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The Newsletter of the Road Traffic Injuries Research Network (RTIRN)

April - June 2014

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Dear Colleague

To present the burden and magnitude of road traffic injury (RTI) there are some measures such as; incidence and prevalence rates, mortality rates, disability adjusted life year (DALY) and cost estimation. The 50 million injuries in the world alone that require medical treatments will ultimately cost USD 406 billion. Accident costs include direct and indirect costs and can be divided into two types as; Financial costs (those additional costs incurred to achieve the desired output. For example; overtime payments, cost of repairs, cost of extra materials, and fines and penalties) and Opportunity costs (the costs of labour paid for no production. For example: salary costs of people waiting to work at an idle machine, people at home unable to work through injury and costs for machinery running idle).

Investments on RTIs is costly for any country and policy-makers in any country particularly in low and middle income countries must be convinced that it is their benefit to prevent them. Therefore, it is the responsibility of researchers in such countries to calculate and present the cost of road RTIs in their own countries at local, regional and national level. A big challenge is the methodology of cost analyses of RTIs. The methods of calculating RTIs cost vary. Cost estimation is not exact, it can only be approximated, the estimates depend on many factors and it is different in different countries.

The Cost-Benefit Analysis (CBA) aims to find whether a proposed objective is economically efficient and how efficient it is. Cost-benefit analysis of transport is a current method to allocate scarce resources and formal tools of efficiency assessment in low and middle income countries. This method is based on benefit of an increase in safety or a reduction in risk. Monetary valuations of the benefits to society of saving life and limb in traffic injuries are Human capital method and Willingness-to-pay.

Human capital method measured five elements including: medical costs, cost of lost productive capacity (lost output), valuation of lost quality of life (loss of welfare), cost of property damage, administrative costs. There are some weaknesses regarding human capital method. Difficulty in valuing intangible cost elements in human capital approach among groups such as children and the elderly who do not contribute relatively as much to economic output and contribution of home-makers and the value of externalities like pain and suffering. Data sourcing comes from police and coroner by under reporting. In spite of its restriction to resource allocation this method is used. Another method is willingness to pay.

The Willingness-to-pay (WTP) approach is consists of estimating the value that individuals would be prepared to pay to losing life risk reduction. Health reduction value considered for injuries and a value of statistical life for risks of fatality injuries. The value of statistical life is the level of supply can be averred for one life saving. Willingness to pay measured five elements including: contingent value via a straight question to willingness to more pay to fatality avoidance and risk reduction. Stated preference questions: by choosing hypothetical scenarios and revealed preference: by using safety instrument or vehicle to more safety. Policy-makers and decision-makers are concerned about the integrity of monetary assessment. Willingness to pay is an accurate method to cost estimation. Among mentioned methods human capital method based on available data resources is more practical approach than willingness to pay method because of complexity design for low and middle income countries.

Dr. Hamid Soori
RTIRN Board Member



Message from the RTIRN Secretariat

Dear friends,

Research on road traffic injuries and injury prevention are an ongoing effort of all countries. In recent years, RTIRN has achieved many successes with contribution from the leaders, members, and especially the secretariats of the network. Since 2014, the Secretariat of RTIRN will be transferred to Center for Injury Policy and Prevention Research (CIPPR), Hanoi School of Public Health, Vietnam. We are very pleased and honored to take on this position. On behalf of the network, we would like to thank Ricardo Perez-Nunez and his team for great contributions to the development of the network.

On behalf of the new secretariat, I would like to convey the warmest greetings to all the members and we will join hands together to work for developing a strong network and contributing to reduction of road traffic injury consequences in the coming time.

Sincerely yours,

Pham Viet Cuong and La Ngoc Quang
Secretary, RTIRN



✦ Health Care Savings, possibly produced by Safe Time



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Accordingly data registered on our Observatory in the period December 2010 - November 2011 (prior to the safe time) 10,323 injuries and 480 deaths were reported in traffic accidents , while in the period 2011 November, December 2012 (First year of Ordinance 1568) 5741 injured and 427 deaths were reported in traffic accidents (Metropolitan Municipality of Lima 2013). Would mean a decline in 4259 fewer cases of injuries (41 %) and 53 fewer deaths (11%).

