Ninety-five percent of the nearly 32 million registered vehicles in VietNam are motorized 2- and 3-wheelers. It is therefore not surprising that the majority of those injured and killed in VietNam are vulnerable road users – predominantly motorcyclists.

Most of those killed or injured on the roads in VietNam are young adults – in fact, road traffic crashes are the leading cause of death for those aged 15 to 29 years.

Awareness of the road safety risks and laws as well as limited enforcement of legislations are the key challenges to reducing the road traffic toll in VietNam.

Following the enactment of the motorcycle helmet law in 2007 the helmet wearing rate jumped from the low 30’s to over 95% as a result of strict enforcement and good social marketing strategies. The helmet law has already saved many people’s lives.
The overall objective of RS10 VietNam is to support the Vietnamese Government in the implementation of national objectives for the prevention of death and serious injuries on VietNam’s roads. The focus will be primarily on drinking and driving prevention in the first phase of the project which will be implemented between 2010 and 2011. Between 2012 and 2014 a second risk factor will be added.

The objectives of the project in VietNam are to:
- Strengthen capacity to develop and implement mass media social marketing campaigns for road safety;
- Increase knowledge and skills in strategic, intelligence driven enforcement for traffic police;
- Support long term random enhanced enforcement operations using project procured breathalyzers; and
- Monitor and evaluate the impact of the intervention compared to the control districts and baseline assessment.

Activities to be implemented during the first phase of the project include:
- Developing a new road safety social marketing campaign to be utilized nationally and in specific intervention provinces;
- Procuring alcohol fuel cell breathalyzers and training police in their use;
- Training police in enhanced enforcement practices and supporting the implementation of operations targeting drink drive prevention in random locations throughout the intervention districts, and
- Ongoing monitoring of blood alcohol concentration of road traffic injured patients will be completed in six district hospitals (four intervention and two control sites).

Drink–driving law

BAC limit - motorcyclists

0.05 g/dl

Random breath testing and/or police checkpoints

Yes

Road traffic deaths involving alcohol

34%

Speeding laws

Set nationally

Yes

Maximum limit (urban roads)

50km/h

Maximum limit (rural roads)

80km/h

International Consortium partners:
WHO Responsible for overall coordination of the consortium partners; providing financial and technical support to elements relating to social marketing, enforcement operations, legislative review and revision, BAC testing of hospital patients and the procurement of enforcement equipment.
GRSP Responsible for capacity development.
JHU Responsible for ongoing monitoring and impact/outcome evaluation of the programme.

All consortium partners will provide technical support to the Government of VietNam throughout the implementation of the programme.

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