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# NEGLECTED ISSUES IN ROAD CRASHES IN SUB-SAHARAN AFRICA: THE EXAMPLE OF NIGERIA

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## ABSTRACT

*Road crash is a global problem. It is more serious in Sub-Sahara Africa, especially in Nigeria because road transport account for more than 80% of the total traffic and road safety measures are poorly developed. Road traffic crashes in Nigeria have claimed many lives and rendered several people permanently injured. In spite of the wasted human resources and debilitating effect of road crashes on the socio-economic development of the country, some efforts which would have reversed the trend and lessened this burden are either neglected or ignored. These include among others, training of drivers in the use of first aid technique, building of road side clinics, insurance and compensation, Road Safety Fund as well as under-reporting of the magnitude and significance of road crash figures. The paper calls for the use of computer technology in the collation and analysis of road crash statistics, training of commercial drivers in First Aid techniques and the establishment of Nigerian Road Safety Emergency Service as well as Road Safety Fund. It must however be backed up with strong political will from the government and devoid of corruption. This is expected to bring about reduction in road carnage on Nigerian roads as well as ameliorating the socio-economic burden of road crash victims.*

## Introduction

Globally, more than 3,000 people die daily as a result of road crashes while about 15,000 others are disabled for life (World Bank / WHO, 2004). This translates to annual deaths of 1.2 million men, women and children around the world and over 50 million injuries. Presently, about 90% of road deaths are recorded in developing countries that have only 35% of the world's vehicles (Sida, 2006). An extreme case is the African continent, with only 4% of the total global vehicle population but 10% of all road traffic fatalities (GTKP, 2007a).

Sub-Sahara Africa is a region with the worst death rate from road crashes. For instance, at least 1000,000 people are killed in the region every year with fatality rate of 28 deaths per 100,000 population

or 100 deaths per 10,000 vehicles (Winnet, 2007). Worst still, road crashes are the second highest cause of deaths for the 15 to 44 years age group in Sub-Sahara Africa, and the economic costs is estimated at \$10 billion annually or 2% of GNP (CGRS, 2006). On the average more than 65% of the road crash victims in Kenya, Nigeria and Ghana are between the ages of 15-50 years (Odero et al, 2003; Ipingbemi, 2006; Amegashie, 2007). On current trends, road fatalities in Sub-Sahara Africa will increase by 80% by 2020. In Nigeria, road crashes are a major health problem which has claimed several lives and rendered many others handicapped. The trend has been on the increase in the last few years.

Besides these human and economic costs, the socio-economic burden of road

crashes is very heavy. Road crashes slow down economic development and perpetuate poverty. At household level, road crashes place a severe financial strains on families, who often have to absorb the direct medical, and rehabilitation costs as well as indirect costs created by a victim's inability to continue earning. Poor families are disproportionately burdened by road crashes, particularly when the injured or killed is a bread winner in the family. At the national level, road traffic crashes place a heavy burden on the country's economy through both direct and indirect impacts. However, accurate data on the number of road crash casualties is hardly available due to under or non-reporting of road crashes, which has rendered most of the solutions proffered in recent times ineffective. The problem of road crash victims is compounded in Sub-Sahara Africa especially in Nigeria by the fact that the third party vehicle insurance coverage is either poor or non-existent. Victims and their families are often left without compensation for injury or loss. This is further exacerbated by poor access to medical care and rehabilitation leading to reduced chances of recovery or even survival. Therefore, the cost of road traffic injuries to the poor reduces the funds available for health and educational services among others; thereby constraining their opportunities to move out of poverty.

