

Road Safety in Viet Nam Issues, Successes & Challenges

Jonathon Passmore

**Technical Officer, Road Safety and Injury Prevention,
WHO Viet Nam**

**BJD Decade World Network Conference
HCMC, 1 December 2012**



This presentation

- Overview – road traffic injuries in Viet Nam
- Motorisation and risk factors in Viet Nam
- Post crash care
- Further information

RTI as leading cause of death

Table 2: Top ten causes of death by sex

Rank	Disease category	Male		Female		
		Deaths	%	Disease category	Deaths	%
1	Stroke	53,217	18%	Stroke	56,771	23%
2	Liver cancer	19,915	7%	COPD	14,941	6%
3	Road traffic accidents	17,330	6%	Pneumonia	11,175	4%
4	Lung cancer	15,720	5%	Ischemic heart disease	11,015	4%
5	COPD	14,355	5%	Diabetes	9,858	4%
6	Ischemic heart disease	13,504	5%	Liver cancer	8,587	3%
7	Tuberculosis	11,450	4%	Lung cancers	7,869	3%
8	Pneumonia	9,470	3%	Tuberculosis	6,798	3%
9	HIV/AIDS	9,417	3%	Road traffic accidents	5,750	2%
10	Stomach cancer	8,469	3%	Stomach cancer	5,470	2%
	Total	290,624		Total	250,605	

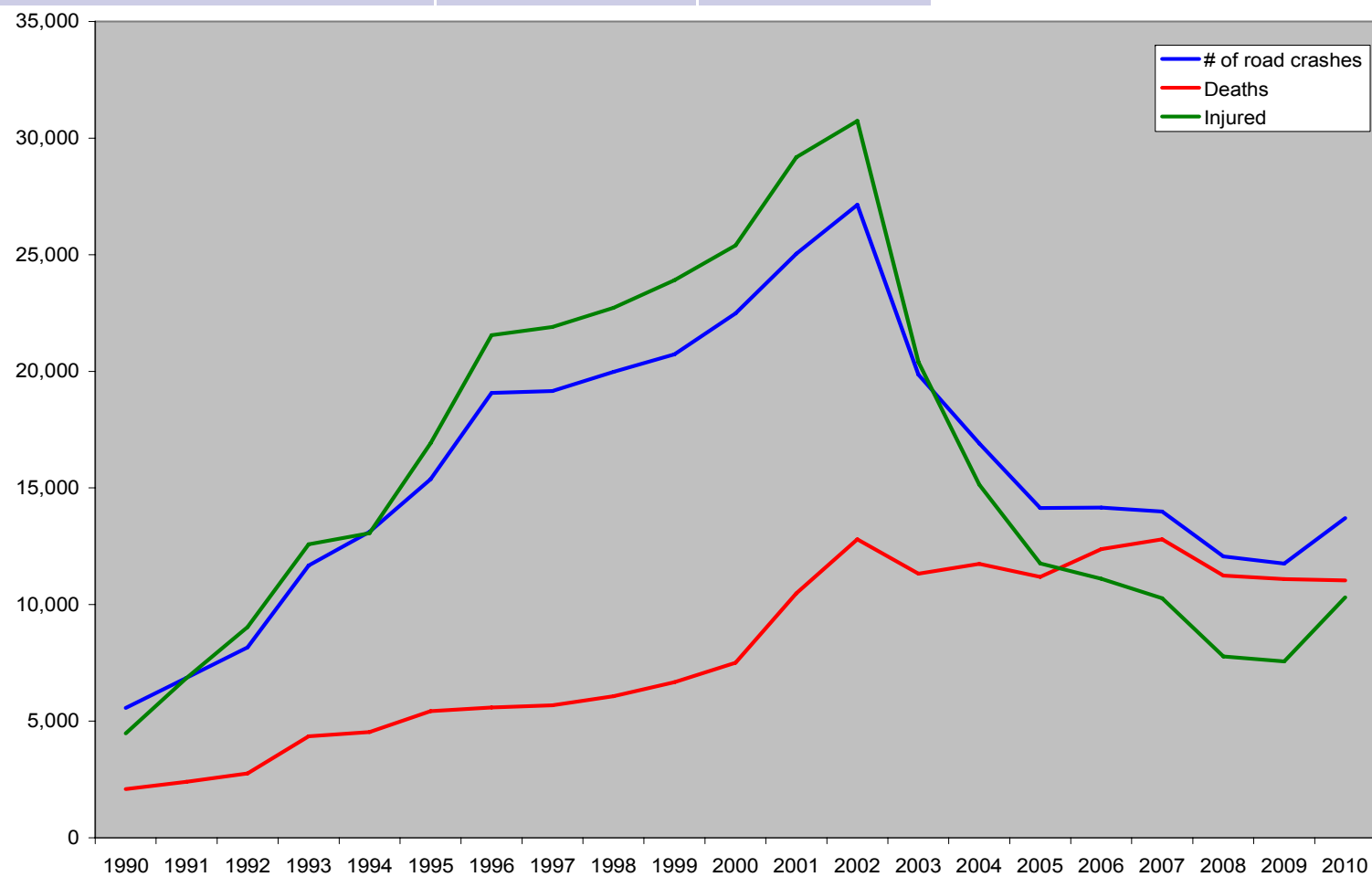
Source : VINE Project 2008

	0-4	5-14	15-29	30-44	45-69	70+
1	Low birth weight	Lower respiratory infections	HIV/AIDS	HIV/AIDS	Ischaemic heart disease	Cerebro-vascular disease
2	Diarrhoeal diseases	Drowning	Road traffic injuries	Tuberculosis	Cerebro-vascular disease	Ischaemic heart disease
3	Birth asphyxia and birth trauma	Road traffic injuries	Tuberculosis	Other infectious diseases	Chronic obstructive pulmonary disease	Chronic obstructive pulmonary disease
4	Other perinatal conditions	Other unintentional injuries	Self-inflicted injuries	Road traffic injuries	Tuberculosis	Lower respiratory infections
5	Lower respiratory infections	Other infectious diseases	Other infectious diseases	Ischaemic heart disease	Trachea, bronchus, lung cancers	Other cardiovascular diseases
6	Meningitis*	Tuberculosis	Other unintentional injuries	Self-inflicted injuries	Other cardiovascular diseases	Other infectious diseases
7	Congenital heart anomalies	Dengue	Fires	Other unintentional injuries	Liver cancer	Stomach cancer
8	Other unintentional injuries	Other digestive diseases	Violence	Other cardiovascular diseases	Stomach cancer	Trachea, bronchus, lung cancers
9	Other Congenital anomalies	Leukaemia	Drowning	Cerebro-vascular disease	Lower respiratory infections	Hypertensive heart disease
10	HIV/AIDS	Fires	Lower respiratory infections	Violence	Other infectious diseases	Other respiratory diseases
11	Other infectious diseases	Other cardiovascular diseases	Ischaemic heart disease	Cirrhosis of the liver	Cirrhosis of the liver	Nephritis and nephrosis
12	Drowning	Self-inflicted injuries	Other cardiovascular diseases	Fires	Road traffic injuries	Alzheimer and other dementias*
13	Other digestive diseases	Falls	Other digestive diseases	Stomach cancer	Nephritis and nephrosis	Other digestive diseases
14	Childhood-cluster diseases	Poisonings	Leukaemia	Liver cancer	Mouth and oropharynx cancers	Other neuropsychiatric disorders
15	Road traffic injuries	Lymphomas, multiple myeloma	Other maternal conditions	Hepatitis B	Self-inflicted injuries	Liver cancer

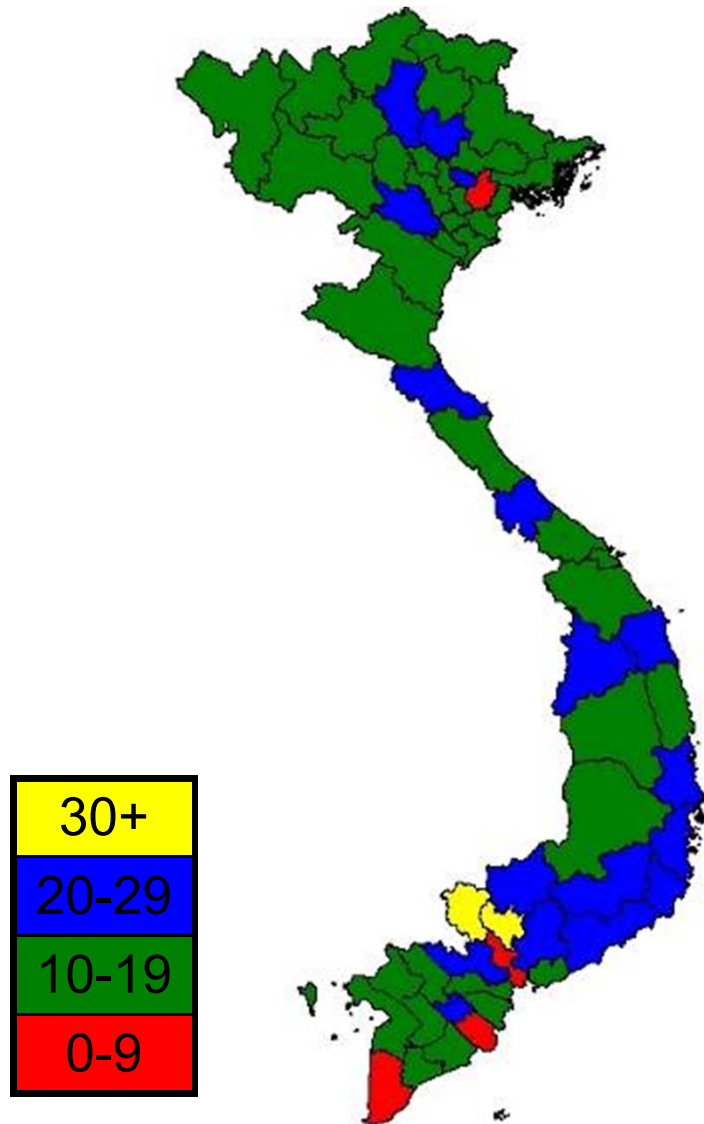
Source : WHO GBD 2004

Road trauma in Viet Nam in 2011

	NTSC/MPS	MOH
Road traffic deaths (2011)	10,950	17,150
Road traffic injuries (2011)	48,356	463,212
Mortality rate	12.5/100K	19.5/100K

