

USD while for hospitalized injury cases average total cost was 33295 USD. Though the above figures are rough estimates but country specific data can indicate that the burden of injuries is really high especially in the low and middle income countries.

Evidence suggests that Safe Communities program is effective in reducing injuries. The incidence of minor injuries treated in health care was decreased by 41% in all ages and injury event environments. Safe Communities program over the periods has evidenced to reduce total number of bed days due to injuries at emergency care by 39%. Another study indicates that in the Safe Community intervention areas the injuries with health care treatment were reduced by 15%.

As far as the economic issues are concerned, Safe Communities program is really cost-effective. In Sweden the costs of injuries in a societal perspective decreased from 15 million USD (current price) to 12.32 million USD, while the cost for Safe Community program intervention was estimated at approximately 1.3 million USD in a small community. Another rough estimation indicates that cost: benefit ratio of Safe Communities program is 1:10 for injury prevention activities, mainly in the high income countries.

Therefore we can conclude that Safe Communities program is successful to reduce injuries requiring health care in a cost effective way. Even the money saved through injury prevention can be utilized in other development activities. However, existing economic literatures of Safe Communities are from rich countries of Scandinavian and Pacific nations. To better judge the economic effectiveness of the safe Communities program we need more and more economic studies from low and middle income countries which constitutes majority of the populations and injury figures.

Policy makers more believe in monetary gains and economic figures. If we consistently exhibit the economic gain of Safe Communities then the policy makers will be more and more interested for higher investment and we will better gain the success towards the WHO Safe Communities manifesto. Taiwan is leading the Safe Communities program in the region, we expect that it'll also initiate studies of economic effectiveness within near future and lead the economic front of the Safe Communities movement, especially for the low and middle income countries.

Symposium 11- Joint Program with The Association of Schools of Public Health in the European Region (ASPHER) Joint Summit-AAA

SY11-01

Perspective from ASPHER

Antoine Flahault

EHESP, School of Public Health, France

(More detail will be presented during the talk)

SY11-02

Industrial Risks as Criminal Acts: the Case of Asbestos Lawsuits in Europe and Japan

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Objective: What is the impact on public health policies of lawsuits launched by the victims of industrial pollution?

Methods: To answer that question, asbestos lawsuits are studied here as an archetype for both occupational and environmental hazards and through cross-border comparisons. This paper is based on a sociological fieldwork conducted in Japan (11/2008, 3/2009, 6-7/2009) and France (1/2008, 9/2009). It is sponsored by ANR and JSPS (French and Japanese equivalents of NSC) within a multidisciplinary research program untitled "*Silicosis and Asbestos Related Diseases in France and Japan; history, sociology, spatial mapping, epidemiology, ethics*", coordinated by Tsuyoshi Matsuda (University of Kôbe) and myself. This program involves 12 senior and junior researchers from France and Japan. My own fieldwork focuses on the analysis of one specific trial in Sennan (Osaka) against the Japanese state through interviews of lawyers, plaintiffs, public officers and analysis of the archives (3 giga of electronic memory at present). Besides, I made also interviews of Japanese, French, Italian and Belgium lawyers.

Results: The first trials of asbestos victims started in the USA in the 1970s. Thanks to the huge population of American lawyers in search of opportunities, more than 700 000 asbestos related cases have been indicted and prosecuted so far, provoking the collapse of around 70 asbestos companies before they could turn to other industrial activities, while the consumption of asbestos almost disappeared. However the plaintiffs only received 30 billions US\$ compared to the 40 billions earned by their lawyers. And so far American Federal State has not formally banned the use of asbestos. In comparison, in Europe, the number of lawsuits is much less important. Despite late decisions in the case of France, Italy, Spain and Greece, a consensus has been reached for a general ban of asbestos. When polluters were indicted, the victims did get much better consolation payment compared to American plaintiffs, or compared to the compensation they can get through the insurance scheme for occupational hazards or through the specific public funds established in France and Belgium. Asbestos related lawsuits have concentrated the anger of an important social mobilization that drained attention on public and business responsibility for occupational and environmental hazards. The majority of those lawsuits are launched at civil courts, but some criminal suits have also been indicted against business managers in France and Italy. In Torino (Italy), around 2000 occupational and environmental victims sued the general managers of the Swiss and Belgium company Eternit, one of the biggest and still very lucrative asbestos company in the world.

