health stations had enough equipment for ETC. From 8.8% to 37% of VHW were provided some basic first aid equipment. Only 36.7% of VHW had provided first aid for RTI and 31.2% of VHW were trained on first aid for RTI.

Conclusion The results reveal that RTI is a major health problem in five provinces and the ETC capacity for RTI is weak. Study results may assist decision-makers in identifying interventions to improve ETC capacity.

0229 ESSENTIAL TRAUMA CARE CAPACITY FOR ROAD TRAFFIC INJURY IN FIVE PROVINCES IN VIETNAM

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Background In Vietnam, injury is the leading cause of death in children under 18, and road traffic accidents are the fifth leading cause of death. Essential trauma care for road traffic injury (RTI) is very important in Vietnam.

Objectives To assess injury situation and the existing level of essential trauma care (ETC) capacity for RTI in five provinces.

Design and Subjects A cross-sectional study was conducted in 15 districts in 2008. We studied 17 district hospitals, 60 commune health stations, 3000 village health workers and volunteers (VHW).

Results The injury mortality in 2008 were different between provinces, ranged from 21.17 to 40.69/100 000 (year-1). Road traffic accidents were the leading cause of injury (41.6%). The 20–59 group had the highest proportion of injury (63.6%). Three out of five provinces have an emergency medical centre. Commune health stations and district hospitals provided trauma care for 8.5% and 30.7% of injured cases respectively. Less than 40% of district hospitals and 30% of commune