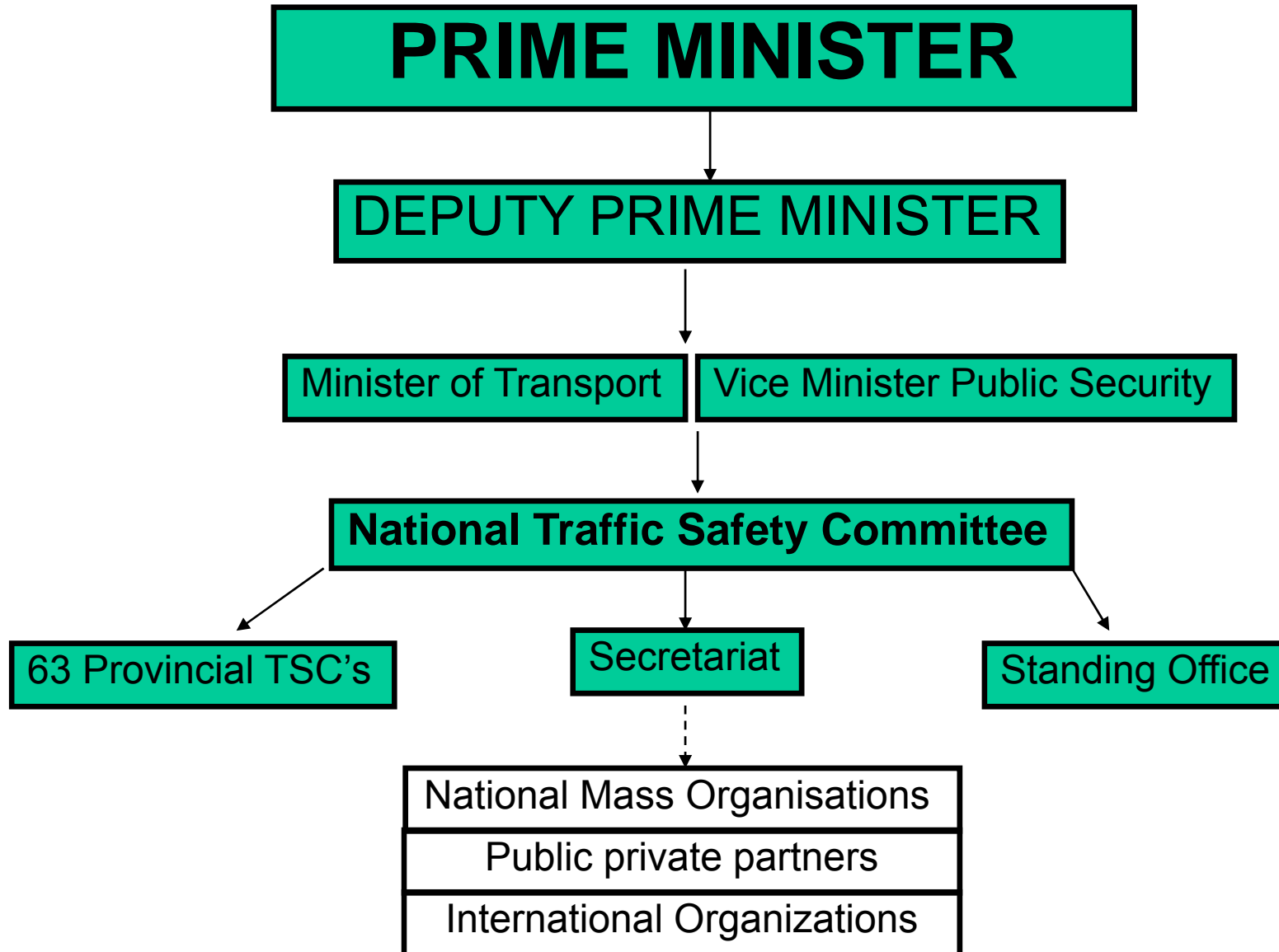


Road traffic injury mortality by province, 2008



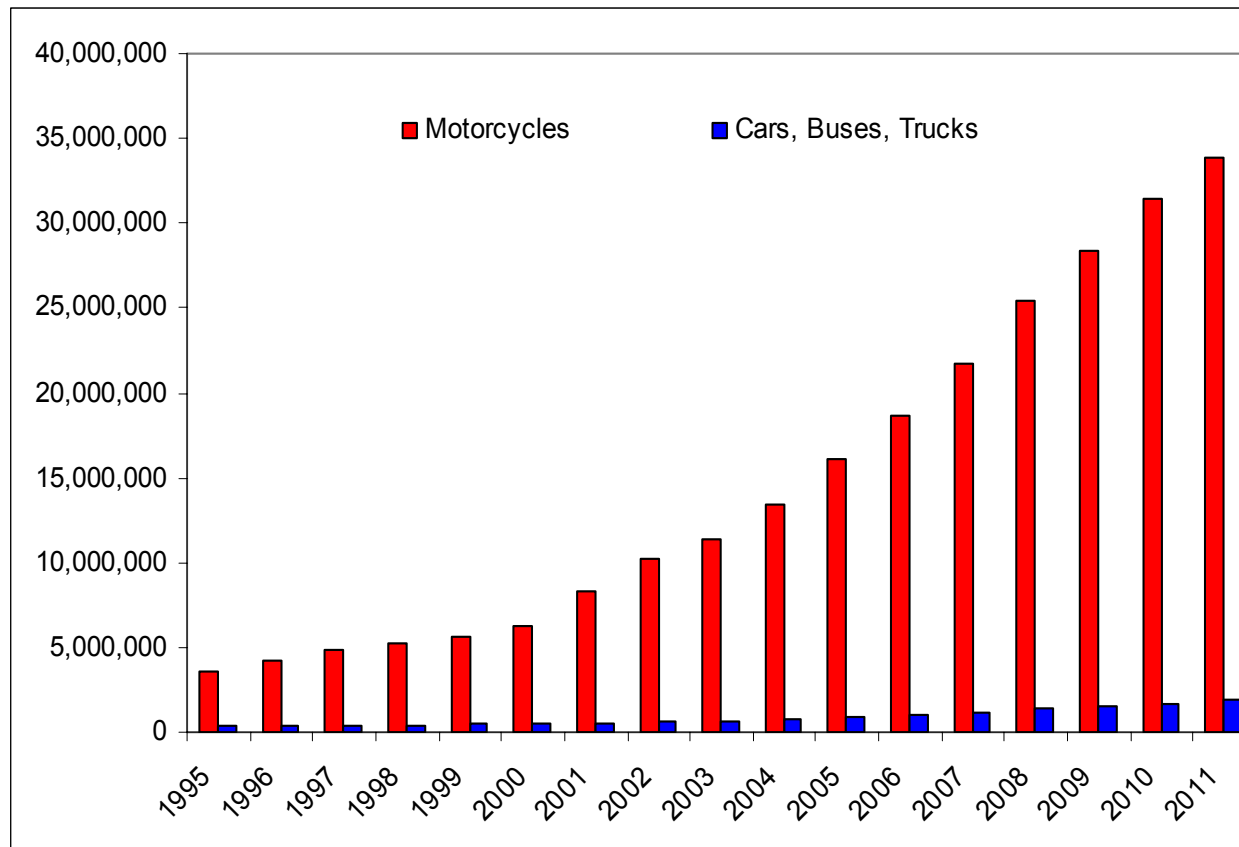
- Large variation in mortality rates
- Anecdotally associated with major transport hubs (national/international roads)

Road safety management



Motorization in Viet Nam

- 87.8 million people (2011)
- 35.8 million registered vehicles (2011)
 - 95% motorcycles
 - > 7,500 new motorcycles per day
 - > 500 new cars per day



Motorcycle Helmets

- Motorcycle helmets are one of the most effective of road safety interventions
- Cochrane meta-analysis
 - 69% reduction in the risk of serious head injury
 - 42% reduction in risk of fatal head injury
- Considering volume of road users, use of not of motorcycle helmets will for the foreseeable future be a major risk factor for road safety in Viet Nam
- Mandatory motorcycle helmet law established in December 2007
 - Education/Enforcement model



15 December 2007:
Helmet Law + Enforcement +
Education

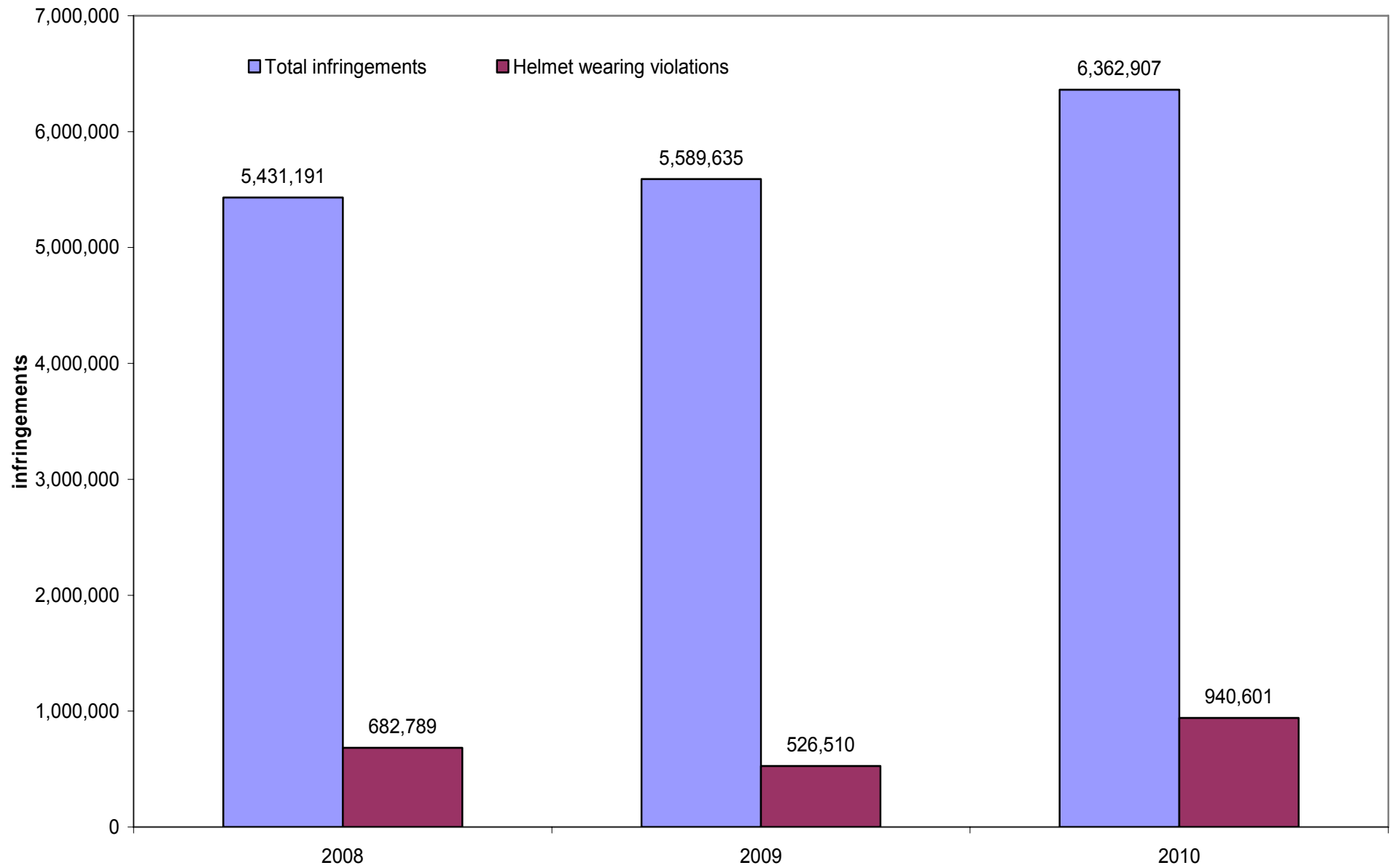


Enforcement for helmet legislation

- 10 fold increase in penalties for not wearing helmet
 - from 20-40K VND (≈USD 1-2) (2005) to 100-200K VND (≈USD 6-12) per offence
- Total traffic infringements 5,431,191
 - 682,789 (13%) for not wearing helmets
 - No reliable data available for 2007
- Ongoing challenge
 - Human resources
 - Maintaining the high levels of enforcement necessary



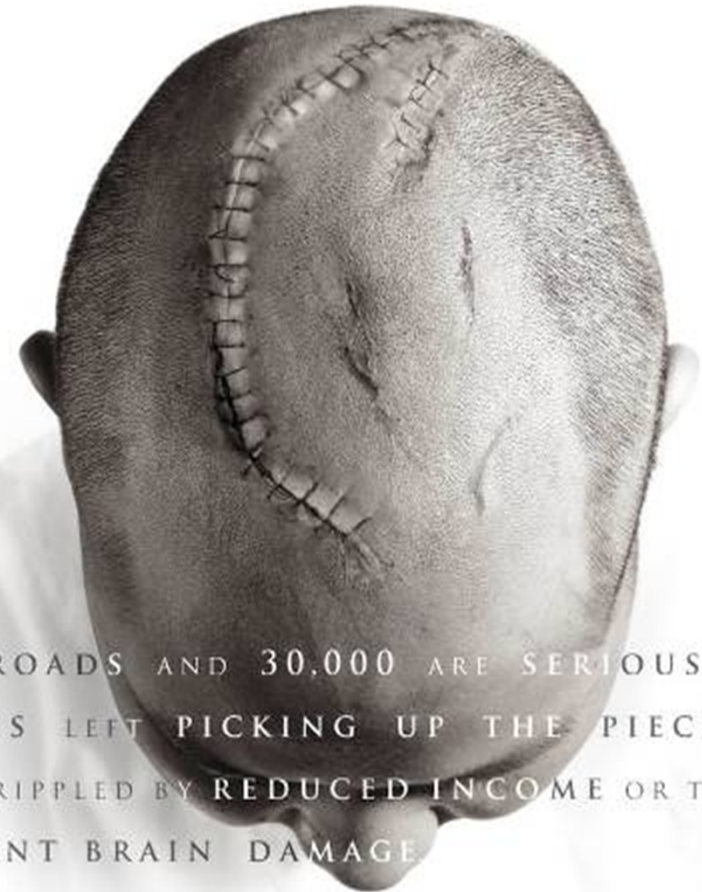
Infringements – All infringements vs helmets only



Social marketing

“I DON'T LIKE WEARING A **HELMET**
IT RUINS MY HAIR”

(HUONG LY - NEURO SURGERY PATIENT)



EVERY YEAR OVER 12,000 PEOPLE DIE ON OUR ROADS AND 30,000 ARE SERIOUSLY INJURED. THAT MEANS THOUSANDS OF FAMILIES LEFT PICKING UP THE PIECES. FAMILIES TORTURED BY THE LOSS OF A LOVED ONE, CRIPPLED BY REDUCED INCOME OR THE SUDDEN NEED TO CARE FOR A RELATIVE WITH PERMANENT BRAIN DAMAGE. THE SAD TRUTH IS THAT **MOST** OF THESE CASES COULD HAVE BEEN PREVENTED BY SIMPLY WEARING A **HELMET**. WHEN YOU THINK ABOUT IT, THERE ARE **NO EXCUSES**.

