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Editorial

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Road Traffic Accidents as Public Health Challenge in the Gulf Cooperation Council (GCC) Region

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Road traffic accidents continue to be a major cause of death and disability, globally, causing about 1.25 million deaths annually since 2007.[1] Not only are road traffic accidents among the leading causes of deaths among the age cohorts between 5 and 44 years, but also the economic effects of vehicular accidents are estimated to be in excess of $500 billion US.[2] The magnitude and persistence of this public health challenge has been recognized by public health researchers, policy makers and advocates at the global level, resulting in a resolution passed by the UN General Assembly to give priority to road safety by declaring the Decade of Action for Road Safety, 2011-2020. Member states were required to implement plans to improve road safety by taking various measures at the national and local levels and report data to show progress toward the goals established. The WHO was enlisted to monitor progress on a National and Regional level, issuing global status reports on the effects of policy changes implemented. The importance of this initiative was reinforced by the inclusion of two road safety goals among the 17 established in the post-2015 Global Sustainable Development Goals agenda: to decrease by 50% the number of deaths and injuries from road traffic accidents globally by 2020; and "to provide safe, affordable, accessible and sustainable transport systems for all [by] improving road safety."[3] Although low- and middle-income nations account for 54% of the registered motor vehicles globally, they represent 90% of the roads traffic fatalities. Of the 68 nations that have experienced increases in road traffic fatalities since 2010, 84% are low and middle-income. The WHO Eastern Mediterranean Region is second only to the African Region in the road fatality rate per 100,000, 26.6 and 19.9, respectively. The Eastern Mediterranean Region is unique in that the high-income nations within this region have higher fatality rates than their less wealthy neighbors. The fatality rate experienced by this population of 22.4 per 100,000 populations far exceeds the global average rates for the high income nations of 9.2 per 100,000. This alone may justify giving special attention to this Region in addition to its increasing global importance economically and politically. As expressed in the Global Status Report on Road Safety 2015 in the higher-income nations in this Region, "rapid economic development that has resulted in increased motorization and road infrastructure construction has not been accompanied by sufficient investment in institutional capacity, nor in the interventions needed to cope with these changes"[1] to effectively enhance and sustain road safety in the face of a young and rapidly expanding population. Road traffic accidents were the leading cause of death to people in the 15 to 29-year age cohort in 2012 (loc. cit. xi), with the associated adverse implications for families due to psychological and economic loss and the loss of social capital from the national perspective.

The WHO estimated road traffic fatalities for the GCC nations for 2013 and the death rates per 100,000 population and registered vehicles are as follows along with comparison data for the US and the United Kingdom (Table 1).

All the GCC nations are categorized as high-income based on the World Bank criteria and each except Bahrain presents a road traffic accident fatality rate above the mean for all high-income nations of 9.2 per 100,000. Only Saudi Arabia and Oman show higher road fatality rates in 2013 than the mean rate of 19.9 for the WHO Eastern Mediterranean Region,

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Nation	Deaths/100,000	# Registered Vehicles	Deaths/100,000 RV
Bahrain	8.0	545,155	19.6
United Arab Emirates	10.9	2,674,894	38.2
Qatar	15.2	647,878	50.9
Kuwait	18.7	1,841,416	34.2
Oman	25.4	1,082,996	85.3
Saudi Arabia	27.4	6,599,2161`	119.7
United Kingdom	2.9	35,582,650	5.1
United States	10.6	265,043,362	12.9

Table 1: Comparative national road traffic fatalities, 2013.[1]

while those two nations and Kuwait exceed the world-wide fatality rate of 17.4 per 100,000 for that year. It should be noted that as reported by the WHO, road traffic fatalities per 100,000 among these nations have shown a decreasing trend from 2004 to 2013 with the exceptions of Kuwait and Saudi Arabia.

As an important component of its Global Plan for Road Safety, 2011-2020, the UN and WHO included the encouragement and reporting of legislative and regulatory efforts to modify drivers' and passengers' behavior to enhance road safety. The key elements include national speed limits, drink-driving, motorcycle helmet, seat-belt, child restraint, drug-influenced driving and mobile phone use (distracted driving) laws. Seat-belt use alone by drivers and front seat passengers decreases the risk of fatal injuries by 45%-50% and serious injuries by 45%.[4] According to the data reported in the 2015 Global Status Report all six GCC nations reported the existence of national legislation in all these areas except child restraint legislation which was reported only for Bahrain, Oman, and Saudi Arabia. Obviously, prevailing legislation does not necessarily entail effective enforcement. Within this Region traffic safety enforcement is considered to be at best inconsistently and perhaps unfairly enforced with preferential treatment shown to its nationals and the politically connected.

Given the statutory foundation requiring the use of seat belts and child restraints in passenger vehicles and the clear evidence that such measures reduce fatalities and severe injuries in road traffic accidents, both stricter enforcement of existing traffic safety regulations requiring these protections and more effective health and safety education focused on these preventive measures should be given immediate and ongoing priority. Inaction and inconsistent enforcement of existing regulations in addressing this threat to the public's health in the GCC nations especially and throughout the MENA Region will entail continuing tragedy for individuals and families directly affected and economic costs on a national basis. That the younger age cohort of 18-24 years, who represent an important pool of future leaders and professionals, is most vulnerable to road traffic accident deaths and disability represents a devastating but preventable drain of social capital for each nation affected.

DISCLOSURE

Unless otherwise cited, the data referenced in this article is taken from the WHO Global Status Report on Road Safety 2015.

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