At a glance

- The African Region has the highest road fatality rates of all the world’s regions
- Young men are the most vulnerable road users
- Pedestrians, cyclists, and persons travelling on motorized 2- and 3-wheelers are at great risk of death and injury on the roads
- Most countries still lack policies for protecting vulnerable road users and promoting investment in public transportation
- Most countries are yet to enact comprehensive laws concerning the major risk factors of speed control, drink-driving, helmet use, seat-belt use, and child restraint.
- Even where comprehensive laws are in place, poor law enforcement renders the laws ineffective
- Post-crash care is inadequate or lacking in many countries
Background

In 2010, concerned about the very high and increasing burden of road traffic crashes around the world, the United Nations General Assembly adopted Resolution 64/255\(^1\), which proclaimed 2011–2020 the Decade of Action for Road Safety. The goal of the Decade is to reduce the increasing trend in road traffic deaths, and to save an estimated 5 million lives over the period. The Resolution followed the publication of the first *Global status report on road safety*\(^2\), which had showed, among other major findings, that the African Region had one of the highest rates of road traffic deaths, along with the Eastern Mediterranean Region.

In order to guide national responses to achieve the decade goal, a *global Plan of Action*\(^3\) was developed. It provides a practical tool to support governments and other national stakeholders in the development of national and local plans of action, as well as a framework for coordination of activities at regional and global levels. It was determined that the improvement of road safety would be hinged on improvement in the following five areas, also termed pillars for the decade: road safety management, safer roads and mobility, safer vehicles, safer road users, and post-crash response.

UN General Assembly Resolution 64/255 also called for regular monitoring of the global progress towards meeting the targets identified in the Plan of Action.

The data collection, for each country was based on a standard questionnaire which was filled by a multi-sectoral group of respondents and validated in a consensus meeting. The data were cleaned and analysed and modeling was used to adjust all reported deaths to the standard thirty day definition.

This AFRO factsheet is developed with data from the second *Global status report on road safety 2013: supporting a decade of action* which serves as the baseline to monitor the Decade of Action for Road Safety. Of the 46 countries that make up the African Region, 44 countries participated\(^4\). Except where otherwise stated, the data and analyses presented are based on the responses of those 44 countries, home to 95.1% of the regional population. Data are provided on the burden of road crashes (deaths, injuries, economic cost) and the state of implementation of interventions related to the above pillars.

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\(^1\) http://www.who.int/entity/violence_injury_prevention/publications/road_traffic/UN_GA_resolution-54-255-en.pdf


\(^4\) Algeria and Eritrea did not participate.
I - Deaths on Africa’s roads

The African Region remains the least motorized of the six world regions, but suffers the highest rates of road traffic fatalities (Figure 1), with 37 of 44 surveyed countries having death rates well above the global average of 18.0 deaths per 100 000 population (Figure 2). While the regional average is 24.1 deaths per 100 000 population, for the 19 countries in the middle-income category, covering 44% of the Region’s population, the rate is 27.8 deaths per 100 000 population. By comparison, the global average for middle-income countries is 20.1 deaths per 100 000 population.

Figure 1: A comparison of regional populations, road deaths, and registered vehicles

While the African Region possesses only 2% of the world’s vehicles it contributes 16% to the global deaths. Nigeria and South Africa have the highest fatality rates (33.7 and 31.9 deaths per 100 000 population per year, respectively) in the region. More than one in four deaths in the African Region occur on Nigeria’s roads, and with six other countries; Democratic Republic of Congo (DRC), Ethiopia, Kenya, South Africa, Tanzania, and Uganda, are responsible for 64% of all road deaths in the region (Figure 2). While Ethiopia, Kenya, and Tanzania have relatively low (for the region) road fatality rates, Nigeria, South Africa, and Uganda combine big populations with very high fatality rates, resulting in large numbers of deaths. These seven countries must reduce their road deaths considerably if the region is to realize a significant reduction in deaths.

