

Introduction: Our literature review indicates limited research has been done to understand the public perception, attitude and related health practices which may also mitigate the impact of climate change. This study collected data from four major cities in China to investigate knowledge, attitude and behavior that might affect mitigate climate change and health outcomes.

Methodology: A population-based, multi-site, cross-sectional, random telephone survey using last birthday method, was conducted in July 2009. A study questionnaire, based on the International Panel on Climate Change (IPCC) guidelines for health sectors towards Climate Change and Health, was developed to understand the knowledge, attitude and behavior of Climate Change and Health in China. The study population comprised of land-based non-institutional population in 4 urban cities in China. A pilot study was conducted in Hong Kong to ensure validity and reliability of the modified instrument.

Results: Descriptive statistics, stratified by age, gender and education level will be reported. Multivariate analysis identified demographic and socioeconomic predictors for knowledge gaps in appreciating the co-benefits between health practices and climate change reducing strategies. Logistic regression examined the association between perception accuracy of and socioeconomic factors.

Conclusion: The gap between knowledge and practice of health and climate change co-benefits will be described. Demographics and socio-economic predictors for misconception will be identified. These findings serve to support the development of an evidence based public health education strategy to promote the co-benefits of practicing healthy habits and mitigate the effects of climate change.

Oral Track 29- Humanity & NGO

OT29-1

APACPH: The Impact of an Academic Network on Global Health in the Asia Pacific Region

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The Asia Pacific Academic Consortium for Public Health, a network of 55 universities in 21 countries represented by their Medical and Public Health Schools was the first such consortium to address health disparities in the APR through influencing policy, research and training in a coordinated manner over the past 25 years. APACPH was founded in the era of post colonial nationalism that highlighted the basic health needs of people. Its goals and objectives reflected the trends in Primary Health Care and Health for All. APACPH served as a platform for advocacy and policy

change in sensitive but neglected issues- "The neglected female Child in Asia" and "Stigma and AIDS" in the late 80's. Such initiatives were made possible through the high level involvement of national leaders, commitment of premier member universities and collaboration with global institutions. Several strategies and mechanisms were instrumental in APACPH reaching its goals: (i) Focused Training for Global & National Health Leaders at the WHO Collaborating Center for Leadership Development University Hawaii. (ii) Nurturing Academic leadership for global health -deans VPs and University Presidents. (iii) Providing visibility to emerging problems: Pandemics, Disasters. (iv) Establishment of APACPH Centers of Excellence. (v) Promoting Shared Leadership-Rotation of APACPH secretariat among universities in USA Asia Australia. (vi) Developing Strategic Alliances through in-country networks. (vii) Publication of the first English journal dedicated to public health in Asia. (viii) Establishment of the International Cyber University for Global Health (ICUH) at Yonsei University. The paper traces APACPH's history, major milestones and global impact-achievements and challenges.

OT29-2

Opinion on Cadaveric Organ Donation and Transplantation in Multicultural and Multireligious Society: Computer-Assisted Telephone Interview Survey

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Background: Malaysia's organ and tissue donation rates are amongst the lowest in the world. Its rich ethnic and religious diversity allow for a comprehensive understanding the varieties of factors associated to organ donation.

Methods: A cross-sectional, population-based, computer-assisted telephone interview exploring multicultural and multireligion participants' knowledge, attitude, practices and behavioural on cadaveric organ donation and transplantation was conducted during February to April 2008.

Results: Although only 5.5% of the total participants (N=1174) claimed have registered to be organ donor, a further 35.2% of those who have not register for organ donation indicated willingness to donate one's own. Significant socio-demographic disparities with respect to knowledge and attitudes scores were observed. In particular, Muslim Malays (20.7%) indicate lower willingness to donate organs compared to the Chinese (36.6%) and Indians (51.4%) ($P<0.001$). In multivariate logistic regression analysis, willingness to donate one's own organ was associated with knowledge score (odds ratio=1.17, 95% confidence interval [CI]=1.13–1.22), attitude score (odds ratio=1.17, 95% CI=1.05–1.31), secondary school education (odds ratio=1.46, 95% CI=1.05–2.02) and Malay ethnicity (odds ratio=0.18, 95% CI=0.03–0.94).

