

Road safety is no accident: a call for global action

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This month WHO is taking a giant leap forward in global public health in the field of road traffic injuries, with two major events to promote action for saving lives and preventing morbidity. The first is World Health Day on 7 April 2004 with the theme "Road safety is no accident" (1). This simple message is designed to encourage governments, civil society and other stakeholders to recognize that death and disability on roads are predictable and preventable and require concerted efforts by different sectors of society. The second is the *World report on road traffic injury prevention*, the first global review of the magnitude, determinants and risk factors of road traffic injuries, which presents potential strategies to reduce the burden of death and disability caused by such injuries (2).

These two events constitute an active engagement by the global public health community in assuming ownership of a problem in which other sectors have been playing their roles. They represent the beginning of a process that will take sustained effort, financial commitment, multisectoral collaboration and a change in the mindset of medical and public health professionals. The last factor is critical, since the field of road traffic injury prevention is replete with myths and false assumptions that must be exploded.

Myth: Road traffic injuries are not a public health problem. Infectious diseases and, to a lesser extent, chronic conditions have been the focus of traditional public health efforts in low- and middle-income countries, while road traffic injury prevention has been considered the responsibility of the transport, police, and legal sectors. There are more than a million deaths each year from road traffic injuries around the world; millions more suffer morbidity and long-term disability; and road traffic injuries impact on the most productive members of a society and result in large-scale economic losses for a country. These are all strong reasons for urgent and sustained public health involvement in their prevention and control (3, 4).

Myth: Road traffic injuries are "accidents". Road traffic injuries do not happen at random and are predictable. This makes them comparable to diseases where an agent, a host and a vector can be defined: the human subject, the vehicle and the transfer of acute energy result in a disruption of normal physiology and functioning (injury). Wilbur Haddon defined the field of injury prevention by focusing on these elements to demonstrate how the times before, during and after a road crash can be studied to identify causative factors (5). The science of road traffic injury prevention has advanced rapidly and needs specific application to low- and middle-income countries (2).

Myth: Road traffic injuries are a problem of economic development. Historically, as countries developed (defined by increasing gross national product per capita), road traffic fatalities increased specific investments were made for road safety. This relationship (called Kuznet's curve) has been described recently; in the absence of interventions, it is a predictable path in low-income countries (6). There is no need, however, for developing countries to pursue this path: lessons must be learnt from historical experiences, and investments in road safety must be promoted during the process of development (7).

Myth: Road traffic injuries are a problem of rich people. The majority of people who die from road traffic injuries live in low- and middle-income countries; the majority of people injured or disabled for life are also in the developing world (3); and the majority of road traffic deaths in developing countries occur among pedestrians and poor people (8). The death and disability of heads of households cause major economic hardships for families in the developing world. Low educational level, poorly paid occupations and poverty have all been found to be risk factors for road traffic injuries (9).

Myth: Road traffic injuries cannot be prevented. Speed limits, alcohol restric-

tions, graduated driver licensing and safe road design are just some of the options for preventing road traffic crashes (2). The risk of injury and severity of injury during a crash may be reduced by interventions such as seat-belts, air bags, specially designed bumpers, and other energy-absorbing measures. Timely transportation of the injured to a health care facility, appropriate medical care and quality rehabilitation services can ameliorate the consequences of injury and disability for those with road traffic injuries. This spectrum of primary, secondary and tertiary prevention strategies is available, has been tested and is potentially relevant to different contexts around the world (2).

The United Nations General Assembly will discuss road safety on 14 April 2004, The World Bank, is ensuring that road safety becomes an integral component of transport and health work in countries. At the national level, conferences and workshops have been held on reducing road traffic injuries in countries such as Bangladesh, Mexico, Pakistan and Uganda. Research on road traffic injuries has been recognized as a neglected issue, and a network for low- and middle-income countries has been operating to promote capacity development for the past four years.

All these events represent unprecedented opportunities for the global health community to wake up to the preventable devastation caused by road traffic injuries. National players need to take charge and develop plans of action that are evidence-based, specific to their context and practical to implement. It is time to initiate activities which will lead to a sharp decrease in the loss of life and health from road traffic injuries, especially in low- and middle-income countries, in the next five years — a new millennium development goal worthy of global commitment. ■

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Web version only, available at: <http://www.who.int/bulletin>

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