



Policy implications for Road Safety: An Experience from Iran

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Abstract

Proclaiming the second Decade of Action for Road Safety 2021-2030 with the ambitious target of preventing at least 50% of road traffic deaths and serious injuries by 2030, in continuation of the first UN call for the Decade of Action on Road Safety (2010-2020) encouraged countries to intensify national, regional and international collaboration, with a view to meeting the ambitious road safety-related targets.

In this regard, Iran has implemented the national road safety strategy and action plan under the supervision of the road safety commission as the lead agency in which the MOHME is one of the members. Moreover, as the main burden of road traffic injuries is on the health sector, to ensure universal access to health care services in the pre-hospital, hospital, post-hospital, and rehabilitation centers for road traffic victims and families, the road traffic injuries sub-committee affiliated with the Iranian Non-Communicable Diseases Committee (INCDC), developed the National Service Framework for Road Traffic Injuries through a multi-sectoral mechanism. The aim of this paper is to share Iran's experience in terms of policy implications for RTI prevention and control. Sharing the lessons learned on the role of the health sector in meeting the ambitious road safety targets will help other countries to strengthen political commitment to road safety and move toward setting regional and global road traffic casualty reduction targets.

Keywords: Road traffic injuries, Health sector, Policy, Iran

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Introduction

Road Traffic Injuries (RTI's) as a known cause of predictable and preventable death and the first leading cause of death among 5-29 years remains unacceptably high (1). Speeding, the non-use of seat belts, child restraints, and helmets, driving under the influence of alcohol and other psychoactive substances, distracted driving, poor safety standards on road infrastructure and vehicles and inadequate

post-crash care in addition to poor law enforcement and low compliance to the rules contribute to this numbers (2).

Proclaiming the second Decade of Action for Road Safety 2021-2030 with the ambitious target of preventing at least 50% of road traffic deaths and serious injuries by 2030 (3), in continuation of the first UN call for the Decade of Action on Road Safety (2010-2020) (4) and in addition

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↑What is "already known" in this topic:

Improving safety is a shared responsibility. Multimodal transport & land-use planning, safe road, safe vehicles, safe road use, and post-crash response are among the main areas of action.

→What this article adds:

This policy brief emphasizes the role of the health sector in providing equitable access to timely health services for road injuries. Collection, analysis, and dissemination of disaggregated data on injuries is a pre-requisite for evidence-based policymaking and its implementation. Contribution to addressing all identified risk factors, such as low-visibility, medical conditions and medicines, fatigue, and distracted driving has been emphasized among the responsibilities of this sector which needs a multisectoral implementation body.

to the sustainable development goal 3.6, which focuses on RTI under health era, highlights the role of the health sector in tackling road traffic injuries as a cause of premature and preventable death (5).

Although IRAN's Road Safety Strategic Plan (IRSSP, 2011-2020) was conducted in line with the first call for a decade of action on road safety and toward reaching road-related SDG targets, there was a lack of a comprehensive and systematic evidence-based policy document for the health sector as part of the national road safety action plan (6).

This paper aims to present the policy implications of the Minister of Health and Medical Education (MOHME) as a key role player in road safety toward the ambiguous target for preventing road traffic deaths and injuries.

Political Response

As road traffic injuries and death were among the main causes of DALY in the country (7), besides the nine voluntary global targets defined by WHO to address the NCD in Iran, under the chairmanship of MOHME, the national action plan for NCD Prevention and Control provided by the Iranian Non-Communicable Diseases Committee (INCDC) was developed in 2015, with a specific target of a 20% relative reduction in the mortality rate caused by traffic injuries by 2025 (8).

Towards achieving each target, MOHME became responsible for preparing a service framework. Table 1 shows the national eight strategic objectives of the National service framework on road safety (9).

Move to Action

The National Service Framework for road safety was introduced and set out key standards to improve the overall quality of care (9). To achieve the national objectives, the

road safety sub-committee followed the national priorities of the health sector and the expectations of other stakeholders raised by the road safety commission as the lead agency (8) have been addressed. Strengthening governance and leadership on crucial health issues, shaping the research agenda, setting norms and standards, articulating evidence-based and ethical policy interventions, providing technical support and catalyzing change in road safety policies, monitoring risk factors and assessing the injury severity, morbidity, mortality and trends and support provision of quality health services including preventative, diagnostic, curative, palliative and rehabilitative services and health promotion activities for road safety are among the main defined responsibilities. Essential strategies of the road safety sub-committee are listed in Table 2 (9).

To this end, preventable trauma death studies, accreditation of the pre-hospital and hospital system, digitalization of prehospital data capture system, calculating the severity indicators for road traffic injuries, and running speed management social marketing campaigns in addition to reducing the prehospital timing and improving quality of both prehospital and hospital care, became the priorities in the MOHME.

Noting that mobility and transport are constantly evolving and improving safety is a shared responsibility and an ongoing process, there is a need to shift the current practice to the safe system approach as a promising paradigm for road safety to better adapt to human behavior; recognize the critical role of speed and energy transfer; prioritize safety in all actions, and strengthen all parts of the system. Under this guiding principle, transportation system managers, vehicle manufacturers, law enforcement officers, land use planners, the health sector and road users are all responsible for mitigating the risk of death or serious injury on the roads as interconnected stakeholders operating within the same

Table 1. The national eight strategic objectives of road safety national service framework

- 1) Road traffic risk factor Identification & Management.
- 2) Raising awareness and positive changes in attitude, behavior & skills of all road users.
- 3) Equitable health care coverage for road traffic injuries in hospital & pre-hospital settings.
- 4) Improving the quality of pre-hospital care.
- 5) Improving the quality of hospital care.
- 6) Road traffic injury, mortality & disability surveillance system.
- 7) Improving knowledge and skills of health care providers to improve quality care.
- 8) Financial Support for road traffic injuries.

Table 2. Essential strategies of road safety Sub-committee of INCDC

- Governance:
 - Multi-sectoral collaboration with other sectors on health governance.
 - Articulating road traffic laws and regulations. Evidence-based policy making for strategic efficient and effective interventions.
 - Addressing risk governance and development of national guidelines.
- Prevention and reduction of risk factors:
 - Risk factors identification, prevention, and control.
 - Risk communication and community engagement to identify and address the risk factors and involve all counterparts as interconnected stakeholders operating within the same system.
- Health care:
 - Improve equitable access and utilization of on-time and quality pre-hospital health care services for road traffic injuries.
 - Improve equitable access and utilization of best specialized and subspecialized hospital care for road traffic injuries.
 - Improve equitable access and utilization of rehabilitative care towards social reintegration of road traffic injured cases.
- Surveillance, monitoring, and evaluation:
 - Knowledge promotion and research development on health sector interventions for road safety, severity indicators of injury, benchmarking and best practices of other countries, and burden of diseases at national and sub-national levels.
 - Improving health information systems in both hospital and prehospital settings.
 - Institutionalize preventable trauma death studies and morbidity & mortality committees and improve the performance of hospital care.

system (10).

Contribution to promoting the safe system approach is among our top priorities in the road safety sub-committee. This approach has been implemented by the speed management project as a law-hanging fruit through a multi- sectoral approach.

Conclusion

In conclusion, we suggest the health sector act boldly and decisively instead of doing business as usual and benefit from inter, and intra-sectoral collaboration in policy-making, planning, and implementing programs.

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Conflict of Interests

The authors declare that they have no competing interests.

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