

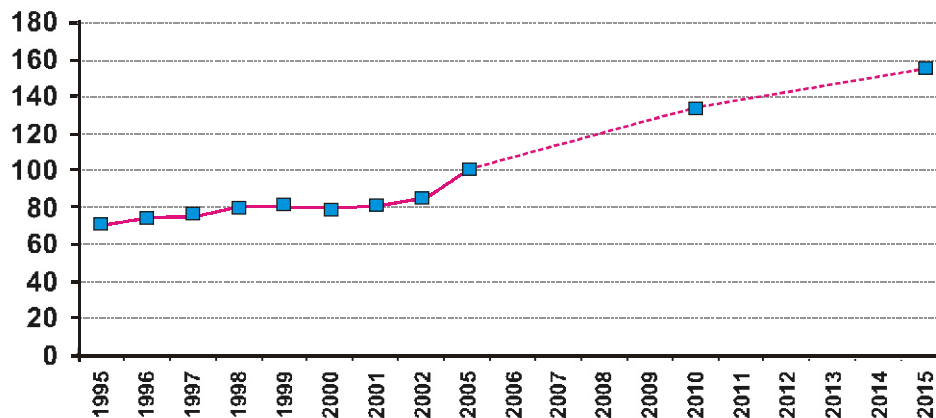
EXECUTIVE SUMMARY

As India marches ahead in growth and development, Road Traffic deaths and Injuries (RTIs) are also on the increase. RTIs every year result in death of more than 100,000 persons, 2 million hospitalizations, 7.7 million minor injuries and an estimated economic loss of 55,000 crores or nearly 3% of GDP every year. If the present scenario continues, India will witness the deaths 150,000 persons and hospitalization among 2.8 million people by 2010, increasing further to 185,000 deaths and 3.6 million hospitalizations (minimum) by 2015. The available data reveal that nearly 10-30% of hospital registrations are due to RTIs and majority of those hospitalized are discharged with varying levels of disabilities. Nearly 3-5% of total deaths will be due to RTIs in the coming years. Social and psychological suffering of injured persons or families with a RTI death are phenomenal and lead to poor quality of life. Today, RTIs are next only to cardiovascular disease in terms of the public health burden and impact. Children saved earlier from communicable and infectious diseases are only becoming victims of this man made epidemic.

Significantly, RTIs affect predominantly men and those in the age group of 5-44 years (>70%), notably the most productive section of our society. The categories of road users affected are pedestrians, motorcycle riders and pillions, and bicyclists, the vulnerable road users of India in more than 70% of deaths and injuries. Indian states with rapid motorization are also witnessing larger share of deaths and injuries. Much of the deaths and injuries are noticed in B grade metros, districts and towns, peripheral rural areas and on highways where transportation and motorization are catching up and health care facilities are really deficient.

Absence of scientific information systems and lack of research have resulted in a vacuum in our understanding of why and how RTIs occur? Traditionally and for too long, victim blaming, human error and fatalistic thinking have occupied the centre stage. Research in RTI causation has clearly delineated the complex role and interaction of various human – vehicle – road and systems related factors. Some major factors associated with increasing RTIs in India are linked to heterogeneous traffic, lack of

Trend of RTI deaths in India, 1991-2015 ('000s)



indigenous safety standards for roads and vehicles, lack of usage of protective devices like helmets and safety belts (poor implementation of even existing laws), drinking and driving, ever increasing speeds on highways – urban and rural roads, poor visibility factors, lack of emergency and pre-hospital care, deficient trauma care in hospital settings, poor rehabilitation programmes and others. Understanding of causation should be clearly driven by scientific information systems. Unless various factors are clearly delineated in the Indian region, answers are hard to come by for intervention development, implementation and evaluation.

