

The Bone and Joint Decade 2000–2010 – Road Traffic Injury Prevention

a report by

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Every year, 1.3 million people around the world are killed and 34 times that number are injured in traffic accidents. By 2020, 17 million more could die and over 200 million could be seriously injured and permanently disabled on the world's roads.¹ It can be difficult to comprehend such macro-statistics, so perhaps if one thinks of it in terms of the 3,000 men, women and children who perish on the world's roads every day the statistics will become more real.

Road trauma is among the world's largest public health problems: according to the World Health Organization's (WHO) Global Burden of Disease and Injury report, it ranks with malaria, tuberculosis and HIV/AIDS as a leading global cause of death and disability.¹ Today, road traffic incidents are responsible for 25% of all deaths due to injury worldwide, and in those between 10 to 45 years of age they are the leading cause of death.¹ Clearly, this is unacceptable: road traffic accidents are predictable and therefore preventable. The term 'traffic accident' is in fact a misnomer for the negligence that causes so much death and disability. Traffic collisions are neither unpredictable nor unavoidable, and as such the majority of injuries could be prevented. According to the global expertise now being focused on the problem, it is simply a matter of applying resources in a focused way and addressing major risk factors, including not wearing seatbelts or helmets, not using child restraints, speeding and drinking and driving.²

In low- and middle-income countries an extremely high number of collisions are lethal owing to road, vehicle and traffic conditions. For example, in Kenya there are 1,786 fatalities per 10,000 crashes, while the situation in Vietnam is far worse, with 3,181 fatalities per 10,000 crashes. This compares with 66 fatalities per 10,000 collisions in the US, with these fatalities usually involving the deaths of vehicle occupants. In comparison, in developing countries vulnerable road users such as pedestrians, cyclists and motorcyclists who share the road with heavy vehicles such as trucks and buses in a chaotic traffic stream are most often the victims of collisions. However, under-reporting of injuries is common in the developing world and the above estimates may represent only half the true number. The trauma victims are often young males who are the workers and wage-earners in their families. When they are killed or disabled, there is a profound short- and long-term effect on their entire family.³

In summary, not separating the various road users, sparse traffic safety laws, inadequate police enforcement, the lack of pre-hospital emergency care and limited resources for acute hospital and rehabilitative care with social re-integration are the main preventable factors explaining the frequency of traffic crashes and their devastating consequences.³

Mobilising Global Support

Since its inception, the Bone and Joint Decade (BJD) 2000–2010, made up of musculoskeletal and trauma specialists and with networks in more

than 70 countries around the world, has been the initiator and champion of improving road safety. At the start of the Decade, the BJD Global Road Safety (GRS) Project recognised that immediate action could dramatically alter the course of this epidemic. Raising awareness on an international level resulting in intervention on a national level can significantly reduce traffic fatalities and injuries. BJD task force members saw the need to support their colleagues in developing countries in their efforts to advocate the priority of road safety to their governments.

As witnesses to the aftermath of road traffic accidents, musculoskeletal and trauma specialists can attest to the unnecessary pain and suffering endured. Their moral authority and prominence as influential members of society will allow them to be powerful advocates for change. However, BJD task force members recognised that the ultimate success of any action hangs on the creation of a multidisciplinary effort that unites public and private sectors and that is bound by sustainable global political commitment. In response to this clear need to raise political awareness and address the issues, in 2001 members of the BJD International Steering Committee and counterparts in the campaign proposed a UN conference on global traffic safety.⁴

In 2002 the BJD, through its GRS Project, helped to co-ordinate a unique committee of international stakeholders known as the GRS Steering Committee, which includes among its members the BJD, the Task Force for Child Survival and Development, the WHO, the World Bank through its Business Partners for Development project, the UN Children's Fund (UNICEF), the UN Development Programme (UNDP), the UN Department for Economic and Social Affairs, the International Automobile (FIA) Foundation and the private sector.⁴ Working closely with the government of Oman, through its UN mission in New York, in a historic move the Committee organised the first ever Technical Briefing on Global Road Traffic Safety in October 2002 at the UN in New York. In March 2003, the BJD organised a second technical briefing at the UN. The goals of the session were to introduce the problem, build political will, raise awareness, address potential solutions and discuss a permanent role for the UN in the global road safety campaign.⁴

The Bone and Joint Decade (BJD) 2000–2010 was launched in Geneva in January 2000 during a World Health Organization (WHO) conference on 'The Burden of Musculoskeletal Conditions at the Start of the New Millennium'. Kofi Annan, Secretary General of the UN, endorsed the BJD on behalf of the UN. The driving force behind this initiative was the recognition among healthcare professionals and patient advocates of the significant impact and the growing burden of bone and joint disorders on society, healthcare systems and individuals, and that no single organisation alone could accomplish the desired benefits. The BJD aims to build awareness of the burden of musculoskeletal conditions by educating the public and driving research and legislation that will lead to the improvement of care. BJD is a global initiative with localised national strategies and actions.

www.bjdonline.org

Table 1: Road Accident Statistics

Worldwide, a child under 15 years of age is killed or seriously injured every minute. ¹
Developing countries account for more than 85% of all deaths due to road traffic crashes globally and for 96% of all children killed. As a global killer, road deaths rank with malaria and tuberculosis as the most lethal. However, the issue is not widely recognised as a development concern and until now there has been no high-level international action to improve road safety. ²
More than 1 million people are killed and more than 50 million are injured worldwide in traffic accidents each year. ¹
Road crashes are estimated by the World Bank to cost, globally, US\$500 billion, of which up to US\$100 billion a year is in low- and middle-income countries – typically 3% of their gross domestic product (GDP). ²
Nine out of 10 of these crashes are preventable simply by modifying behaviours (e.g. speed reduction, drink/drugs control, safety belt use). ³

In March and September 2003, the first and second UN resolutions on road safety were endorsed. From the beginning of 2003, the BJD worked closely with the WHO to endorse road safety; as a result, the World Health Assembly officially endorsed the resolution and dedicated the 2004 World Health Day to the theme of 'Road safety is no accident', in which the World Report on Road Traffic Injuries and Prevention was launched.

