make decisions, control resources and coordinate efforts by all sectors of government – including those of health, transport, education and the police. This agency should have adequate finances to use for road safety, and should be publicly accountable for its actions (6).

Road Safety is a multi-sectoral issue; different sectors like road transport, health, home affairs, education, law, urban development, highways authorities, public works department, media, civil society and others have a role in making the roads safer. In India, Ministry of Road Transport and Highways takes the ownership of being lead agency for road safety but it does not have mechanism of coordinating with other stakeholders on a regular basis. Road Safety councils developed long time back, at national and state level for this purpose have not been able to address the issue as envisaged. Road safety measures directly benefits the health sector by not only improving the outcomes of injury victims but also reducing additional burden on already resource crunched health system. However, the involvement of health sector has been inadequate in preventing road crashes and strengthening pre hospital care to road traffic injury victims. Health sector needs to actively coordinate with transport sector and other stakeholders in strengthening injury surveillance system and provision of trauma care and rehabilitation services to the road traffic victims. It is imperative that health sector initiates a campaign to support changes in road user behavior towards key risk factors for road safety with the same spirit as it does for stopping people from smoking or encouraging the use of condoms.

Adopting and enforcing comprehensive laws to address key risk factors (speed, drink-driving, motorcycle helmets, seat-belts and child restraints) has been central to efforts of countries that have successfully reduced the numbers of deaths on their roads (1). MoRTH with support from WHO has recently drafted a new road transport and safety bill 2014, which has the provisions of sustainable transport system for everyone and road safety measures based on the learnings across the globe (7). There is an urgent need that our parliamentarians take necessary action to replace the old Motor Vehicle Act 1988 with this new road transport and safety bill 2014 along with provision of sufficient resources available to support enforcement of road safety laws to realize their full benefit. In addition, government needs to ensure safer infrastructure, improving the proportion of vehicles fleets that meet international crash testing standards, quality of data, and strengthening post – crash care. Given the evidence of high mortality among pedestrians, cyclists, and motorcyclists, it is

critical to redress the imbalance towards the needs of these vulnerable road users and consider how non-motorized forms of transport—walking and cycling, as well as public transport—can become central to the development of more sustainable and safer transport systems.

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