

**GLOBAL STATUS REPORT ON ROAD  
SAFETY**

**Country Report**

**For**

**The Republic of  
Trinidad and Tobago**

## **ACKNOWLEDGEMENTS**

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Respondents - **Mr Rueben Cato**, Transport Commissioner, Ministry of Works and Transport

**Inspector Patsy Joseph**, Traffic and Highway Patrol Branch, Trinidad and Tobago Police Service

**Constable Ashton Harrynarine**, Traffic and Highway Patrol Branch, Trinidad and Tobago Police Service

**Mrs Shirley Christian-Maharaj**, Assistant Director of Statistics, Central Statistical Office, Ministry of Planning, Housing and the Environment

**Ms Denrica Christopher**, Research Officer I, Ministry of Legal Affairs

**Mrs Marlene Skinner**, Manager, Quality Improvement, South West Regional Health Authority

**Brett Voisin**, Research Assistant, Association of Trinidad and Tobago Insurance Companies

I am grateful to the Respondents who worked efficiently and promptly in sourcing the required data for the survey. Their analyses of the data gathered, as well as their recommendations, were very instrumental as they were from a multisectoral and multidisciplinary perspective.

## **SUMMARY**

The Global Status Report of Road Safety Questionnaire was developed to assess the response of countries to their road safety situation. The data collection instrument consisted of three (3) sections. Section A was used to collect information on the existence of a “lead agency” which coordinates road safety exists in the country, whether countries have a national strategy for road safety, and to determine if there is funding for this purpose. Section B captured data on road traffic deaths, non fatal injuries and economic costs. Section C encapsulated information on the interventions in use in the country. These interventions included exposure to risk, infrastructure and vehicle standards, speed control, drink-driving, motorcycle helmet use, seat-belts and child restraints use, the efficacy of enforcement of some of these interventions and post crash care. The data collected indicated the need for the implementation of the recommendations of the *World Report on Road Traffic Injury Prevention (2004)* some of which are not yet implemented in Trinidad and Tobago. Areas where strengthening is needed were also brought into focus and thus the exercise can provide a catalyst for intervention.

## **INTRODUCTION**

Road traffic injuries are a leading cause of death, killing nearly 1.2 million people annually, with approximately 90% of these deaths occurring in low and middle-income countries. Unless action is taken urgently, the number of road traffic injuries and deaths is likely to continue to rise in most regions of the world. As motorization increases, road traffic injuries are predicted to become the eighth leading cause of death by 2030.

To address the increasing road safety epidemic, the World Health Organization (WHO) and the World Bank jointly launched the *World Report on Road Traffic Injury Prevention* in 2004. The following six (6) recommendations were made in the report:

1. Identify a lead agency in government to guide the national road traffic safety effort;
2. Assess the problem, policies and institutional settings relating to road traffic injury and the capacity for road traffic injury prevention in each country;
3. Prepare a national road safety strategy and plan of action;
4. Allocate financial and human resources to address the problem;
5. Implement specific actions to prevent road traffic crashes, minimize injuries and their consequences and evaluate the impact of these actions; and
6. Support the development of national capacity and international cooperation.

A number of countries have since taken positive steps in implementing these recommendations. As more countries began taking these steps it became apparent that there needs to be a global tool which can measure this progress and allow countries to assess their road safety situation.

To address this gap, WHO has embarked on this project to develop a *Global Status Report on Road Safety* (GSRRS) which aims to assess the status of road safety around the world by evaluating the implementation of the recommendations of the World Report. The specific objectives of the GSRRS are to:

- assess the status of road safety in all WHO Member States using a core set of road safety indicators and a standardized methodology;
- indicate the gaps in road safety nationally, and thus help countries identify the key priorities for intervention;
- stimulate road safety activities at a national level; and
- continue strengthening global road safety initiatives.

To gather the data needed to compile the GSRRS, a questionnaire was developed to collect data from all Member States which will be compiled into a global report which will be published in August 2009. Regional reports will also be compiled, but it is envisaged that at a national level this data will be instrumental in highlighting the county's road safety situation.

## **METHODOLOGY**

The project was coordinated by PAHO/WHO's regional office in Washington D C, USA and PAHO/WHO Country Office in Trinidad and Tobago. The national process was undertaken by a National Data Coordinator (NDC) from the Ministry of Health, who was also a respondent.