In 2001 , Bambaren , conducted a study of health care costs in cases of traffic accidents, in three hospitals in Lima , concluding that 2.1% of injuries requiring hospitalization , having a cost each patient \$ 2 277.00 , while those I was dressed only in emergency costing \$ 62.00 and the deceased averaging \$ 514.00 (Bambaren , 2003). Applying these results in Lima and as a possible consequence of the safe time , health institutions of the Ministry of Health, would have had a saving s in Health care cost of the order of \$ 488,435.

Intervention Class	n	%	Unit Cost in Health Care in \$	Total Cost \$
Hospitalized	89	2.1	2 277.00	202 653
Emergency	4170	97.9	62.00	258 540
Total	4259	100	-	461 193
Died	53	1.2	514.00	27 242
Total	4312	100	-	488 435

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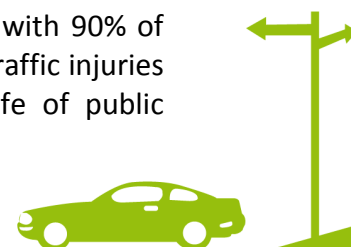
✦ Value of risk reduction by willingness to pay method among Iranian public transport drivers



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Nearly 25% of fatal injuries worldwide are effects of road traffic injuries, with 90% of fatalities occurred in low and middle income countries such as Iran. Road traffic injuries have momentous impact on individual income and quality of future life of public



transport drivers. A study was conducted to estimate cost of fatality among public transportation drivers by willingness to pay approach in Iran in 2013. The study involved 383 public transportation drivers. Data was collected by a questionnaire to elicit road fatality cost included contingent valuation (CV), stated preference (SP) and revealed preference (RP) questions. The value statistical life derived from contingent valuation. Fatality rate in Iran was 20408 in 2013 (based on proportional of World report of road safety 2013: pedestrian 28%, occupant 26%, motorcyclist 23% and driver's 23%) we estimated drivers fatality cost for 4694 public transport drivers. The mean age of subject was 36.1 ± 10.0 . The majority of the subjects were male 89.3% and female 10.7%. The risk perception and zero willingness to pay were observed among 93% and 7.1% of subjects' respectively. A significant difference was observed in gender, sex, kilometers of daily travel and daily payment to travel time reduction, more payment to less traffic and daily payment to injury reduction ($p < 0.001$). Finding revealed that road traffic fatality cost by revealed preference approach was higher than contingent valuation and stated preference approach. This difference showed that safety for drivers is more important than governmental intervention and measurement to death reduction. Fatality cost in a route with 20% risk reduction was higher than in a route with 50% risk reduction. It means that the value statistical life is higher among a route with less safety. Adequate intervention could save more than three billion dollars.

✳ Economic impacts of Road Traffic Injuries in Vietnam: evidence from a cohort study



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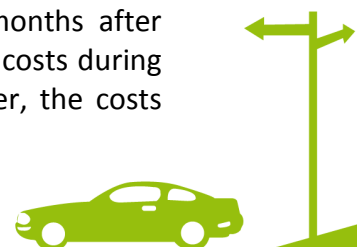


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A wealth of literature in Vietnam has indicated the significant burden of road traffic injuries (RTIs) in terms of both mortality and disability. However, evidence on its economic impacts is still limited. Our study aims to investigate the economic hardships experienced by RTI patients and their family during hospitalisation and 12 months after discharge.

We conducted a prospective cohort study from January 2010 to October 2011 in Thai Binh province, 100km south of the capital city (Hanoi) of Vietnam, recruiting 477 adult patients hospitalised for at least one day in the Thai Binh General Hospital. Data collected includes demographic, injury context, injury diagnosis, expenses for care and treatment of their injuries (direct costs), and productivity losses (indirect costs) during both hospitalisation and recovery periods. Outcomes were the total costs (direct and indirect) and induced impoverishment, a situation where family descends into poverty because of expense and income lost due to RTI.