In spite of these human resources depletion and socio-economic burden of road crashes in sub-Sahara Africa, various issues that are capable of reversing the trend or ameliorating the burden of road crashes in the region are either grossly under-emphasized or completely neglected. These include awareness on the magnitude of the problem, insurance and

compensation, post trauma care, road safety fund as well as poor reporting of road crashes. In developed countries the level of awareness of road crashes magnitude is very high due to better publicity. Information on the trend, pattern and severity of road crashes as well as the socio-economic and health implications are provided in both electronic and print media. Current road crash statistics for United States of America, United Kingdom, and Canada etc can be downloaded from the internet. In most developing countries recent road crash statistics are not easily accessible. In Nigeria, road crash data can only be obtained now at the national headquarters of Federal Road Safety Commission (FRSC). This hampers effective dissemination of information on road traffic crashes and their implications on the economy.

Similarly, compliance with vehicle insurance policy is very high in developed and emerging economies. This is achieved because insurance is a pre-condition for issuing vehicle license. Also, the manner of collection makes it mandatory for motorists to take up vehicle insurance policy. For instance, in Australia, the premiums is collected as part of the annual vehicle license, where as in Canada (British Columbia) one agency is responsible for the administration of vehicle license and insurance (Aeron-Thomas, 2002). With respect to compensation, the Accident Compensation Commission (ACC) of New Zealand pays the treatment costs of road crash victims (injured or dead) (ACC, 2009). Such treatment costs include among others surgery, x-rays and prescription costs. In Victoria, Australia, the Transport Accident Commission (TAC) was set up to pay medical costs and other services for people injured on Victorian roads. The TAC starts to make payment when the victims have incurred treatment to the value of \$564<sup>1</sup> (N84,600) either in private or public hospital (TAC, 2009). However, if a victim stays in the hospital throughout the day or overnight, TAC pays for all treatment costs even if the amount incurred is not up to \$564. Similarly, in South Africa, the Road Accident Fund (RAF) pays compensation for losses suffered

due to bodily injuries sustained or death of a person on the road to the tune of R25, 000 (South Africa, RAF, 2009).

Furthermore, under-reporting or non-reporting of deaths and injuries resulting from road crashes is a global problem affecting not only low and middle income countries but also high ones (Nakahara and Wakai, 2001). Although the percentage is higher in developing economies compared to developed countries. For instance, where as around 20% of the incidents reported to the police in developed countries remain unrecorded, the levels of under-reporting in low and middle income countries is as high as 50% ( World Bank/WHO, 2004). In terms of post trauma care, developed and some developing countries have robust and comprehensive post-crash management. For example, in Iran and Vietnam first aid posts are permanently staffed all year round (BRC, 2001). In Tunisia, Saudi Arabia and Bolivia, special posts are set up along the roads during religious events. This is complemented by sophisticated services provided by road side clinics, health institutions and rehabilitation centres. Most African countries do not have the financial outlay to embark on such sophisticated post-crash care.

Also, only few countries have fund specifically dedicated to finance road crash activities (conduct research, finance publicity and pay compensation etc.). New Zealand (Accident Compensation Commission), Australia (Transport Accident Commission), South Africa (Road Accident Fund), Fiji and Namibia have dedicated road safety Fund, which is financed mostly by a levy on petrol. African road safety organizations in Ethiopia, Zambia and Ghana receive some funds from their National Road Fund<sup>2</sup> because they do not have dedicated road safety fund (GTZ, 2006). This paper, therefore, provides an insight into these issues and shows how to reduce road carnage and the burden of road crashes in Nigeria.

### **Trend of Road Crashes in Nigeria**

Data on trend of road crashes in Sub-Sahara Africa is very difficult to come by due to poor records and the little importance attached to data in the region. Therefore, the trend is basically on Nigeria. The alarming rate of road crashes in Nigeria has reached a worrisome level. In actual fact, it is now regarded as a health problem. Deaths and injuries sustained from traffic crashes have been enormous. For instance, between 1960 and 2007 about 1 million cases of road crashes were reported. 297,619 persons were killed while 887,883 others were seriously injured during the period (NBS 2005, Osita 2008). This represented an increase of 353% and 105% for fatalities and injuries respectively between the periods of analysis.

