World Health Organization

World Health Organization
REGIONAL OFFICE FOR South-East Asia

DECADE OF ACTION FOR ROAD SAFETY 2011-2020

KEY FACTS

STATUS OF ROAD SAFETY IN THE SOUTH-EAST ASIA REGION

Introduction

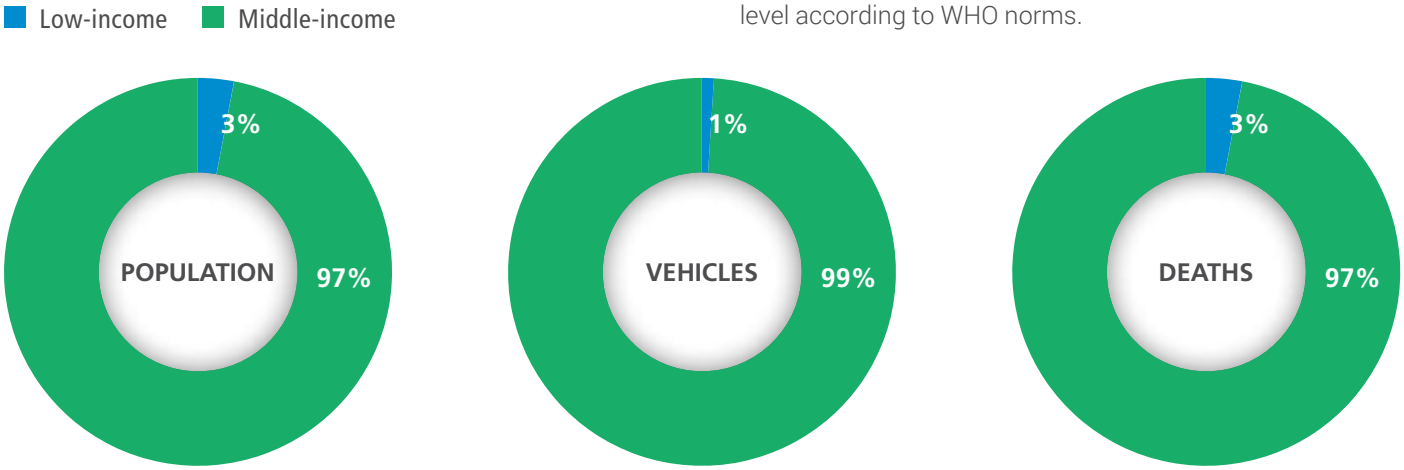
Globally, road traffic injuries contribute to 1.35 million deaths every year (*1*). In addition, road traffic injuries are now the leading cause of death for children and young adults aged 5–29 years (*1*). The risk of road traffic injuries and policy response to it varies by region. Understanding regional specificities helps in developing an appropriate strategy to respond to the unique situation of a given region. The key facts on road safety in the South-East Asia Region of the World Health Organization (WHO), based on data collected for the fourth *Global status report on road safety* (*1*), are presented in this fact sheet. The facts presented are for 10 countries out of 11 countries, representing 98.7% of the population in the South-East Asia Region. For this fact sheet, 2018 data were used for the review of vehicle standards; 2017 data were used for the review of legislation, road safety standards and post-crash care; and fatality estimates were based on data from 2016.

Regional road traffic injury burden

The South-East Asia Region accounts for 30% of global road traffic deaths with nearly 402 920 deaths. It accounts for 26% of the total world population and 20% of the total number of registered vehicles. The South-East Asia Region has the second highest road traffic fatality rate among WHO regions with a rate of 20.7 per 100 000 population. As shown in Figure 1, the burden of road traffic deaths is disproportionately borne by middle-income countries in the region, which account for 97.3% of this burden.

