IMPROVING THE QUALITY OF ROAD SAFETY DATA

Decision-making on road traffic policies in countries depends partly on data. Governments not only need to know who dies on their roads, where and how, but they also require data on severe injuries and qualitative information about risk factors. So, for example, knowing the percentage of motorcyclists who wear helmets and the percentage of crashes linked to alcohol use will help a government to target and monitor its efforts better. Data must be accurate, which means that data collection must follow best practices and be harmonized across sectors (e.g. police, health).

Good data collection systems help to paint a realistic picture of the magnitude of a problem and provide a basis for better policies. Good data also allow assessment of the effectiveness of policies and programmes. A key problem, particularly in low- and middle-income countries, is that road traffic deaths are underreported.

WHO works with countries to improve data collection on road traffic fatalities by police and ministries of health and continues to promote the adoption of a standard definition of road traffic death (see below).

WHO and partners: Data systems: a road safety manual for decision-makers and practitioners.

DEFINITION OF ROAD TRAFFIC DEATH

In some countries, road traffic death data include only deaths at the scene of a crash. WHO promotes a definition that includes people who die up to 30 days after a crash, as reported in official fatality figures gathered by police. Currently, 92 countries use the definition promoted by WHO.

MONITORING AND EVALUATION

As countries make road safety a priority and adopt policies and measures to improve road safety, accurate monitoring and evaluation are needed to provide information for the next steps. In addition to collecting data on fatalities, WHO regularly collects and analyses information in other road safety areas: institutional frameworks, safer roads and mobility, safer vehicles, safer road users (with a focus on legislation) and post-crash care. This work culminates in the Global status report on road safety, a major global monitoring and evaluation tool first published in 2009 that WHO produces approximately every 2 years. The report gives a full description of the road safety situation in almost every country of the world. As the same method is used for each country, the information can be compared. The third Global status report is expected in 2015.

KEEPING ROAD SAFETY ON THE AGENDA

To reduce global road traffic deaths and injuries, road safety should be a priority for policy-makers around the world, particularly in low- and middle-income countries, where the death rates are the highest. Political will and commitment are key, as is ensuring that road safety decision-making
is based on solid evidence. For example, making helmet-wearing mandatory for all passengers, reducing speed around schools and setting a lower blood alcohol concentration (BAC) limit for young drivers are interventions based on strong evidence. To ensure that road safety remains on governments' agendas, WHO promotes and coordinates initiatives such as the Decade of Action for Road Safety 2011-2020 and invites global road safety actors in a range of sectors to exchange knowledge and data on injury prevention. WHO is also coordinator of the United Nations Road Safety Collaboration, an informal consultative mechanism which facilitates cooperation and coordination among United Nations agencies and other international partners to implement United Nations General Assembly resolutions and the recommendations in WHO’s reports.

WHO IN THE FIELD: ROAD SAFETY IN ACTION AROUND THE WORLD

Since 2009, road safety initiatives have been promoted by WHO in nine countries that account for over 60% of global road traffic deaths: Brazil, Cambodia, China, India, Kenya, Mexico, the Russian Federation, Turkey and Viet Nam. WHO has been working in these countries with the financial support of the Bloomberg Philanthropies Global Road Safety Programme (BP-GRSP), a US$ 125 million initiative to reduce preventable road traffic deaths and injuries.

At country level, WHO supports governments and road safety groups in these nine countries on activities related to five risk factors. The two aims are to achieve:

- stronger, more comprehensive road safety legislation and effective enforcement to influence how people behave on the roads. WHO supports countries to assess their current laws or bills, identify gaps and define priorities for effective action.

- greater awareness among road users about the risk factors and dangerous behaviours: WHO helps governments to produce hard-hitting mass media campaigns that attract attention and effectively support other behavioural change measures. In addition, WHO works directly with journalists in the print and broadcast media to ensure that the magnitude of road traffic deaths and injuries and the impact they have on public health and people’s lives are adequately reported in local, national and international news.
HIGHLIGHTS FROM COUNTRIES

Mass media campaigns: Social marketing campaigns that are based on extensive research and testing have a better chance of changing people’s perceptions. Studies have demonstrated that hard-hitting and/or realistic road safety campaigns are more effective because they are remembered better by target audiences. With WHO’s support, campaigns for behavioural change, in countries such as Brazil, Cambodia, Kenya and Mexico shifted from “feel good campaigns” to hard-hitting advertisements focused mainly on the consequences of wrong behaviour and on law enforcement.

Russian Federation: Thanks to enhanced enforcement and mass media campaigns, the rate of seat-belt wearing in Lipetsk Oblast increased between 2010 and 2013 from around 50% to nearly 80% and that in Ivanovo Oblast from below 50% to above 90%. In addition, use of child restraints has quadrupled in both oblasts, jumping from 20% to above 80% in Ivanovo Oblast, for example.

Viet Nam: Since 2007, with the technical support of WHO and its partners, the Government of Viet Nam has continuously improved its laws and regulations to promote helmet-wearing by motorcyclists. The improvements included a provision that holds parents responsible for ensuring that their children wear appropriate helmets when they are passengers on motorcycles, a progressive increase in fines and a regulatory framework to ensure that motorcycle drivers and passengers wear standard motorcycle helmets. Helmet-wearing rates increased from 40% in 2007 to more than 95% in 2008 and have remained above 90% since the introduction of the motorcycle helmet law in 2007.
Access to experts: WHO coordinates road safety initiatives across the United Nations system and can help media to access experts in road safety and related experts in many countries.

At country level: WHO can provide access to road safety experts in over 170 countries and to entire teams of experts in road safety and related fields in Brazil, Cambodia, China, India, Kenya, Mexico, the Russian Federation, Turkey and Viet Nam.

At the international level: WHO has international experts who can provide a global perspective on issues such as legislation, data collection and monitoring and evaluation. These international experts have knowledge of best practices (e.g. global norms for protecting vulnerable road users) and additional resources (e.g. reports, special analyses and access to academics).

In related domains: WHO can connect the media with experts and resources in most areas of road safety, such as transportation, urban design, law enforcement, victims’ associations, infrastructure and standards and regulations.

To access specialists in any of these areas, please contact: Laura Sminkey or call direct: +41 22 791 4547