Motorcyclists represented the largest proportion (75%), followed by bicyclists (15%) and (10%). Despite there were 82 patients (17%) lost to follow up at 12 months after discharge, the distribution of study sample was relatively stable. The total costs during hospitalisation and 12 months post-discharge were US\$ 794. By road user, the costs



were highest for pedestrians (US\$ 1,022), followed by bicyclists (US\$ 828), then by motorcyclists (US\$ 749). In terms of induced impoverishment, 123 patients and their family (30.8%) descended into poverty. These were families whose average post-payment income was below national poverty line (US\$ 20 per person per month). The proportion of impoverishment among pedestrians was 46.5% almost twice that of motorcyclist (26.7%). Factors associated with higher costs over time were generally also those associated with higher risk of impoverishment. These include older age, lower income, higher injury severity level, principal injured region as lower extremities or head, concussion injuries and longer hospitalisation.

The study extends the evidence on the burden of RTIs, not only mortality and disability, but also in economic hardship. High costs relative to income in combination with out-of-pocket payments as the main payment mechanism further magnify the financial crisis. This study provides important evidence on economic costs and impacts of RTIs in Vietnam, highlighting the need for increasing efforts for better control and prevention and the need to maximise financial protection from the medical care costs.

✦ Cost of Road Traffic Injuries (RTIs) in Iran; Estimating Economic Burden of Morbidity, Disability and Mortality



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The East Mediterranean Regional Office for World Health Organization (WHO) organized to fund on estimating the cost of road traffic injuries in Iran for year 2011. This article summarizes the results earned by the study. Objective of this project was to provide an appropriate method in order to estimate road traffic injury costs including costs due to injury, fatality and disability. The major components taken into account are medical costs (pre-hospital, inpatients, and post-hospital), lost output (both for mortality and disability on the basis of DALY concept), and indirect costs (lost functional capacity and cost of pain, grief and suffering). The casualty related cost components of road traffic injuries are the issue of concern in this study. Cost components and their values in 2011 are obtained by using previous experiences and collected data during the study. Two general approaches including Human Capital (HC) and Willingness-To-Pay (WTP) have been applied in estimating the cost of RTIs.

Accordingly, economic burden of traffic injuries has been estimated more than 111,000 Billion RLS (4.44 Billion USD) for year 2011. This cost relates only to the health sector and does not include components such as vehicle damages, lost time in accidents and administrative costs of insurance and police. The estimated cost in the health sector has been about 2.18 percent of the total GDP in this year. In addition, the individual cost per casualty has been calculated. Fig. 1 shows the individual cost of mortality versus disability and it is also compared with the results earned by WTP method carried out in the study.



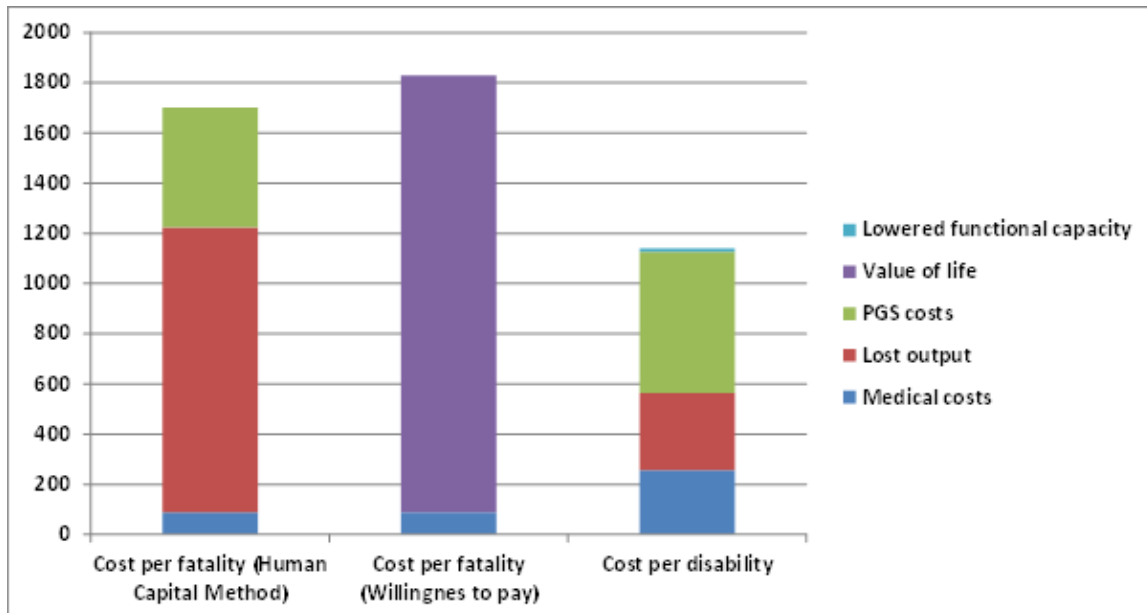


Fig 1. Comparing cost components per fatality and disability (Million RLS)
(1,000,000 RLS= 40 USD)