Japan presents a situation quite similar to Western Europe but with differences worth to study. Japan has banned asbestos in 2004, almost ten years after France (1996). Despite the limited total number of lawsuits (around 40), asbestos has become an important social issue widely debated that has generated a new law for compensation. More interestingly, a medium scale lawsuit has been engaged against the state. The 35 plaintiffs used to work in textile asbestos of very small scale in Sennan, the southern suburbs of Osaka, and birthplace of asbestos industry in Japan. As the companies have closed years ago, instead, they sued the state as they found out that the ministry of Health had conducted epidemiological surveys as soon as 1938. Although the results of this survey were very alarming, the public officers decided not to engage any preventive measure.

Conclusion: Through the case of asbestos, it appears that lawsuits sued by the victims of industrial pollution do have an impact on public health policies, especially when public officials or company managers may be indicted with criminal charges. However, countries like Canada, India, Pakistan, Kazakhstan, Russia and China continue to promote the “safe use” of chrysotile (white asbestos). In those countries, and many other developing countries, the consumption is still increasing. Such a trend puts a major threat on the public health agenda for the years to come and at global level. Except Japan, Korea and Taiwan, Asian countries absorb half of the world production of asbestos. China ranks first for consumption, and number three for production. This means a threat not only for China itself but also for other countries like Taiwan where China exports massively its products (the threat concerns in particular the monitoring of imported construction materials).

SY11-03

Risk Perception and Vaccination Intention against Swine-origin Influenza A H1N1 in the French Population

Michel Setbon

CNRS and EHESP

Since the emergence of the novel swine-origin influenza A H1N1 the growing number of cases observed worldwide had set off the implementation of programs planned to contain and mitigate what was now defined as a pandemic influenza. Consequently, all countries are trying to combine pharmaceutical and non-pharmaceutical measures to reduce the risk of a large scale epidemic. Among the former, the development of a vaccine expected to be operational on the end of October 2009, represents for health authorities of several countries the main efficient strategy to reduce the attack rate and the severe consequences associated with. In France, decision was taken on September 2009 to propose the future vaccine to the entire population. But even if the amount of vaccine will be available timely, the effectiveness of the vaccination campaign largely rests on the willingness of individuals to be

vaccinated against the swine flu. The proportion of the population who would get the vaccine, its profile and the factors that determine vaccination intention represent questions of crucial interest, able to improve the success of the campaign and finally to reduce the size of the epidemic. A survey was realized on June 2009 on a representative sample of the French population (n = 1000) in order to investigate the determinants of protective behaviour and specially of vaccination intention. Based on a questionnaire grounded on main theoretical models of risk perception and illness representations, significant correlations were seeking through bivariate and multivariate analyses. Two models were developed: the first based on variables related to risk perception, the second introducing the experience of seasonal flu, through the variables “having experienced seasonal flu and previous seasonal flu vaccination “. In the final logistic regression analyse two major variables had been found significantly correlated with vaccination intention: worry related to the risk of getting swine-flu and previous experience of seasonal flu vaccination. As more than 60% had never vaccinated against the seasonal flu great concerns arise concerning the effectiveness of campaign of vaccination against swine-flu. Consequently, to increase the rate of the French population who will get the new vaccine, new targeted risk communication programs are needed.

SY11-04

Perspective from APACPH

Wen-Ta Chiu

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(More detail will be presented during the talk)

Symposium 12- Panel Discussion (Oral Cancer)

SY12-01

The Pathological Basis and the Role of Oral Pathologist in Prevention of Oral Cancer

Professor E. A. Prasad D. Amaratunga

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Oral Pathologist plays a major role in the management of patients with Oral Cancer. Although the main involvement of the Oral Pathologist is in the definitive histopathological diagnosis of the Oral Cancer, pathologist has to play a significant role in prevention of Oral Cancer at the level of primary, secondary and tertiary prevention.

Sound knowledge on pathogenesis and pathology is necessary in order to design a preventive programme for any disease. Such programmes are best designed by community experts working as a team with pathologists and clinicians. In case of Potentially Malignant Oral Lesions, knowledge about “people at risk – lesions at risk – sites at risk” and its pathological basis would enable focusing on high-risk cases than screening entire