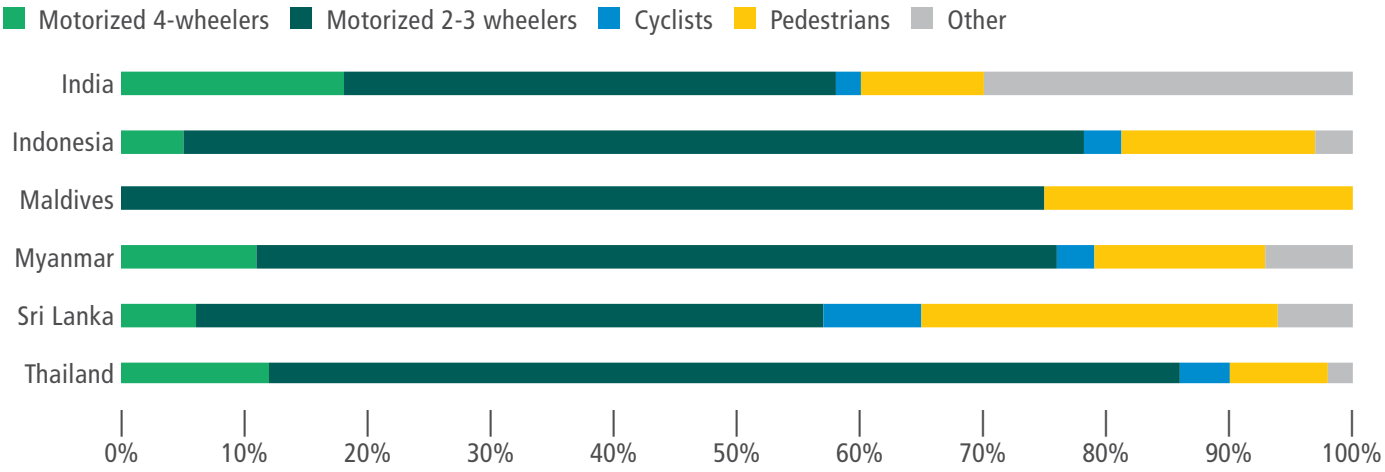
The South-East Asia Region has a particularly high proportion of motorized two-three wheelers that account for 44% of all the road traffic deaths. There are notable variations in road traffic deaths by road user types as revealed in selected countries of the South-East Asia Region (Figure 2). This figure, based on reported data, shows that deaths among two-three wheelers vary from 45% to 75% of road traffic deaths. In some countries, pedestrian deaths are also a cause in more than a quarter of road traffic deaths. Two-three wheeler deaths are highest in the selected SEAR countries. The only exception is in Nepal where pedestrian deaths are the highest. Although 6 of 10 countries could provide data on road traffic deaths from the vital registration/death certification (VR), only Maldives, Sri Lanka and Thailand VR data had an acceptable under-reporting level according to WHO norms.

Figure 1: Proportion of population, road traffic deaths, and registered motor vehicles by country income* category, South-East Asia Region, 2016



* There is no country in the high-income category in SEAR

Figure 2: Mortality by different modes of transport as a proportion of road deaths in selected countries in South-East Asia Region



CASE STUDY: In Thailand, death registration is validated with Medical Certification of Cause of Death from hospitals, Royal Thai Police and the insurance sector. There has been a lot of progress in the quality of data and improvement of under-reporting in the country since the integration of data sources.

Status of road safety policy development and implementation

Information is presented on five areas that are key to a comprehensive approach to road safety: institutional management, legislation on road user behaviour, safe roads, safe vehicles and post-crash care.

Institutional management

Appropriate institutional management is needed to coordinate road safety policy development and implementation at the national level (*1, 2*). Of the 10 participating countries, all had a lead agency and strategies, 8 had strategies that were funded and 7 had strategies with a fatality reduction target.

Legislation and road user behaviour

Establishing and enforcing laws to address key risk factors are critical components of an integrated strategy to prevent road traffic deaths and injuries (*2*). The key behavioural risk factors for road traffic injuries are speeding, drinking and driving, not wearing a helmet, and not using a seatbelt or child restraint. Out of 10 countries that participated in the data collection, four have no laws meeting the best practice on any of the four or five risk factors, 2 countries have laws that meet best practice on 1 risk factor only, 3 countries have laws that meet best practices on 2 risk factors, 1 country has laws that meet best practice on 3 risk factors, no country has laws that meet best practice on 4 risk factors and no country has laws that meet best practice on 5 risk factors. Specifically

- 1 country meets best practice criteria for speed laws (Indonesia);
- 1 country meets best practice criteria for drink-driving laws (Thailand);
- 4 countries meet best practice criteria for helmet laws (Bhutan, India, Thailand and Timor Leste);
- 5 countries meet best practice criteria for seat-belt laws (Bhutan, India, Myanmar, Thailand and Timor Leste); and
- no country has a child restraint law

Safe roads

When safety is taken into consideration during the planning, design and operation of roads, substantial contributions can be made to reducing road traffic deaths and injuries (*1*). For pedestrians, cyclists and motorcyclists, the lack of specific infrastructure features that can ensure them a safe journey leaves them vulnerable to injury. Road safety audits are one way to ensure minimum standards for infrastructure are met and 9 countries out of 10 require audits or star rating[1] for new road infrastructure. All participating countries have design standards for the safety of pedestrians and cyclists while 8 countries currently undertake systematic assessments or star rating of existing roads. While 7 countries invest into upgrading high risk locations, 9 countries have policies and investment in urban public transport. All countries should include safety as a key feature of new roads and consider conducting audits of existing infrastructure, giving the safety of vulnerable road users attention.