✳ Economic analysis of the use of the motorcycle in Colombia

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In Colombia, according to figures from the Corporation Road Prevention Fund, in 2010 2,151 motorcyclist deaths occurred in traffic accidents, representing 39.1 % of the total number of victims for this cause. In addition, the Government projections indicate that between 2010 and 2020 the growth fleet of motorcycles will be 162%.

From such alarming figures, The OMS recommends that each country estimate the economic cost of the mortality, injuries and the "disabilities caused by traffic injuries... for the economic evaluation of interventions and identifying what are the most cost-effective".

Therefore the functions of private benefits and social costs have as common variable the probability of accidents of motorcycles and the number of motorcycles; Found that people would be willing to incur a likelihood of injury from 16%, while the Social optimum of this probability would be 2.1%.

This result will acquire greater urgency with increasing motorcycle park in the country. This will occur with high rates of growth, judging by the trend to show motorcycle purchases and by high individual benefits, producing facts like:

- The increasing trend of use of motorcycles is a worldwide phenomenon, observed in developing countries as in developed countries.
- Motorcycles represent a net benefit for its users: save time and expenses in transport, are flexible for the mobility of individuals. Nor the accident rates, nor the costs of acquisition, operation and maintenance, generate enough costs to individuals to overcome the benefits of the use of the motorbike.



- Social costs generated by the use of the motorbikes are the marginal costs generated in society with respect to other means of transport, which also generate social costs of accidents, air pollution and noise, demands of appropriate infrastructures.
- Policies on motorcycles as transportation must be conceived within an overall framework for the transport system economically optimal from the point of view of each of the users.

Taken from: ECONOMIC ANALYSIS OF THE USE OF THE MOTORCYCLE IN COLOMBIA AND ITS IMPLICATIONS IN THE DEVELOPMENT OF A ROAD SAFETY POLICY. Corporation Road Prevention Fund, September 2012.

✦ The challenge of estimating the economic cost associated to disability caused by RTI's in Mexico

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The studies on the economic cost of RTI in Mexico are scarce. A few years ago a study, in which this specific cost was documented in one of the 32 states of the country, was published.¹ In this study, the economic burden that disability caused by RTI imposed on society was evidenced. However there are some issues that restrict the range of this study: the evidence shown in the study is from a local standpoint and does not offer a full country perspective; the study introduces the assumption that individuals would not have an income as a result of disability which is not (or should not be) necessary the case; and the way in which disability was estimated, might not have been the best (from the interviewers point of view in a survey made after 8 weeks of hospital discharge, without a comprehensive conceptualization of disability integrating the biological and social dimensions).²

With the objective of improving these estimations, using a more recent and useful information, we worked on a new estimation of the cost associated with disability as part as the Masters Degree thesis work of the first author of this contribution. Taking information from the National Survey on Health and Nutrition 2012, a total of 226,591 individuals that suffered RTI during the previous year self-reported permanent consequences to their health, 16.5% of those who suffered RTI.³ Both Direct costs (hospitalization, medical consults and rehabilitation, acquisition of orthopedic devices) and Indirect cost (related to productivity loss from the injured person and its caretakers) were added to the new estimation.

There are still some gaps in the information that is available: the annual incidence of disability from WHO's comprehensive approach is unknown; the use of health system services directly attributable to disability is not known so far; there is no information on the transfer and transport cost while seeking for medical attention; there is no information on the cost for housing and transport vehicles adaptation and the percentage of the income that people with disabilities incurs in each of these costs. The real portion of disable people that permanently losses their employment relationships



or must change their productive activities because of their permanent injuries is unknown as well. Knowing this information will allow to generate differentiated estimations of the production loss according to the case. Other costs, because of their intangible nature, were not monetized, like loss of health and life changes associated to disability.⁴

This report is currently under peer review. We do hope that with its publication, this report, could contribute with useful information for decision making in the country. The availability of quality information will allow continuing improving this kind of estimations.