While statistics clearly point to a high economic cost to the respective countries, only nine countries provided an estimate of the cost in terms of the Gross Domestic Product. This ranged from 1% in six of the countries, to 9% in Angola.
Figure 2: Road death rates 2010

CAR = Central African Republic
DRC = Democratic Republic of Congo
STP = Sao Tome & Principe.
II - Fatality data

Definitions and data sources vary widely. Only 16 countries (37%) use the internationally recommended definition of a road death, as that occurring within 30 days of the crash (Figure 3). In 77% of the countries fatality data come exclusively from police records. A further 16% use a combination of police and health facility records.

Figure 3: Distribution of countries according to definition of a road death

The majority of persons killed on the roads are young adults, with 62% of all deaths aged between 15 and 44 years (Figure 4). In twenty countries (48.4% regional population) where data on sex were available, three out of every four deaths were male. Young men were the most vulnerable of road users in the Region.

Figure 4: Road traffic deaths by age group (12 countries)

Vulnerable road users – pedestrians, cyclists and motorized 2- and 3-wheelers – constitute more than half (52%) of road users killed on the roads, with pedestrians alone being 37%. There are significant variations across countries. For instance Mozambique and Liberia have 55.5% and 66.3% of road deaths respectively being pedestrians, compared to DRC with only 5% pedestrians.

III - Vehicles and mobility

Except for legislation requiring that new cars being imported into the country be fitted with seat-belts, only a small minority of countries have laws regarding anti-locking brake system (six countries), electronic stability control (three countries), or airbags (four countries). Given the weak policing in the majority of the countries, it means that once the opportunity to check the quality of vehicles is missed at the point of importation, it is much more difficult to ensure a quality fleet on the roads. Motorized two- and three-wheelers form substantial proportions of the fleets in many countries (Figure 6).

Only two countries have national policies that encourage walking and/or cycling as an alternative to car travel, while one in four (11) countries have national policies to support investment in public transport as an alternative to car travel. Whereas the majority of people in these countries already rely on walking and cycling anyway, it does mean that low investment in these modes makes them very risky, and explains the high rates of deaths and injuries in precisely these types of road users. As the populations in these countries continue to grow, the pressure for mobility, especially in the urban areas, will result in more people being driven into these high risk modes of transportation.
Only 12 of 44 countries have national policies to separate road users. Buses make up a very small proportion of the fleets. In most urban centers those commuters who cannot afford personal cars have tough choices: mini-buses or commuter vans, two- or three-wheelers, or walking. Mini-buses tend to be out of financial reach of low income earners, and in most countries they have poor safety records.

