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Closing the gap between reported and estimated fatalities

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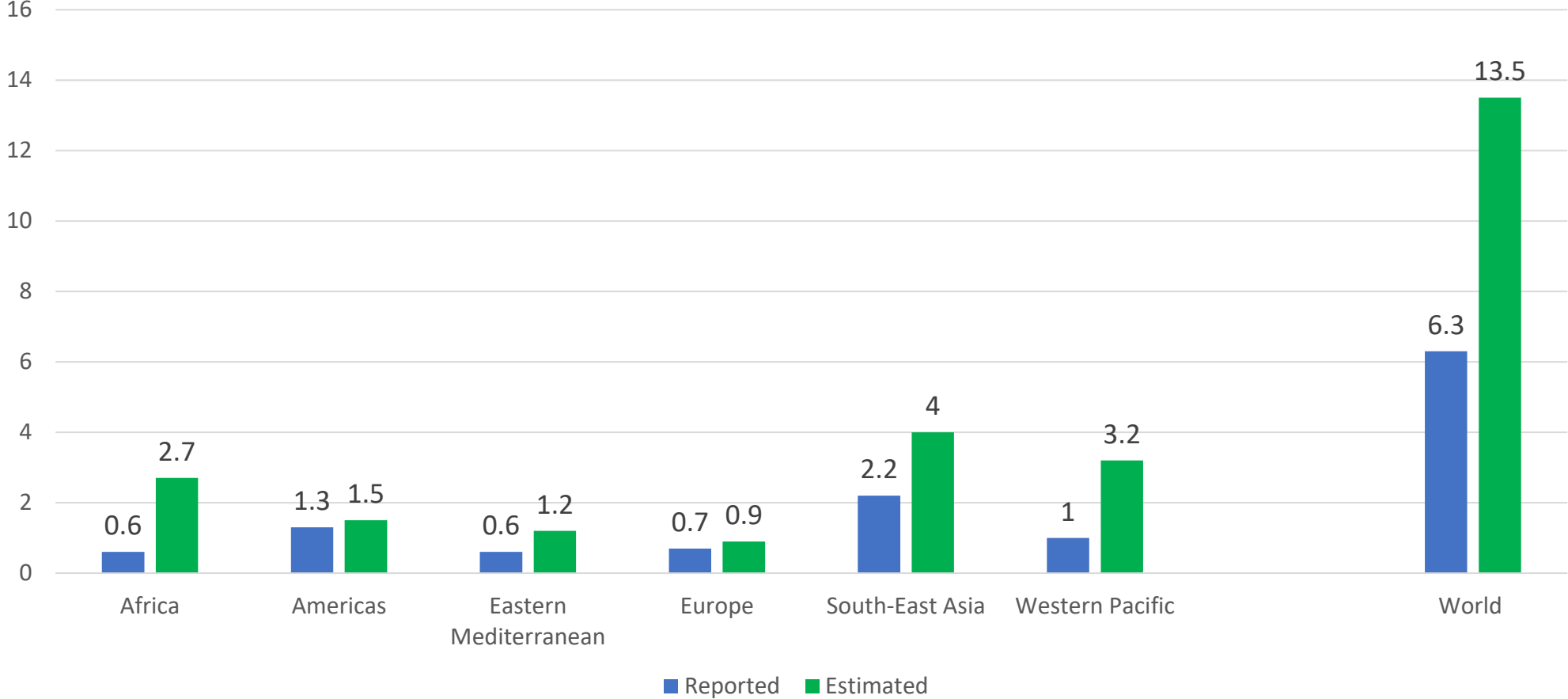
**ASIA-PACIFIC ROAD
SAFETY OBSERVATORY**

