Improving Road Safety – Role of Media

Dr. Patanjali Dev Nayar
Regional Adviser – Disability, Injury prevention and Rehabilitation
WHO -SEARO

Media Workshop on Road Safety
Thimphu, Bhutan
28 May, 2018
This can happen to anyone!
Even Ministers and MPs have been in road crashes!

New Delhi, 3 June 2014: A Minister died in a road crash.
Perspective
In the light of Decade of Action and SDG -3 – to reduce fatalities by 50% by 2020

• Why is WHO working to reduce Road crashes?
• RTI – how serious a public health issue in our region? Our Country?
• What could be the main causes? Underlying causes?
• How are these reported in the media?
• Have some countries been able to reduce fatalities? How?
75,000 youngsters killed in road crashes last year

Delhi Tops List Of Deadly Cities With 1,671 Dying In 2014

New Delhi: India's killer roads claimed the lives of 75,000 people aged between 15 and 34 years last year. Over 82% of those victims were males, according to the Road Accident Report for 2014 prepared by the road transport and highways ministry.

"The detailed age profile of road accident victims for calendar year 2014 reveals that the age group of 15-34 years accounted for 53.8% of the total road accident fatalities, followed by the age group of 35-64 years (35.7%)." the report says.

The latest estimate by the World Health Organization also shows that globally, road traffic injuries are the number one cause of death among young people aged 15-29 years. Annually, about 3.4 lakh youngsters in this age group die in accidents. "This shows that there is a need to pay attention to making young people more aware of road safety issues. It's a mammoth loss and calculating the social cost would reveal how big it is," said road safety expert Rohit Bhatia.

PM Narendra Modi too made an appeal on the issue to elders of families in a recent radio address.

According to the report prepared by the ministry's transport research wing (TRW), the total number of road crashes has increased marginally from 4.86 lakh in 2013 to 4.89 lakh in 2014. The number of fatalities has also gone up by about 1.5%. Thirteen states—Uttar Pradesh, Tamil Nadu, Maharashtra, Karnataka, Rajasthan, Madhya Pradesh, Gujarat, Andhra Pradesh, Telangana, West Bengal, Bihar, Punjab and Haryana—account for about 83.3% of the deaths.

It says about 12% of the fatalities happened in 50 cities with populations of over a million each, Delhi leading with 1,671 deaths and Chennai registering the second highest number at 1,119.

400 road deaths per day in India; up 5% to 1.46 lakh in 2015

New Delhi: Indian roads, which account for the highest fatalities in the world, became yet more dangerous in 2015 with the number of deaths rising nearly 5% to 1.46 lakh. This translates to 400 deaths a day or one life snuffed out every 3.6 minutes, in what an expert described as a "daily massacre on our roads."

The number comes as a wake-up call for the government, whose minister Nitin Gadkari has set a goal of reducing road fatalities by 50% by 2022.

According to provisional police data provided by states, Uttar Pradesh recorded the maximum number of road deaths (17,666), followed by Tamil Nadu (15,642), Maharashtra (13,212), Karnataka (10,856) and Rajasthan (10,510).

While the number of road fatalities increased in all big states, 16 smaller ones and UTs, including Delhi and Chandigarh, reported a decline. Amritsar registered the sharpest decline of 116 deaths in 2015 in comparison to the previous year, while fatalities dipped by 49 in Delhi.

The increasing number of fatalities and road crashes—up from 4.89 lakh in 2014 to over five lakh in 2015—indicated how a slew of initiatives taken by the Centre and state governments for road safety had had little impact. The Supreme Court appointed panel on road safety has written to state governments to step up efforts to curb crashes and fatalities.

"We need a comprehensive legislation to deal with this daily massacre on our roads. Stronger law and better enforcement are the key to reduce crashes," said KK Rapilla of the International Road Federation.
Facts: road traffic injuries globally