SPONSORED BY

NURY

WEAR A **HELMET**. NOT JUST FOR YOUR OWN SAFETY

Social marketing

“I NEVER WEAR A **HELMET**,
(NGUYEN LAN - CRANIAL SURGERY PATIENT)
THEY DON'T LOOK COOL”



EVERY YEAR OVER 12,000 PEOPLE DIE ON OUR ROADS AND 30,000 ARE SERIOUSLY INJURED. THAT MEANS THOUSANDS OF FAMILIES LEFT PICKING UP THE PIECES. FAMILIES TORTURED BY THE LOSS OF A LOVED ONE, CRIPPLED BY REDUCED INCOME OR THE SUDDEN NEED TO CARE FOR A RELATIVE WITH PERMANENT BRAIN DAMAGE.

THE SAD TRUTH IS THAT MOST OF THESE CASES COULD HAVE BEEN PREVENTED BY SIMPLY WEARING A HELMET. WHEN YOU THINK ABOUT IT, THERE ARE NO EXCUSES.



WEAR A **HELMET**. NOT JUST FOR YOUR OWN SAFETY

Social marketing

"I WON'T WEAR A **HELMET**

(PHAN DINH - MENTAL AGE 2YRS)

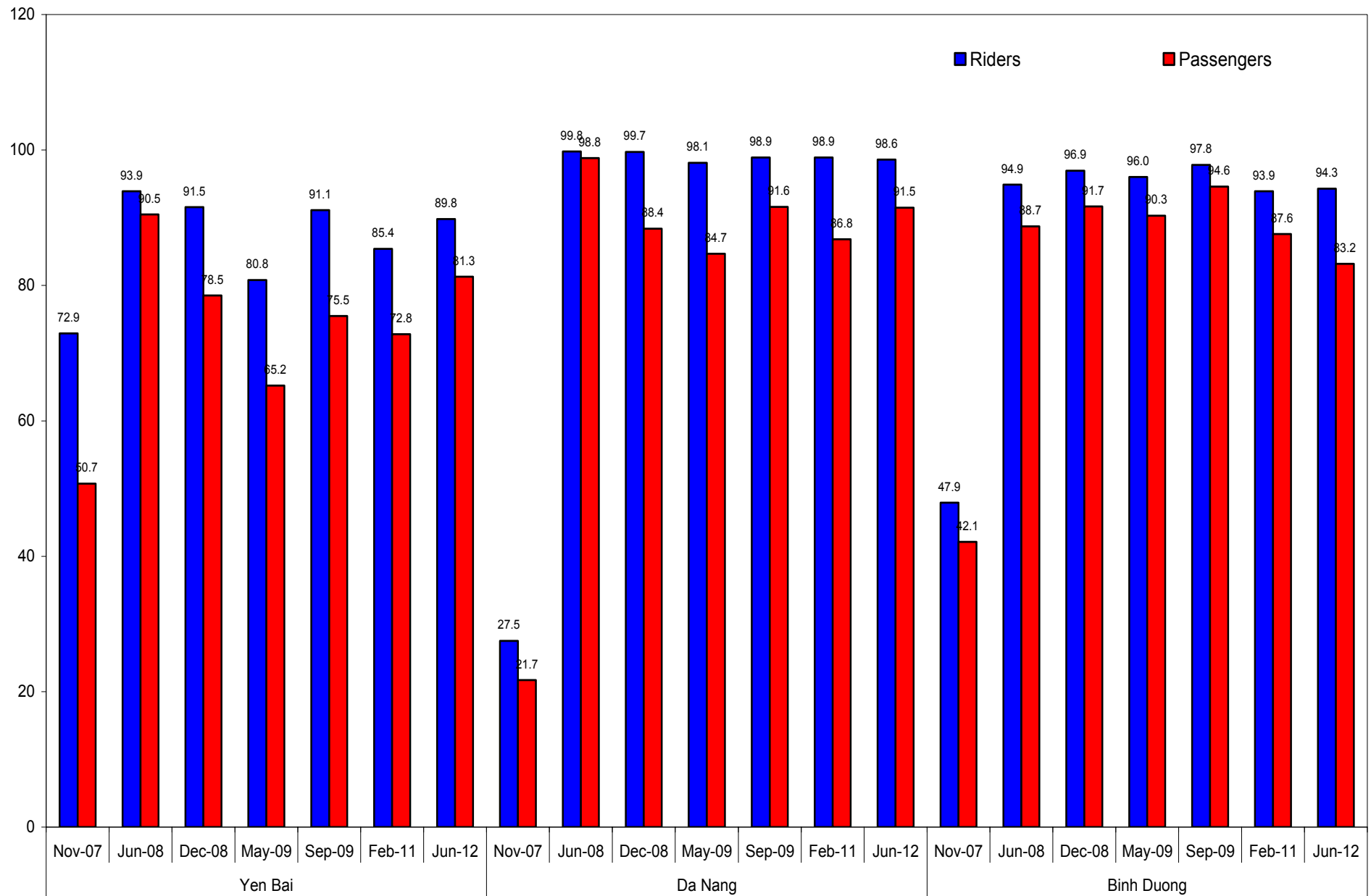
IT MAKES ME LOOK STUPID"

EVERY YEAR OVER 12,000 PEOPLE DIE ON OUR ROADS AND 30,000 ARE SERIOUSLY INJURED. THAT MEANS THOUSANDS OF FAMILIES LEFT PICKING UP THE PIECES. FAMILIES TORTURED BY THE LOSS OF A LOVED ONE, CRIPPLED BY REDUCED INCOME OR THE SUDDEN NEED TO CARE FOR A RELATIVE WITH PERMANENT BRAIN DAMAGE. THE SAD TRUTH IS THAT MOST OF THESE CASES COULD HAVE BEEN PREVENTED BY SIMPLY WEARING A **HELMET**. WHEN YOU THINK ABOUT IT, THERE ARE NO EXCUSES.

SPONSORED BY  ASA INJURY

WEAR A **HELMET**. NOT JUST FOR YOUR OWN SAFETY

Motorcycle helmet wearing –long term trend



Pre/post law impact – Police data

- Very limited information on impact of helmet law
- Data on all road users, no breakdown for MC riders and passengers only

- 2008 vs 2007
 - 1,557 ↓ death
 - 2,495 ↓ serious injuries

- 2009 vs 2008
 - 149 ↓ death
 - 212 ↓ serious injury

- 2010 vs 2009
 - 65 ↓ death
 - 2747 ↑ serious injury

	Deaths	Serious injuries
2007	12,800	11,097
2008	11,243	7,771
2009	11,094	7,559
2010	11,029	10,306
2011	10,950	48,356*

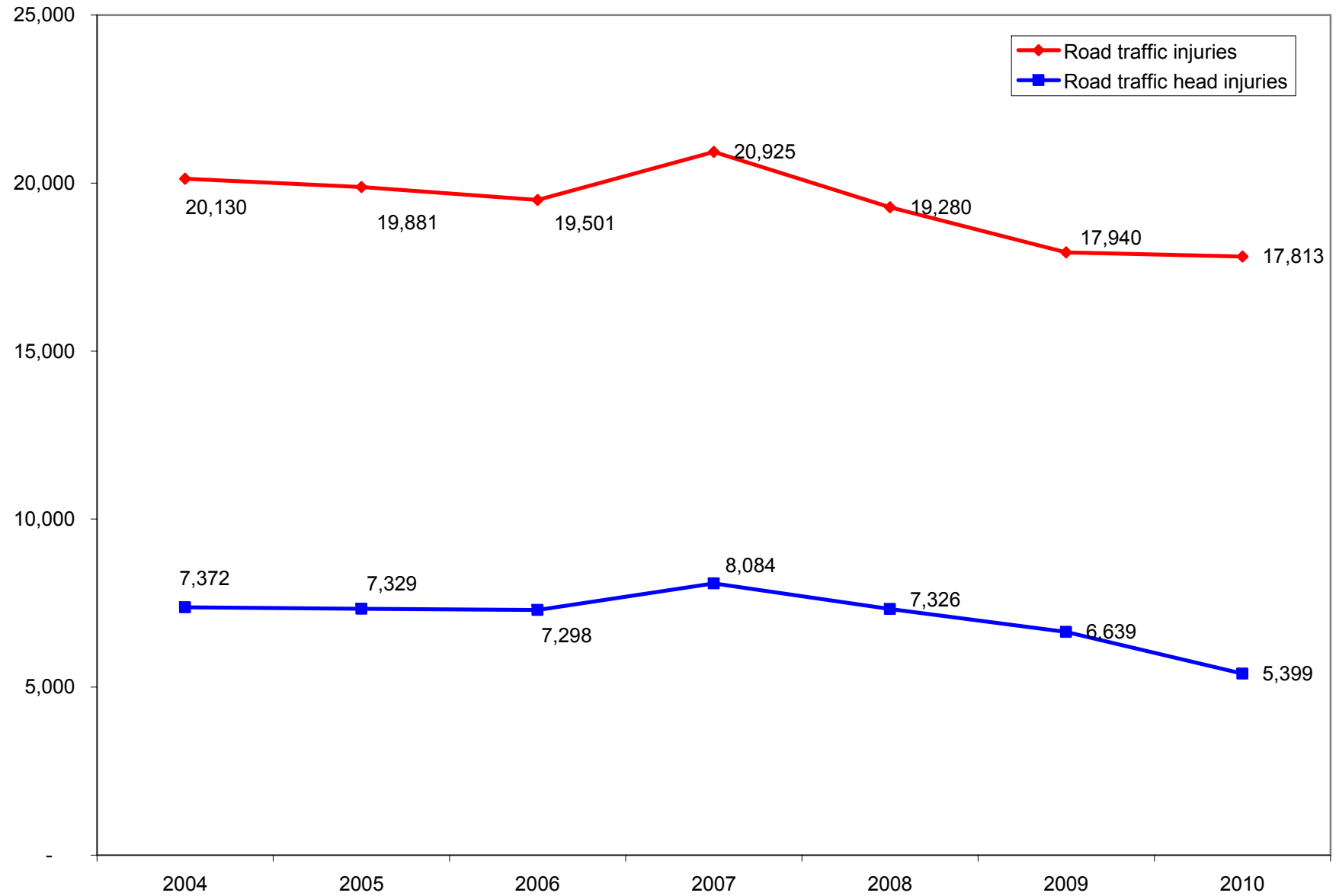
Pre/post law impact – Health data

- National injury surveillance system in operation
- Commenced 2008
 - No pre law data

	2008	2009	2010	2011
Road traffic fatalities	3,102	2,156	1,847	2,102
Road traffic injuries	183,058	143,940	117,317	135,224
% of RTI with head injuries	27.1%	25.3%	17.8%	17.3%

- Declining reporting since
 - 2008 - 92/100 hospitals
 - 2009 – 84/100 hospitals
 - 2010 - 43/100 hospitals
 - 2011 – 49/100 hospitals

Viet Duc Hospital - Head injuries



Pre/post law impact – Viet Duc Hospital

		% change	RR	95% CI
All injuries	2007 vs 2008	-1.04%	0.98*	0.97-0.99
	2007 vs 2010	-5.82%	0.88*	0.87-0.89
Road traffic injuries	2007 vs 2008	-3.16%	0.95*	0.94-0.96
	2007 vs 2010	-1.68%	0.89*	0.87-0.91
RT patients with head injuries	2007 vs 2008	-0.64%	0.98	0.96-1.01
	2007 vs 2010	-7.69%	0.78*	0.76-0.81
RT fatalities	2007 vs 2008	-0.16%	0.76*	0.59-0.99
	2007 vs 2010	0.32%	1.25	0.99-1.56

