

Editorial

Road Safety Is No Accident

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Article Outline

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Road safety is no accident. Over a million people are killed each year on the world's roadways; over 3,000 die each day, and tens of millions more are injured. Road traffic-related crashes impose an enormous public health burden globally. In 2000, road traffic injuries were the ninth leading cause of disability-adjusted-life years lost worldwide and are projected to become third by 2020 ([Peden et al., 2001](#)). The costs are staggering. From the ambulance that transports an injured person to the emergency room, through hospitalization, rehabilitation, earnings loss, and social and family disruption, the economic consequences are far-reaching. Yet few governments or organizations acknowledge the problem's magnitude. These types of injuries *are preventable*, and lives will be saved and injuries and suffering reduced once effective road traffic injury prevention strategies are implemented.

Our roadways are becoming more crowded, creating a spectrum of problems ranging from pedestrian, bicycle, vehicle occupant, and motorcycle injuries to environmental pollution, noise, and health problems. These are worldwide problems that will grow more serious as travel and population size increase, as society ages, and as our predictable reliance on cars

continues. As motorization increases in the world, any investment to improve transportation or to make it safer will have global implications. So why do the rates of public investment for road safety remain low? Particularly in low- and middle-income countries? For example, Pakistan and Uganda spend \$0.07 and \$0.09 per capita, respectively, on road safety. This is only 1% of the public expenditure on health in each country. Conversely, high-income countries such as the United Kingdom spend nearly \$39.00 (in 1980 US dollars) per capita on road safety ([Bishai, Hyder, Ghaffar, Morrow, & Kobusingye, 2003](#)).

In 2002 in the United States, there were 42,815 deaths and almost 3 million nonfatal injuries attributable to road traffic crashes. This makes road traffic crashes the leading cause of injury-related death, the leading cause of death for persons 1 to 34 years of age, and the third leading cause of nonfatal injuries. Sometimes being number one is not impressive. The United States currently holds the world record for having the highest number of motor-vehicle deaths in the world and ranks 27th in death rates among 34 countries (15.6 deaths per 100,000 population). The U.S. injury rate exceeded the mean of 11.7 per 100,000 population among 34 reporting countries ([National Safety Council, 2002](#)).

The World Health Organization (WHO) is taking a bold step forward by addressing road traffic injuries as a *preventable* global health problem. WHO should be congratulated for their efforts. Their leadership on this issue has the potential to elevate awareness and broaden our concept of the preventable nature of road traffic-related crashes—putting it alongside other predictable, preventable diseases. Beginning in 2001, after consulting many countries, WHO's Department of Violence and Injury Prevention initiated a five-year strategy for road safety ([Peden et al., 2001](#)). That same year, the Centers for Disease Control and Prevention (CDC) and WHO, with input from 50 countries, prepared injury surveillance guidelines for developing information systems that collect injury data ([Holder et al., 2001](#)).

In 2004, WHO and the World Bank produced the *World Report on Road Traffic Injury Prevention* to highlight the tragic toll that road traffic-related injuries take on society and how these injuries impact the health of all nations ([Peden et al., 2004](#)). The *World Report* was the product of a collaborative effort by institutions and well over 100 experts from all continents and different sectors (e.g., transportation, health, engineering, police, education, and the civil sector). The *World Report* listed six recommendations:

- Identify a lead agency within each country;
- Document the burden using effective surveillance systems;
- Prepare a national road safety strategy;
- Allocate financial resources to address the problem;
- Implement effective interventions to prevent road traffic crashes; and
- Promote international cooperation to improve road safety.

Along with releasing the *World Report*, WHO dedicated World Health Day 2004 to road traffic safety. WHO encouraged countries throughout the world to use World Health Day as a catalyst to promote road traffic safety at all societal levels of participation. World Health Day 2004 was an important opportunity for all of us committed to public health and safety to join hands and lend support to one another in our efforts to reduce this global burden. But to

ensure World Health Day's far-reaching impact and success, these activities require continuing collaboration, research support, and public awareness. World Health Day did not end on April 7, 2004. Activities will continue throughout the year as countries and their leaders plan for improving road safety and reducing road traffic injuries using guidance from the *World Report*.

The fact that around 85% of all road traffic-related deaths and 90% of the disability-adjusted-life years lost due to crashes in the world occur in low- to middle-income countries makes the *World Report* and celebration of World Health Day even more relevant. Road safety is finally being recognized as a health equity issue and as an urgent global health priority ([Nantulya & Sleet, 2003](#)).

The impressive decline in U.S. motor-vehicle death rates during the last century is testament to the effectiveness of prevention ([CDC, 1999](#)). This downward trend occurred despite an increased number of vehicles, drivers, miles traveled, and a growing population. Since 1979, traffic fatalities declined 50% in Canada, 46% in Great Britain, 48% in Australia, and 18% in the United States ([Evans, 2003](#)). Clearly the world has benefited from implementing traffic injury prevention strategies.

CDC, the National Safety Council, the National Highway Traffic Safety Administration, and other partners are working to reduce the burden of traffic injuries in the United States. This will require a comprehensive approach. For example, alcohol and excessive speed are two significant contributors to crashes and injuries that affect drivers, cyclists, and pedestrians. But our experience in the United States demonstrates that while policy-oriented interventions (such as laws and regulations) are essential to reducing road traffic crashes and injuries, awareness and enforcement of these laws are critical to their success. This requires public health, transportation, and enforcement sectors to work together.

CDC is working to reduce the impact of motor-vehicle injuries on society by conducting research and implementing community-based programs in public health settings. CDC researchers acknowledge that no single organization can face such challenges alone. Accordingly, we must collaborate with our global partners to achieve better health, higher safety standards, and more efficient transportation methods.

Many useful strategies for addressing roads, vehicles, and road-user behaviors already exist, and these can be implemented more widely ([Elvick & Vaa, in press](#) and [Zaza & Thompson, 2001](#)). Where effective interventions are unavailable, they must be developed and tested, using science-based methods and research. Interventions that work in one setting may require careful tailoring and evaluation for application in other settings.

Road users everywhere deserve better and safer road travel. If we expect to prevent and control this global epidemic, we must use effective strategies simultaneously to address changes in the roads and transportation systems; to address vehicle safety; and to address the personal behaviors of drivers, passengers, pedestrians, cyclists, and decision makers. For more information on preventable road traffic-related injuries, visit

www.cdc.gov/ncipc/whd2004 or www.who.int/world-health-day.

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