A decade analysis shows that in the first decade (1960-1969), 151,237 cases of road crashes were reported, killing 18,748 persons with 104,825 people seriously injured. In the second decade (1970-1979) reported cases of road crashes increased by 82.9% while road deaths and injuries also increased by 204.7% and 99.5% respectively. Death tolls in the third decade (1980-1989) went up by 37.9% compared to the second decade figure. However, injuries from road crashes decreased marginally by 0.23%. In the fourth decade (1990-2000), both fatalities and injuries witnessed a slight reduction. Persons killed in road crashes came down by 7.5% while those who sustained injury also dropped by 7.8%. In the first seven years of the fifth decade (2001-2007), 43,535 people lost their lives while about 135,000 others sustained various degrees of injuries in 91,020 cases of road crashes. The reduction in the early nineties, however, might not be unconnected with the activities of the Federal Road Safety

Commission (FRSC) which was established in 1988 to ensure safety on Nigerian highways. A ten year interval of

road crash casualties in Nigeria is presented in figures 1-3.

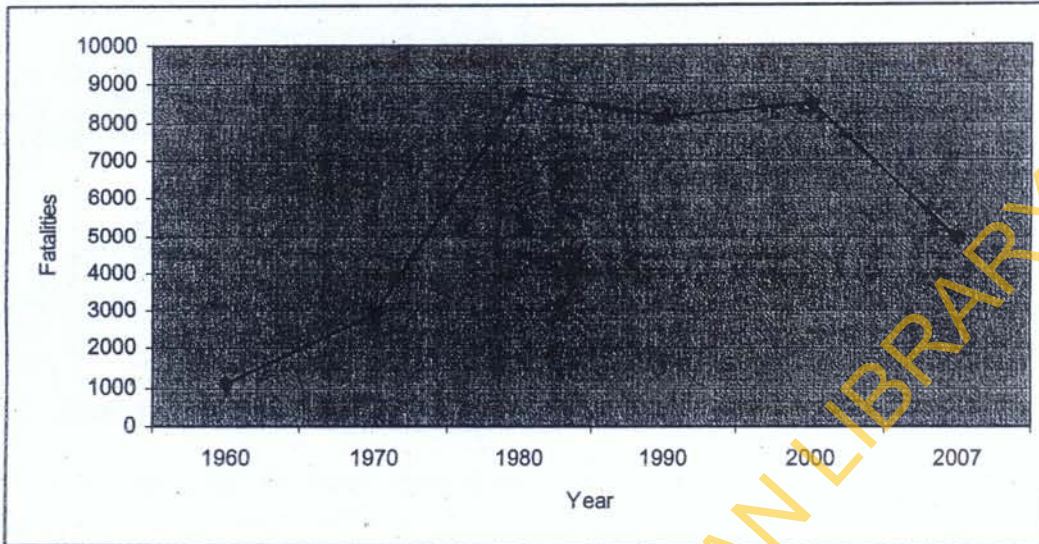


Fig 1: A ten-year trend of road fatalities in Nigeria between 1960 and 2007

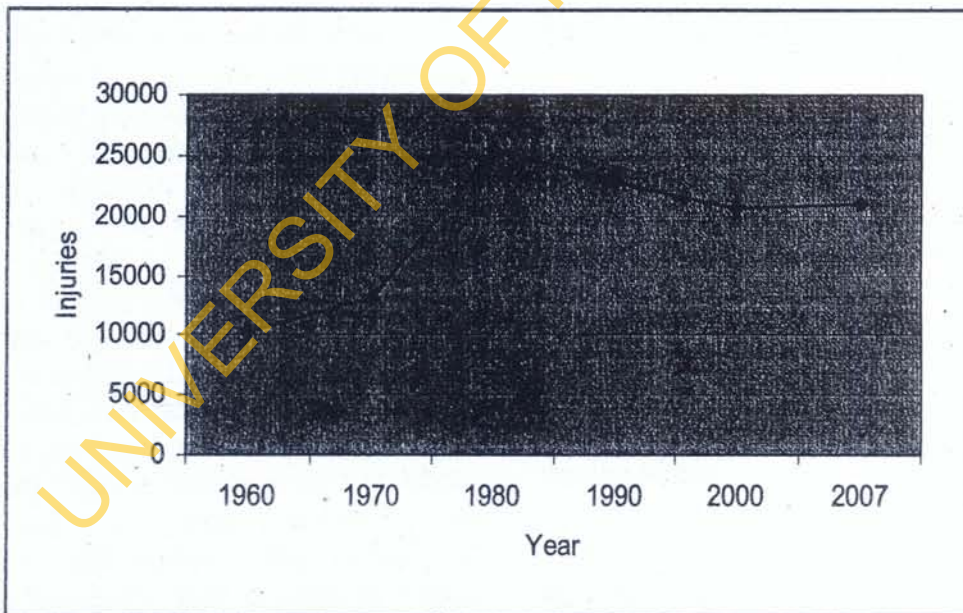


Fig 2: A ten-year trend of road injuries in Nigeria between 1960 and 2007

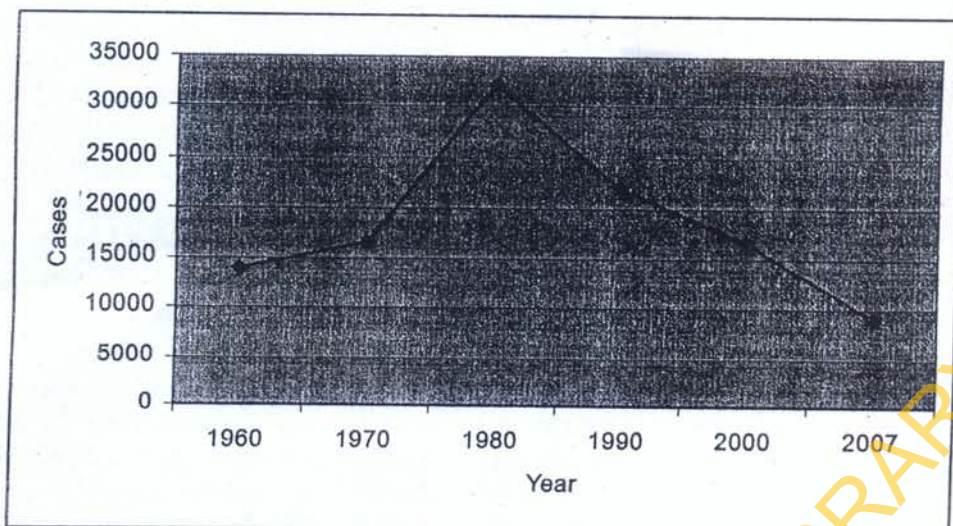


Fig 3: A ten-year trend of road crash cases in Nigeria between 1960 and 2007

