

Safe Communities in Vietnam

In 1986, Vietnam embarked on an economic reform called "Doi moi" and have been in transition to the market economy. Since then the society has been changing rapidly. There have been significant improvements in the economy. GDP has increased 5 - 8% annually since 1988, and inflation has been brought down considerably. Notably, Vietnam shifted from being a rice importer to the second largest rice exporter in the world.

Parallel with economic development, all kinds of injury have been increased quickly. It is estimated that there are about 30 deaths and 70 injured cases per day in Vietnam, now. Injuries have been the first cause of mortality in hospitals (21% of all deaths). Injuries shared 9% of all hospital admissions and rank number 4 in the ten leading causes of hospitalized cases. In addition, there are also a lot of natural disasters that killed and injured thousands of people annually.

The concept of injury prevention/Safe Community was introduced in Vietnam after the sending of a delegation to Sweden in 1995 and the participation of some Vietnamese in the 3rd World Conference on Injury Control and the 5th International Conference on Safe Communities in Australia in 1996.

In September 1996, a two commune pilot projects on Safe Community/injury prevention in suburb of Hanoi and an inter-sectoral committee at central level have been started.

The objectives of the pilot projects are:

-To reduce all kinds of accident/injury including intentional and unintentional injuries of all agegroups, both men and women by a comprehensive program, in which all sectors, mass organizations, schools, families and individuals are involved.

- To draw experience lessons to build an appropriate model of Safe Community/injury prevention in Vietnam and step-by-step to apply it to other communities.

A steering committee of the commune was established with 9 members who are representatives of different sectors and mass organizations such as Education, Health, Police, Culture and Information, Youth Union, Women Association, Farmers Association, Fatherland Front. In each village, there is a team of volunteers and health workers headed by the head of village. With this structure, all families and individuals could be involved in the project.



Modern traffic situation in Vietnam.

The ownership of the community (self-decision, self management and self financing) in the implementation of the project has been respected with the technical and managerial support of the Central Steering committee. Each sector, mass organization has a specific plan. The activities focused on IEC, data collection and risk detection, environment changes, first aids, regulation compliance. Safe school, safe family and safe travel are stressed.

In addition, a safe school pilot project has also begun in a secondary school in Hatay province, near the capital Hanoi. Its objectives are: to avoid pupils' injury happening inside and outside school, to prevent pupils from drug addition, violence, pornography etc, to carry out health promotion, and finally to draw experience lessons to apply in other schools. A steering committee with 7 members headed by the headmaster was established. In every class, there is an injury prevention group including 5 pupils. The activities aimed at IEC, regulation compliance, risk detection, environment changes, healthy lifestyle promotion, etc.

Until now, the models of Safe Community and safe school have been applied in 6 provinces with the coverage of about 6 million inhabitants. The program has been relevant, effective and efficient as evaluated by local and expatriate consultants, and it could become a National Program on Injury Prevention/Safe Community in the near future.

Dr. Nguyen Quang Cu and Master Luu Hoai Chuan

Conferences

2nd African Regional SafeComm Conference 4-5 April, 2001

Johannesburg, South Africa

“Community based injury prevention and safety promotion. Discerning lessons for best practices”.

For a limited number of invited participants.

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SafeComm-10

Safe Work, Safe Play Around the Clock

21-23 May 2001

Anchorage, Alaska, USA

Call for abstracts: deadline 15 December 2000

On Line Registration: www.alaska-ipc.org

For information: Diana Hudson, The Alaska Injury Prevention Center, P.O. Box 210736, Anchorage, Alaska, USA 99521-0736; Fax: +1 907 929 3940

E-mail: diana_hudson@hotmail.com

3rd European Convention in Safety Promotion and Injury Prevention The Challenge of Consumer Safety in New Europe

15-16 March 2001

Vienna, Austria

Abstract deadline: 15 October 2000

E-mail: ecosa@consafe.nl; Fax: +31 20 511 4510

www.ecosa.org

6th World Conference

Injury Prevention and Control

12-15 May 2002

Montréal, Québec, Canada

Deadline for abstracts: 1 September 2001

E-mail: trauma@coplanor.qc.ca

www.trauma2002.com

9th Annual Public Health Forum

"People, policies, effective practice"

incorporating the

2nd UK Health Promotion

Research Conference

27-29 March 2001

Bournemouth International Centre, UK

E-mail: profilep@dial.pipex.com

Fax: +44 20 8832 7301

Courses

MPH Course on Safety Promotion

3 - 16 May 2001

Stockholm, Sweden

Deadline for registration: 15 October 2000

For information: E-mail: robert.ekman@phs.ki.se

Order of application form: Lily Mogess

Phone: +46 8 517 779 41; Fax: +46 8 517 793 30

E-mail: lily.mogess@socmed.sll.se

4th International Ph.D. Course on Safety Promotion Research: A Public Health Approach to Accident and Injury Prevention

17-28 September 2001

Stockholm, Sweden

Note, the date has been changed for the course!

Deadline for registration: 20 April 2001

For information: <http://www.ki.se/phs/education/>

E-mail: moa.sundstrom@socmed.sll.se

Fax: +46 8 517 793 30

International Course on Injury Prevention and Safety Promotion 6-10 June 2001

Prague, Czech Republic

Deadline for registration: 31 January 2001

Limited number of participants.

Preferred from Eastern and Central Europe

For information and order of application form:

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