

Background: While emergency preparedness is a core public health function in Canada, public health emergency preparedness activities operate largely in the background until an event of concern raises their profile, as was observed during the Severe Acute Respiratory Syndrome (SARS) outbreak and recently, with Ebola Virus Disease. Despite the lessons learned from SARS, a persistent challenge for public health practitioners is defining what it means to be prepared for the Canadian public health system.

Methods: This research used a qualitative study design. Six focus groups were conducted across Canada, employing the Structured Interview Matrix technique. The purposive sample consisted of inter-disciplinary professionals with roles in or relevant to public health emergency preparedness. Rich qualitative data was analyzed using content analysis. Emergent themes were identified by incorporating empirical data from each phase of the Structured Interview Matrix. Integrated knowledge translation was incorporated throughout the study design and involved knowledge users in study design and analysis.

Results: will be presented for the essential elements of public health emergency preparedness across all-hazards emergencies. Emergent themes include the consideration of structures important to preparedness for emergencies, and the processes and resources found to be essential to preparedness in Canada. Detailed examination of elements will explore practice and experience; collaboration; communication; learning and recovery; and ethical considerations in planning and decision-making.

Conclusion: This study presents findings on the essential elements of public health emergency preparedness in Canada. These elements can guide practice in informing preparedness activities. Countries with health systems similar to Canada may use the findings in conceptualizing preparedness within public health systems globally.

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Improving Maternal, Newborn and Women's Reproductive Health in Crisis Settings: A Cochrane Systematic Review

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Study/Objective: To identify, synthesize and evaluate the effects of a health system and other interventions aimed at improving Maternal, Newborn and Women's Reproductive Health (MNWRH) in crisis settings.

Background: Maternal, newborn and reproductive health is a major problem in humanitarian/crisis settings mainly due to disrupted health service delivery, with substantially higher levels of morbidity and mortality compared to stable settings. Improving maternal, newborn and reproductive health in crisis settings is a global priority, especially in the context of the UN sustainable development goals.

Methods: A Cochrane-based systematic review was carried out using the guidelines for Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA). We systematically searched seven databases, two trial registries, three specialized grey literature sources, hand-searching, reference lists and contact with experts in the field.

Results: Out of 10,998 records (10,391 from databases and 607 from other sources), only three studies met our strict inclusion criteria, including one study in-progress. An additional 17 'near miss' excluded studies were also explored in the analysis. The two included studies are part of a randomized trial involving female survivors of sexual violence with of high levels of post-traumatic stress disorder (PTSD) symptoms, and combined depression and anxiety symptoms in a post-conflict setting. The first study assessed the impact of cognitive processing therapy (a mental health intervention) provided by trained community-based paraprofessionals, compared to individual support on mental health outcomes. The second investigated the impact of Village Savings and Loans Associations (a group-based economic intervention) on economic, social and psychological functioning outcomes. The in-progress study is investigating the effect of an intervention package on the frequency of facility based births and perinatal mortality.

Conclusion: The evidence base for improving MNWRH in crisis setting remains relatively weak. More robust and well-designed studies are needed.

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The Progress from the Acute Phase to Subacute Phase in Disaster Medical Assistance at the Kumamoto Earthquake on April, 2016

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Study/Objective: We are going to investigate and review the smooth disaster medical relief activity to the Kumamoto earthquake on April, 2016; for the future, through this precedent, the acute phase to sub-acute phase.

Background: The Kumamoto earthquake occurred on April 14th and 16th, 2016. Based on Japanese the disaster medical relief system, DMAT (Disaster Medical Assistant Team) had dispatched under the Ministry of Health and Labor. After one week from the earthquake in the Aso area, we had initiated the medical coordination center, which was named Aso Disaster Recovery Organization (ADRO).

Methods: Investigate and review the process of establishment ADRO and its operations.