Table 1: Road safety parameters and indicators

<table>
<thead>
<tr>
<th>ROAD SAFETY MANAGEMENT &amp; POLICIES</th>
<th>Number of countries</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countries with funded national strategy that sets targets for reduction of deaths &amp; injuries</td>
<td>12</td>
<td>Burkina Faso, Central African Republic, Côte d'Ivoire, Equatorial Guinea, Ghana, Kenya, Lesotho, Mauritania Mauritius, Namibia, Rwanda, Zambia</td>
</tr>
<tr>
<td>Countries with national policies to separate road users as a way of protecting vulnerable road users</td>
<td>10</td>
<td>Benin, Burkina Faso, Cameroon, Ethiopia, Malawi, Mali, Namibia, South Africa, Tanzania, Zimbabwe</td>
</tr>
<tr>
<td>Countries with national policies to support investment in public transport</td>
<td>11</td>
<td>Benin, Equatorial Guinea, Ethiopia, Ghana, Kenya, Mauritania, Niger, Nigeria, Senegal, South Africa, Togo</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>LAWS ON MAJOR RISK FACTORS</th>
<th>Number of countries</th>
<th>Countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countries with national speed limits on urban roads less than or equal to 50km/h AND allow local authorities to reduce these</td>
<td>11</td>
<td>Benin, Burkina Faso, Cape Verde, Equatorial Guinea, Kenya, Madagascar, Mali, Niger, Nigeria, Rwanda, Senegal</td>
</tr>
<tr>
<td>Comprehensive speed law as above with good law enforcement</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>A national drink-driving law based on Blood Alcohol Concentration (BAC, and where the BAC limit for the general population is ≤0.05 g/dl.</td>
<td>9</td>
<td>Benin, DRC, Equatorial Guinea, Liberia, Mali, Mauritius, Nigeria, South Africa, Swaziland</td>
</tr>
<tr>
<td>Comprehensive drink-driving law as above with good law enforcement</td>
<td>0</td>
<td>-</td>
</tr>
<tr>
<td>A national motorcycle helmet law that covers all riders, on all roads and all engine types, and requires an international or national helmet standard (comprehensive law)</td>
<td>14</td>
<td>Botswana, Burkina Faso, Central African Republic, Equatorial Guinea, Ethiopia, Guinea-Bissau, Kenya, Lesotho, Madagascar, Mauritius, Namibia, Nigeria, Sierra Leone, South Africa</td>
</tr>
<tr>
<td>Comprehensive helmet law and good law enforcement</td>
<td>2</td>
<td>Botswana, Mauritius</td>
</tr>
<tr>
<td>A national seat-belt law that applies to all private car occupants (front and rear seats)</td>
<td>18</td>
<td>Angola, Central African Republic, Congo, Equatorial Guinea, Ethiopia, Ghana, Kenya, Mali, Mauritania, Mauritius, Mozambique, Namibia, Rwanda, Sierra Leone, South Africa, Swaziland, Uganda, Zambia</td>
</tr>
<tr>
<td>Comprehensive seat-belt law as above with good enforcement</td>
<td>6</td>
<td>Angola, Ethiopia, Mali, Mauritius, Rwanda, Zambia</td>
</tr>
</tbody>
</table>
IV - Road safety management

Almost all (42) countries surveyed have lead agencies. However, eight of the lead agencies are not government funded, and only three countries have full funding for implementing their road safety strategies (Table 1). This suggests that while more countries created lead agencies, there remain serious challenges with the actual working of these agencies. There can be little progress expected from lead agencies working with neither targets nor funding.

V - Speed

Only 11 countries have comprehensive speed laws despite all but four countries having national speed limits for private passenger cars. In the four which lack national speed limits, the limits are set at provincial or state level.

Rural speeds are much more spread out, with one in four countries allowing a maximum speed of 80km/h, and 14% allowing speeds 100km/hr and above. Irrespective of the legislated speed limits, only 3 out of 44 countries rate their enforcement of speed laws as good (above 7 on a scale of 0 to 10). This laxity in enforcement, coupled with the poor road infrastructure and high traffic mix, with little effort made to separate vulnerable road users from high speed motorized traffic, can only lead to high rates of crashes and road fatalities.

VI - Drink-driving

Only 9 countries have comprehensive drink–driving laws. Yet 42 out of 44 surveyed countries have national drink–driving laws, 73% of which are based on Blood Alcohol Concentration (BAC). Among those that stipulate a BAC, there is wide variation in the maximum legal limits ranging from 0.01 g/dl to 0.08 g/dl, with half (22) of the countries still having limits in excess of 0.05g/dl, which is considered the best practice. Limits for high risk drivers – commercial and young/novice drivers - were not set any lower except by Ghana (young drivers’ limit zero) and Mozambique (professional drivers’ limit zero).

Only one country, Botswana, rated their enforcement of drink–driving laws as good. While one third of the countries reported that drivers injured or killed in traffic crashes are tested for alcohol, only eight of 44 countries provided an estimate of the proportion of annual road deaths that is attributable to alcohol impairment. These ranged from 4.7% in Swaziland through 60% in Equatorial Guinea.