[1] This refers to an objective measure of the safety performance of a proposed road design for all relevant road users that is usually associated with a design target (e.g. minimum 3- or 4-star for pedestrians, cyclists, motorcyclists and vehicle occupants).

Safe vehicles

The United Nations World Forum for Harmonization of Vehicles has a series of international motor vehicle safety standards and regulations that provide a legal framework for United Nations Member States that are encouraged to apply. Through the World Forum, motor vehicles can now be internationally approved without further tests, provided they meet the relevant United Nations regulations that include crash-worthiness (providing protection when an incident occurs) and crash avoidance (preventing a collision from happening at all). Among the most important vehicle standards are the following eight regulations: seat- belts; seat-belt anchorages; frontal impact; side impact; electronic stability control; pedestrian protection; ISOFIX child restraint anchorage points; and motorcycle anti-lock braking systems (*3*). Out of 10 countries, 8 implement none or 1 safety standards, 2 implement 2 to 6 safety standards and there is no country that implements 7–8 vehicle safety standards. Further, 1 country implements frontal impact standard, no country implements electronic stability control and 2 implement pedestrian protection.

Post-crash care

Simple and affordable post-crash care interventions save lives. Effective care for the injured requires timely care at the scene, prompt transport to appropriate emergency and surgical care at hospital, and early access to rehabilitation services. There were 3 countries out of 10 that have a national single emergency number. Only one country has a trauma registry. While 4 countries have a formal certification for prehospital providers, only 1 has conducted national assessment of emergency care systems. In 2019 the World Health Assembly called upon governments and WHO to improve emergency and trauma care.

Conclusion

The rate of road traffic fatality in the South-East Asia Region remains among the highest in the world. Whereas several countries have the relevant policy framework in place, there remains significant progress to be made in most countries. Progress will depend upon addressing the gaps identified in key road safety laws, infrastructure, vehicles standards and access to post-crash care. Knowledge about specific actions to be undertaken on each of these key areas is available. There are specific issues that need to be addressed. The first is increasing political will. Despite a better understanding of the problem and its solutions, political will to carry out the necessary actions is often lacking. Too many countries still lack funded strategies, lead agencies and good laws that are enforced. It is important also to raise awareness of road safety among business and civil society to attract new funding and new partnerships.

The second is ensuring accountability. Improving the safety of roads requires clear responsibility and accountability that cuts across sectors. Those who plan, design, operate and use the road system share responsibility for creating a road system in which crashes occur less frequently. This responsibility is shared across government, business, media and civil society, requiring alignment with a range of societal goals, careful governmental leadership and an effective safety performance framework. However, there needs to be clear responsibility for progress on the system as well as for each component. The establishment of lead agencies with appropriate capacity and related multisectoral coordination arrangements amongst the responsible agencies are a prerequisite for effective action. A star rating programme specially for pedestrian and motorcycling facilities could be effective in the region toward calling attention to the need for separation from motorized vehicles and safe crossings.

The third is strengthening data collection. Robust data are a critical component for the attainment of any future target. Without the ability to assess progress and the effectiveness of efforts to reduce fatalities and injuries, countries will fail to identify gaps in the system and deliver tailored improvements. Because of the differences in definitions, reporting, and coding practices adopted by health, police, and insurance, the individual sources of data often provide an incomplete view of the actual situation. Thailand's success in improving data linkages between multiple sectors and data sources suggests the importance of data sources integration.

The fourth is building capacity. Many countries are still struggling to establish capacity for sustainable safety management as well as the leadership, coordination and funding arrangements, which underpin better performance. Silo approaches to intervention persist and while there are examples of multisectoral activity and shared responsibility, these are atypical.

The fifth is scaling up current road safety efforts. There is an urgent need for governments to scale up their road safety efforts to fulfil their commitments made in the *2030 Agenda* for Sustainable Development, especially target 3.6 of Sustainable Development Goals requiring a 50% reduction in global road traffic deaths and injuries by 2020 (*4*).

KEY FACTS

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