In Tanzania, fatalities from road crashes increased from 1483 deaths to 1583 between 1993 and 1998 while in Ghana deaths from road crashes rose by 15% between 2001 and 2005 (Rwebangira et al 1999 and Appiah, 2007). Winnet (2007) also observed in Botswana that fatalities from road crashes increased by nearly 400% in the last 30 years.

Human error has been singled out as the most important factor in road crash causation in Sub-Sahara Africa. For instance, 76% of the road crashes in Tanzania in 1998 was traceable to human error. Similarly, about 84% of road crashes in Kenya between 1994 and 2004 were as a result of human behaviour (Magolo and Mitullah, 2007). Asrat (2007) also found in Ethiopia that in 2005 that 81% of road crashes was due to drivers' error. In Nigeria, human error contributes significantly to road crashes in the country. Onakomaiya (1981) in his study of the causes of road crashes in Nigeria showed that human error accounted for more than 73%. At the regional or state level the situation is not different. For instance, Mukoro (1986) in his examination of the main causes of road

traffic crashes in Kaduna State between 1975 and 1976 observed that about 80% of the road traffic crashes were due to human error. He listed such human errors as speeding, drunkenness and low level of education in understanding road signs and markings as major factors. Other studies in Oyo, Ogun and Abuja showed similar results (see Jegede, 1985; Oduola 1987; Oyeyemi 2002 respectively).