* $P < 0.05$

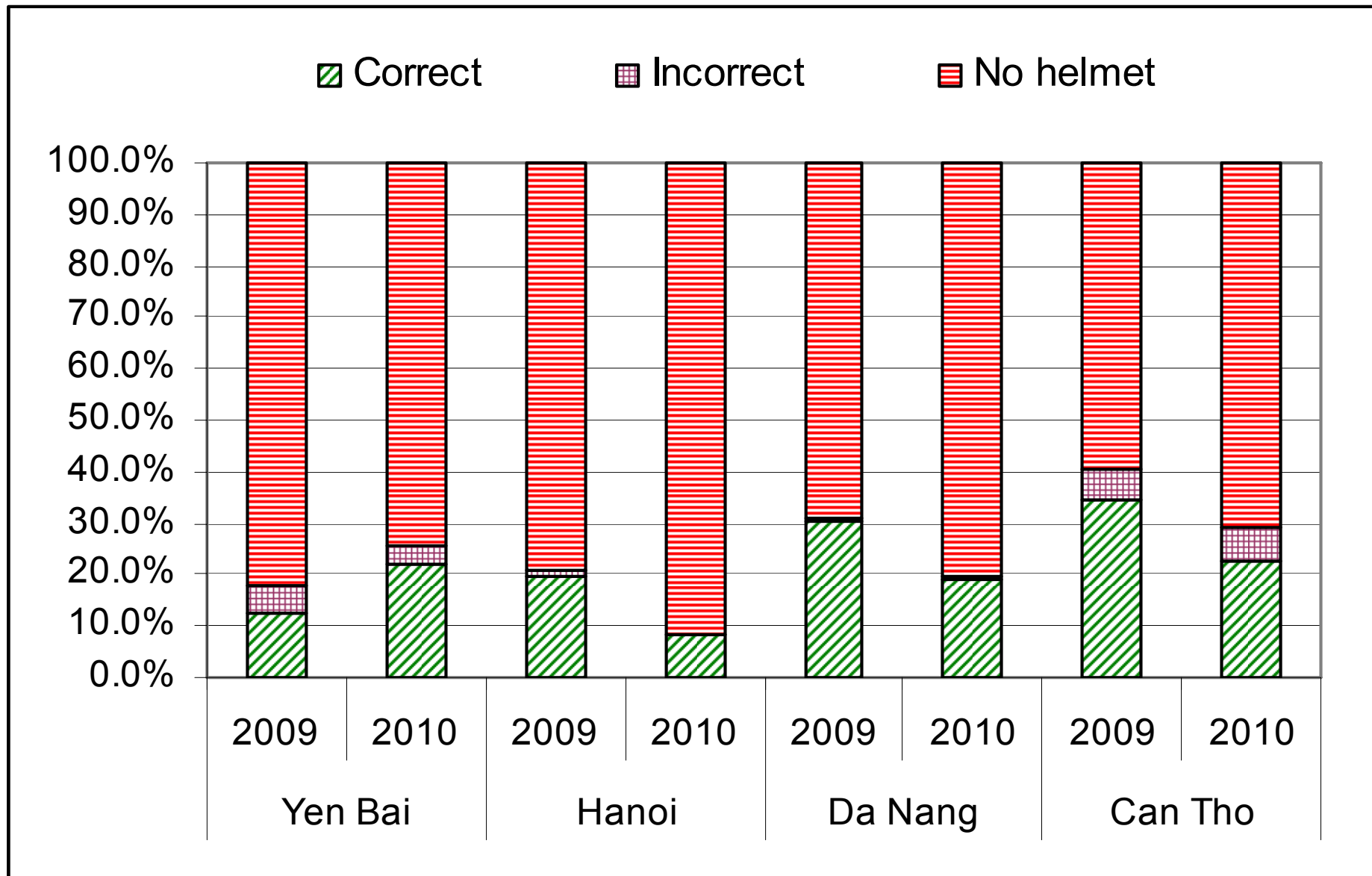
- Limitations of aggregate data
 - No breakdown by age and sex
 - No breakdown by road user type
 - Cant identify MC riders and passengers as a proportion of RTI or head injuries

Helmet legislation loopholes

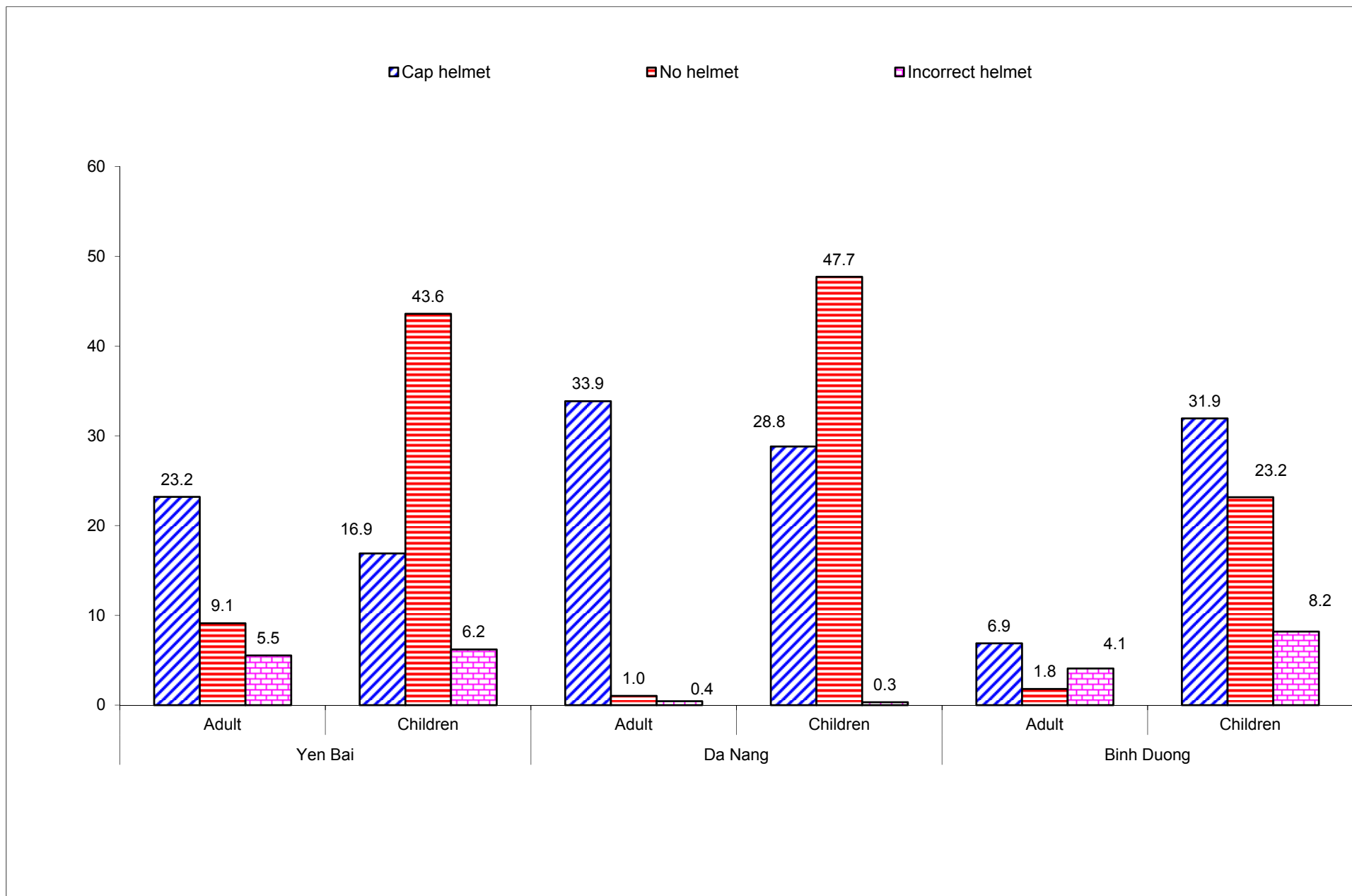
- **Low wearing rate among children <16 years**
 - 39%, 2008 (AIPF)
 - 21% December 2010 (HSPH & WHO)
 - Many parents believe helmets are dangerous for children
 - Adults can now be penalised however negligible enforcement
- **Incorrect helmet wearing**
 - Dec 15 law contained no ability to enforce unfastened helmets
 - Revised Nov 13 2008, police define un-fastened as un-worn
- **Low quality helmet**
 - Only 20% meeting standard (VINASTAS)
 - Surveys in major cities estimate 30% & 45% meeting standards
 - High use of banned “cap” style helmets
 - New standards Nov 15 2008



Helmet wearing in primary school aged children



Child helmet wearing February 2011







Quality of standard helmets



Some helmets are better than others!



Helmet quality

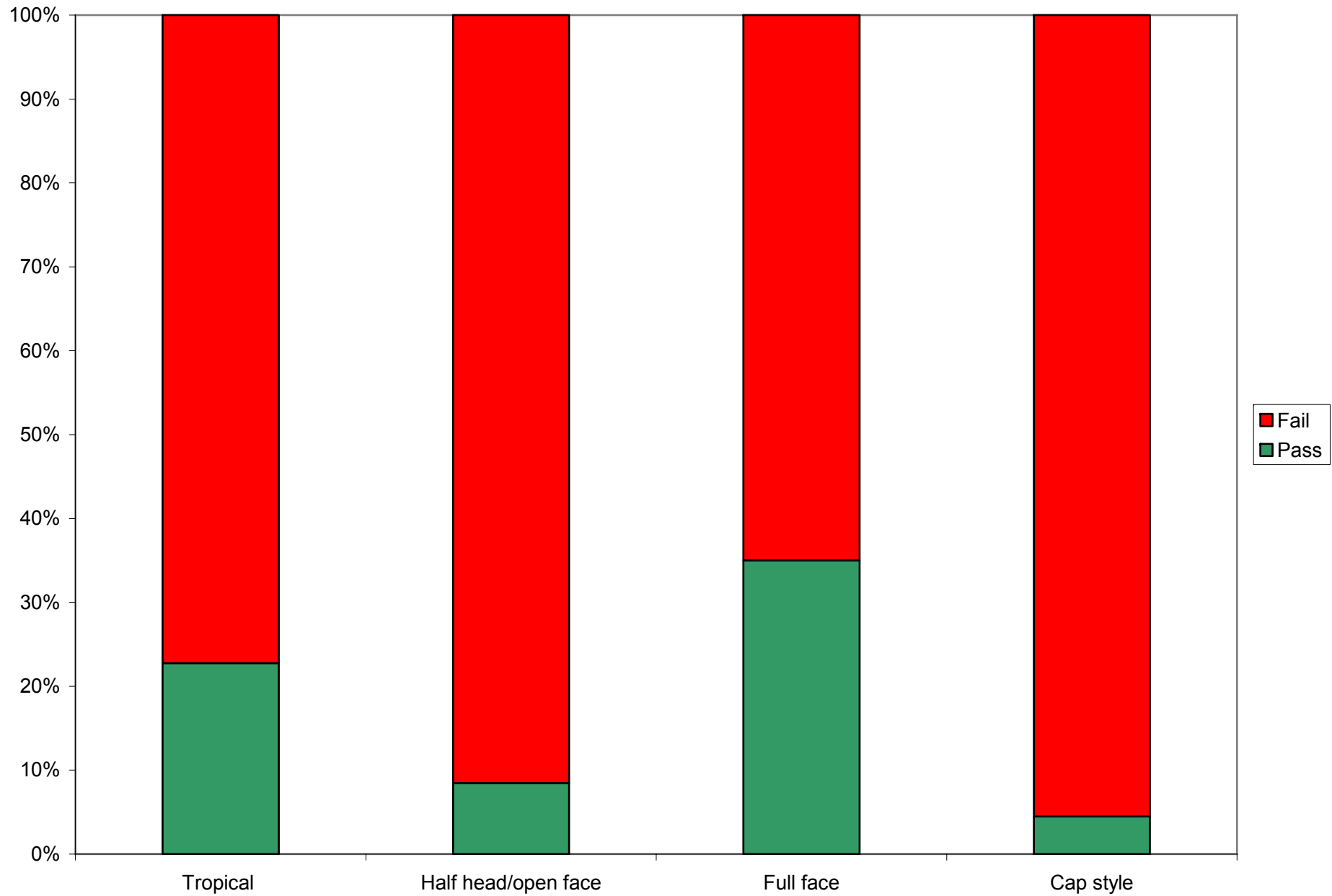
- Exchange survey
 - 581 helmets exchanged in Ha Nam, Ninh Binh and Bac Giang

Primary reason for helmet (%)	Safety	Police
Ha Nam	49.5	47.9
Ninh Binh	60.9	34.5
Bac Giang	52.3	47.7
All	54.3	43.3