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Road Crashes Cost 3% of Global GDP



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The cost of fatal and serious injury road crashes globally is 3% of GDP – equivalent to US\$1,855 billion. For low and middle income countries where fatality rates are 18-20 per 100,000 population the cost of fatal and serious injury road crashes is estimated to be 5% of GDP. For high income countries where the fatality rate is 8.7 per 100,000 population the cost of fatal and serious injury road crashes is still a staggering 2% of GDP.

The global analysis undertaken by iRAP is based on the WHO Global Status Report on Road Safety 2013 and The True Cost of Road Crashes research paper that provides a valuation of life and serious injury that can be applied globally. Building on the analysis iRAP has now published an interactive country by country map that outlines the business case for safer roads. The analysis outlines the compelling case for safer roads and the high return on investment possible by simply targeting proven road upgrades to the <10% roads in each country where more than half of all road deaths typically occur.

The analysis has also been extended to support the SLoCaT partnership draft results framework that is contributing to the United Nations post-2015 discussion on Sustainable Development Goals. The paper explores the potential SDG per population targets by country income group if the world is able to achieve various fatality reduction rates and the social and economic benefits of reaching those targets.



This analysis and the interactive tool at <http://www.irap.org/about-irap-2/a-business-case-for-safer-roads> have just gone live and will hopefully help highlight the scale of the problem worldwide. Links etc. included in the attached article.

The Cost of Fatal & Serious Road Crashes

Income Group	Fatalities	Economic Cost	% of GDP
Low ⁽³⁶⁾	130,000	US\$ 20 billion	5%
Low-Middle ⁽⁵²⁾	495,000	US\$ 205 billion	5%
Upper-Middle ⁽⁵⁴⁾	510,000	US\$ 780 billion	5%
High ⁽⁵¹⁾	95,000	US\$ 850 billion	2%
TOTAL	1,240,000	US\$1,855 billion	3%

WHO (2013), iRAP (2013)

A World Free of High Risk Roads

iRAP

Annual Cost of Fatal & Serious Injury Crashes

Sample Countries* (2010 data)

Country	Annual Fatalities	Annual Fatalities & Serious Injuries	Annual Cost of Fatal & Serious Injuries	% of GDP
Sweden	278	3,058	US\$ 3.4 billion	0.7%
Australia	1,363	14,993	US\$ 17 billion	1.5%
United States	35,490	390,390	US\$ 405 billion	2.8%
Mexico	16,714	183,854	US\$ 37 billion	3.6%
India	231,027	2,541,297	US\$ 79 billion	4.6%
China	275,983	3,035,813	US\$ 300 billion	5.0%
South Africa	15,995	175,495	US\$ 28 billion	7.8%
Uganda	9,655	106,205	US\$ 1.7 billion	10.1%

* Note – Analysis based on consistent global assumptions for global comparison. Individual countries may have more detailed data

* Billion = 1,000,000,000

A World Free of High Risk Roads

iRAP



UN Sustainable Development Goal

WHAT IS AMBITIOUS AND ACHIEVABLE? ²				
Target fatalities	<620,000	<500,000	<400,000	<250,000
% reduction from 2010 baseline	50%+	60%+	68%+	80%+
Deaths & serious injuries saved 2010-2030	103,624,000	109,300,000	114,400,000	122,800,000
Crash cost savings	US\$12,700 billion	US\$15,200 billion	US\$17,200 billion	US\$20,300 billion
POPULATION TARGETS (Fatalities per 100,000 population)				
Low Income	<12	<9	<7	<4
Middle Income	<7	<6	<5	<3
High Income	<4	<3	<2	<2

²IRAP (2013) The business case for investment in road safety



We welcome our new partners to the RTIRN

Bhutan:	Shacha Chap
Brazil:	Cesar Marchi Nino
India:	Chetali Kapoor, Mohammed Najeeb Pattanath Mullassery, KHAN SABIHA
Iran:	Alireza Ala , Hossein Ettehad
Jordan:	Mohammed Dabbass
Malaysia:	Juna Liau
Nigeria:	ADEWALE BASHIR ABDULAH, Joseph Terhemba Ahom
Pakistan:	Javed Nasir, Murad Rana
Sri Lanka:	Reyal Parween Haizana, Chamara Visanka Senaratna
Turkey:	Cevdet KURAL
United Kingdom:	Manouchehr Nahvi, Rebecca Sarah Ashton
USA:	Nino Paichadze