learn more at www.aprso.org

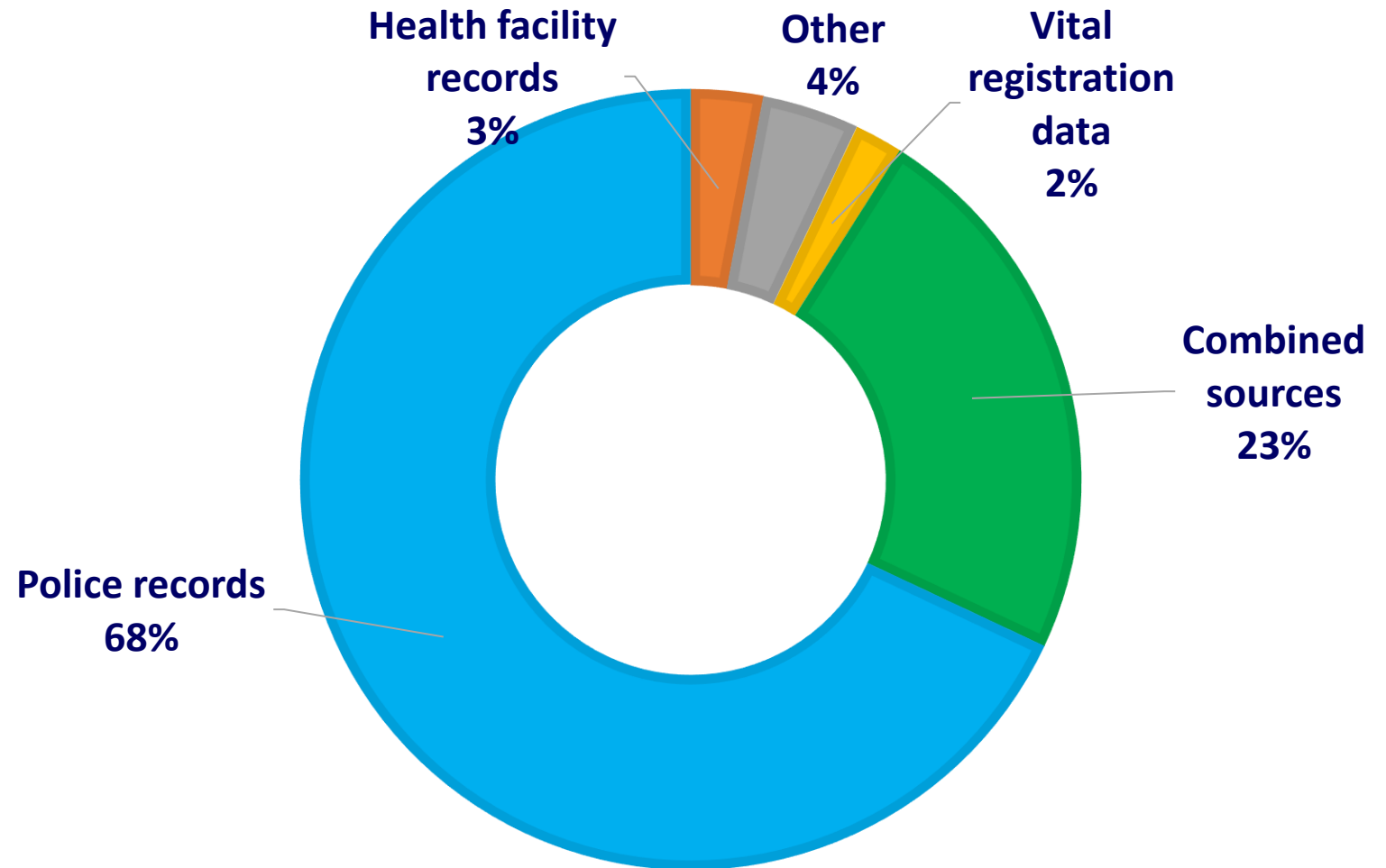
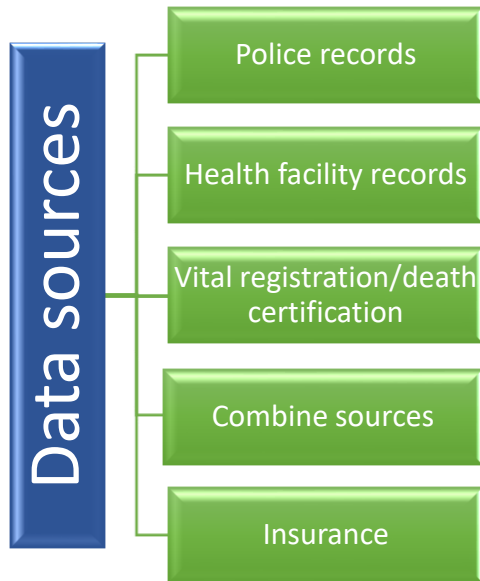