Over half of the countries (25) indicated that they set targets for reducing alcohol impaired driving, yet most are unable to ascertain the prevalence of impaired driving. This coupled with poor enforcement of the law means these countries are unlikely to make progress in this crucial area. Concerted efforts must be made in all aspects of this problem; bringing the national laws in line with recommended legal limits, ensuring meaningful enforcement, and providing mechanisms to monitor progress.
VII - Motorcycle helmets

Only 14 countries in Africa have comprehensive motorcycle helmet laws despite more than 90% of the countries having a national law on motorcycle helmet use. Only one third of the countries specify a particular helmet standard. More than a half of the countries (23) do not put age restrictions on child passengers, and those that do have ages as low as five years. Only nine countries provided an estimate of the helmet wearing rates, with figures ranging from 3% in Congo to 95% in both South Africa and Seychelles, and 100% in Botswana.

The high proportion of motorized 2- and 3-wheelers in the fleets (35%) and the rapid rates at which this mode of transport is increasing in both low- and middle-income countries in the African Region makes the safety of motorized 2- and 3-wheelers critical.

As with attempts to reduce drink-driving, unless the countries strengthen the laws (for instance specifying restriction on child passengers, and the helmet standards), put in place adequate and sustained law enforcement, and a monitoring mechanism, these targets will remain unattained.

VIII - Seat-belts and child restraints

Thirty five out of 44 countries have national seat-belt laws, but only 18 of these cover all vehicle occupants. Enforcement is largely dependent on road checks and the imposition of fines, with only a few countries using license suspension and the impounding of vehicles as penalties. The majority of countries (73%) did not provide data on seat-belt use. Eight countries rate their seat-belt law enforcement as good, but of these only Mauritius provided seat-belt use rates. Yet 25 of 44 countries set targets for increasing seat-belt use. With 43% of the road traffic deaths being among car occupants, seat belts are a major intervention that needs to be promoted and pursued with utmost zeal.

Information on child restraints is very sparse. While 12 countries report having national laws on child restraints, there is no information on mechanisms to increase their use, and all twelve report minimal

IX - Road infrastructure

Roads should be designed, constructed, and maintained to ensure the safety of their users. A lot of conflicts and deaths can be avoided by conducting safety audits on all roads. Safety reviews such as the ones conducted by the International Road Assessment Programme (iRAP) assess how safe the roads are specifically for vulnerable road users.

Because rigorous audits or reviews might recommend costly infrastructural interventions, it is best that the reviews be undertaken by an agency independent from the contractor, as this avoids conflict of interest. Thirty one countries conduct road safety audits on new roads while only 17 conduct them on existing roads. Only ten countries have national policies to separate road users as a way of protecting vulnerable road users.
X - Mobile phone use

As mobile phone penetration increases in the region, their use by road users while on the roads is going to become an important road safety problem. Sixty one percent of the countries have national laws regulating the use of mobile phones while driving, and virtually all of them prohibit the use of hand-held phones. Most prohibit the use of hands-free phones as well, and many include text messaging. Almost no countries collect data on mobile phone use while driving which would be needed in order to better ascertain the role of mobile phones in road traffic crashes.

XI - Surveillance and post-crash care

Although nearly 70% of countries reported having a vital registration system in their country, not all of these countries provide robust data to WHO and even fewer link police and health data. Only 12 of 44 countries have an emergency room based injury surveillance system but most do not collect national data. Indeed, in the majority of countries data on road fatalities (including involvement of alcohol and other substance use) come from the police, although some countries reported the use of combined sources. Without systematic and well-resourced surveillance in health facilities the quality and completeness of these data will remain a serious challenge.

Most countries in the African Region suffer limited capacity in the key areas of communication, appropriate transportation, human resources, health facilities with the requisite facilities, and trauma services management.

One in three countries has no emergency numbers to be notified in the event of a crash. In 36% of the countries there are multiple numbers, which could indicate lack of efficiency in dispatch, since the numbers might not be well known, or might call for greater coordination.