Publications

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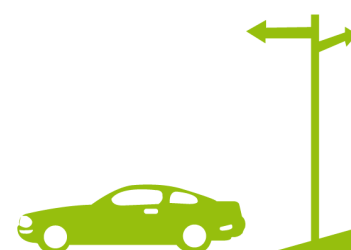
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News and events

Upcoming Event: 2014 East African Safe Communities Conference

During 19-21 of November 2014, in partnership with the World Health Organization Collaborating Centre for Community Safety, the PeerCorps-CIPCS is planning to launch an East African regional conference on community safety. The conference themes will include: traffic safety, child and adolescent safety, violence prevention and workplace safety.

The conference, which aims to gather world leading safety experts, government officials and members of the public health community, represents a unique opportunity to showcase emerging trends in population safety, particularly as they relate to traffic safety in the region. The East African community encompasses Tanzania, Kenya, Rwanda, Burundi and Uganda. With well over 150 million people and a planned common currency, it also represents one of the fastest growing economic regions in the world. We feel the conference represents a unique opportunity to not only advance safety in the region, but also to have a diverse audience to shape the future of safety in the East African region.

PeerCorps welcomes to the conference our colleagues interested in contributing to community safety in the East Africa region. We are now accepting abstract submissions of original work conducted by safe community practitioners and researchers. We also have an exciting program being planned that includes a traveling seminar. More details can be found at the conference website at www.peercorpsglobal.org, which is updated frequently with new information. For abstract inquiries, please contact earscc2014@peercorpstrust.org.

Book puReports from the UK's Faculty of Public Health

The UK Faculty of Public Health (@FPH) published position and briefing statements on 'Transport and Health' and 'Built Environment & Physical activity' (attached), all available at http://www.fph.org.uk/policy_reports

Direct links to other pdf files of interest:



Position statement Transport -

<http://www.fph.org.uk/uploads/Position%20statement%20Transport%20and%20health.pdf>

Briefing Statement Transport -

<http://www.fph.org.uk/uploads/briefing%20statement%20transport%20V2.pdf>

Position Statement Built Environment & Physical Activity -

<http://www.fph.org.uk/uploads/position%20statement%20-%20built%20environment%20and%20physical%20activity.pdf>

Briefing Statement Built Environment & Physical Activity -

<http://www.fph.org.uk/uploads/briefing%20statement%20-%20built%20environment%20and%20physical%20activity.pdf>

Hopefully you'll find these useful.

RTIRN partners book publication

RTIRN partners Dr. Diana Samarakkody and Professor Samath Dharmarathna just published a book on injury prevention (Grass roots Injury Prevention - GRIP Guide) by Practical Action Publishing, United Kingdom. This book is targeted for grass root level injury prevention practitioners and one chapter is dedicated to discuss on prevention of road traffic injuries. The GRIP Guide is written in interactive format.

This book has been highly praised by international reviewers such as Professor Leif Svanstrom, Chair, WHO Collaborating Centre on Community Safety Promotion, Karolinska Institute, Stockholm and Dr..Witaya Chadbunchachai, Director, WHO Collaborating Centre for Injury Prevention and Safety Promotion, KhonKaen Regional Hospital, Thailand.

Please see below link of the publisher's website and a review note.

<http://developmentbookshop.com/grass-roots-injury-prevention>

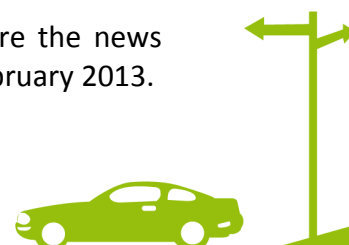
<http://travelreadymd.com/review-grass-roots-injury-prevention-guide-field-workers/>

Congratulations to our RTIRN partners on this great accomplishments!

SRDO Consultative Workshop on “Harassment of Women in Public Transport & Public Places”

The Social Research and Development Organization (SRDO), Legal Rights Forum (LRF) and Strengthening Participatory Organization (SPO) had successfully organized a Consultative Workshop on “Harassment of Women in Public Transport & Public Places” on Friday, 31st January 2013, at the office of Legal Rights Forum (LRF), Karachi. Mr. Anis Danish, Advocate Malik Tahir Iqbal, Mr. Abdul Qadir Bullo, Mr. Mohammad Ashraf and Mr. Amir Murtaza were prominent among the speakers. Honorable Justice (Retd) Majida Rizvi was the Chief Guest of the Consultative Workshop.