1.4M - Tuberculosis
1.6M - AIDS-related deaths
<800K - Malaria

1.25 million deaths
20-50 million injured
### Predicted increase in rank

<table>
<thead>
<tr>
<th>Rank</th>
<th>Disease or Injury</th>
<th>Rank</th>
<th>Disease or Injury</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ischaemic heart disease</td>
<td>1</td>
<td>Ischaemic heart disease</td>
</tr>
<tr>
<td>2</td>
<td>Stroke</td>
<td>2</td>
<td>Stroke</td>
</tr>
<tr>
<td>3</td>
<td>Lower respiratory infections</td>
<td>3</td>
<td>Chronic obstructive pulmonary disease</td>
</tr>
<tr>
<td>4</td>
<td>Chronic obstructive pulmonary disease</td>
<td>4</td>
<td>Lower respiratory infections</td>
</tr>
<tr>
<td>5</td>
<td>Diarrhoeal diseases</td>
<td>5</td>
<td>Diabetes mellitus</td>
</tr>
<tr>
<td>6</td>
<td>HIV/AIDS</td>
<td>6</td>
<td>Trachea, bronchus, lung cancer</td>
</tr>
<tr>
<td>7</td>
<td>Trachea, bronchus, lung cancer</td>
<td>7</td>
<td>Road traffic injuries</td>
</tr>
<tr>
<td>8</td>
<td>Diabetes mellitus</td>
<td>8</td>
<td>HIV/AIDS</td>
</tr>
<tr>
<td>9</td>
<td>Road traffic injuries</td>
<td>9</td>
<td>Diarrhoeal diseases</td>
</tr>
<tr>
<td>10</td>
<td>Hypertensive heart disease</td>
<td>10</td>
<td>Hypertensive heart disease</td>
</tr>
</tbody>
</table>
The #1 cause of death: ages 15-29

In your opinion why are young people vulnerable to Road Crashes?
Globally, daily 500 children who go to school do not return!
Traffic injuries are the second leading cause among 5-14-year-olds (WHO)
High Income Countries have only 10% of deaths, despite having 46% of motor vehicles

WHY? What could be the reasons for this apparent “anomaly”?
Low-income countries have the highest rates

Road traffic fatality rates per 100,000 (2013), by WHO region

- African: 26.6
- Eastern Mediterranean: 19.9
- World: 17.4
- Western Pacific: 17.3
- South-East Asian: 17.0
- Americas: 15.9
- European: 9.3
Half of all road accidents result in death or serious injuries

New Delhi: In an alarming trend, at least 50% of all the road crashes ended up with either fatalities or grievous injuries, according to latest government data. Over 1.46 lakh people died in road crashes in India last year.

The Road Accidents in India (2015) report shows that out of little over five lakh crashes, nearly 1.32 lakh were fatal ones and another 1.2 lakh resulted in grievous injuries. “Many of the seriously injured may be becoming permanently disabled. Such injuries have huge implications on families and in many cases they are pushed to poverty,” said road safety expert Rohit Baluja.

According to estimates of Asian Development Bank, seven out of 10 crash victims’ families suffer decrease in income and two-third of victims’ families take loans to cover income loss.

The report also mentions how the numbers of hit-and-run cases and fatalities of two-wheeler riders have also gone up significantly. Their numbers increased from 18,703 in 2013 to 20,709 during 2015. Similarly, at least 46,000 people riding two-wheelers were killed in road crashes last year.

Two-wheeler riders are one of the constituents of “vulnerable road users”, which includes pedestrians and cyclists. The total share of the three categories of road users claimed 63,100 lives, which is almost 43% of the total road deaths last year.

The report also mentions how number of crashes and share of fatalities is higher on roads that pass through rural areas. According to data, 61% of the fatalities were reported on roads falling under rural areas, which also includes national and state highways.

“Besides lack of proper engineering of roads, we have the issue of people hardly getting caught for traffic offences. Just hiking fines will not serve any purpose unless there is proper enforcement,” Baluja pointed out.
Health systems are over burdened

Trauma care is resource intensive. Road crashes further burden the health system!
Road Safety in SEAR - Salient Points

• Approximately 316,000 people killed each year in SEAR
• This is 25% of the Global deaths per year
• Leading cause of death in young people
• Rate varies from 3.5 (Maldives) to 36.2 (THL) per 100,000
• Vulnerable Road Users – Pedestrians, cyclists and motorcyclists make more than 50% (80% in SRL and THL)
• India – largest number of deaths – 137,572 (in 2013), present estimate - 400 deaths per day.
• Huge number seriously injured– long term therapy/ rehab
SEAR - Fatalities per 100,000 population

WHY? What could be the reasons for these differing death rates?
SEAR – Deaths by Road User type

Deaths by road user type, South-east Asia region

- Car occupants: 34%
- Motorized 2-3 wheelers: 16%
- Cyclists: 34%
- Pedestrians: 13%
- Other/unspecified: 3%