Seven (7) other respondents, one (1) from each of the following agencies, were invited to participate in gathering the required data:

1. The Traffic and Highway Patrol Branch of the Trinidad and Tobago Police Service, Ministry of National Security;
2. The Transport Division of the Ministry of Works and Transport;
3. Ministry of Legal Affairs;
4. The Central Statistical Office of the Ministry of Planning, Housing and the Environment;
5. The South West Regional Health Authority;
6. Association of Trinidad and Tobago Insurance Companies; and
7. Arrive Alive, a unit of Total Convenience Management.

Respondents were given the background of the project and briefed about their role and the schedule of events necessary for the completion of the project.

Initially Arrive Alive accepted the invitation to participate in the project, but after the briefing, they felt they were not in a position to make a contribution and so they declined further participation.

The survey was conducted within a two (2) week period after which the collected data was validated by the NDC and a Consensus Meeting was held to allow the group to arrive at one set of responses for the country.

The country responses were then entered into an internet database called DataCol. This database was set up by PAHO/WHO as a tool for their data validation. Once their validation was complete, the data was submitted for clearance by the Ministry of Health. The data was then submitted to PAHO/WHO for inclusion in the GSRRS which is to be published in August 2009.

## **THE COUNTRY**

### **The Republic of Trinidad and Tobago**



The Republic of Trinidad and Tobago, a twin island democratic republic, is the most southerly of the Caribbean islands. It has a total area of 5,128 km<sup>2</sup> of which Trinidad covers 4,828 km<sup>2</sup> and Tobago 300 km<sup>2</sup>. The climate is tropical marine with temperature that varies between 22 -32 degrees Celsius, with a dry (January-April) and a rainy (May-December) season. (WHO world Health Statistics 2008)

The country is a multi-ethnic, multi-cultural society. The language spoken is English. It is estimated that 39.5 % of the population is of African descent, 40.3 % are of East Indian descent, 18.4 % are of mixed racial ancestry and the remaining are Caucasian, Asian, and others. According to the World Health Statistics 2008, the population was 1,328,000 in 2006, of which ninety-five point seven percent (95.7 %) are located in Trinidad and four point three percent (4.3%) are in Tobago. Fifty point two percent (50.2%) of the population is male and forty-nine point eight (49.8%) is female, with an estimated seventy point six percent (70.6%) being between fifteen to sixty-four (15-64) years old, eight point one percent (8.1 %) over sixty-five (65) years and twenty-one point four percent (21.4 %) below fourteen (14) years. Population density was 246 km<sup>2</sup>. Approximately seventy-four percent (74 %) of the population is urban.

The country is in a stage of advanced demographic transition. For 2004 the estimated birth rate is 12.75 births/1,000 population and death rate is of 9.02 deaths/1,000 population. The population growth rate is estimated at -0.71 births/1,000 population, total estimated fertility rate is of 1.77 children born/woman. This is in part due to the decline in fertility rates and crude birth rates since 1997. Fifteen percent (15 %) of live births were due to teenage pregnancies. Life expectancy at birth is estimated at 69.3 years with 66.9 years for men and 71.8 years for female. Healthy life expectancy at birth is sixty (60) years for male and sixty-four (64) years for female. (WHO World Health Statistics 2008)

In 2003 the adult literacy rate was 98.6 percent (98.6%) with ninety-nine point one percent (99.1%) for males and ninety-eight percent (98%) for females. (WHO World Health Statistics 2008)

Gross national income per capita, PPP international \$ is 16,800 and the total expenditure on health per capita (International \$ in 2005 was 763 and the total expenditure on health as a percent of GDP for 2005 was 4.5 %. (WHO World Health Statistics 2008)

Based on World Bank 2004 criteria, the country falls in the higher middle income group.

## **RESULTS**

### **1. Lead Agency**

Trinidad and Tobago does not have a “lead “agency to coordinate road safety in the country. In the absence of such a body multiple Government Ministries and NGOs are involved in road safety activities. The Traffic and Highway Patrol Branch of the Trinidad and Tobago Police Service and the Transport Division of the Ministry of Works and Transport are both involved in enforcing aspects of the laws with respect to road use by motor vehicles operators.