Social Research and Development Organization (SRDO) would like to share the news coverage of the program, as published in the Express Tribune, dated 2nd February 2013. Please check it out the following link;



Announcement and Call for Abstracts. East African Regional Safe Communities Conference 2014, Arusha, Tanzania, 19-21 November.

DATES TO REMEMBER

- Scholarship application Due - July 15
- Abstract deadline (for inclusion in conference proceedings) - August 15
- Authors notified of their abstract acceptance - August 20
- Presenting authors must be registered - October 1
- Deadline for conference registration - November 19

The International and Local Organizing Committees cordially invite you to participate in the first East African Regional Conference on Safe Communities. The conference will be held at the Arusha International Conference Center in Arusha, Tanzania.

Encompassing more than 150 million voices, the East African Community represents an emerging political, economic and cultural force with immense potential. However, with this potential, comes a shared responsibility to safeguard the well-being its populations during one of the most important transformations in the African region. One of the most pressing issues is that of safety.

The Scientific Committee of EARSCC 2014 invites Safe Community practitioners, researchers and activists to submit abstracts for presentation and poster sessions.

Abstracts may address any of the following themes:

- o Child and adolescent safety (home safety, safe schools, self-harm, abuse, bullying and suicide).
- o Traffic safety (pedestrian safety, safe roads, mass transit, policy and practice).
- o Interpersonal violence (gender-based violence, FGM, war and conflict).
- o Workplace safety (mine safety, safety in agricultural settings, biological and chemical hazards, psychosocial hazards, construction site safety).
- o Any other topic relevant for community safety, such as disaster planning and management.

In order to submit an abstract please follow the instructions listed on the conference website at www.peercorpsglobal.org (EARSC Conference 2014).

The Conference will begin on November 19th with registration at 07:00 and a get-together. From Wednesday 19th to Friday 21st November there will a full scientific program of keynotes, oral presentations, dedicated poster sessions and round-tables. There is also a pre-conference travel seminar. The official language of the conference is English.

For more details and up-to-date information about the Conference, please visit our homepage at: www.peercorpsglobal.org (EARSC Conference 2014) regularly.

Conference flyer for distribution within your networks: <http://goo.gl/sZydlj>



“Road Safety” Public Association completed number of projects aimed at strengthening the road safety



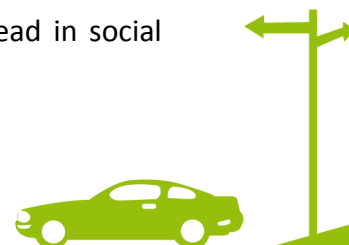
In Kyrgyzstan, the negative growth trend of deaths and injuries is being observed in road accidents. Each year, more than one thousand people are dying (1,217 people in 2013, the number increased up to 13% compared to 2012 indicator), 10,738 people were injured in 2013 (in 2012 - more than 8000 people). It is obvious, that negative growth of road accidents, deaths and injuries in Kyrgyzstan are increasing every year.

One of the major issues is the worldwide high mortality rate among young people aged 15-29. Given the high rate of accidents among young people in the country, for the prevention of such accidents, Public Association "Road Safety" in cooperation with the Ministry of Youth held a roundtable discussion on January 21, 2014 on the theme of "Let's strengthen the road safety together." During the event, the security situation on the roads, as well as the ways to solve the problem was discussed. 20 representatives of universities, non-governmental organizations and academic institutions attended the meeting.

By the end of January, the PA "Road safety" has completed a number of projects supported by the Democratic Commission of the U.S. Embassy in the Kyrgyz Republic:

- 30 reflective yellow frames have been prepared and installed to "Crosswalk" signs in different areas of the capital city near schools, universities and other public facilities;
- The video course has been made for graduates of driving schools and young drivers, consisting of three components: psychological training for young drivers, knowledge of legislation, and first aid in case of an accident. Duration - 30 minutes in Kyrgyz and Russian languages;
- The music video "Adam Bol" has been prepared with participation of popular singers- Begish, Aman and Saltanat Ashirova, calling youth to comply with road safety regulations. This video has gained big popularity among young people. It was made by studio "Toptash";
- Billboard and transport banner have been made with images of the singers from the music video "Adam Bol";

Music video aired on various TV and radio channels, and was widely spread in social networks and the Internet among young people.