#### Neglected Issues in Road Traffic Crashes in Nigeria.

The issues addressed here pertain to the magnitude of the problem being emphasized, insurance and compensation, first aid techniques and road side clinics as well as road safety funds.

#### Under-emphasizing the Magnitude of the Problem.

A hidden epidemic of deaths and injuries from road traffic crashes is growing in the world today. For developing countries, particularly in Africa, road traffic deaths and injuries constitute a serious health problem because the continent has the most dangerous roads in the world resulting in



extremely high rate of fatality (GTKP, 2007). The problem is more acute because the victims are overwhelmingly young and healthy prior to their crashes. For instance, in Kenya and Nigeria, more than 70% of road crash victims are between the productive age of 15-55 years (Odero et al, 2003; Ipingbemi, 2006).

However, in both developed and developing countries especially in Sub-Saharan Africa, the magnitude and significance of road crashes are grossly underemphasized. For instance, when there was a terrorist attack on United States in September, 2001 about 3,000 people lost their lives in that incidents and the whole world mourned the victims for several weeks if not years (Evans, 2004). The same number of people in the world dies each day through road crashes with little or no concern from either governments or individuals. Similarly, in Nigeria, 224 people lost their lives during two major air crashes ( Bellview Boeing 737 and Sosoliso McDonnell Douglas DC-9) in the country in 2005. For three days Nigerian flag was flown at half mast and the country mourned the deceased for several days. In the same year, over 8,000 persons lost their lives in tragic road traffic crashes in the country (NBS, 2005). Neither the victims nor their families receive similar concern or consideration from either the government or other charitable organizations.

The reasons for this poor attention to road crashes in Sub-Saharan Africa, especially in Nigeria are not far fetched. Road crashes remain almost invisible to the large society because hundreds of thousands of traffic crashes are scattered individuals events, tragic to those involved, but not newsworthy; unlike train or aircraft crashes that are always accorded serious attention. In fact, there is

the public perception that road crashes are due to fate and bad luck of the victims; and in extreme cases particularly in Nigeria, they are attributed to inexplicable happenings such as witches or wizards. This is further exacerbated by poor information about the true scale of the problem due to under-reporting or non-reporting of road crashes. Most of the data used in Nigeria grossly underestimates the stark reality of road crashes in the country. For instance, only 1/3 of the road crash data in the country are reported (NITT, 2004).

Furthermore, the problem is made worse because of human resources constraint and poor technological capability. The road traffic agencies (FRSC, Nigerian Police and Vehicle Inspection Office) in the country are not only understaffed but lack the requisite knowledge to undertake the recent innovation in road crash data collection and analysis. The consequence is that the necessary data required to assess the true scale of road safety problem in the country are either missing or incomplete. This is worsened by poor governance and corrupt traffic officers.

### **Inadequate Insurance and Compensation**

Poor families are disproportionately burdened by road crashes, particularly when the injured or the person killed is the breadwinner. This problem is compounded in sub-Saharan Africa because of poor or lack of insurance policy for vehicles especially public transportation and their occupants. In Nigeria, vehicle insurance consists of two popular classes: the Third Party and the Comprehensive (Ojeme, 2007). The Third party costs only N5, 000 while the

comprehensive costs 10 percent of the value of the vehicle. Third Party otherwise known as 1945 Motor Insurance Act is more commonly taken than the comprehensive insurance.