In April 2004, the GRS Steering Committee was instrumental in mobilising support and political will for a special session of the UN General Assembly dedicated to the global road safety crisis, and contributed to the third UN General Assembly Resolution (58/289) endorsing the World Report on Road Traffic Injury Prevention, published by the WHO and the World Bank and endorsing the WHO as the co-ordinator for road safety in the UN. Additionally, the UN resolution called for a UN focal point on road safety: a report from the Secretary General (A/62/257) prepared by the WHO and the UN Road Safety Collaboration (UNRSC), which made a case for the strong link between road safety and sustainable development. The Secretary General Kofi Anan clearly stated that road safety is indeed a public health problem, ensuring international commitment to the issue.

In October 2005 a fourth UN road safety resolution was passed by the General Assembly in New York, urging Member States to implement the recommendations of the World Report on Road Traffic Injury Prevention, to organise the first UN global road safety week targeting young road users, to organise a general youth assembly in Geneva in May 2007 and to instigate a World Day of Remembrance for the victims of road traffic crashes on the third Sunday in November every year. It also expressed concern about the rapid increase of fatalities and injuries in low- and middle-income countries. In April 2004, World Health Day was dedicated to road safety, and in April 2007 the 2nd UN Stakeholders Forum on Global Road Safety was held in Geneva, immediately after the youth assembly, which kicked off an entire week focused on the theme with events around the globe.

Where We Are Today

On 31 March 2008, the UN General Assembly, led by Secretary General Ban Ki-Moon, unanimously approved the fifth resolution (A/RES/62/244) on improving global road safety, which commits UN time and resources to the road trauma epidemic. The Omani government, jointly with the Russian

Republic, co-sponsored this most recent resolution. The Omani Ambassador to the UN warned: "There is a growing gap between the developed countries and developing and transitional countries, where the problem is getting worse. If we cannot accelerate our response to the epidemic of road traffic deaths in low- and middle-income countries – by mobilising more effective enforcement, building safer roadways, changing road user behaviours and providing better care – we will lose tens of millions of lives before these problems turn the corner and start on a downward curve." The Omani Ambassador also stated that it was time for ministers and government officials with responsibilities for transport, health, education, safety and law enforcement to meet and discuss the issue.

The General Assembly stated: "This fifth resolution on road safety, adopted since 2003, illustrates the growing commitment within the UN to acknowledge the magnitude of this epidemic, its impact on developing nations and the need for a co-ordinated global response to address it. The adoption of the fifth UN resolution on road safety 62/244 is a milestone event in the effort to mobilise global support for road safety." The result of the fifth UN resolution is the first ever UN Ministerial Conference on Global Road Safety, which will gather together ministers of transport and health and law enforcement agencies from all UN Member States to raise political support for action on road deaths. The conference will be held in November 2009 in Russia and will focus on the progress of countries in implementing measures to improve road safety and reduce injuries, with the specific goal of stepping up international co-operation, sharing knowledge of injury prevention and capacity building, safety-focused infrastructure planning and proper data banking within the context of global development, particularly to the benefit of low- and middle-income countries.⁵

Immediately following the adoption of the fifth resolution, the UNRSC organised a working meeting of this collaborative group, where discussions included the drafting of an operating framework for the collaboration and other next steps to follow up on the UN resolution. The recommendations of the working group underlined the need for all countries to take swift action focusing on the five main risk factors: not using seatbelts or child restraints, not using helmets, drinking and driving, excessive speed and lack of appropriate infrastructure. They also called on countries to pay attention to the needs of vulnerable road users such as pedestrians, cyclists and users of public transport and to improve post-crash care for crash victims.⁵ To coincide with the resolution, the 'Make Roads Safe' campaign was launched by the Lord Robertson Commission. The campaign seeks to include road traffic injuries in the G8 and sustainable development agendas by pointing to the fundamental link between road safety and many of the UN's Millennium Development Goals.

To keep up the pressure on political leaders to make road safety a public health priority, we invite you to add your name to the millions of others who have joined this campaign (www.makeroadssafe.org). Together we can advocate for road safety by raising awareness about the tragedies that occur every day on our roads, the impact of these fatalities and injuries on socioeconomic development and the interventions that have been proved to be effective in helping to reverse this dreadful epidemic. ■

1 Peden M, Scurfield R, Sleet D, et al., *World Report on Road Traffic Injury Prevention*, Geneva: World Health Organization, 2004. Available at: www.who.int/violence_injury_prevention/publications/road_traffic/world_report/en/index.html

2 Spiegel DA, Gosselin RA, Coughlin RR, et al., The Burden of Musculoskeletal Injury in Low- and Middle-Income Countries:

Challenges and Opportunities, *J Bone Joint Surg Am*, 2008;90(4):915–23.

3 Mohan D, Tiwari G, Khayesi M, Nafukho FM, *Road Traffic Injury Prevention Training Manual*, Geneva: World Health Organization, 2006. Available at: www.who.int/violence_injury_prevention/publications/road_traffic/en/

4 The Bone and Joint Decade, *Annual Report 2006. Moving Forward: An Evolving Strategy to Lead the 2nd Half of the Decade*, 2007. Available at: www.bjdonline.org/default.aspx?contId=1841

5 Al-Kharusi W, Update on Road Traffic Crashes: Progress in the Middle East, *Clin Orthop Relat Res*, 2008 Aug 14 (Epub ahead of print).