The current initiatives for road safety are far from satisfactory given the magnitude of problem and increase of deaths and injuries from year to year. The absence of a clearly defined road safety policy, lack of a central coordinating agency to guide-coordinate-monitor-direct-implement and evaluate activities, limitations of human, financial, physical resources and failure to implement even the proven and effective interventions (helmets and safety belt laws, drink drive laws, speed control measures, good trauma care practices, low cost engineering solutions, visibility related measures, improving safety standards of buses and trucks and others), scientific information systems leading to analysis of crashes, lack of participation from concerned sectors on an integrated and coordinated approach and absence of a scientific approach to road safety are some of the glaring inadequacies in the present context.

Road traffic deaths and injuries are predictable and preventable. The experience of high income countries has demonstrated a noticeable reduction in deaths and injuries in the last 3 decades.

Lessons to be learnt and principles to be applied are several as outlined in section 11 of this report.

Road safety is an integrated, coordinated and intersectoral activity requiring inputs from transport, police, health, urban and rural development, judiciary, NGOs, other sectors and civil society. Within each sector, participation is required by several other groups. As there is no one single intervention capable of reducing deaths and injuries by 100%, interventions need to be combined to obtain maximum benefits. The interventions need to be prioritized on economic feasibility, cost effectiveness, sustainability, technology development, professional's commitment and community participation. Some of the existing interventions in the west can be adapted for Indian setting with utmost care, while new ones should be developed based on Indian research. Combined approaches of Education, Engineering, Enforcement, Emergency care and systematic Evaluation will lead to reduction of burden and greater economic benefits to society.

In the coming years, India will continue to witness increase in number of vehicles and expansion of road infrastructure. Many High Income Countries have shown a reduction in crashes, deaths and injuries despite increase in vehicles and expansion of roads by instituting safety programs aimed at people, roads and vehicles by an integrated – coordinated – multisectoral road safety approach. With the lessons learnt at the global level and analysis of Indian crash data, the time is appropriate to move from a pessimistic and fatalistic approach to an optimistic and positive approach. The aim should be clearly focused on reducing road deaths, injuries and disabilities. In addition, the focus should be on reducing deaths and injuries among

vulnerable road users by making them safer. Undoubtedly, road safety literacy is most crucial at this juncture at all levels of our system.

Active efforts are urgently required in this approach. Some prioritized activities that need to be initiated on a war footing include the following:

- ◆ A clearly defined road safety policy integrating transportation, urban and rural development with clearly defined vision, mission and objectives should be formulated and implemented.
- ◆ Independent and empowered road safety agencies at national and state levels with appropriate status, adequate resources and agreeable authority to develop – coordinate – implement – monitor and evaluate activities should be promoted.
- ◆ All proven and effective interventions like “helmet laws, drink drive laws, speed measures, standards for roads and vehicles, improving visibility, strengthening trauma care and others along with improving mass transport systems”, (details provided in section 12) should be implemented in totality across the country.
- ◆ Human resource development and capacity building across the sectors of police, transport, law and health should receive immediate attention.
Road safety literacy among policy makers, professionals across the sectors of transport, health, police, urban and rural development, finance and others should be promoted on a priority basis. Political leadership will be an essential guiding force in this process.
- ◆ Financial and human resources for “Road Safety” by clearly defined mechanisms to identify potential resources at national and state level should be increased.
- ◆ Better mechanisms for participation of private sector, automobile industry, insurance companies, road building industry and others for road safety needs consideration at higher levels.
- ◆ A National Trauma Council to develop “minimum & basic care practices” by well defined guidelines and protocols along with augmenting physical and human resources in health care system should be facilitated.
- ◆ Education programmes in undergraduate and post graduate teaching programmes in all sectors with a thrust on road safety should be augmented.
- ◆ Developing surveillance and strengthening research by well defined information systems – data collection mechanisms – multidisciplinary crash investigations and trauma registries should be facilitated to delineate the problem – pattern and causes to develop effective inter-ventions.

Deaths of more than 100,000 persons and hospitalizations among 2 million people, primarily in 5-44 years should be of utmost concern for political leaders, policy makers and professionals. ‘Road safety in India’ should not be ignored as ‘Road safety is no accident’. If serious, sincere and concerted action does not come now, India will witness deaths and injuries among countless people in the coming years. The country needs to awaken to this huge man made problem and act now.