A third party is one who is not a party to an insurance contract but having become a victim of motor crashes caused by an insured motorist, is entitled to take the benefit of the insurance policy entered into by the motorist (Adeyemi, 2006). The third person may be pedestrian, another motorist, a passenger or someone who owns a building or other property that has been damaged in the course of using a motor vehicle. The level of compliance with the mandatory third party vehicle insurance varies across the world. For instance, in developed countries the level of compliance is over 90% while in developing countries like Peru and Zambia the compliance rates are 22% and 15% respectively (Aeron-Thomas, 2002). This poor compliance rate has denied many innocent victims from receiving compensation.

In Nigeria, whenever there is crash, road crash victims are rarely compensated for injury or loss of property especially with respect to public transportation. When they do, particularly for private vehicles, the victims would have to go through administrative bureaucracy which makes the insured to lose interest. Lack of compensation coupled with poor health facilities and expensive medical costs further compound the burden of road crash victims. This is a clear departure from what obtains in the aviation industry where the airports, aircrafts and the crew members as well as the passengers are insured against bodily injury. In the event of any crash, compensations are paid to the victims. Presently in Nigeria, the recommended minimum liability cover for

passenger of any aircraft is \$100,000 (The Punch, Feb 6, 2007 pp 5).

### **Inadequate First Aid Techniques and Road Side Clinics**

The delivery of effective first aid is one of the activities in the management of the crash victims which eventually determines the severity of injury received and the chance of their survival. Many victims have lost their lives because of poor attention at the scene of crash or delay in transporting them to the nearest clinics/hospitals. GRSP (2001) observed that a "golden hour" (time) exists for casualties after a road crash within which the crash victims stand a greater chance of survival and a reduction in the adverse consequences of their injuries, if first aid measures are immediately applied and followed by quality health care assistance. First Aid technique has not received enough recognition in Sub-Sahara Africa as a simple and effective method in the post-crash management of crash victims, despite the fact that globally about 50% of fatalities occur at the scene within few minutes of crash (RCRC, 2005).

The experience in Nigeria at the scene of crash is to see both co-travellers of crash victims and the sympathizers/bystanders crying, wailing and weeping with no assistance being provided to the crash victims, writhing in pains. For those who volunteer to render help, such assistance in most cases is wrongly administered because they don't have formal training in first aid. The victims are either wrongly positioned or carried with little consideration for their spine thereby worsening the severity of the injury. In some cases, the injured victims are lumped together with the dead ones due to inadequate space and the need to

transfer them quickly to the hospital by "good Samaritans".

The need for First Aid in road traffic crashes in Nigeria stems from the fact that road crash is inevitable due partly to bad roads and poor driving behaviour of the motorists in the country. Similarly, emergency service on Nigerian roads is extremely poor because the Federal Road Safety Commission (FRSC) that is charged with responsibility of carrying out this important task is overwhelmed with a lot of problems such as inadequate personnel, outdated equipment as well as limited financial and material resources. For instance, as at 2001 the Federal Road Safety Commission could only boast of 25 serviceable ambulances and 11 serviceable towing vehicles that are expected to provide emergency response to over 90% of the 120 million people in the country using the highways (Oyeyemi, 2002).

While First Aid technique is very vital for the survival of crash victims, it should be followed up by better health care services such as emergency rescue operations and road side clinics along highways. For instance, Nigeria with over 32,000km of Federal roads (Adeniji, 2000; Ogunsanya, 2004), has 20 road side clinics and 13 zonal clinics for emergency response. All the major zonal clinics are sited in major cities in the country. The road side clinics on the other hand are located on major highways in Nigeria. However, the number of the clinics is inadequate compared to the length of federal roads in the country. On the average, there is one road side clinic for every 1,600km length of federal road in Nigeria. This is grossly inadequate. Apart from the inadequacy of road side clinics in terms of number and coverage, the condition (state) of the clinic is a source of concern. Some of the clinics do not have

the necessary equipment and personnel to be able to function. A physical survey of some of them indicated that they might have been abandoned. Although there is plethora of Non-Governmental Organizations (NGOs) and some state governments that claim to provide assistance to road crash victims on the highways. Most of the NGOs only exist on paper while some state governments embark on such activity for political reason.