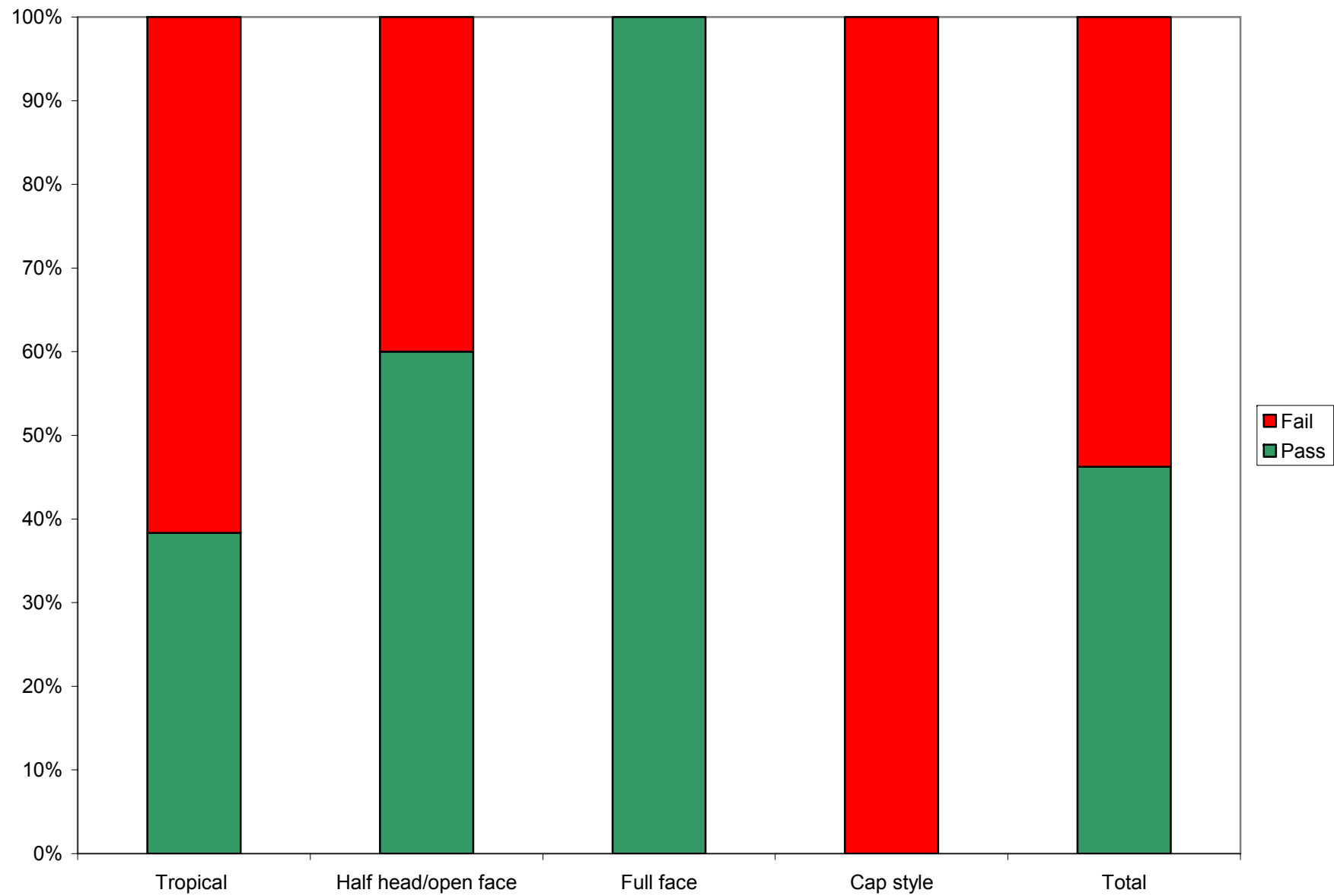
- 15% of respondents wearing substandard helmets believed would protect them in the event of a crash
- Market survey
 - 80 helmets randomly selected from list of 444 helmets registered with MST



Quality of helmets – Exchange survey



Quality of helmets – Market survey



Motorcycle helmets - Quality?

Motorcycle helmet wearing –long term trend

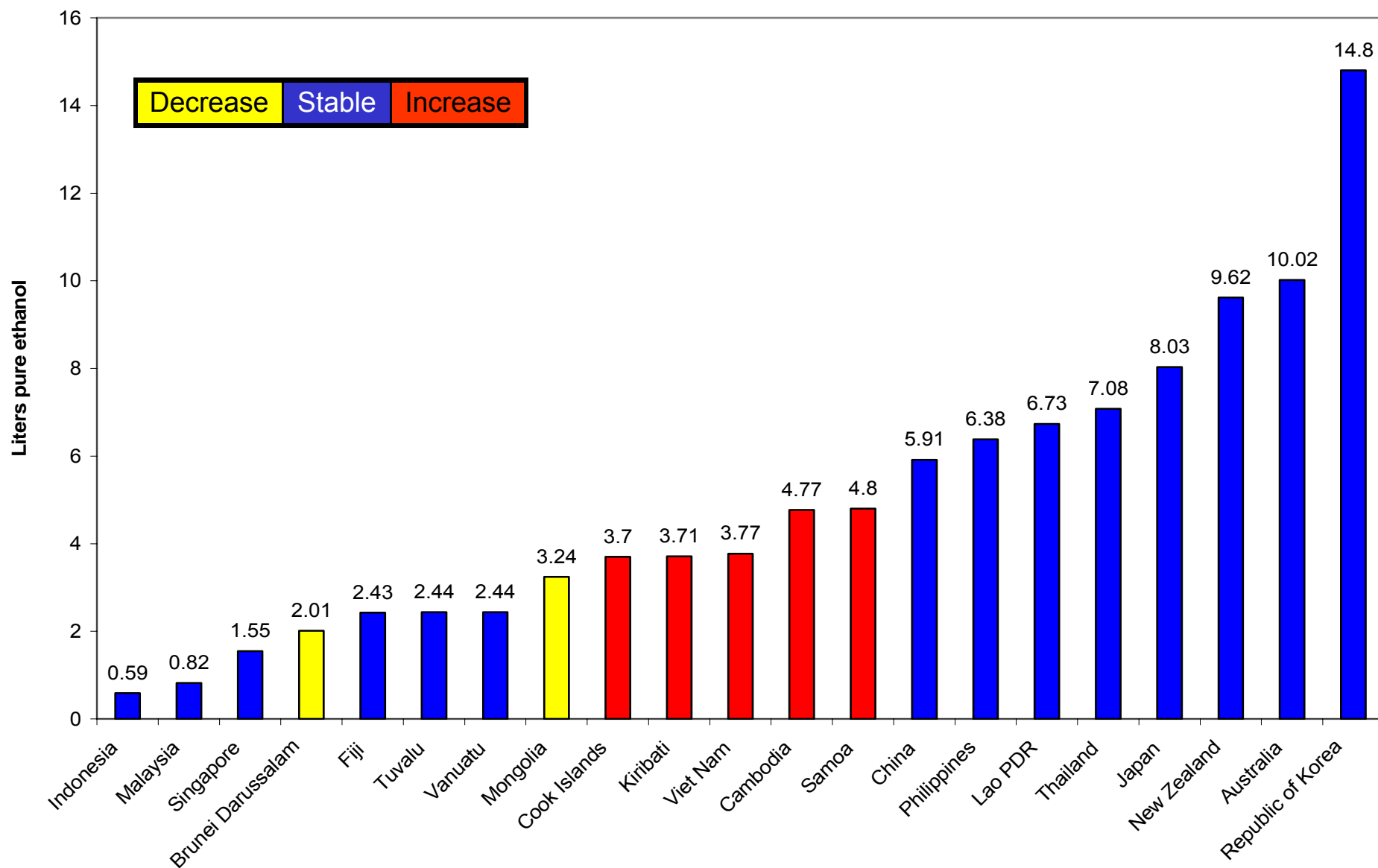
- Helmet wearing has increased substantially since the 2007 helmet law and high wearing rates have been maintained since

BUT



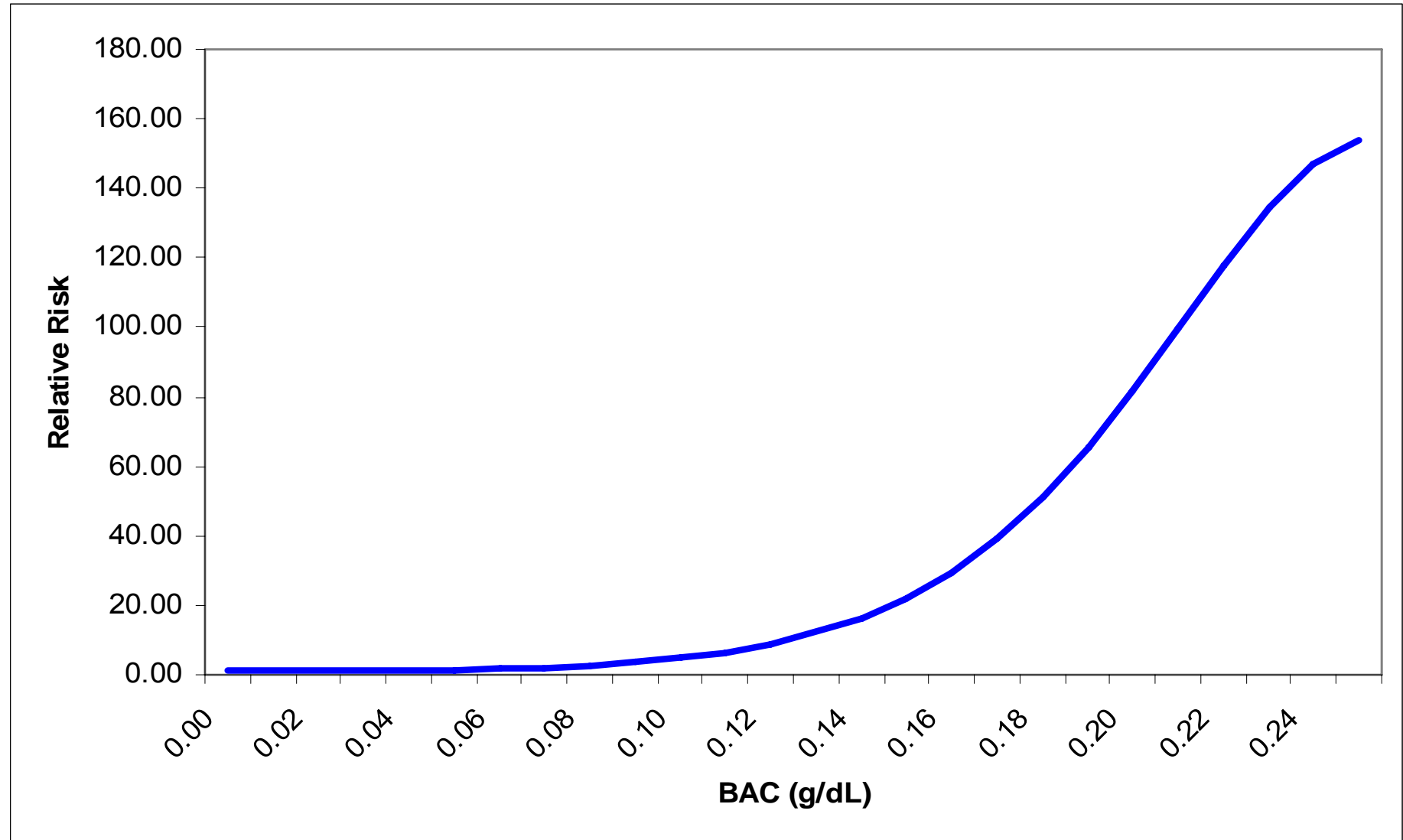
- Issues of low helmet quality and not wearing helmets correctly have the potential to seriously impact the injury prevention potential of this legislation and the fact that the majority of motorcycle riders and passengers are wearing helmets

Alcohol consumption, 2005 (change 2000-2005)