The Ministry of Health, as well as NGOs, engage in promotional activities which advocate safe road use, for example, mounting advertising campaigns advocating the use of seat belts. A festive seasons such as Carnival and Christmas, there are increased advertising campaigns discouraging drinking and driving. The Ministry of Health has also embarked on the establishment of Injury Surveillance Units at the Public Hospitals to collect data on road traffic injury among other things.

### **2. Strategy**

As a result of not having a lead agency there is no single national strategic document which is endorsed by the government and outlines main principles, defines goals and objectives, prioritized actions and coordination mechanisms for preventing road traffic injuries and reducing their consequences in the country.

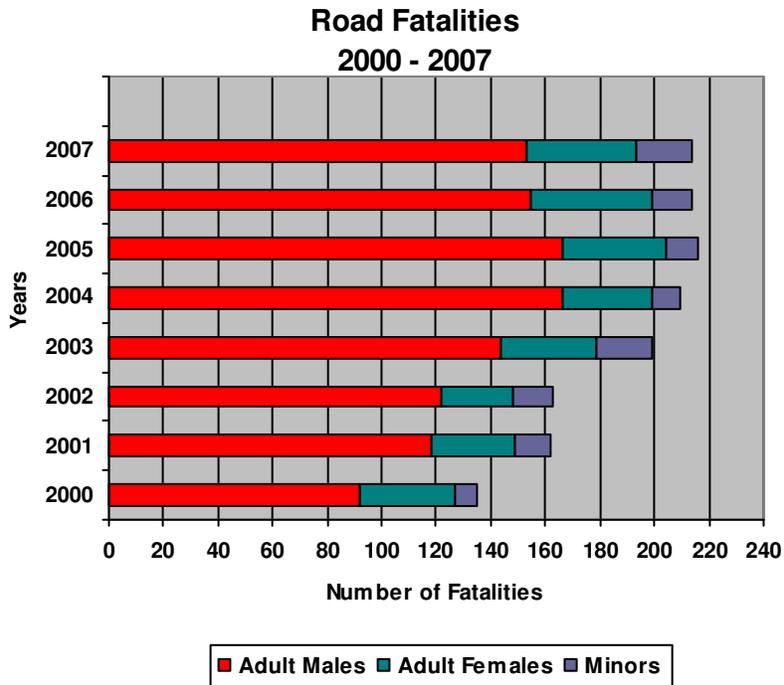
### **3. Road Traffic Deaths**

The Traffic and Highway Patrol Branch of the Trinidad and Tobago Police Service collects data on road traffic fatalities analyses and makes the results available to other government Ministries upon request. The Central Statistical Office of the Ministry of Planning, Housing and the Environment sources this data for analysis and publication.

A road traffic death is defined as the death of an individual who was involved in a road traffic accident within a year of the incident. In 2007 there were two hundred and fourteen (214) road traffic deaths in Trinidad and Tobago. Seventy-seven percent (77%) of the fatalities were males and twenty-three percent (23%) were females. Ten percent (10%) of these fatalities were minors.

There has been a steady increase in road traffic fatalities from 2000 to 2007 with the majority of deaths being males. *Figure 1* refers.

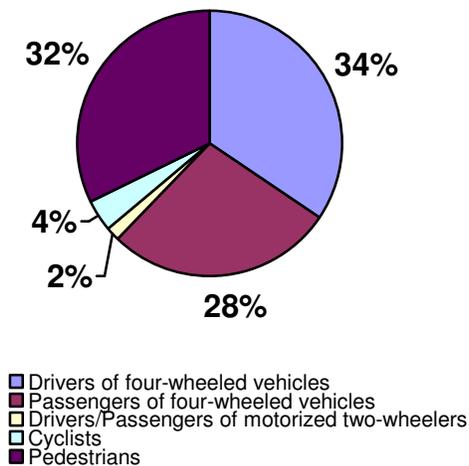
*Figure 1*



In 2007 drivers of four-wheeled motor vehicles have been the major fatalities on the roadways, with pedestrians and passengers following closely behind. *Figure 2* refers.