Motorcyclists, Pedestrians, Cyclists at highest risk

“Vulnerable Road Users”
Vulnerable road users: Most neglected

56% in SEAR

<table>
<thead>
<tr>
<th>Country</th>
<th>% deaths vulnerable road users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>45</td>
</tr>
<tr>
<td>Bhutan</td>
<td>5</td>
</tr>
<tr>
<td>DPR Korea</td>
<td>-</td>
</tr>
<tr>
<td>India</td>
<td>47</td>
</tr>
<tr>
<td>Indonesia</td>
<td>59</td>
</tr>
<tr>
<td>Maldives</td>
<td>67</td>
</tr>
<tr>
<td>Myanmar</td>
<td>58</td>
</tr>
<tr>
<td>Nepal</td>
<td>-</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>81</td>
</tr>
<tr>
<td>Thailand</td>
<td>83</td>
</tr>
<tr>
<td>Timor Leste</td>
<td>-</td>
</tr>
</tbody>
</table>
# Economic Impact of RTI in SE Asia

<table>
<thead>
<tr>
<th>Country</th>
<th>% GDP loss 2010 (iRAP)</th>
<th>% GDP Loss (WHO GSRRS 2015)</th>
<th>WBG Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>2.8%</td>
<td>1.6% (2003)</td>
<td>LIC</td>
</tr>
<tr>
<td>Bhutan</td>
<td>3.2%</td>
<td>-</td>
<td>Lower MIC</td>
</tr>
<tr>
<td>India</td>
<td>4.6%</td>
<td>3% (2009)</td>
<td>Lower MIC</td>
</tr>
<tr>
<td>Indonesia</td>
<td>4.3%</td>
<td>2.9%-3.1% (2010)</td>
<td>Lower MIC</td>
</tr>
<tr>
<td>Maldives</td>
<td>0.5%</td>
<td>-</td>
<td>Upper MIC</td>
</tr>
<tr>
<td>Myanmar</td>
<td>3.6%</td>
<td>0.5% (2008)</td>
<td>LIC</td>
</tr>
<tr>
<td>N. Korea</td>
<td>3.8%</td>
<td>-</td>
<td>LIC</td>
</tr>
<tr>
<td>Nepal</td>
<td>5.6%</td>
<td>0.8% (2011)</td>
<td>LIC</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>3.4%</td>
<td>-</td>
<td>Lower MIC</td>
</tr>
<tr>
<td>Thailand</td>
<td>9.3%</td>
<td>3% (2009)</td>
<td>Upper MIC</td>
</tr>
<tr>
<td>Timor-Leste</td>
<td>4.7%</td>
<td>-</td>
<td>Lower MIC</td>
</tr>
</tbody>
</table>

(UNICEF 2011; WHO GSRRS 2015)
Bhutan

- Fatalities per 100,000 population: 15.1 (114)
- % deaths VRUs: 5
- % GDP loss: -
- Institutional Framework: RS & Transport Authority
- Speed limit law: Yes
- Drink driving law: Yes
- M/C Helmet law: Yes
- Seat-belt law: Yes
- Child restrain law: No

Source: Royal Bhutan Police (Traffic Division) (data from 2013).
The overarching challenge globally!

From Sustainable Development Goals-3 and 11

**TARGET:** 3.6. *By 2020, halve the number of global deaths and injuries from road traffic accidents*

**TARGET 11.2.** *By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all... notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons*
Prominent cause of death in young people

Challenge - What are the determinants - behaviour?

Every 3rd road death victim is aged 15-24

New Delhi: One in every three persons dying in road crashes in India is a teenager or young adult in the 15-24 age group, data with the Centre reveals.

The proportion of fatalities rises to 54% if the 15-35 age group is considered. Last year, 1,46,133 people died in crashes. Of these, 79,000 were in this age group. In 2014, the number was 70,000, indicating how India loses a huge number of young lives to road crashes year after year.

These statistics were collated from figures sent by state police departments. They show 28-30% of all road crashes take place on national highways, which account for 35% of all road fatalities despite having just a 2% share of India's road network.

2-wheelers linked to high number of youth deaths?

Continued from P 1

Sources said the Supreme Court-appointed committee on road safety has sought a detailed response on why national highways have a deadly record of deaths — 47,649 people died on these roads in 2014 and almost 51,000 last year. The committee also wanted to know what steps the government was taking to reduce fatalities.

Sources said one of the main reasons of youth dying in road crashes could be the high number of fatalities involving two-wheelers and pedestrians. However, data on this is hazy due to absence of a crash investigation system in the country.