Source : Global Alcohol Status Report, 2011

Crash risk



Source: Compton et al 2002

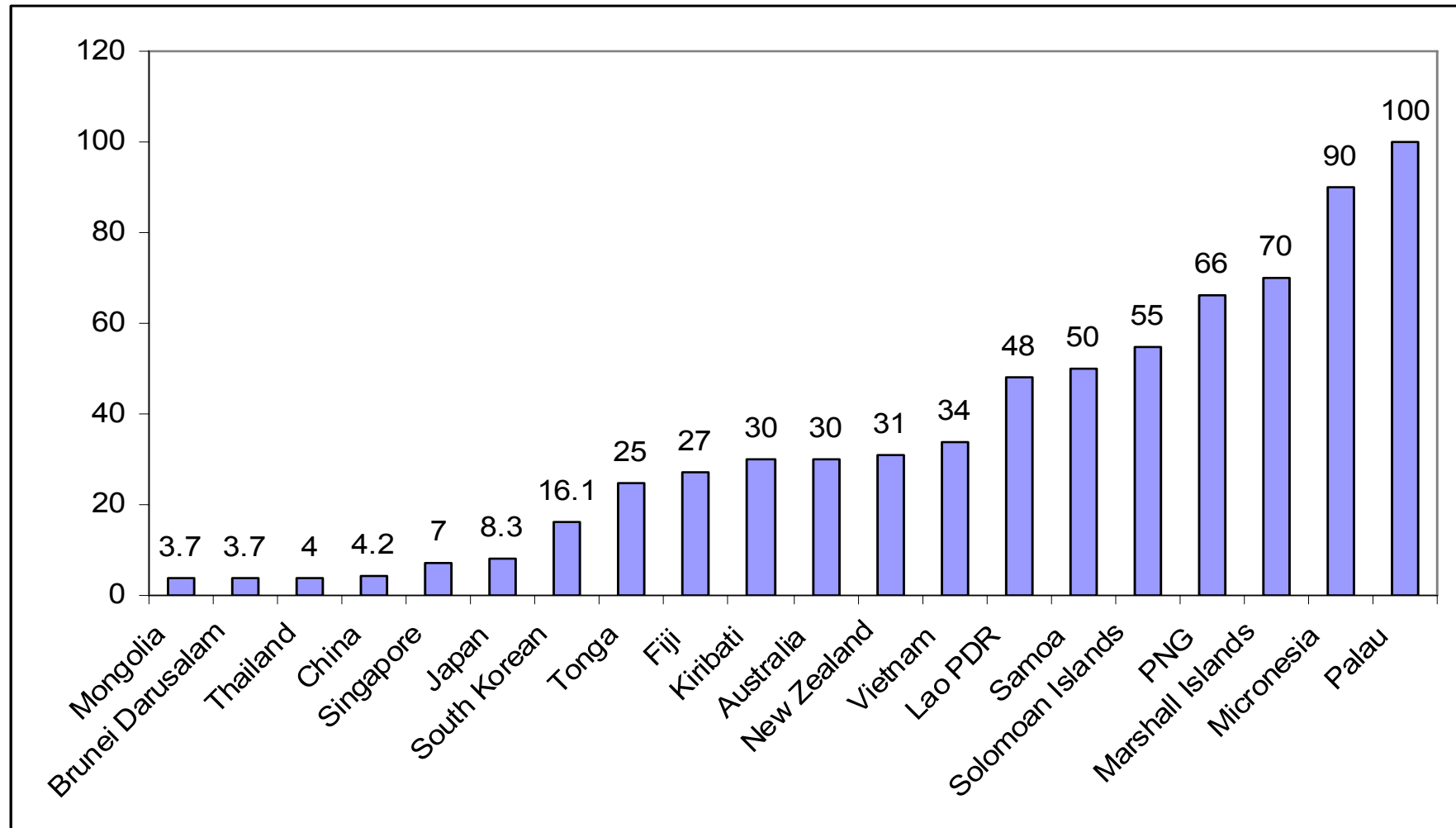
Crash risk motorcycles

BAC (g/dL)	Unadjusted OR	Adjusted OR	
		Age group	Licence status
>0.00	5.6 (2.4-13.1)	5.2 (2.2-12.5)	4.9 (2.0-11.8)
>0.05	44.3 (5.5-353.2)	38.3 (4.6-318.6)	39.4 (4.7-329.7)

Source: Haworth 1997

- Limited information available
- Indicative that crash risk substantially higher for MC than vehicle drivers

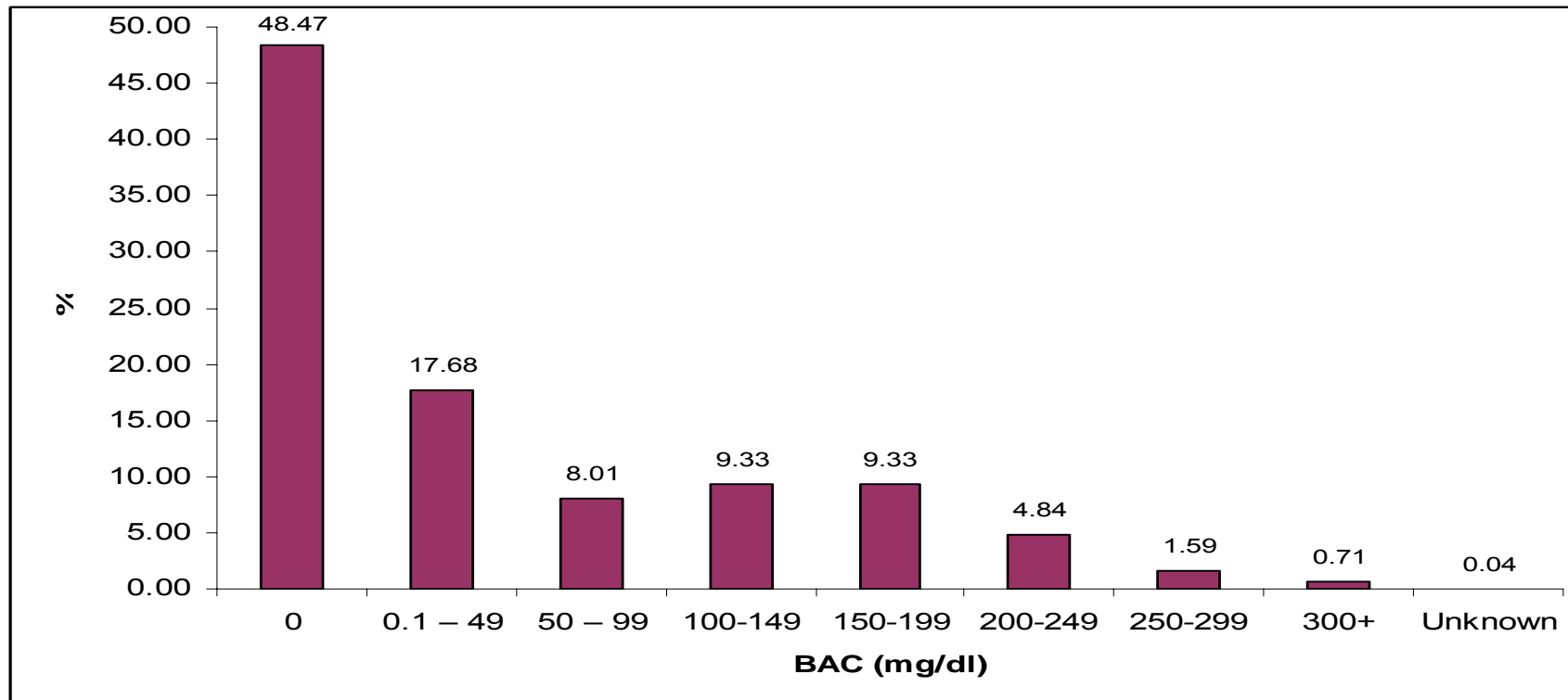
Burden of drink driving in regional countries



- No data reported from many regional countries

Source: WHO, 2009

Drink Driving



- BAC testing of hospital RTI patients not routinely conducted
- Survey, July 2009 to October 2010 in six Vietnamese hospitals
- Results from 18,412 consenting patients of the 48,808 RTI patients who presented
- BAC results ranged from zero to 589mg/dl blood
- 48% of patients had no detectable alcohol
- 36% of MC riders tested had a BAC above the legal limit (50mg/dl)
- 66.8% of car & other vehicle drivers tested had a BAC above zero mg/dl

Legislation for drink driving prevention in Viet Nam

- Road Safety Law 2008
 - Motorcycle riders
 - Reduced BAC threshold from 0.08mg/dl blood to 0.05mg or BrAC 0.25mg/L breath
 - All other vehicles
 - Reduced BAC threshold from 0.08mg/dl blood to ZERO
 - Corrected error in previously defined partition rate
 - BrAC 40mg/L breath in 2001 law corrected and reduced to 0.25mg
- Decree 34
 - Specifies the penalties applicable for breaches of road safety law

Two new enforcement billboards

LÁI XE SAU KHI UỐNG RƯỢU, BIA TIỀN MẮT, TẬT MANG!



+



=



TƯỚC GIẤY PHÉP LÁI XE



PHẠT ĐẾN 6 TRIỆU ĐỒNG



TẠM GIỮ XE



HÃI UỐNG THÌ KHÔNG LÁI.

ĐIỀU KHIỂN XE SAU KHI UỐNG RƯỢU, BIA SẼ BỊ XỬ PHẠT NẶNG.



Two new enforcement billboards

**LÁI XE SAU KHI UỐNG RƯỢU, BIA
TIỀN MẮT, TẬT MANG!**



ĐÃ UỐNG THÌ KHÔNG LÁI.

ĐIỀU KHIỂN XE SAU KHI UỐNG RƯỢU, BIA SẼ BỊ XỬ PHẠT NẶNG.

