



Road traffic injuries: a stocktaking

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Once we accept that road traffic injury control is a public health problem, and that we have an ethical responsibility to arrange for the safety of individuals, then it follows that health and medical professionals have to assume responsibility for participating in efforts to control this pandemic. Over 1.2 million people die of road traffic crashes annually. Road traffic injuries are among the second to the sixth leading causes of death in the age groups 15–60 years in all countries around the world. Control of road traffic injuries is going to require very special efforts as patterns are different in high- and lower-income countries, and while some counter-measures are applicable internationally, others will need further research and innovation. We will need to focus on the safety of pedestrians, bicyclists and motorcyclists, speed control, and prevention of driving under the influence of alcohol.

Key words: road traffic injuries; public health; low and middle income countries.

According to various estimates, 800,000–1,200,000 people die of road traffic accidents every year worldwide¹, and this number is expected to increase significantly in the next decade if we do not take urgent measures to control the problem. Figure 1 shows the estimated global distribution of road traffic deaths by age group, and Figure 2 shows the age-wise death rates.² About 70% of the fatalities occur among young adults aged 15–44 years, and in many countries road traffic fatalities have become the main cause of death for males in this age group. However, although the proportion of fatalities in the older groups is low, their fatality rates per 100,000 population seem to increase with age. Road traffic injuries (RTIs) and fatalities have become a major health burden in all societies in the 21st century.

According to a study done for the World Bank and the World Health Organization, deaths from RTIs were the tenth leading cause of death among all ages, accounting for 2.2% of the global mortality.³ Males sustained 73.0% of RTI fatalities, and the mortality

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