Five countries have no ambulance services. In 22 countries (50%), experts estimate that less than 10% of seriously injured patients benefit from ambulance evacuation. In only nine of the 44 countries (22%) is a reasonable proportion (50% and above) of injured patients taken to hospital by ambulance (Figure 7).
More than one half of the countries have specialty emergency medicine training for doctors, and in one third of the countries there are recognized post graduate training programs for nurses in this field.

Post crash care is one of the five pillars of the Decade of Action for road safety, as it has been determined that these services can make a major contribution to the reduction in road fatalities.

**Conclusions and Recommendations**

1. **Pedestrians and persons riding on 2 or 3-wheelers in the African region are the most vulnerable road users on the most dangerous roads on earth. In most countries in the region there is little evidence that road network planning has incorporated the space and safety needs of these groups. They continue to be treated like obstacles to motorized traffic. Even when it is obvious that the majority of the road users are not inside cars, new roads continue to be built for cars, with few or no facilities for those outside them. Pedestrians, and those on 2- and 3-wheelers are not a peripheral concern – they are central to addressing the road safety problem.**

Changes should happen at all levels to protect these vulnerable groups; in the laws, policies, programs and road projects, including education and advocacy, to change the mindset that roads are primarily for cars. Affordable and accessible public transport is key to simultaneously dealing with many of the serious road safety problems that plague the countries in the African Region. These include the large numbers of pedestrians that are exposed to high speed motorized traffic on the roads, the escalation in the use of 2- and 3-wheelers as commuter transport, high rates of crashes and injuries, and traffic congestion and gridlocks in most big African cities, as low occupancy vehicles chock the narrow roads for lack of efficient commuting options.
Countries must adopt the necessary policies to promote and support high occupancy public transport, and devise funding mechanisms to make these transport systems safe and affordable. Safe, affordable and efficient public transport will transform urban areas and lead to safer roads.

2. **Enforcement of laws supportive of road safety is universally and dismally inadequate.** While there are still several countries that lack the relevant laws, and which need to enact those laws, there are more countries that do have the laws, but they appear to do little to enforce them.

Enforcement should be systematic and sustained, paying attention to the details of deterrence, the detection of offenses, and the handling of penalties. When the necessary resources are not deployed, including the staffing of relevant departments, the laws become a farce. For instance, a law that relies on a physician examining a driver suspected of drink-driving will be impossible to enforce in a country where doctors are few and far in between. There are no short cuts to enforcing the law.

3. **Most countries in the African Region are poorly prepared to rescue and appropriately care for persons who survive road traffic crashes.** The gaps in care include those in infrastructure, human resources, transportation, and management of emergency medical services. Improvements in post-crash care will reduce the number of deaths from road injuries. This calls for planning and actions regarding human resources, communications, transportation, management, and emergency preparedness within the health care system. Some interventions, such as having one nationwide emergency access telephone number, might be relatively easier than building physical infrastructure, but they will only be effective when fully supported by all the other facets of an emergency trauma care system.

4. **Data pertaining to road safety in the African Region is still grossly inadequate for planning, implementing, and evaluating road safety interventions.** Without data it will be impossible to improve road safety.

Countries in the African Region have to make deliberate efforts to improve the data necessary for planning and executing interventions, and monitoring progress. Targets cannot be set in the absence of reasonable data on the major risk factors, numbers and characteristics of persons being injured and killed on the roads, circumstances surrounding road crashes, and the extent to which interventions are being deployed. The great majority of countries are still grappling with the lack of very basic data, such as the ages and sex of persons killed on the roads, and prevalence of risk factors such as drink-driving and non-use of helmets. Serious investment is needed to change this. Any resources that the countries might want to plough into interventions could be wasted if the agencies tasked with improving road safety lack the data to help them plan. Countries cannot improve what they are not able to measure.
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