Number of road traffic deaths reported and estimated

Deaths(100 thousands)



Sources of road traffic deaths data





Civil registration

Strengths


- **Core government function**
- **Operated within a legal framework**
- **Compulsory, continuous, routine collection**
- **Cause of death certified by doctors**

Challenges

- **Complex system**
- **Outdated legislations**
- **Lack of doctors to certify cause of death**
- **No incentive for survivors to register the deceased**
- **Civil registries: hard to reach**

Police

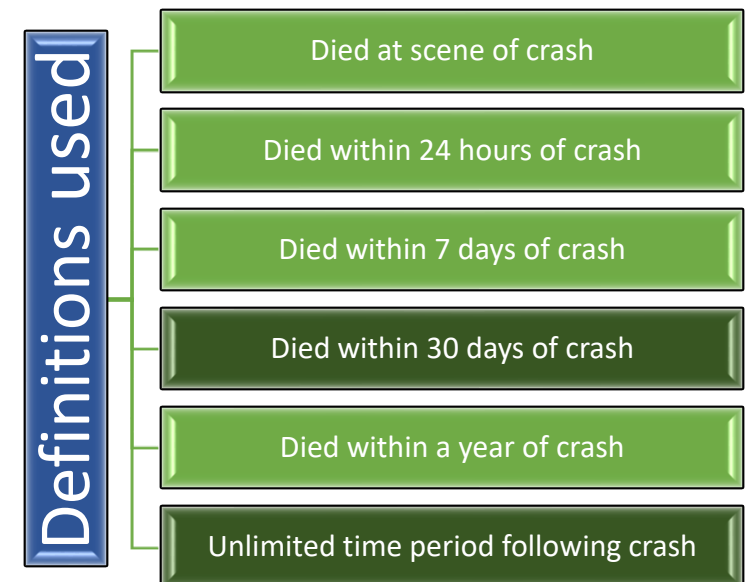
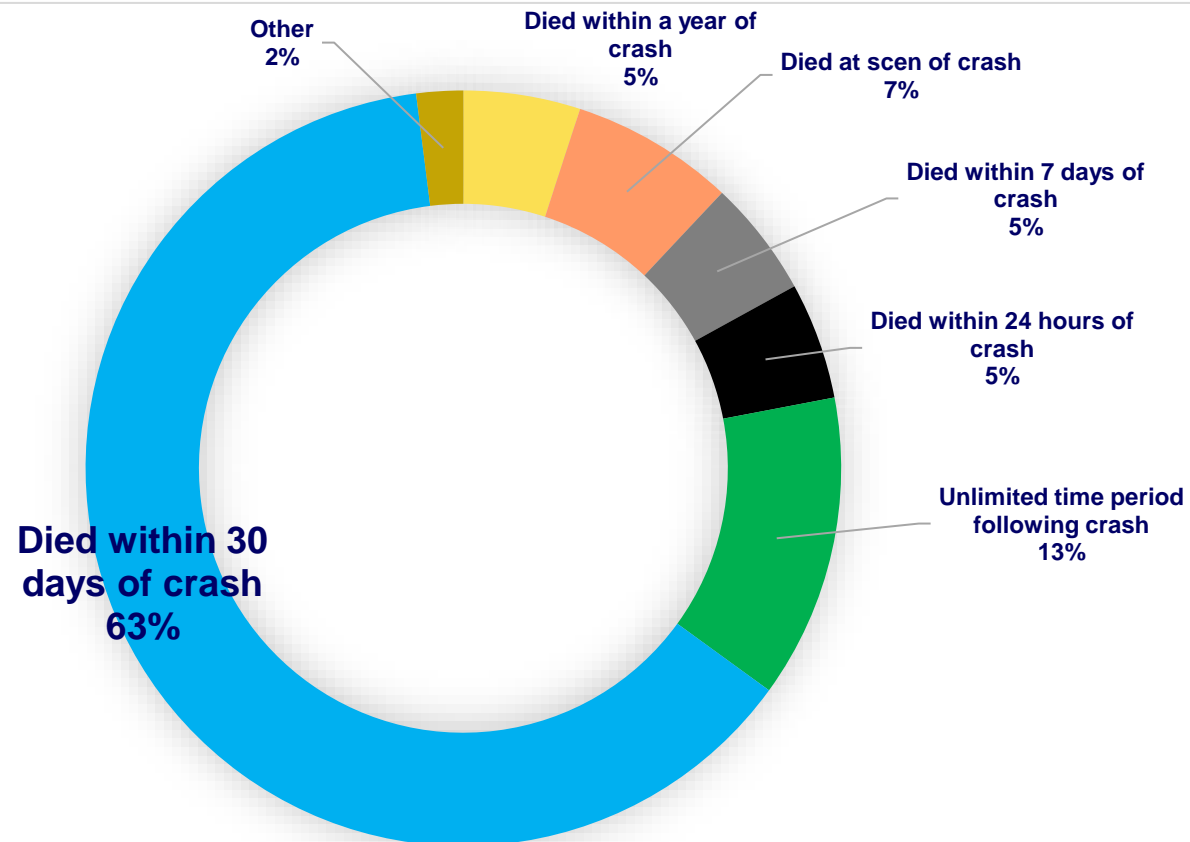
Strengths