Conclusion: The study shed light on social, cultural and faith differences of the three major communities in Malaysia and its influence on the opinion about organ donation and transplantation. Findings assist organ donation and transplantation organizations to reach out the diverse socio-demographic and ethnic communities with cultural-specific information about organ donation.

OT29-3

Peace & Health Improvement: Challenges in the Asia Pacific Region

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Violence is a leading cause of death and disability worldwide. Every day, over 400 people die as a direct result of war or some other form of collective violence around the globe. Morbidity rates range from four to ten-fold. Besides health consequences, violence can place significant burdens on national economies. In areas of the Asia Pacific where peace and social stability has prevailed, remarkable socioeconomic and health improvement have been observed. In others regional and internal ethnic conflicts have directly contributed to increased morbidity and mortality and destabilized health gains. Data collected on health indicators for displaced populations from areas of conflict was analyzed to assess health impact due to internal ethnic conflict and the efficacy of health and humanitarian services provided. Data suggests the lag in health gains is more evident and related to injuries as well as other sensitive indicators in maternal and child health and mental health including suicides. Migration and massive internal population displacements are evident in conflict zones creating significant demands for services for Internally Displaced Person(IDP) that become long term camps with the inherent human rights issues and the need for medical and public health intervention and advocacy. The role of NGOs, universities and neutral parties in reducing tensions and restoring trust in civil strife is a major and necessary commitment.

OT29-4

The Current Legal Issues of Informed Consent in Taiwan

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In recent years, informed consent has been the most important legal and ethical principle guiding medical clinic and research in Taiwan. Nevertheless the progress of relative medical law and regulations, including the new version of informed consent form issued by Department of Health in 2004, yet, can't keep pace with the blooming amounts of disputes. For the foregoing reasons, this paper shall be presented the legal issues of

informed consent in Taiwan and focuses on the current phenomenon of society and regulations. There are three major topics for my discussion. They are: the detailed and classified consent form, decision-making competence and divergent requirements between clinic and research. Owing to the official, unified consent form, patients, their legal representatives, spouse or relatives rarely fully informed about important information, even the basic benefit, risks and expenses. This paper suggests that we should differ the consent form from the clinical departments and patients who are teenagers, adults, and the aged. Furthermore, according to the current regulations, patients' competence are frequently measured with the standardized thinking of patient's age — legal majority, pass over teenaged patients, and transfer the rights to be informed and consent to their relatives. Even the adult patient, though not in a coma or emergency, yet they are not always informed the true or whole conditions. There is no denying that family members usually play important roles in assisting with a patient, but definitely they cannot replace the autonomous decision of individual himself/herself. Competence is a legal concept and every person (in some countries young children under certain years or people with impaired mentation may be treated as exceptions) is presumed to be competent unless determined otherwise in a legal process. Therefore, how to define a patient as an incapable person and build a reasonable and systematic procedure would be the necessary and essential work in the future. Finally, because the different characters (such as purpose, risk, especially the necessity for patient/participant) of medical clinic and research, no matter from prospective of autonomy or protection, thinking it more carefully will make us keep awareness with sharp bright eyes to treat human in more reasonable way.