*Figure 2*

### Proportion of Road Traffic Deaths by Road Users in 2007

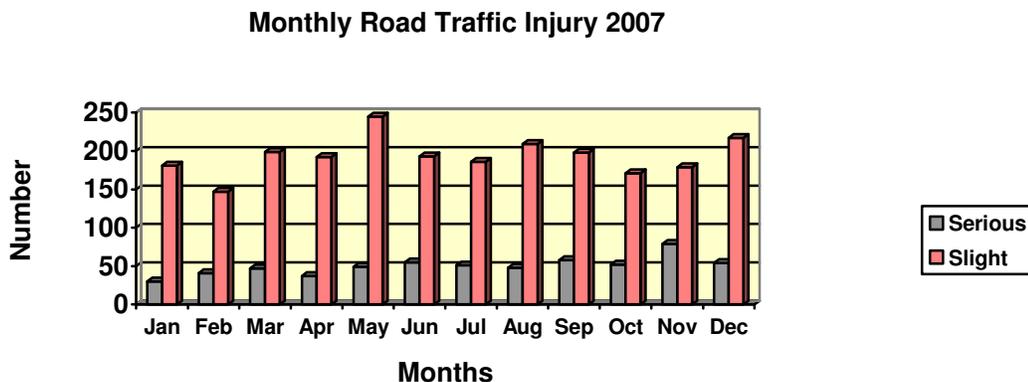


#### 4. Non-Fatal Road Traffic Injuries

The Traffic and Highway Patrol Branch of the Trinidad and Tobago Police Service also collects data on non-fatal road traffic injuries and makes the results available to other government Ministries, such as the Ministry of Health and the Central Statistical Office of the Ministry of Planning, Housing and the Environment.

There were two thousand, nine hundred and eighteen (2,918) non-fatal road traffic injuries in 2007. Six hundred and one (610) were serious and two thousand three hundred and seventeen (2,317) were slight. The monthly figures are shown in *Figure 3*.

*Figure 3*



#### 5. Economic Costs

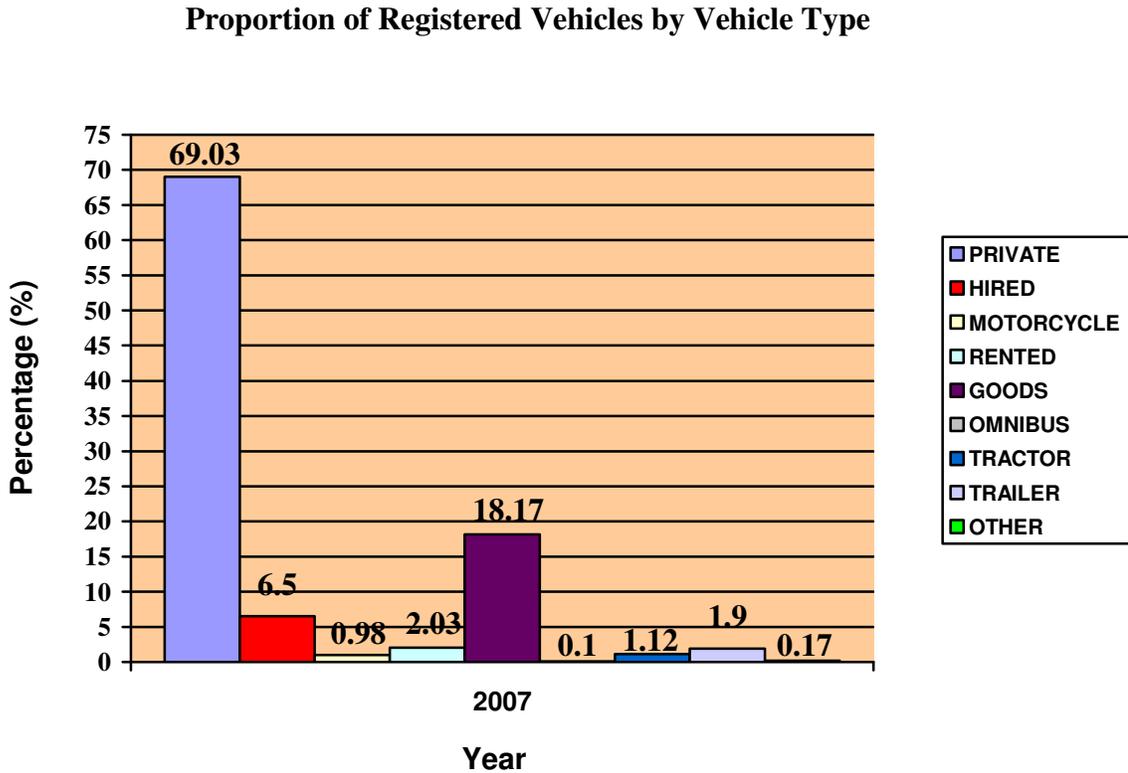
No documented study has been found on the economic cost of road traffic injuries and/or deaths. No study has been done in Trinidad and Tobago therefore an annual economic cost could not be determined.

