

Road Trauma-What Progress has been Made in the 2011-2020 “Decade for Road Safety”?

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Commentary

The WHO Global Status Report on Road Safety 2018 report [1] found that, despite the “Decade of Action for Road Safety 2011-2020” proclaimed by the UN General Assembly in 2010 and the United Nations Sustainable Development Goals (SDGs) of a 50% reduction in road deaths by 2020, there were still 1.35 million deaths in 2016 and 20-50 million injured patients admitted to hospital as a result of road traffic crashes. Road traffic injuries are now the leading cause of death for children and young adults aged 5-29 years.

Between 2013-2016, there was some success in reducing the number of road traffic fatalities in 48 middle and high income countries, while there was no reduction in road fatalities in any low-income country. Overall the number of deaths increased in 104 countries during this period [1].

The 2018 WHO report states that “while the overall global mortality rate due to road crashes is 18.3 per 100,000 population, the mortality rates in low-and middle-income countries in Africa is 26.6 per 100,000 and South East Asia is 20.7 per 100,000”. In order to place the figures in context, Norway, which is currently the best performing country in the world in addressing road trauma, had a mortality rate of 2 per 100,000 population in 2017 [2].

Some countries have been more successful than others in reducing the burden of road trauma because their governments have taken seriously the five pillars of the “Safe System” approach. These countries have achieved a reduction in road traffic fatalities and injuries by providing appropriate legislation, enforcement and funding for the five pillars: safe roads, safe vehicles, safe users, safe speeds and enhanced post-crash capacity to care for injured patients.

The “Safe System” approach takes into account the fact that humans make mistakes, our bodies have a limited ability to withstand significant physical forces and there is a need for shared responsibility of road safety.

The WHO data show that low- and middle-income countries are

by far the largest contributors to the global burden of road traffic deaths and injuries, and more than 50% of those killed and injured are “vulnerable” users such as pedestrians, cyclists and motorcyclists. This situation has occurred in low- and middle-income countries because transport has rapidly motorised in these countries, but not enough attention has been paid to improving the infrastructure and safety features of vehicles required for a “safe system” of transport [1].

One of the most important factors required for the improvement in global road safety is the availability of reliable data across all areas of the “safe system” approach. These data should include an analysis of the circumstances and mechanisms of road crashes, severity of injuries received, road users involved and any factors in the road network which may have contributed to each crash. Once reliable data is acquired and analysed, actions can be decided upon by governments in the form of legislation and provision of safe infrastructure.

Legislation to mitigate key risk factors in order to improve road safety is important [1]. These risk factors include speeding, drunk-driving, helmet use, seat-belts and child restraints. The WHO report states that 123 out of 175 countries have introduced traffic laws which meet best practice for at least one of the 5 key risk factors [1].

Only 40 countries have introduced the UN vehicle safety standards and 114 countries are carrying out road assessments consistent with the International Road Assessment Program (IRAP) [2].

According to the WHO Report, 109 out of 175 countries have access to a national phone number to activate emergency care and transport. However, it is concerning that twice as many patients in low-income countries die before reaching hospital compared to high-income countries. In addition, the WHO Emergency Care System Assessments found that most countries reported that less than 25% of the injured population would be able to access an appropriately staffed operating theatre within 2 hours of serious injury. There were also significant delays in accessing rehabilitation services after the acute phase of care is finished. In addition, only 45% of countries have national or

subnational trauma registries in place [1].

The 2019 Annual Report of the International Traffic Safety Data and Analysis Group (IRTAD) [2], which reports on the most recent road safety data for 41 countries, shows that most of the reporting countries had a decrease in road trauma deaths in 2017 and provisional data for several countries showed a further reduction in 2018. Data is not provided by Brazil, Russia, India or China.

In the IRTAD-reporting countries, there has been a 5.7% reduction in road traffic fatalities from 2010-2017 which is clearly not sufficient to achieve a 50% reduction in overall road traffic deaths by 2020. The best performing countries with validated data indicating a decrease in road traffic fatalities were Greece (41.9%) and Norway (48.6%) between 2010-2017. Notably the USA reported a 12.5% increase in road deaths over the same period.

According to the IRTAD Group, indicative data from low- and middle-income countries suggest that the number of road deaths has increased in these countries between 2010-2017 and it is also likely that the number of deaths in these countries is under-reported [2]. Some of the findings of the above report [2] are worth noting. Excess speed and drunk driving remain key factors in many fatal road crashes. Cycling has increased globally and is associated with increased deaths and serious injuries which may have occurred because of inadequate road design and a failure to separate the traffic. Enforcement of current traffic laws has either been reduced or not provided at the levels required such as in speed reduction, seatbelt usage and wearing bike helmets.

Traffic-related deaths of citizens aged 65 and older increased by 5% between 2010-2017 compared to an overall reduction in road deaths by 5.7%. Collection of road fatality data is relatively straight forward compared to that of serious injury data. The broad estimate of serious injury data (20-50 million per year) underlines the difficulty in collecting this data [2]. The IRTAD report suggests that official police records tend to under-report serious injuries and it would be preferable to complement the police crash data with information from hospital records. This is standard practice in only very few countries (eg Israel, Spain and Sweden). Moreover, many countries struggle with a common definition of a serious injury and the IRTAD Group suggested the definition of a serious injury as one with a Maximum Abbreviated Injury Scale score of 3 or more (MAIS 3+).

The provision of appropriate financial resources towards the reduction of the global traffic fatalities and injuries is also a major problem. The thirty-four Organisation for Economic Co-operation and Development (OECD) countries which comprise less than 20% of global population spend over 80% of the world's resources on healthcare. In contrast, less than 20% of the health resources are spent on the remaining 80% of the global population [3]. Additional financial assistance to low and middle-income countries has been provided by the WHO and organisations such as the Bloomberg Philanthropies but clearly more needs to be done. In order to achieve the 50% reduction in road fatalities aimed for in the United Nations Decade of Action for Road Safety and the UN Sustainable Development Goals, a reduction by at least 38% by 2017 was required, however only Greece and Norway would have reached these goals [2].

The WHO 2018 report concluded that some progress has been made since 2014 in legislation, vehicle standards and post-crash care but not at a rate fast enough to compensate for the increase in population and rapid motorisation taking place across the world.

Given the enormous human suffering and economic losses for families and societies, road traffic deaths and injuries remain at an unacceptable level in association with increased global mobility. Governments in all countries need to take a serious and long-term approach to the development of appropriate strategies in order to mitigate the short and long term social and economic effects of the current global burden of road trauma. Good governance followed by both strategic and evidence-based planning as well as effective law enforcement are the keys to success for a safe road transport system.

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