"It's a matter of utmost shame to see children dying. It's a time for a political awakening to fix responsibilities. Are those who make laws responsible or those who enforce these, or the agencies who design faulty roads?" asked road safety expert Rohit Baluja.

"Even parents or school authorities who allow our young people to be confronted with such risks must be held responsible. But such calamities must not be acceptable to us as a society," Baluja added.
Cabinet clears new motor vehicle Bill

**New Delhi:** The government Wednesday approved the Motor Vehicle (Amendment) Bill 2016 that proposes hefty penalties for violation of traffic norms, including up to Rs 10,000 fine for drink driving and Rs 2 lakh compensation in hit-and-run cases.

The Bill also has provision of up to Rs 10 lakh compensation in case of road fatalities.

"It is a historical step towards making our roads safe and saving lakhs of innocent lives," said Road Transport and Highways Minister Nitin Gadkari.

He said the Bill includes penalties in the range of Rs 1000-Rs 4000 for overspeeding.

As per the Bill, driving without insurance will be punishable with Rs 2,000 fine and for three-month imprisonment, while driving without helmets will attract Rs 2,000 fine and 3-month suspension of licence. The provisions also include that guardian/owner will be deemed to be guilty in case of road offence by juveniles, PTI.

---

**Dangerous driving** to cover jumping lights, using phone

---

**New Delhi:** Jumping traffic lights, using cell phone while driving, violating the stop sign and driving against the flow of traffic may soon attract fines of up to Rs 5,000 for the first offence and double that amount for subsequent violations.

These provisions are part of proposed amendments to the Motor Vehicles Act, approved by the Union Cabinet on Wednesday which broaden the definition of "dangerous driving" to include these offences.

The proposed law empowers traffic police to impose a driver’s licence, which can also be suspended for committing any offence classified as dangerous driving. A bill in this regard is expected to be tabled in Parliament during the current session.

The bill also proposes to bring taxi aggregators such as Ola and Uber under the licensing norms of state governments. The aggregators can be penalised between Rs 25,000 and Rs 1 lakh for each violation of licensing conditions.

> Fine raised 5 times, P 17
Challenges: Few SEAR countries meet best practice on legislation

Summary of legislation on key risk factors

<table>
<thead>
<tr>
<th></th>
<th>Speed</th>
<th>Drink-driving</th>
<th>Helmets</th>
<th>Seat-belts</th>
<th>Child restraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bhutan</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>India</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indonesia</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maldives</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Myanmar</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nepal</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sri Lanka</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thailand</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timor-Leste</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All these can be self compliant too!

- Green: Meets criteria for best practice
- Yellow: Meets some of criteria for best practice
- Red: No law / law doesn’t meet best practice
- Grey: Legislation set at subnational level

World Health Organization
Regional Office for South-East Asia
## Challenges: Weak Enforcement

(Self Assessment)

<table>
<thead>
<tr>
<th>Country</th>
<th>Speed</th>
<th>Drunk-driving</th>
<th>Helmet</th>
<th>Seatbelt</th>
<th>Child-restraint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladesh</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Bhutan</td>
<td>5</td>
<td>5</td>
<td>10</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>India</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Indonesia</td>
<td>5</td>
<td>5</td>
<td>8</td>
<td>8</td>
<td>-</td>
</tr>
<tr>
<td>Maldives</td>
<td>6</td>
<td>-</td>
<td>7</td>
<td>4</td>
<td>-</td>
</tr>
<tr>
<td>Myanmar</td>
<td>5</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Nepal</td>
<td>7</td>
<td>9</td>
<td>9</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td>DPR Korea</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>-</td>
</tr>
<tr>
<td>Thailand</td>
<td>3</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>-</td>
</tr>
<tr>
<td>Timor Leste</td>
<td>5</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

*Source: World Health Organization, Regional Office for South-East Asia*
Road quality is important too
2-star
Conclusions

- SEAR countries need to urgently strengthen road safety legislation
- Enforcement needs strengthening coupled with awareness campaigns
- Clear political leadership is needed
- No single Ministry or Agency has all the solutions - efforts must be multi-sectoral, involve the whole-of-society with vital engagement of the civil society organization at all levels and effective coordination
- There is a strong need to focus on vulnerable road users
- **Media engagement** and improved quality of reporting - a critical advocacy tool
- Regional mobilization important as complimentary and catalytic to country efforts using existing networks such as WHO SEAR, ASEAN, SARC, etc...