- On call 24 h 
- Real time recording of accidents on the scene
- Witnesses
- Information on vehicles, place of accident, risk factors (alcohol, drugs)

Challenges

- Lost to follow-up: injured person dying days later
- Accidents in far remote or isolated areas

GSRRS: Time interval used for defining a road traffic death



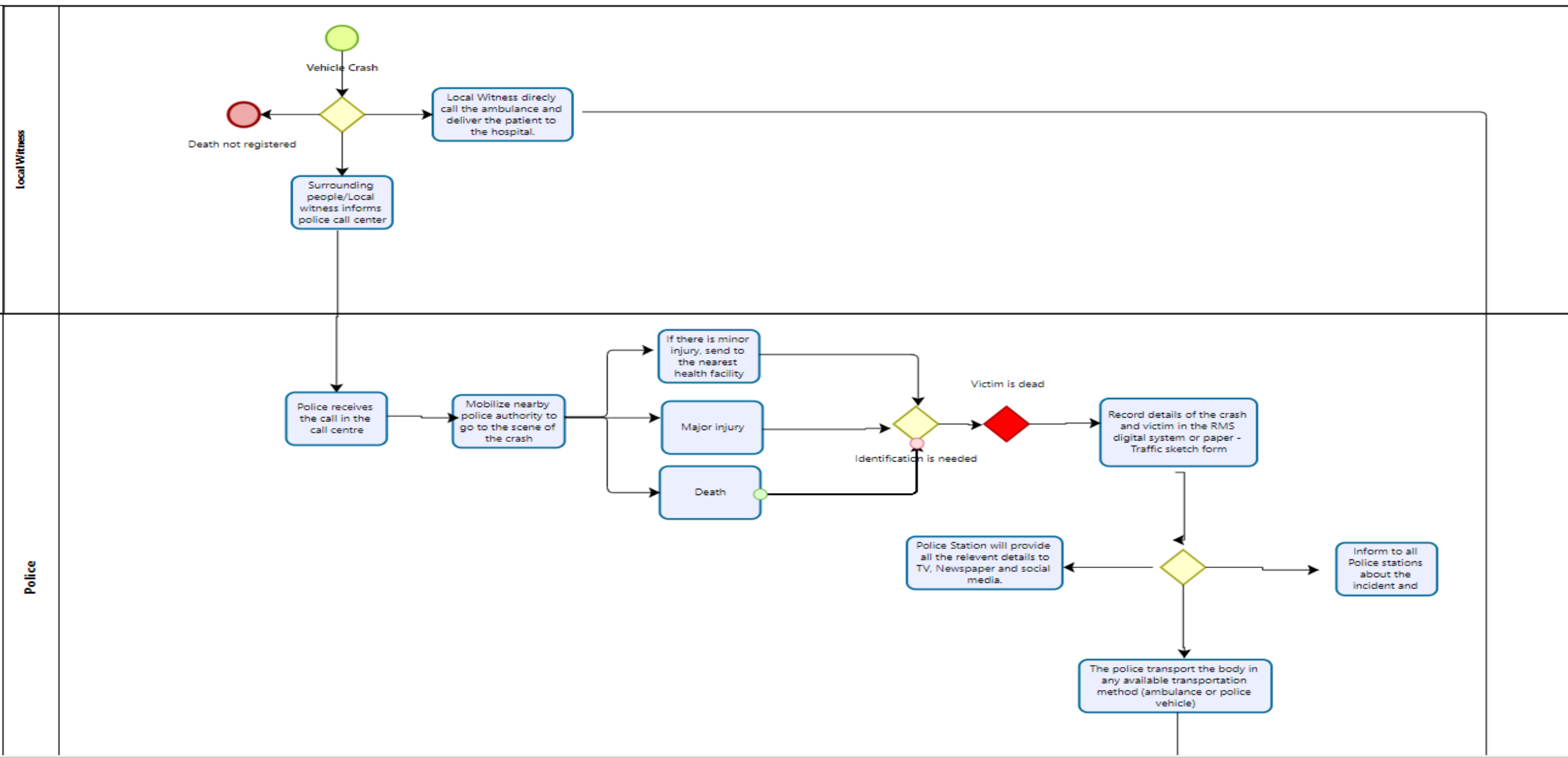


How WHO has supported countries

Steps suggested to improve the quality of road traffic deaths data in the country

- Mapping the data systems (Business Process Mapping)
- Link the different sources of data available
- Updating the Map
- Development of a plan of action