OT29-5

Health, Haste and Harm: International Aid Workers and Local Knowledge in A War-Torn Sri Lanka

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International aid workers who provide health services to areas affected by violent conflict have a particular responsibility to make sure their activities do not exacerbate existing tensions. One important measure in this respect is to consult and involve local resources and community organisations that represent knowledge and expertise in relation to the conflict (Green and Ahmed, 1999; Smillie, 2001; de Silva, 2009). Checking how various aid activities can affect power relations, ethnic divides, and distribution of resources in the war-affected community are among the actions recommended by Mary B. Anderson with her concept Do No Harm (Anderson, 1999). Even though this approach is well-known in the international aid community, recent studies have revealed that the principles of Do No Harm are often difficult to put into practice in humanitarian

emergencies (Rajasingham-Senanayake, 2005; Hyndman, 2007; Ruwanpura, 2008; Lee, 2008; de Silva, 2009). One oft-cited reason for this shortcoming is that local consultations are regarded as time-consuming undertakings. In humanitarian emergencies, where time is seen as a scarce commodity, local involvement repeatedly loses priority. Presenting qualitative data collected in eastern Sri Lanka in the autumn of 2008, this paper explores the relationship between members of the international aid community and local resources. It asks whether speed is the actual reason why local knowledge about health and peace is sidelined in emergency operations. Haste may not be the true problem but rather a cover-up of lingering post-colonial 'us-and-them' undercurrents of international humanitarianism.

OT29-6

Emergency Medical Technicians Role in Camps of Internally Displaced Persons Lessons Learnt from Sri Lanka- A Qualitative Study

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Introduction: A shortage of healthcare needs including drugs and trained-personnel emerged during the acute phase of managing internally displaced people in Northern and Eastern provinces in Sri Lanka. Groups of Emergency Medical Technicians (EMTs) deployed in these camps. This study obtained feedback on their experiences to understand the role of paramedical personnel in such situations.

Methodology: Semi-structured interviews and small-group-discussions were held with 37 EMTs upon their return. Open-ended-questions, free listing and ranking were used to obtain data. Responses were recorded verbatim and analyzed qualitatively.

Results: Ethnic composition was; Sinhalese-30, Tamils-5, Muslims-2. Only 2 Sinhalese EMTs were fluent in Tamil and they were accepted and recognized more by local community. Language barrier was rated as the main difficulty. EMTs took part in activities such as health education, dressing wounds, stabilizing fractures, triaging, checking blood pressure and giving CPR. Their training to provide health care needs in extreme situations had been useful in this mission particularly since resources and facilities were limited. Inadequate training in managing highly infective situations (hepatitis, chicken-pox) was noted. All the EMTs believed that knowing Tamil as health care workers helped in improving racial harmony.

Discussion: Although trained to provide emergency care, EMTs were capable of managing ongoing health issues of this community. Their training was useful in facing the difficulties and challenges of a resource poor setting

of an IDP camp. They need more training on language skills, and management of infectious situations.

OT29-7

Household Preparedness among Flood Affected Area of Keraniganj Subdistrict, Dhaka, Bangladesh

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Flood is the most common natural catastrophe in Bangladesh and every year this country has to face significant loss due to this natural disaster. Although it is a regular phenomenon of inundation of majority of the total land area of this country during this calamity but its intensity varies among regions and topographical settings. In the study area, Sakta union of Keraniganj sub-district in Dhaka, Bangladesh; it has been reflected that normal flooding has become integrated part of the daily life of the people. A cross sectional study was conducted to determine the level of household preparedness of the household heads and factors associated with it; namely general characteristics of the household heads, knowledge and perception of household heads about flood, flood preparedness and flood management protocol. Study on 280 household heads revealed that household preparedness for flood remained poor (19.6%) in spite of good knowledge and perception about flood, household preparedness for flood and flood management protocol. The single least perception that has been identified among the household heads was perceived barriers (26.8%), which reflect that they faced some obstacles to take preparedness measures for flood. Stepwise multiple linear regression showed that the education, knowledge, perceived susceptibility, perceived severity, perceived benefit, perceived barriers, and perception on flood management protocol could explain the variation of household preparedness at 26.9% ($R^2_{adj} = 0.269$). Based on the analysis, it was recommended that awareness programme should involve the local leaders and should be focused on the consequences of their unsafe behavior of not being prepared for the flood. It was also suggested to take initiative by the government to formulate clear guidelines regarding this issue for ensuring availability of the necessary items for household preparedness for flood and training in advance for safe evacuation in the event of extreme flood.