World Health Organization
Regional Office for South-East Asia
Global Decade of Action 2010-2020

Brasilia Declaration (2015) has recommendations on all of them
Media can utilize a wide sweep and range!

**Advocacy - within and outside**

**Reporting "methodologies"**

"Coverage" in the media

**Underlying/indirect causes**

**Probable direct causes**

**Status**

Fatalities & injuries

This is the cream on the cake!

These need to be exposed and dealt with

These are numbers and descriptions and usually reported

World Health Organization

Regional Office for South-East Asia
**Good Samaritans on roads to get anti-harassment shield**

After SC Prod, Govt To Notify Norms Soon  

Dipak.Dash@timesgroup.com

New Delhi: The road transport ministry will notify the standard operating procedures (SOPs) in the next fortnight to protect ‘good Samaritans’ or bystanders from harassment and legal hassles for rushing to the aid of road crash victims. The decision has been taken after the Supreme Court asked the ministry to state what steps are being taken to make the guidelines binding on all the stakeholders and government agencies.

The case filed by Sambhav Foundation, an NGO, will come up for hearing on January 20. “We had circulated a draft SOP among different ministries seeking their comments. It was finalised last week and all the departments are on board. We will submit the SOP to the Supreme Court. There is also a view that if the court issues an order to follow the SOP it will have a greater impact,” a ministry source said.

He added that the SOPs largely deal with how to re-examine any good Samaritan, who volunteers to be a witness in court, how the hospitals need to treat those who rush injured people for immediate medical help and the dos and don’ts for police in such cases.

Though the ministry had come out with the guidelines last year, Sambhav Foundation pointed out that the norms were not being complied with as they were not binding.

As per the new norms, good Samaritans will now be allowed to leave the hospital immediately after furnishing their address and information would be asked. It will voluntary for the person to give their personal details, including contact number.

Even a bystander, who made a phone call to inform the police or emergency service for the injured, shall not be harassed for rushing to the aid of road crash victims.

As per the new norms, people who rush to the aid of road crash victims will be allowed to leave the hospital immediately after furnishing their address and no further question would be asked.

4,000 Died On Roads Under Construction

New Delhi: Potholes and badly designed speed breakers don’t just irritate drivers and damage vehicles. They actually kill.

For the first time, the government recorded deaths caused by potholes, speed breakers and humps on roads. Last year, about 11,400 people died in such cases with Uttar Pradesh topping the list. Another 4,100 people were killed in crashes on stretches under repair or under construction.

Up to 224 died on roads under repair or under construction.

**INDIA’S DEATH TRAPS**

<table>
<thead>
<tr>
<th>CASUALTIES IN STATES</th>
<th>DUE TO POTHOLES</th>
<th>DUE TO SPEED BREAKERS</th>
<th>DUE TO HUMPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>UP</td>
<td>11,106 Crashes</td>
<td>11,008 Crashes</td>
<td>13,149 Crashes</td>
</tr>
<tr>
<td>Bihar</td>
<td>3,039 Deaths</td>
<td>3,633 Deaths</td>
<td>4,726 Deaths</td>
</tr>
<tr>
<td>Jharkhand</td>
<td>970 Crashes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tamil Nadu</td>
<td>636 Crashes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumbai</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Odisha</td>
<td>569 Crashes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>WB</td>
<td>375 Crashes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andhra Pradesh</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rajasthan</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uttar Pradesh</td>
<td>11,400 Crashes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For the first time, the government recorded deaths caused by potholes, speed breakers and humps on roads. Last year, about 11,400 people died in such cases with Uttar Pradesh topping the list. Another 4,100 people were killed in crashes on stretches under repair or under construction. UP alone saw 4,416 lives being lost due to bad roads.

Other states with a high number of fatalities on these counts included Madhya Pradesh, Bihar, Tamil Nadu, Karnataka and West Bengal. Maharashtra registered 368 deaths in crashes due to potholes, humps and speed breakers while another 224 died on roads under repair or under construction.
2,556 road deaths in U’khand in 3 yrs: Drunk drivers, unfit vehicles to blame

Absence Of Crash Barriers, Overcrowding Adding To Problem

Dehradun: A bus fell into a gorge in Chamoli district on Thursday, killing eight, including six teachers. On Wednesday, a French tourist was among five dead as another vehicle plunged down the mountain near Yamunotri. Two weeks ago, British biker Victor James Fox, 22, lost his life as he slipped down a ravine along with his bike while he was on route to Gangotri.