#### 6. Exposure to Risk

The total number of vehicles registered in 2007 by the Transport Division of the Ministry of Works and Transport is four hundred and ninety thousand, nine hundred and eighty-seven (490,987).

In Trinidad and Tobago, vehicles are not registered under the same categories as asked for in the survey. The categories and proportions of registered vehicles are shown in *Figure 4*.

Figure 4



There are no national policies that encourage walking and/or cycling as an alternative to car travel and as result, there are no policies to support investment in public transport as an alternative to car travel.

To obtain a driver's license applicants must undergo and pass both a written theoretical assessment/test as well as a practical assessment/test.

## 7. Infrastructure and Vehicle Standards

It is neither mandatory for designs of new major road construction projects to be subjected to a road safety audit where checks are carried out to ensure that the design and implementation are consistent with safety principles, and to determine whether further design changes are needed to prevent road traffic accidents, nor is it the practice for periodic road safety audits to be carried out on existing road infrastructure.

Even though there are no car manufacturers in the country, there is national legislation that gives national and international standard requirements for seat belt installation for front seats. The standards used are produced by the Trinidad and Tobago Bureau of Standards which also includes international standards.

It is compulsory that all vehicles in the country are insured and once they are five (5) years old and over, they are to be inspected every two (2) years by the Licensing Authority or at premises designated for that purpose as directed by the Licensing Authority.

## **8. Speed Control**

Speed limits for private cars are set at a national level at a maximum of 80 kilometres per hour (kph) outside of built up areas and 50 kph in built up areas. The Priority Bus Route carries a maximum speed limit of 65 kph. There are special speed limits for specified strips of hazardous roadway and bridges which carry a maximum speed limit of either 15 or 10 kph. There are four (4) other specified areas with a maximum speed limit of 25 areas and one (1) with a 50 kph limit.

Speed legislation differs by vehicle type and local authorities are not allowed to modify the national limits and set their own speed limits which may be lower than national level limits.

The efficacy enforcement of speed limits in the country was scored at 3 on a scale from 0 to 10 with 0 being ineffective and 10 being highly effective.

It was felt that motorists observed the speed limits primarily when there was a visible police presence on the roadway.

## **9. Drink-Driving**

*Act No. 19 of Motor Vehicle and Road Traffic (Amendment) 2007* describes drink-driving as a driving or being in charge of a motor vehicle on a road or other public place with a blood or breath alcohol level which exceeds the prescribed limit. The prescribed limit is a blood alcohol concentration of eighty milligrammes of alcohol in one hundred milliliters of blood and a breath alcohol concentration of thirty-five microgrammes of alcohol in one hundred milliliters of breath or, in both cases, such other proportion as may be prescribed by law.

It must be noted that even though the law prescribes a breath alcohol limit, it is not currently enforced as measures and resources for its use are not yet in place.

Police check points or road blocks are not specifically set up to enforce the drink-driving law. This intervention is used for general motor vehicle and road traffic violations, however, if it is noticed that a driver seems to be under the influence of alcohol, he will be dealt with according to the law.

Enforcement of drink-driving laws was scored at two (2) on a scale of 0 to 10 with 0 being not effective and 10 being highly effective. It is believed that enforcement is not very effective as there are not enough frequent random checks done by the police. One of the deterrents could be because breathalyzers are not yet in use.

