



PARALLEL SESSION: ENHANCING THE POST CRASH RESPONSE

Session Conclusions

Date:

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1. KEYWORDS

Post crash care/response, emergency care/system, trauma care/system, ambulances, civil compensation, victims rights, justice, collision investigation

2. TITLE OF THE SESSION

Enhancing the Post-crash Response

3. TOPIC OF THE SESSION

Issues presented focused on:

- The key qualities of an effective emergency care system
- The main policy and legislative mechanisms for increasing access to emergency care
- Efforts by countries and cities to increase the effectiveness of the entire spectrum of the post-crash response
- Actions required to achieve the Global Road Safety Performance Target 12 by 2030

These issues were important as a good functioning trauma care system could prevent over half a million deaths a year. And victims and their families need civil compensation to help them recover from a crash. Civil justice, i.e. compensation, and criminal justice depend on a thorough collision investigation. The lack of a proper response by the justice system causes much additional suffering to the bereaved and injured.

4. SHORT SUMMARY OF SESSION

The session moderator gave a short expert talk highlighting the importance of post crash care and the neglect of this area, especially with financial investment, which is required to collect the data needed for evidence based decision making.

The four panel speakers discussed the challenges and barriers to providing timely emergency care, how to engage communities, the social insurance scheme for crash victims, and the lack of data on emergency care outcomes.

The session concluded with questions from the audience covering such areas as the lack of awareness and agreement on emergency care outcome indicators, the effectiveness of ambulance, and the need for investment in emergency care as well as for improving the criminal justice system.

5. OVERALL MESSAGES

- Pillar 5, Post crash response, is the most neglected pillar in the UN approach to road traffic injury prevention, despite the potential for reducing deaths and serious injuries. None of the nine recommendations from the expert academic panel referred to post crash response.
- Lack of data and evidence is obstacle to investment and vice versa for without the funding, efforts cannot be monitored and the effectiveness of interventions cannot be proven.
- Lack of good practice on justice system and post crash response

6. OVERALL RECOMMENDATIONS

- Pillar 5 deserves to be much higher on the agenda, including that of the UNRSC, and not just health professionals
- Need to clarify what performance data is required in order to monitor effectiveness
- Investment in ambulance services may be unjustified, given lack of evidence for its effectiveness in preventing death and disability
- Without funding, data collection is unlikely and evidence base will not be built
- Wider response of justice system with investigation, prosecution, compensation and support needs attention, in addition to emergency care.

7. IMPORTANT FINDINGS (EX. TECHNICAL OR OTHERS)

- Cost effectiveness of improving in emergency care with it being incredibly cheap, especially compare to tackling other types of disease.
- One emergency number is key to timely trauma care but does not exist in all countries
- Many countries lack ambulances but evidence base for ambulances was questioned
- Community engagement is essential and this must include women who are often the only ones in the community with the men working far away.
- Namibia's Motor Accident Vehicle Fund's call centre also serves as an important data repository and has been used for injury surveillance monitoring.

8. SPECIFIC RECOMMENDATIONS FOR DIFFERENT STAKEHOLDERS INCLUDING GOVERNMENTS AND THE PRIVATE SECTOR

[This can include recommendations for future studies or future collaborations.]

International

- Ensure Pillar 5 Post Crash Response is higher up the road safety agenda

- Need more fairer investment in trauma care, given the human toll which greatly outweighs other diseases that are much better funded.
- Ensure greater representation of professionals from the south and victim representatives on panels

Government

- Invest in trauma care systems, including injury surveillance monitoring systems
- Consider establishing a Motor Collision Vehicle Fund to facilitate compensation of victims and better collection of casualty data which can help explain why so many die at the roadside.
- Ensure bystanders are protected in law and not liable to be arrested if they stop to help a crash victim
- Ensure laws require other vehicles to give way to ambulances with awareness campaign to increase compliance.

Private sector

- Partner with donor and grant funded projects

Advocacy organisations

- Continue to use your voice to help make the case for investment in emergency care and justice system

9. PREPARATION OF THE SESSION

Nhan Tran, Head, Safety and Mobility, World Health Organisation

Adnan Hyder, Senior Associate Dean for Research, Miliken Institute of Public Health
George Washington University, USA

Margie Peden, George Institute

Lee Wallis, Head of Emergency Medicine, Western Cape Government, South Africa

10. SESSION PROGRAM

Chair/Moderator:

Lee Wallis, Head of Emergency Medicine, Western Cape Government, South Africa

Plan and timing:

Approx. Time	Topic/ Presentation title	Speaker (title, role/position, organisation)
1140-1142	Welcome and introductions	Lee Wallis, Head of Emergency Medicine, Western Cape Government, South Africa
1142-1147	Expert talk	Lee Wallis, Head of Emergency Medicine, Western Cape Government, South Africa
1147-1227	Facilitated discussion	Maxwell Osei-Ampofo Komfo, Head of Directorate, Emergency Medicine, Anokye Teaching Hospital, Ghana
		Emma MacLennan, Director General, EASST/FIRE AID
		Tsion Firew Special Advisor, Ministry of Health, Ethiopia
		Sidney Boois Senior Manager, Motor Vehicle Accident Fund, Namibia
1227-1237	Questions from the	Audience, including Matthew Varghese, Head of Orthopaedics, St Stephens Hospital Delhi, Jeannot Mersch, FEVR

	floor	Amy Aeron-Thomas and Donna Price, IRVP
1237-1240	Summary, thanks and closing	Lee Wallis, Head of Emergency Medicine, Western Cape Government, South Africa