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**Commentary: Estimating the undeniable, not denying the immeasurable**

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There can be no dispute that road traffic deaths are a major public health threat, nor that it is currently impossible to precisely measure them. In many areas of the world, complete vital registration data and accurate cause of death data remain unavailable. As such, the estimates produced by the Global Burden of Disease (GBD) are often relied upon to provide the global perspective and context.

However, the analysis by Bhalla and Harrison clearly indicates that the latest edition of the GBD substantially overestimated road traffic injury deaths in OECD (Organization of Economic Cooperation and Development) countries. This is shown to have been largely due to a new and somewhat opaque method for attributing poorly classified injury deaths to road traffic injuries. Bhalla and Harrison make compelling arguments against the continued use of the new attribution method for OECD countries, which have strong vital registration systems, and for the consideration of the short-term reintroduction of the previous, transparent, attribution system.

Recommendation 2 of the *World Report on Road Traffic Injury Prevention* urged governments to establish systems to collect standardized and reliable road traffic death and injury data. It therefore seems illogical for road traffic injury data from countries with high quality data...
systems to be supplanted by questionable estimates in the GBD. On this point, Bhalla and Harrison additionally suggest that consideration is given to using within-country data alone, with no additional attribution of poorly specified causes. This also seems worthy of further consideration where the quality of vital registration systems is sufficiently high.

Road traffic injury prevention efforts are already substantially challenged, not least by having a saleable cause and no saleable cure. It is unhelpful for doubt to cloud the use of the GBD estimates for any countries, OECD or otherwise. Therefore, clarity over the GBD methods and estimates can only be a positive move.

In the longer term, improving the collection and quality of vital registration data in all countries is a more important goal than improving their estimation in their absence. In 2008 the Global Status Report on Road Safety found that just 42% of the 178 countries and areas that responded had measureable national road safety targets.4 By 2011 this had risen to 62% of 182 countries and areas.5

It is essential that progress continues to be made on both collecting data within countries and ensuring that it is appropriate, of good quality and is using harmonized definitions. Bhalla and Harrison point out that the GBD include deaths up to 1 year after the injury, whereas other sources, such as the International Road Traffic and Accident Database (IRTAD), include only deaths up to 30 days. With the World Health Organization (WHO) itself lamenting the slow progress towards standardizing on the 30-day definition in the global status report,4 it seems incongruous to then use an alternative definition in the GBD.

The GBD and local vital registration data are important system level indicators, but they must not deflect attention from the lack of proper evaluation of local preventative interventions. It is unfortunate that despite a clear causative agent, a great understanding of the potential for harm reduction, and the clear and substantial harm caused, many interventions have to rely on proxy measures for their evaluation.

Proxy measures are unavoidable for interventions with no easily measureable effect on injury rates, such as road safety education programmes.5 Whereas it would be irresponsible to fail to educate children about the dangers they face from motorized traffic, it is no less irresponsible to continue to fail to physically protect them from those very same dangers. Whether knowledge of road danger has saved any lives is probably impossible to measure, but it is almost certain that the same knowledge failed to protect any of those who have been killed.

To have any hope of combating this almost entirely preventable and tragic loss of life requires good, reliable data that can inform action locally, nationally and internationally. Such data on road traffic deaths need to be accompanied by equivalent data on non-fatal injuries and the socioeconomic, environmental and physiological effects of motorization, and on the alternatives to motorisation.

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References