It is not known if a national study has ever been undertaken to determine the proportion of annual road traffic deaths that are attributable to alcohol.

## **10. Motorcycle Helmet Use**

There is national legislation requiring helmet use by both the drivers of, and the persons being carried on, motorized two-wheelers of all engine types and on all road types. The law requires helmets in design, construction and other quality, to comply and carry the appropriate mark of compliance with any of the international standards listed in same.

Enforcement of the law seems to very high as it is extremely uncommon to see someone on a motorized two-wheeler without a helmet, however, there is no calculated national estimate of the proportion of users who wear helmets.

## **11. Seat-Belt and Child Restraints**

National legislation requires the use of seat-belts by drivers and front seat passengers only. Legislation states that a child of more then two (2) years and less than sixteen (16) years of age must wear a seat beat in the front seat of a motor vehicle, however, there is no legislation on the use of child restraints, that is, special seat restraints for children designed according to age and weight, and which offer protection in the event of a car crash.

Studies have not been conducted to determine a national estimate of the proportion of seat belt use in the country, however, from general observation, a large number of drivers and front seat passengers tend to wear seat belts when approaching an on-duty police officer or road block. As a result the efficacy of enforcement of laws relating to seat belt use was six (6) on a scale of 0 to 10 with 0 being not effective and 10 being highly effective.

## **12. Post Crash Care and Victim Support**

There is a formal publicly available pre-hospital care system and there is a universal access phone number for pre-hospital care.

## **RECOMMENDATIONS**

It is recommended that the proposals of the World Report of Road Traffic Injury Prevention (2004) which are not yet operational be implemented in Trinidad and Tobago with specific relation to the deficiencies as identified in the survey:

- **Identify a lead agency in government to guide the national road traffic safety effort.** An appropriate body should be identified and given the responsibility and authority to make decisions, control resources and coordinate efforts by all sectors

of government including those of health, transport, education and the police. This body should also have adequate finances for use in road safety activities and should be publicly accountable for its actions.

Chapter 48:50 of the Motor Vehicles and Road Traffic Act of Trinidad and Tobago refers to a “Road Safety Association of Trinidad and Tobago”. The Chairman of the association is identified as a member of the Trinidad Transport Board. It is felt that this body could be identified as the “lead agency”, however, it is believed that this Association is currently defunct. The current Transport Commissioner did a search of files and communicated with both past and current members of the Transport Board but was unable to determine Association’s status. As a result, this Association will need to be re-established, if it is selected as the lead agency.

- **Undertake a situational analysis of road traffic injury and death.** This process should ascertain the magnitude and characteristics of the problem. The analysis should also assess the policies, programmes and specific interventions that are currently in place, the institutional structures addressing the road traffic injury problem and the capacity within the country to deal with it. This includes an understanding not only of the volume of traffic deaths, injuries and crashes, but also determining, which category of road users are most affected, which geographic areas have the greatest problems as well as the contributing risk factors.

The analysis should also incorporate a study of the direct and indirect economic costs of road traffic injuries, in particular, relative to gross national product.

- **Prepare a national road safety strategy and plan of action.** The strategy should be multisectoral and multidisciplinary. Realistic targets for at least five (5) or ten (10) years, with measurable outcomes, should be set. The strategy should include implementation, management, monitoring and evaluation actions.

Consequent to this, a national action plan with specific actions should then be developed.

- **Allocate financial and human resources to address the problem.** Finance and human resources are definitely required in the fight to reduce road traffic injuries and deaths. Best practices from other countries and their experience with various interventions can help in determining possible interventions which can be adapted to our situation in Trinidad and Tobago. A cost-benefit analysis of possible interventions is then required so that the best investment of scarce financial and human resources can be made. New potential sources of income may need to be identified as a result of the looming recession, for example, fines for traffic violations may need to be increased and a portion be used to fund the “lead agency’s” activities; insurance agencies can also be made to pay to the state a determined percentage or fee for each motor vehicle they insure; a determined

percentage of vehicle registration fees can go toward the funds allocated to the “lead agency”, and a search should be undertaken to determine if there is international funding available for road safety.