#### **Non –Existence of Road Safety Fund**

The Global Road Safety Facility was launched by the World Bank and FIA Foundation to combat the hidden epidemic of deaths and injuries from road crashes. The initial donation of about \$10 million from major oil companies and manufacturers is being managed by Global Road Safety Partnership (GRSP). The fund is aimed at generating increased funding and technical assistance for global, regional and country level initiatives designed to accelerate and scale-up the efforts of low and middle income countries to build their scientific, technological and managerial capacities to prepare and implement cost-effective road safety programmes. Recently, however, additional funds have been sourced from Swedish International Cooperation and Development (USD 47,000 per annum) between 2008-2010; Global Road Safety Facility of the World Bank (USD 780,000) between 2007-2008 and the Japan Social Development Fund (USD 844,000) between 2007-2009 (GRSP, 2007).

While such Fund is very crucial for reducing road carnage in developing countries especially in sub-Sahara Africa it is also expedient that countries in the region look inwards for sustainable funding of road safety activities in their

respective countries. Aside South Africa and Namibia few countries have dedicated road safety fund in Africa. In Zambia, Ghana and Ethiopia, road safety organizations receive funds from the National Road Fund to finance their activities. For example, Ethiopia Road Fund allocates 3% of its revenue for road safety activities (GRSP, 2005). Nigeria in particular has neither Road Fund nor any other fund meant specifically for road safety. The country relies on budgetary allocation for funding road safety activities in Nigeria. It is therefore not surprising that funding has been a major obstacle to road safety activities and programmes over the years. Zietlow (2005) observed in developing countries that it is impossible to secure stable and sufficient flow of funds for road safety through government budgeting allocations, therefore, it is necessary to establish Road Safety Funds.

### **3.5 Under-Reporting and Non-Reporting of Road Casualties**

The problem of under-reporting occurs when casualties are reported to the police but are not included in the official database (Jacobs et al, 2000). While non-reporting occurs when crash incidents are not officially reported to the police. Under-reporting is a common problem both in developed and developing countries. For example, in 1994, US police under-reported fatality data by 2%; whereas in Philippines and Ecuador in 1993 and 1995 respectively, the percentages of under reporting were 62% and 351% (Jacobs et al, 2000). They identified low priority for accurate data collection and pressure on police or traffic officers to avoid documenting worsening safety record as the main factors responsible for under-reporting in developing countries. In United Kingdom,

studies comparing hospital and police records indicated that about 36% of traffic injury casualties were not reported to the police (World Bank/WHO, 2004). In sub-Saharan Africa, the adjusted true estimate of total road deaths for all Sub-Saharan African countries for the year 2000, based on the police department's records, ranges between 68,500 and 82,200 (GTKP, 2007b). However, the estimated fatality figure of 190,191 for Sub-Saharan Africa presented in the 2004 World Report on Injury, based on health care data, is much higher, and reflects the magnitude of under-reporting in police statistics (World Bank/WHO, 2004).

Although data for under-reporting is not available for Nigeria, however, only 1/3 of the road crash data are reported in the country (NITT, 2004). Assum (1998) concluded that in developing countries, under-reporting may stem from the basic fact that some victims cannot afford to attend hospital. Arosanyin (2004) on the other hand traced part of the problem in Nigeria to corruption among traffic officers and the need for parties involved in road traffic crashes to settle the case out of court. This problem of under-reporting or non reporting of crash statistics in the country is an obstacle to any viable and feasible solutions to road crash problem in Nigeria.

### **SUGGESTION**

The above challenges in road safety have resulted in inability of governments in the region to find acceptable measures or mechanism for ameliorating road crashes in sub-Sahara Africa most especially in Nigeria. It is therefore imperative to pursue the following recommended options in order to raise road safety awareness in the region

as well as reducing the burden of road crashes.