Uttarakhand’s deadly roads are gobbling up lives by the hundreds and no one seems to have a solution in mind. This year from January 1 till April 30, there have been 313 deaths, and counting. Last year, there were around 913 accident fatalities. In 2014, the number was 876. The figure was 765 in 2013. If the deadly incidents till now this year are any indication, the toll may reach well over 1,000 by the time 2016 ends.

The past fortnight particularly was horrifying as far as accidents in the hills are concerned, with almost two dozen deaths being reported since May 12. These accidents not question the safety of the state’s roads during the peak tourist season but also highlight the apathy of concerned officials and departments in not doing enough to tackle the problem.

Incidentally, most officials concur on the reasons behind the accidents. “Absence of parapets-crash barriers, over-crowding, untrained manoeuvring at sharp turns, drunken driving, tiredness of drivers, poor maintenance of vehicles and driving while playing loud music are the major factors,” said Ram Singh Meena, additional director general of police (administration). He added that the best way to bring down these accidents was to look for “pragmatic solutions.”

As to what these solutions can be, nobody has any clear answers although the rising road fatalities (the number of deaths have increased from 698 in 2001 to 913 in 2015) have certainly set alarm bells ringing.
Media - managing human error

• Public education efforts need to:
  – Raise awareness of the risks associated with distraction, inattention, fatigue etc.
  – Target the lifestyle-related factors that impact on road user competency

• Need to fast-track the wider use of vehicle and road-based technology to warn drivers and intervene when necessary

• Need to minimise system-induced errors e.g. road cues that inadvertently encourage speeding
Deeper understanding of human motivations and capabilities

• While road users need to comply with the rules:
  – Humans inevitably make mistakes
  – Broader personal and social factors influence behaviour e.g. ‘people drive as they live’

• Consistent with the Safe System Approach, we need to make the system more ‘human proof’ e.g.
  – Alcohol ignition interlocks in all vehicles
  – Widespread intelligent speed adaptation
  – Smart licences to control access to vehicles
Holistic Safety Strategy

State of the driver and traffic environment

Vehicle conflict situation

Driver unable to avoid crash
Car still able to avoid crash

Driver and car unable to avoid
Reduce severity
Prepare to crash

If possible push back into normal driving mode! Otherwise mitigate.

Normal driving
Deviation from normal
Emerging situation
Critical situation
Crash Unavoidable
Crash

Post Crash

Develop safety systems for each mode and cut the chain of events as soon as possible

Time to crash
∞
2-3s
1s
0
Safe system - Four Main Principles

1. Humans make mistakes that lead to road crashes;
2. The human body, by nature, has a limited ability to sustain crash forces; (Thus require quality post-crash care)
3. All people involved in designing, building, managing and using the road traffic system have a shared responsibility to ensure that road crashes are prevented as much as possible or, when they occur, do not lead to fatal or serious injuries. (We all need to collaborate!)
4. All parts of the system need to be integrated and strengthened so that the safety effects are multiplied and if one part fails other parts will still protect all the people involved. (Systems approach and NOT piecemeal!)

There is no “unique” approach to Safe system, but rather a variety of approaches relying on these four common principles.
SPEED KILLS!
Drinking alcohol and driving increases the risk of a road traffic crash.

Above a blood-alcohol concentration (BAC) of 0.05 g/dl, the risk of road traffic crash increases dramatically.

Road crash risk

Blood-alcohol concentration (BAC) g/dl

0.05

0.1

World Health Organization
Regional Office for South-East Asia
Road user behaviour: Success stories
These could be utilized repeatedly

- The correct use of a motorcycle helmet can result in a 40% reduction to the risk of death, and 70% reduction to the risk of severe injury.

- Wearing a seat-belt reduces the risk of a fatal injury by:
  - Up to 50% for front seat occupants
  - Up to 75% for rear seat occupants

- Enforcing drink-driving laws can reduce road deaths by 20%.

A 5% cut in average speed can result in a 30% reduction in the number of fatal crashes.

Strong laws with enforcement led to fatality reductions in France
(population size similar to Thailand)

* Source Mr Joël Valmain, France, Presentation at the Road Safety Legislation Workshop, Geneva, August 2014.
* Data from 2013 Provisional Road casualty results, by ONISR - January 2014
Australia - Reducing drinking and driving through random breath testing

Effectiveness of random breath testing on alcohol-related crashes in Australia

Source: Department of Infrastructure, Transport, Regional Development & Local Government, 2009
MAKE CITIES SAFER BY DESIGN

Speed management
Traffic calming measures, can reduce vehicle speed and crashes
Safe biking and walking
Bike and pedestrian facilities should form a network, with appropriate lane design, protection, signals, and parking facilities.
Action points for media

• Keep it up! (And Thanks for the sustained and quality reporting!)