Video course for graduates of driving schools and young drivers recorded on DVDs will be distributed among schools and driving schools of the Republic, and also will be broadcasted on such TV Channels as the NTS and Public TV and Radio Corporation, and will be suggested to other public and private TV Channels.

<http://kabar.kg/rus/society/full/70568> - Kabar

Some links highlighted their projects are:

<http://kutbilim.journalist.kg/2014/02/04/dlya-bezopasnosti-na-dorogah-vazhna-profilaktika/>

http://www.bbc.co.uk/kyrgyz/multimedia/2014/01/140109_road_safety.shtml

<http://www.easst.co.uk/news/news/431>

<http://www.youtube.com/watch?v=zSZniKpg6yY>

<http://www.db.kg/news/474-q-q.html>

<http://www.blive.kg/video:242324/>

<http://namba.kg/#!/video/7836351/>

<https://www.facebook.com/photo.php?v=1428382380729605&set=vb.1427775597456950&type=2&theater>

RTIRN Decade of Action for Road Safety partners activities



The RTIRN supports the Decade of Action on Road Safety 2011-2020 by displaying the work done by our community for this very important and massive event. So we have developed a special webpage to showcase our partners and their institutions plans to commemorate this special date <http://www.rtirn.net/members.asp>.

If you or your organization are planning something to commemorate this special date, please share your plans with our community; send them to secretariat@rtirn.net or administrator@rtirn.net

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Newsletter in your language!!

Now you can find and download the Spanish and Farsi version of the July-September newsletter on our webpage. Also we wanted to invite you to join the effort of the RTIRN to break the language barrier by supporting the translation of its materias and newsletter in your own language in the future.

If you are interested, please contact RTIRN Coordinator Francisco Mojarro at administrator@rtirn.net.

RTIRN Scretarait Call results.

As you know we launched a “**Call for Proposals to Host the RTIRN Secretariat**”. The call had a great response and we received many outstanding proposals and the review/selection process was very competitive.



We are very pleased to announce that **Dr. Cuong Pham V** and **Dr. La Ngoc Quang** from the Center for Injury Policy Prevention and Research (CIPPR), Ha Noi School of Public Health in Vietnam, **were selected to be our next RTIRN Secretariat effective May 1st, 2014**. Please join us in congratulating them!

We, at the current Secretariat, have been delighted to work with you all. This period has been a very gratifying time for us, and a wonderful learning experience. Thank you very much for all of your support over the years. Now is time to pass the torch to this new group of people that we are excited and confident will continue to work very hard for our Network.

We would like to give a very special thanks to all the RTIRN partners that participated on this process; we really appreciated your effort and interest on the RTIRN.

We would be working on the future weeks to make this transition as smooth as possible

Congratulations to our winners!



Save the dates!

If you know about any future event and would like to share it with all RTIRN partners, please send an email to: administrator@rtirn.net

Make the RTIRN newsletter your own!

- Have news of road traffic injuries research in your region?
- Intervention projects?
- Upcoming events or new publications?

Share it with us at the following address: administrator@rtirn.net

Follow RTIRN on Facebook and Twitter

You can follow us on Facebook and Twitter. Now our partners will have a better platform to connect with each other. Look on Facebook: <http://facebook.com/RTIRN> and on Twitter: [@RTIRN](https://twitter.com/RTIRN). You can also contact us via both pages and discuss any subject and doubt you may have.

Feel free to use both of these new tools that are at your entire disposal.

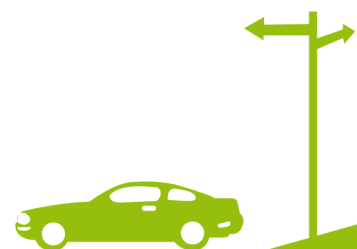


To become a RTIRN partner

To become a partner of network, please visit our website at www.rtirn.net
For further inquiries, please contact:

RTIRN Secretary

E mail: secretariat@rtirn.net



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Designed by: Paola Navarrete Guadarrama

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