Nepal : Mapping road traffic deaths systems



Linkage of different RT deaths sources

Identity

Name / Person ID

Date of birth /age

Sex

Crash characteristics

Date, time of crash

Date, time of death

Mode of transport

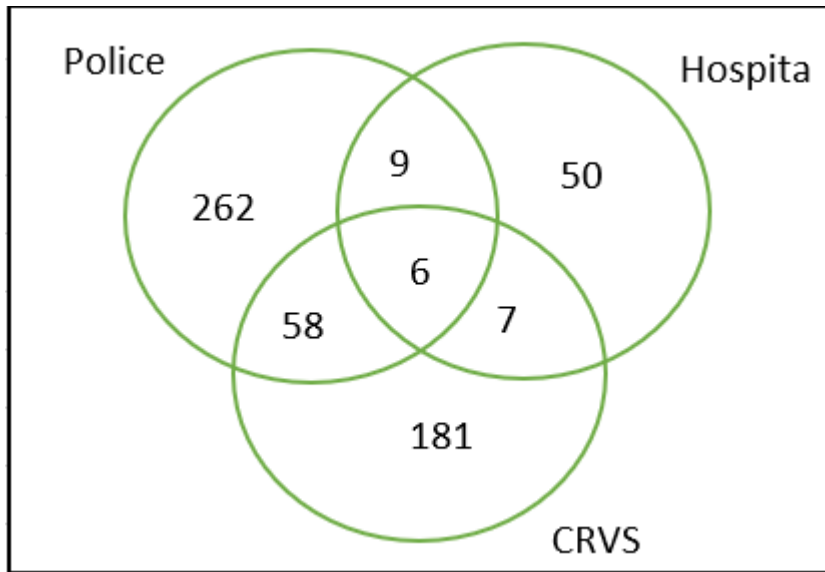
Location of crash / GPS

a List of variables to be considered for matching

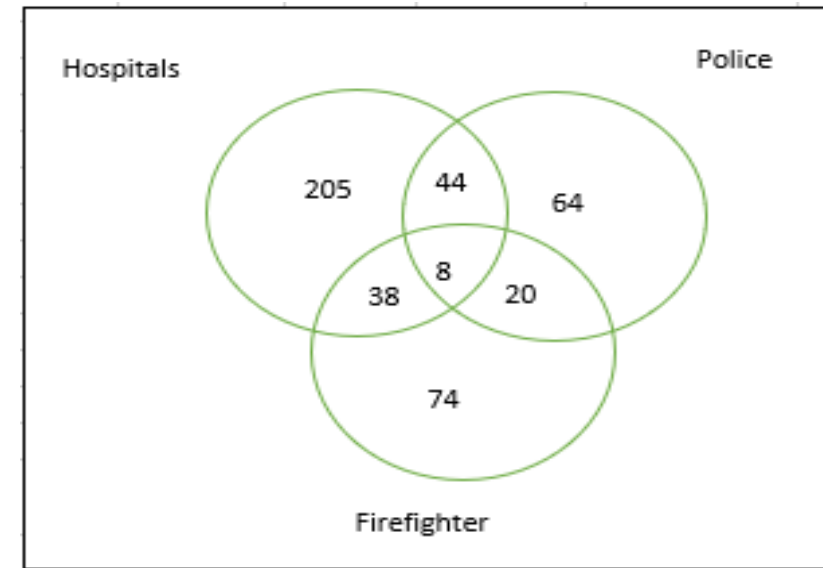
Victims Name	Age	Age Group	Gender	Date reported/Registered	Data Source	Police & Hospital	Police & CRVS	Health & CRVS	Police & Health & CRVS
Eo0MeFTg	Adult	#N/A	male	2/1/2018	Hospital				
Unknown	Adult	#N/A	male	2/7/2018	Hospital				
S46Uqis8	36	30-39	male	2/9/2018	Hospital	PH			
j6nS0a5N	45	40-49	male	4/26/2018	Hospital			HC	
S00pGXTY	19	10-19	male	5/2/2020	Hospital				
hC4X0rYQ		#N/A	male	5/3/2018	Hospital				
xfhy8atz		#N/A		6/6/2018	Hospital	PH		HC	PHC
5Gs6i01V	27	20-29	male	6/13/2018	Hospital				
mw0gKMIIm	5	0-9	female	6/21/2018	Hospital	PH			
Ks4jWcit	26	20-29	male	6/23/2018	Hospital				
Am6qxjY5	31	30-39	female	7/17/2018	Hospital	PH		HC	PHC
kIlyVWOJ	41	40-49	female	7/21/2018	Hospital	PH			
Unknown	Adult	#N/A	male	8/1/2018	Hospital				
eY1Rjttj	6	0-9	male	8/13/2018	Hospital			HC	
J1ILGktb	7	0-9	male	8/13/2018	Hospital	PH		HC	PHC
Gn4HE16I	14	10-19	male	9/8/2018	Hospital			HC	
Unknown	Adult	#N/A	female	9/8/2018	Hospital				

Linkage of different RT deaths sources (Examples)

Luska(Zambia)*



Dakar(Senegal)*



* Preliminary

Examples of integrating different sources of data

Tunisia*

- Reported data 1369
- Integrated data 2196
- WHO Estimated data 2569

Turkey

- Reported data 5409
- Integrated data 7263
- WHO Estimated data 7488

*Preliminary

Thailand

- Reported data 8137
- Integrated data 21222
- WHO Estimated data 24237

Dominique Republic

- Reported data 1363
- Integrated data 3118
- WHO Estimated data 3684

Recommendation and challenges in data

- Data on road traffic fatalities are not robust in many countries
 - ✓ Underreporting is a major problem
- Most countries rely on police data systems only
 - ✓ Only a few countries (41 countries) report the use of combined (health and transport) databases to WHO for their official fatality numbers.
- Countries need to integrate data from health, transport, police and insurance sectors
- Enabling the identification of deceased, facilitating their notification, registration in the civil registries and improving the documentation of the cause of death
- Countries need to make an effort to improve quality of data (CRVS data coverage & VA)