• Political mobilization is crucial

• Focus mainly on vulnerable road users - then other areas

• All Five Pillars need to be strengthened - simultaneously

• SEAR countries need to urgently strengthen road safety legislation

• Multi-sectoral efforts are required and thus should be encouraged

• Enforcement needs strengthening and coupled with awareness campaigns

• Activate everyone - involve everyone especially engagement of the civil society at all levels - and effective coordination

• Improve engagement of non involved media - improved coverage and quality of reporting

• Support each other – concerted and simultaneous print and A/V stories

• Be an advocate – always!
Thank you!
Cashless treatment helps 6,100 accident victims in Karnataka

Free treatment up to Rs. 25,000 is provided for the first 48 hours at any registered hospital.

By CINTHYA ANAND

BENGALURU: The Mukhyamantri Santwana Harish Yojana (MSHS), providing cashless treatment in the crucial hours after an accident, has catered to 6,100 cases across Karnataka, and provided treatment of up to Rs. 1.3 lakh in the three months after its launch.

While these are considerable numbers, there is still a long way to go to match the need, going by the number of accidents occurring in the State. Emergency response agency GVK EMRI handles about 2,400 cases across the State and around 500 in Bengaluru (Urban and Rural) daily.

Under the scheme, launched on March 9, victims are given cashless medical treatment for the first 48 hours at any registered hospital, up to Rs. 25,000. The scheme was named after Harish Nanjappa, a Bengaluru-based youth who donated his eyes moments before his death.

At the Suvarna Arogya Su-rajsha Trust (SAST) office in Shanthinagar, a unit of the Health Department which administers the scheme, the number of beneficiaries under MSHS is updated in real-time.

Case studies

Lists are generated daily to find out beneficiaries in each district and the process of how an accident victim receives treatment during the golden hour is studied on a case-by-case basis, with the aim of plugging loopholes in the system.

430 hospitals covered

Currently, 430 hospitals across Karnataka are part of the scheme, of which 37 are in Bengaluru.

Rehit Metrani, project head of MSHS said, “The speciality of the scheme is that any one is eligible for it, irrespective of their financial ability.” Any amount less than Rs. 5,000 is auto-approved. So far, around 850 cases have been auto-approved.

“Government hospitals in Bengaluru have been doing well, and one of the reasons is that they are incentivised under the scheme,” said Mr. Metrani. Bowring Hospital has received 200 registrations. All government hospitals and hospitals already empanelled for various Health Department programmes are part of the scheme. Private hospitals can register online and are included for compensation after verification.

“Since the MSHS scheme started just recently, it has only a few hospitals empanelled. However, it is growing at a tremendous pace and I am confident it will soon cater to most accident victims in the State,” said Ablinav Jaliram, State Head of GVK EMRI. The 108 ambulance staff has been informed of the hospitals empanelled under the programme, and SAST is in discussion with GVK EMRI to include hospitals where more patients are taken.
400 road deaths per day in India; up 5% to 1.46 lakh in 2015

New Delhi: Indian roads, which account for the highest fatalities in the world, became yet more dangerous in 2015 with the number of deaths rising nearly 5% to 1.46 lakh. This translates to 400 deaths a day or one life snuffed out every 3.6 minutes, in what an expert described as a “daily massacre on our roads.”

The number comes as a wake-up call for the government, whose minister Nitin Gadkari has a goal of reducing road fatalities by 50% by 2020.

According to provisional police data provided by states, Uttar Pradesh recorded the maximum number of road deaths (17,066), followed by Tamil Nadu (15,642), Maharashtra (13,212), Karnataka (10,856) and Rajasthan (10,519).

While the number of road fatalities increased in all big states, 10 smaller ones and UTs, including Delhi and Chandigarh, reported a decline. Assam registered the sharpest decline of 15 deaths in 2015 in comparison to the previous year, while fatalities dipped by 49 in Delhi.

The increasing number of fatalities and road crashes -

3 killed in hit & run on Ggn expressway

Three people on a bike that had slowed down on missing an exit on the Delhi-Gurgaon Expressway were killed in a hit and run accident late on Tuesday. The victims died on the spot when a car rammed into the bike on the Rajiv Chowk flyover. The car driver fled with the vehicle after the accident. All three victims were from Bihar and employees of private firms in Delhi and Gurgaon.