- PHẠT ĐẾN 6 TRIỆU ĐỒNG
- TẠM GIỮ XE
- TƯỚC GIẤY PHÉP LÁI XE



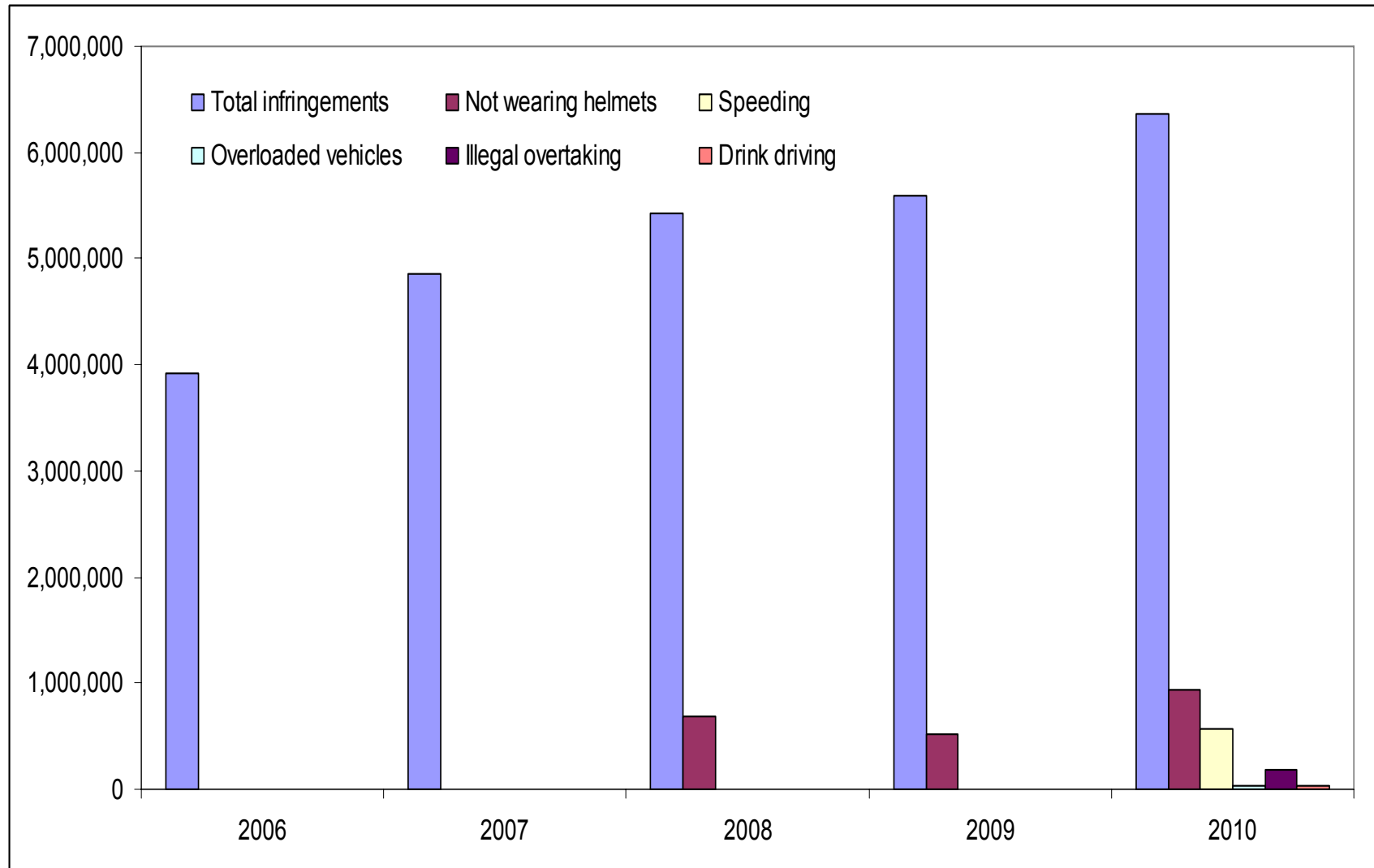
Drink drive – Glasses

Drink drive – Consequences

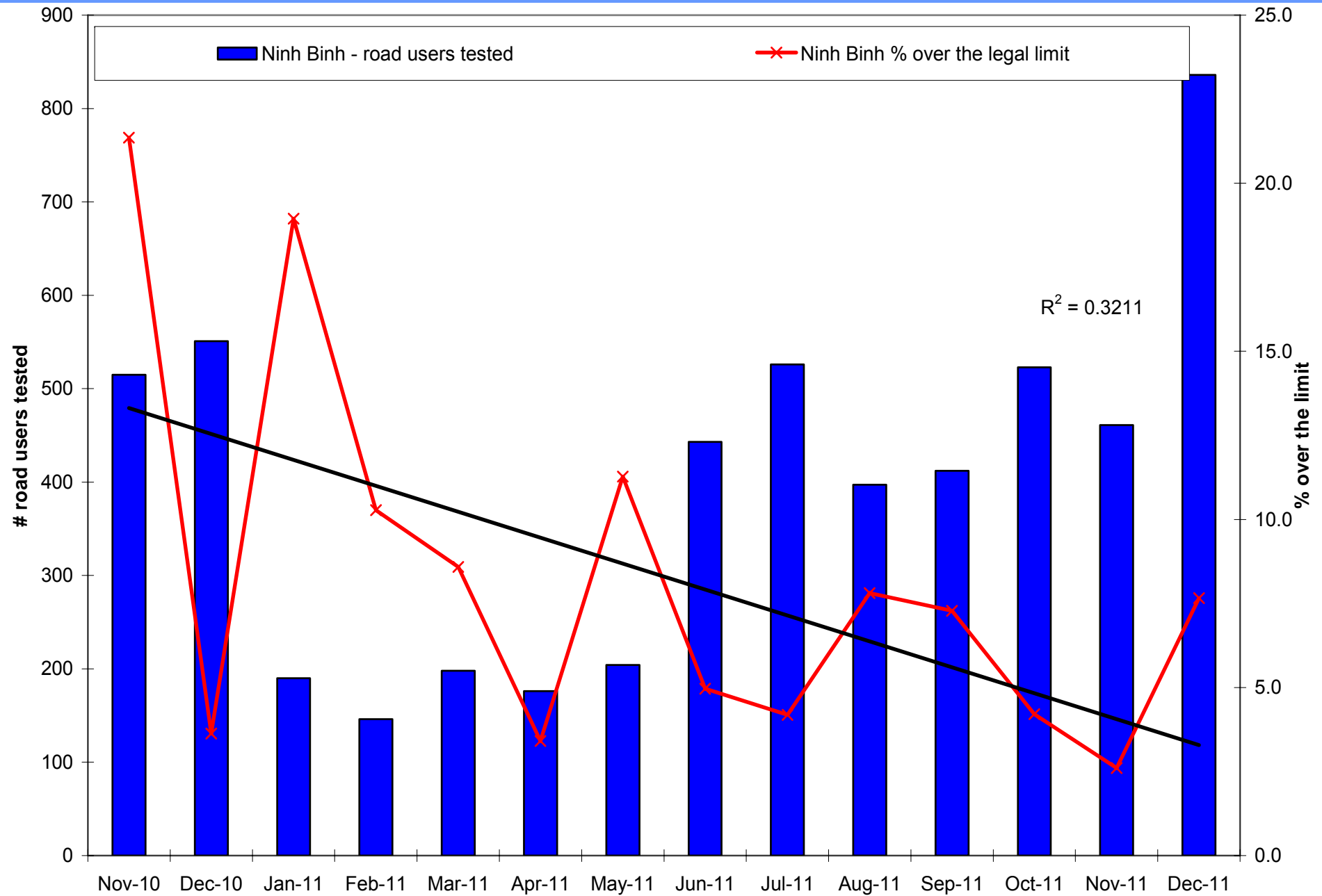
Roadside enforcement operations



Infringements



Roadside enforcement operations – Ninh Binh



Speed limits

BIỂU QUY ĐỊNH TỐC ĐỘ TỐI ĐA CHO PHÉP TRONG KHU ĐỒNG DẪN CỬ

LOẠI XE CƠ GIỚI ĐƯỜNG BỘ	TỐC ĐỘ TỐI ĐA (Km/h)
	50
	40

XE CHUYÊN DỤNG: Ô TÔ QUÉT ĐƯỜNG; Ô TÔ TRẦN BÉ TÔNG;
 Ô TÔ CÁN CẦU; Ô TÔ KIỂM TRA CẦU ĐƯỜNG...

Maximum speed on roads in residential areas

Maximum speed on roads in non-residential areas

Passenger vehicle \leq 30 seats;
 truck with a load capacity of $<$ 3,500 kg

50

80

Passenger vehicle $>$ 30 seats;
 truck with a load capacity of \geq 3,500kg; semi-trailer truck; trailer truck; towing vehicle; special-use automobile or truck; motorcycle; motorized bicycle

40

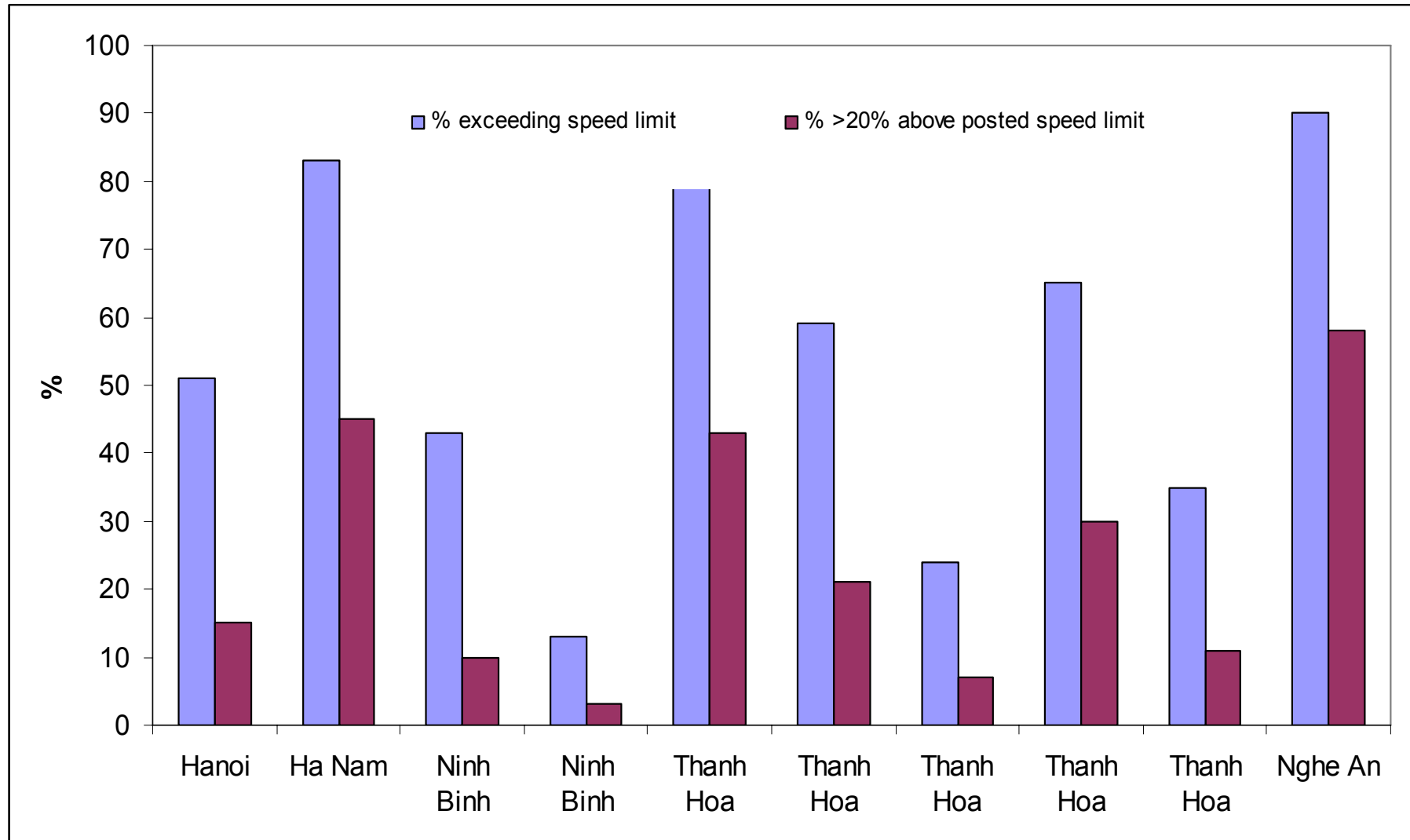
70

Bus; semi-trailer truck; special-use automobile or truck; motorcycle. Trailer truck; towing vehicle; motorized bicycle.

