

Why isn't road safety much higher up the development agenda?

Road traffic kills as many people as malaria, and tobacco and alcohol kill even more - but the collective development gaze skips over deaths that are not from 'exotic' diseases

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Death and injury from road traffic accidents are an inescapable part of life in most developing countries. The victims span class divides, from a woman's impromptu shrine to her 12-year-old daughter in a Nairobi shanty town, to the death of activists like Tajudeen Abdul-Raheem, a renowned pan-Africanist, journalist and campaigner.

According to the World Health Organisation, more than 1 million people die each year on the world's roads - that's about one every 25 seconds. Between 20 million and 50 million sustain non-fatal injuries. Young adults aged between 15 and 44 years account for more than half (59%) of deaths. And 90% occur in low- and middle-income countries, even though they have only half the world's vehicles.

The unwanted prize for the greatest carnage goes to the Dominican Republic, with 42 deaths per 100,000 people (pdf) (compared with four in the UK and 11 in the US). Small wonder that the UN has declared 2011-20 the decade of action for road safety.

As we know from the UK, getting the death toll down is relatively straightforward - speed limits, safety belts, proper pavements for pedestrians, enforcing drink-driving laws. Or even encouraging citizens to take action: when researchers put signs in Kenyan minibuses (*matatus*) urging passengers to criticise reckless driving, injuries and deaths halved (pdf).

Road traffic kills as many people as malaria, but getting Nairobi's bus drivers to slow down is much easier than tackling malaria. So if we know what to do, and the remedies are cheap, why isn't road safety much higher up the development agenda?

This is not an isolated case. The same question can be asked of numerous other sources of death and destruction, where we know what to do but nothing much is happening. In terms of death toll, tobacco is equivalent to five malarias; alcohol is two malarias. And both tobacco and alcohol leave a much wider toll in terms of damaged health, incapacity and burdens on health systems.

My theory is that the collective development gaze skips over road deaths and others like tobacco or alcohol because they are too familiar. The world of aid and development prefers

the exotic, the "other". But if you think roads, booze and fags are tricky issues for the aid industry to tackle, try obesity - increasingly present among poor communities in poor countries, as a recent visit to South Africa brought home to me, often side by side with malnutrition. Can you imagine an aid organisation launching a fundraising appeal to tackle obesity?

There may be other reasons - there's not much money in sorting out road safety, hence no corporate lobby on a par with the pharmaceutical industry's interest in finding new drugs to tackle malaria.

When Big Pharma tried to restrict access to HIV and Aids medicines, campaigners jumped all over them, with considerable success - as a recent landmark ruling against Novartis in India showed.

Yet on issues such as road deaths, tobacco and alcohol there is silence. With tobacco and alcohol, the situation is even worse because as restrictions grow in their home markets, large multinationals have a clear commercial interest in keeping people smoking and boozing.

Look at Uruguay, against which Philip Morris International, an American tobacco company, has filed a claim at the International Centre for Settlement of Investment Disputes, an arm of the World Bank, alleging that the country's anti-smoking measures violate a bilateral investment treaty.

As deaths from communicable diseases decline, "they" in developing countries will get ever more like "us" in the rich ones. Road safety, along with cancer, obesity, diabetes, mental health and disability, will become ever more prominent issues in the pursuit of human wellbeing around the world.

The good news is that, in many cases, experience gained in the rich countries will be useful in tackling issues elsewhere. But first, the aid industry has to learn to see them as development issues.

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