Every 3rd road death victim is aged 15-24

New Delhi: One in every three persons dying in road crashes in India is a teenager or young adult in the 15-24 age group, data with the Centre reveals.

The proportion of fatalities rises to 54% if the 15-35 age group is considered. Last year, 1,46,133 people died in crashes. Of these, 79,000 were in this age group. In 2014, the number was 70,000, indicating how India loses a huge number of young lives to road crashes year after year.

These statistics were collated from figures sent by state police departments. They show 28-30% of all road crashes take place on national highways, which account for 35% of all road fatalities despite having just a 2% share of India’s road network.

But a lot more is still required!
75,000 youngsters killed in road crashes last year

Delhi Tops List Of Deadly Cities With 1,671 Dying In 2014

New Delhi: India’s killer roads claimed the lives of 75,000 people aged between 15 and 34 years last year. Over 82% of these victims were males, according to the Road Accident Report for 2014 prepared by the road transport and highways ministry.

“Road Safety and Crashes are being regularly reported in the media.”

Myth busted: Newer vehicles involved in bulk of accidents

New Delhi: Contrary to the general belief that old vehicles are likely to be involved in more crashes, particularly fatal ones, the latest official data shows that it’s 16-year-old vehicles that are involved in the largest chunk of such cases. Vehicles ranging from 2 to 4 years old accounted for the highest number of both crashes (66,960) and deaths (34,494), the national road accidents report shows.

For the full report, log on to www.timesofindia.com
Many steps taken by Govts

Good Samaritans on roads to get anti-harassment shield

After SC Prod, Govt To Notify Norms Soon

Dipak Das@economist.com

New Delhi: The road transport minister will notify the standard operating procedures (SOP) in the next fortnight to protect 'good Samaritans' or bystanders from harassment and legal hassles for rushing to the aid of road crash victims. The decision has been taken after the Supreme Court asked the ministry to state what steps are being taken to make the guidelines applicable to stakeholders and government agencies.

The case filed by SaveLIFE Foundation, an NGO, will come up for hearing on January 28. "We had circulated a draft SOP among different ministries seeking their comments. It was finalised last week and all the departments are on board. We will submit the SOP to the Supreme Court. There is also a view that if the court issues an order to follow the SOP, it will have a greater impact," said ministry sources.

He added that the SOPs would deal with how to cross-examine good Samaritans who volunteer to be witnesses in court, how the hospitals need to treat those who rush to the aid of injured people for immediate medical help and don'ts for police in such cases. Though the ministry had come up with the guidelines last year, SaveLIFE Foundation pointed out that the norms were not being complied with since they were not binding.

As per the new norms, people who rush to the aid of road crash victims will be allowed to leave the hospital immediately after furnishing their address and no further question would be asked compiling his name of other details. There is also a provision to take disciplinary action against officials who cease or intimidate a good Samaritan to reveal his name or personal details.

Annually 1.4 lakh die in road crashes in India and government reports suggest that at least 50% of the fatalities can be averted if the victims are rushed to a hospital within the first hour of incident. 

Many steps taken by Govts
Policy related challenges

- None of the SEAR countries have National policies to separate vulnerable road users from High-speed traffic

- Weak Legislation on FIVE KEY RISK factors – Speed, drink-driving, helmets, seat belts, and child restraints

- Weak enforcement of laws on these key risk factors

- Only 2 countries apply ANY of the 7 priority vehicle safety standards. No country applies all 7.

- Post crash care - Universal telephone number lacking, quality care lacking

- How much of policy development is evidence based?
Media - understanding the road user behaviour

- In-depth crash studies show that human factors also contribute to road crashes
- Need to distinguish between:
  - Illegal behaviours like drink driving, speeding etc.
  - Human error such as inattention, distraction
- Personal and social factors have a strong influence on behaviour: ‘People drive as they live”
- Humans can be very resistant to change
Some Key Experiences with Safe System Implementation

- **Bold vision & leadership vital to success**
- **Management by outcomes-data, indicators, report**
- **Transformational vs incremental**
- **Holistic management of behaviour, speed, vehicles & road & roadside infrastructure**
- **Identify crash priorities (e.g. intersections, urban arterials, vulnerable users, run off)**
- **Focus on deaths & serious injuries to avoid incomplete & distorted responses**