40

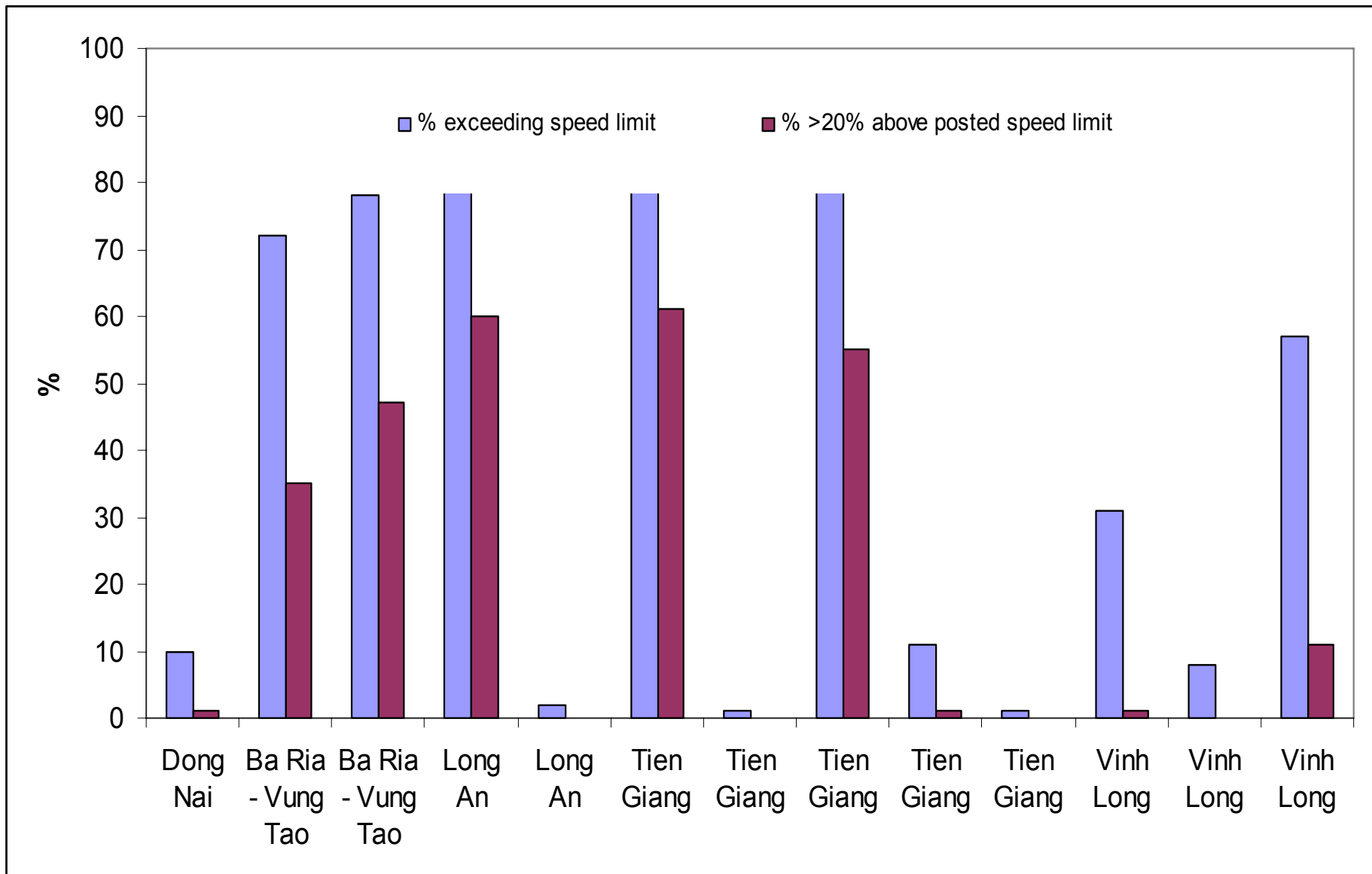
60

Speeding –Motorcycle riders



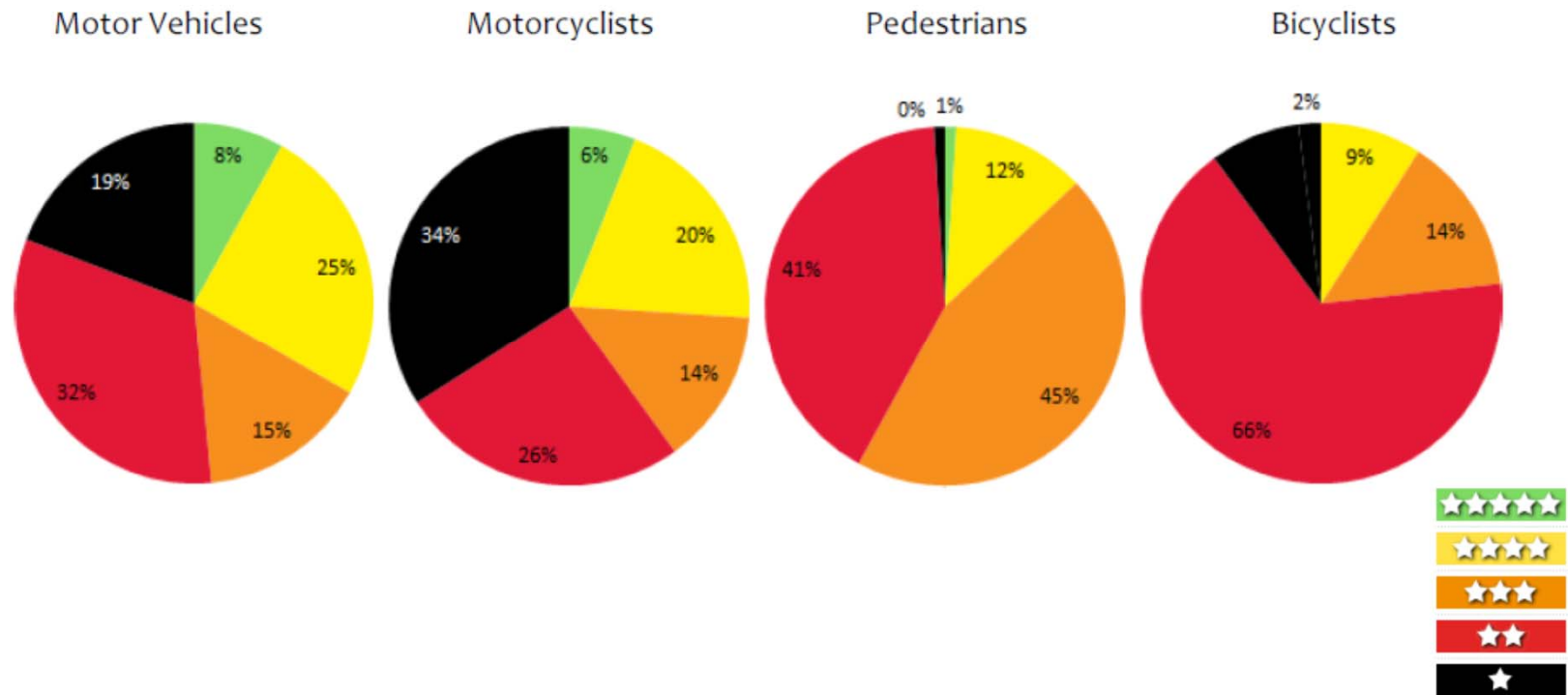
Source Vietnam Road Safety Project, 2010

Speeding –heavy vehicles



Source Vietnam Road Safety Project, 2010

Safety of road infrastructure



- 3513 km of national highway assessed
- 66% undivided
- 85% has no pedestrian facilities
- 97% has no motorcycle specific infrastructure (86% sealed shoulders)
- 65% roadside hazards

Mobile Phone use

- Anecdotally widespread
- Illegal BUT not enforced



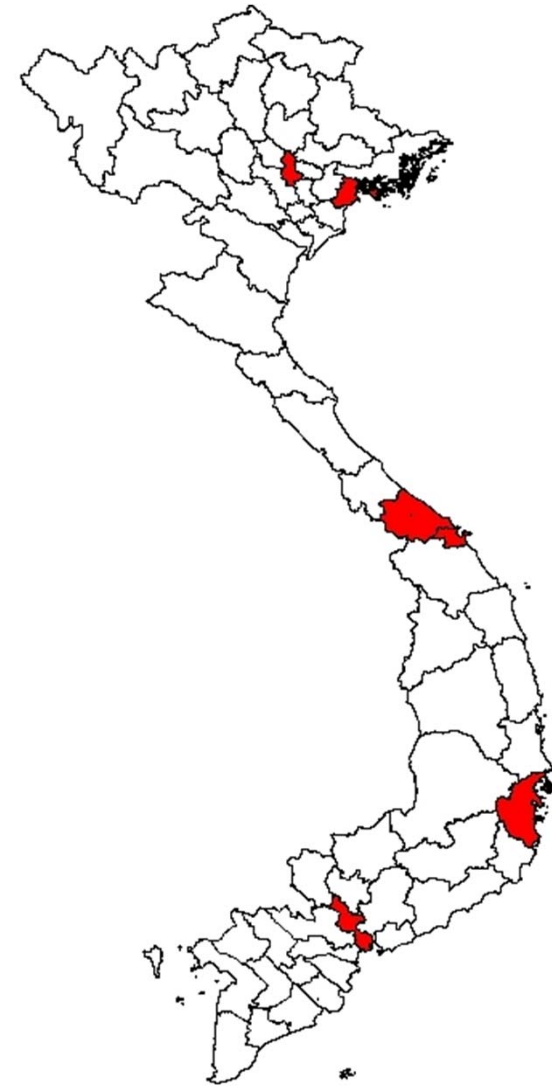
Other major risk factors

- Seat belts
 - wearing required for driver/FS passenger
 - Not enforced
 - No data on impact
- Child restraints
 - No requirement for children to be transported in age appropriate restraint
 - No data on impact
- Overloading
- Running red lights/Counter-flow
 - Anecdotally very common practices
 - No data on prevalence or on impact



Pre hospital Services in Viet Nam

- 6 provinces have formal EMS services (115)
- Majority utilize ambulance services of the provincial hospital
- 115 related services are privately provided
- Grassroots networks
 - 4.5M Red cross volunteers
 - What mechanisms to secure involvement of volunteers?
 - Staff of 11,000+ Commune Health Stations
 - Part of formal job description and duties?
- Estimated that only 10% of road traffic injured patients receive some form of PHTC
 - 50% of those are receiving inappropriate care
 - Capacity building/refresher training to ensure quality of ca
- Many dedicated people and much being done well.
- Much interesting work underway
 - MOH, DOHs, CPI, WHO, Red Cross, VRSP
- 115 Centers and formal ambulances
- First aid training for first responders
 - Police, commercial drivers, village volunteers on major roads



How is WHO working on PHTC in Viet Nam

Working with MOH to develop and implement a model for sustainable model for pre-hospital care

Objectives:

- Strengthen first aid capacity in for providing first and second tier care, by developing a standardized training program, training to the standard and equipping trained volunteers with 1st aid kits.
- Monitor the quality of care provided to identify gaps for improvement & collate information for policy makers
- Reinforce the operation of the pre-hospital trauma care system through development of an appropriate protocol for the Ministry of Health, emergency medical services and other groups.



Further information

World report on road traffic injury prevention
A ROAD SAFETY MANUAL FOR DECISION-MAKERS AND PRACTITIONERS

Drinking and Driving
A ROAD SAFETY MANUAL FOR DECISION-MAKERS AND PRACTITIONERS

Guidelines for essential trauma care

Seat-belts and child restraints
A ROAD SAFETY MANUAL FOR DECISION-MAKERS AND PRACTITIONERS

Speed management
A ROAD SAFETY MANUAL FOR DECISION-MAKERS AND PRACTITIONERS

GLOBAL STATUS REPORT ON ROAD SAFETY
TIME FOR ACTION

Helmets
A ROAD SAFETY MANUAL FOR DECISION-MAKERS AND PRACTITIONERS

Data systems
A ROAD SAFETY MANUAL FOR DECISION-MAKERS AND PRACTITIONERS

Prehospital trauma care systems

VIET NAM
Population: 87 376 196
Income group: Low
Gross national income per capita: \$790

INSTITUTIONAL FRAMEWORK

Local authority	Yes
National traffic safety committee	Yes
National road safety strategy	Yes
National target	Yes
National research program	Yes

NATIONAL LEGISLATION

Speed limits set nationally	Yes
Local authorities can set lower limits	Yes
Minimum road width	30m
Minimum road width	30m
Designating law	Yes
BAC limit - general population	0.05 g/100 ml
BAC limit - commercial drivers	0.02 g/100 ml
Random testing every 5 years	Yes
Random testing every 10 years	Yes
Random testing every 15 years	Yes
Random testing every 20 years	Yes
Random testing every 25 years	Yes
Random testing every 30 years	Yes
Random testing every 35 years	Yes
Random testing every 40 years	Yes
Random testing every 45 years	Yes
Random testing every 50 years	Yes
Random testing every 55 years	Yes
Random testing every 60 years	Yes
Random testing every 65 years	Yes
Random testing every 70 years	Yes
Random testing every 75 years	Yes
Random testing every 80 years	Yes
Random testing every 85 years	Yes
Random testing every 90 years	Yes
Random testing every 95 years	Yes
Random testing every 100 years	Yes

VEHICLE STANDARDS

Car standards meet or exceed UN standards	Yes
Full compliance	Yes
Partial compliance	Yes
Not compliant	Yes

ROAD SAFETY AUDITS

Formal audits required for major roads	Yes
Formal audits required for minor roads	Yes
Regular audits of existing roads	Yes
Regular audits of new roads	Yes

PREHOSPITAL TRAUMA CARE

National policies to promote walking or cycling	Yes
National policies to promote public transportation	Yes

PREHOSPITAL CARE

Formal, publicly accessible pre-hospital care system	Yes
Formal, non-public pre-hospital care system	Yes
Informal, non-public pre-hospital care system	Yes
Informal, public pre-hospital care system	Yes

DEATHS BY ROAD USER CATEGORY

90% NOT AVAILABLE

TRENDS IN ROAD TRAFFIC DEATHS

1000
800
600
400
200
0

2000 2005 2010 2015 2020 2025 2030

Source: WHO Global Status Report on Road Safety

WHO Viet Nam Web Site

World Health Organization
Western Pacific Region

WHO Representative Office
Viet Nam

Home Health topics Publications and information resources Media centre Areas of work One UN initiative About WHO in Viet Nam

Search Advanced search

Saving lives on the roads of Viet Nam


UN Viet Nam/2010/Aidan Dodgery

HANOI, 19 November 2012 – Every day, more than 30 people die on Viet Nam's roads. Road traffic injuries are the country's second leading cause of death. Too often these deaths occur among people in the prime of their lives. This feature story explains how a new national strategy and laws that tighten enforcement and penalties is making a difference and saving lives.

[Read the feature story](#)
Health topic: [Injury in Viet Nam](#)
[Photo gallery: Road safety in Viet Nam](#)

[Saving lives on the roads of Viet Nam](#) | [Managing the burden of diabetes in Viet Nam](#) | [WHO alarmed by high level of violence and injuries](#) | [WHO calls for expanded nutrition interventions to avert child deaths](#)

In focus: Avian influenza

 [Fact sheet](#)
Fact and figures from Viet Nam

 [Questions and answers](#)
Learn about how it can affect your health

 [Publications](#)
Guidelines for investigation of human cases

Highlights from WHO Viet Nam

28 September 2012 [WHO congratulates the Government of Viet Nam for strengthening its position on the enforcement and prevention of drink-driving](#)

Hanoi, 28 September 2012 – The World Health Organization commends the Government of the Socialist Republic of Viet Nam and its road safety agencies for their strengthened resolve to make roads safe.

Announced this week, Government Decree 71 supplements the regulations on administrative violations in road traffic (Decree 34/2010-UB/CP) and addresses many

Highlighted publications

 [Atlas of health and climate](#)

The Atlas of health and climate is a product of this unique collaboration between the meteorological and public health communities. It provides sound scientific information on the connections between weather and climate and major health challenges.

Local intranet 100%

www.wpro.who.int/vietnam/topics/injuries

References

- Pervin A, Passmore J, Sidik M, McKinley T, Nguyen THT, Nguyen PN. Viet Nam's mandatory motorcycle helmet law and its impact on children. *Bull World Health Organ* 2009;87:369-73.
- Passmore J, Nguyen THT, Luong MA, Nguyen DC, Nguyen PN. Impact of mandatory motorcycle helmet wearing legislation on head injuries in Viet Nam: results of a preliminary analysis. *Traffic Inj Prev* 2010;11:206-2010
- Passmore J, Nguyen LH, Nguyen NP & Olivé J. The formulation and implementation of a national helmet law: a case study from Viet Nam. *Bull World Health Organ* 2010;88:783-787.
- TRAN, T.N., BACHANI, A.M., PHAM, V.C., LUNNEN, J.C., YOUNGJI, J., PASSMORE, J.W., NGUYEN, N.P. & HYDER, A.A. Drinking and driving in Viet Nam: Public Knowledge, Attitudes and Practices. *Traffic Injury Prevention*. 13: sup1, 37-43.
- IN PRESS
- NGUYEN, P.N., PASSMORE, J., LAN, T.T.N. & LUONG, M.A. Role of alcohol in hospitalized road trauma in Viet Nam. In press with *Traffic Injury Prevention*
- NGUYEN, T.H., PASSMORE, J., CUONG, P.V & NGUYEN, P.N. Compliance with Viet Nam's mandatory motorcycle helmet wearing legislation. In press with *International Journal of Injury Control and Safety Promotion*

Acknowledgements

- National Traffic Safety Committee (NTSC) and all Government agencies responsible for road safety in Viet Nam
- Bloomberg Philanthropies for supporting the RS10 program in Viet Nam
- Hanoi School of Public Health (data collection)
- Colleagues from the A1.1 component of the VRSP
- Dr Nguyen Duc Chinh for data from Viet Duc Hospital
- Dr Terry Smith (Helmets standards)
- Asia Injury Prevention Foundation (social marketing materials)



THANK YOU

passmorej@wpro.who.int