First, there is the need to improve the method of data collection and analysis of road crash statistics. The use of computer in the collection and analysis of road crash data such as the Micro Computer Crash Analysis Package (MAAP) developed by Transport Research Laboratory (London) is recommended. This will enable road safety agencies to capture the magnitude of the problem and the stark reality of the epidemic. It must be noted that crash data are a necessary tool for understanding and responding to traffic injuries. They are vital statistics that provide the evidence needed to marshal resources and determine priorities for action. Without evidence on the true scale, incidence and causation of road crashes, the problem may be neglected and the resources that are made available may not be enough. To this end, there is the need for continuous and systematic surveillance of road crashes in order to provide accurate and timely road crash data. It is also very important to regularly publish road crash statistics to show the true scale of the problem as well as creating more awareness on the consequences of road crashes.

Second, there is the need to establish Nigerian Road Safety Emergency Service, which should be a unit or department under the Federal Road Safety Commission (FRSC). The department will be charged solely with the responsibility of attending to road crash victims promptly. The staffers must undergo training in emergency rescue operation while their vehicles should be fitted with state-of-the-art information technology gadgets in order to ensure easy and quick communication. Third, road side clinics should be built along major highways (and

close to black spots) where crash victims could be taken to for medical attention before being conveyed to hospital. Fourth, commercial drivers should be trained on how to administer first aid. The effort of these operators would complement that of Road Safety Emergency Service Unit. This is necessary because they are the ones plying the roads regularly and therefore should be able to provide assistance in the event of road crash. Fifth, there must be coordination among several traffic agencies in the country. The role of each agency must be clearly defined in order to avoid overlap.

Finally, in order to strengthen the road safety initiative in Nigeria, there should be the establishment of Road Accident Fund like the one in South Africa and Namibia among others. Presently there is no such fund in the country. The Road Accident Fund should be sourced through budgetary allocation, levy on fuel, fines among others. There is the need also to involve the private sector in order to ensure reliable flow of fund. Private sector participation should be gradual because of the humanitarian nature of the work. Initially, the bulk of the Fund should come from government. However, the role of government should decrease overtime by that time the private sector would have built enough confidence in the programme and consequently increase their stake. Another efficient source of revenue for the fund is to plough back 10% of all road expenditure to the fund as being canvassed by Commission for Global Road Safety (2006). Similarly, countries should be able to draw from the Global Fund for road safety activities as in the case of Malaria, Tuberculosis and HIV/AIDS. Part of the Road Safety Fund should be used to offset between 25-50% of the medical costs of road crash victims admitted in public

hospitals, depending on the degree of injuries and level of income. The Nigeria Police, Federal Road Safety Commission (FRSC) and/or the emergency Unit have the herculean task of ensuring that only the right candidates benefit from the programme.

### Conclusion

Road crash is considered globally as a health problem. An estimated 1.2 million people die through road crash annually with several others seriously injured. In Nigeria, road crashes on the average claim over 6,000 lives annually with about 19,000 others seriously injured. The consequences of road crashes are overwhelmingly burdensome on individuals, families and the society as a whole. In spite of the disastrous effects of road crashes on the economy in generally, several efforts that would have lessened the burden of road crashes are either neglected or ignored. These include among others, training of drivers in the use of first aid technique, building of road side clinics, insurance and compensation, Road Safety Fund as well as under-reporting of the magnitude and significance of road crash figures. The paper calls for public enlightenment about the implications of road crashes, the use of computer technology in the collation and analysis of road crash statistics, training of commercial drivers in first aid technique and the establishment of Road Safety Fund as well as Road Safety Emergency Service. It must however be supported by strong political will devoid of corruption.

### Endnote:

1. Exchange Rate: US\$1= N150

2. Road Funds are dedicated funds for financing road maintenance and rehabilitation.

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