The human resources dedicated to this cause should be appropriately trained and efforts should be made to allow for their attendance at international conferences such as the World Conferences on Injury Prevention and Safety Promotion, the International Conferences on Alcohol, Drugs and traffic Safety (ICADTS), the conferences of the International Traffic Medicine Association (ITMA) and the Congress of the World Road Association (PIARC).

One such conference, the **International Conference on Road Safety at Work**, takes place on February 16-18, 2009, in Washington, D.C., U.S.A.. It is the first international conference dedicated to this important topic and is being organized by the U.S. National Institute for Occupational Safety and Health (NIOSH) and partners. Co-sponsors of this conference include the World Health Organization, Pan American Health Organization, International Labour Organization, U.S. Department of State, and National Safety Council.

NIOSH is the Federal agency in the U.S. that conducts research and makes recommendations to prevent work-related injuries, illnesses, and deaths. NIOSH is working with partners on strategic research and outreach to reduce the toll of road traffic injuries at work, which are a leading cause of workplace death, injury, and disability in countries around the world.

Further information about the conference can be found at <http://www.cdc.gov/niosh/programs/twu/global/> or by contacting Jane Hingston at [JHingston@cdc.gov](mailto:JHingston@cdc.gov).

Attendance at these conferences provides opportunities to exchange knowledge, establish networks and potential partnerships, and strengthen country capacity.

- **Implement specific actions to prevent road traffic crashes, minimize injuries and their consequences and evaluate the impact of these actions.** Trinidad and Tobago has laws stipulating the breath alcohol concentration limit for drivers, however, we do not have the necessary apparatus, the breathalyzers, for the testing. It is therefore of great importance that breathalyzers are procured and staff trained to use them efficiently. Once this is done, there needs to be frequent random testing of drivers at varied police checkpoints together with stiff penalties for those drivers found with breath alcohol concentration levels above the limit.

Legislation should to be developed to make it mandatory for breath alcohol concentration level testing for all crash involved drivers at the scene of an accident and blood alcohol concentration level testing done on all crash involved drivers presenting at the Accident and Emergency Departments of all hospitals.

Legislation should also be developed for mandatory use of child restraints, that is, special seat restraints for children designed according to age and weight, which offer protection in the event of a car crash. These include rearward and forward facing child seats, as well as, forward facing booster seats and cushions. One method of enforcement, as is done in some hospitals in the US, is to make it mandatory for mothers to present an appropriate child restraint in order to have her babies discharged.

There needs to be stronger enforcement of speed limit and seat belt laws. Greater measures need to be taken to deter motor vehicle driver from driving outside the speed limits and without seat-belts. Heavier penalties may be needed to act as a deterrent.

It is advisable that all new road projects be subject to road safety audits by road safety specialists independent of the road designers. Road safety audits are checks that are carried out at various stages of an individual road project to ensure that its design and implementation are consistent with safety principles and to determine whether further design changes are needed to prevent crashes. Existing road infrastructure should also be subject to regular road safety audits and be managed to promote safety, through the provision of safer routes for pedestrians and cyclists, traffic-calming measures, low-cost remedial measures and crash-protective roadsides.

A review of existing laws relating to road traffic violations should be undertaken with a view to adjusting penalties so they would be greater deterrents. The inclusion of additional penalties may also be necessary.

There is a need for strengthening public information and education campaigns to advocate for road safety. The public needs to be informed and/or reminded of aspects of road safety such as, the dangers of speeding, driving while under the influence of alcohol, the social and legal consequences of such behaviour, the economic burden of road traffic injuries and death, roadways that are deemed dangerous and the prescribed speed limits for such, among others.

National policies that encourage walking and/or cycling as an alternative to car travel should be developed. Consequent to this, should be the development of policies to support investment in public transport as an alternative car travel.

## **CONCLUSION**

In order to stem the number of road traffic accidents, injuries and death on our nation's roadways, there needs to be coordinated and collaborative intervention using sound approaches. It is hoped that this report will bring into focus the magnitude and seriousness of the country's road safety situation and point to preventative measures which need to be developed, implemented and enforced.

Without political will and commitment, little can be achieved. It is therefore envisioned that the Ministry of Health will support the above recommendations and make a commitment to take prompt action so the roadways of Trinidad and Tobago can be safer for all users.

Submitted by

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Carla Ruiz  
National Data Coordinator