

first degree blood relatives. All residents of the household were offered a physical exam looking for surgical disease.

**Results:** A total of 780 individuals answered survey questions; 82% were IDPs. A history, since displacement of surgical conditions, was reported in 38% of respondents, and by 73% of respondents in at least one first degree blood relative. Surgical histories included trauma (gunshots, stabbings, assaults; 5% respondents; 27% relatives), burns (6% respondents; 14% relatives), and obstetrical problems (5% female respondents; 11% relatives). A total of 1,485 individuals agreed to physical exams. Untreated surgical disease was identified in 25% of participants.

**Conclusion:** This study combined unique sampling and survey techniques to perform a population-based assessment of the surgical burden of disease in a highly mobile, marginalized population. We identified significant recent histories of trauma and other surgical conditions, and on exam found a high burden of untreated surgical disease. Health officials and non-governmental agencies working with IDP and refugee populations should be cognizant of the high prevalence of surgically treatable conditions in these communities.

*Prehosp Disaster Med* 2017;32(Suppl. 1):s81-s82

doi:10.1017/S1049023X1700214X

**Impacts of the Interim Federal Health Program on Healthcare Access and Provision for Refugees and Refugee Claimants in Canada: A Stakeholder Analysis**  
*Valentina Antonipillai, Andrea Baumann, Andrea Hunter, Olive Waboush, Tim O'Shea*  
McMaster University, Hamilton/ON/Canada

**Study/Objective:** This study examines the perceptions of key stakeholders regarding the impact of the Interim Federal Health Program (refugee health policy) reforms in 2014, on access and provision of healthcare for refugees and refugee claimants.

**Background:** The Federal Government funded the Interim Federal Health Program (IFHP) since 1957, ensuring comprehensive healthcare insurance for all refugees and refugee claimants seeking protection in Canada. Retrenchments to the IFHP in 2012 greatly reduced healthcare access for refugees and refugee claimants, generating concerns among healthcare stakeholders affected by the reforms. In 2014 a new IFH program temporarily reinstated access to some health services however, little was known about the reforms and its impact on stakeholders.

**Methods:** Data was collected using semi-structured key informant interviews with refugee health policy stakeholders (n = 23). Four stakeholder groups were identified: refugees and refugee claimants (n = 6), policy-makers and government officials (n = 5), civil society organizations (n = 6) and professionals and practitioners (n = 6). Using a stakeholder analysis, stakeholder positions and influences regarding the policy were mapped and a content analysis, using NVIVO 10, was employed to abstract themes associated with barriers and facilitators to access and provision of healthcare.

**Results:** The findings reveal that the majority of stakeholders expressed mixed and opposing views regarding the 2014 reforms, with varying levels of influence over the policy. Moreover,

five facilitators to accessing health care were identified, and eighteen themes regarding barriers to health care access and provision were abstracted. Four common barrier themes were perceived among all stakeholder groups, including lack of communication and awareness among refugees and providers.

**Conclusion:** The study highlights that the IFHP reforms in 2014 have transferred refugee health responsibility to provincial authorities, resulting in bureaucratic strains, inefficiencies, overburdened administration and delayed healthcare seeking by refugees due to existing barriers. There are some benefits to the reforms, but lack of support and mixed opinions among the majority of stakeholders emphasized the need for policy reformulation with stakeholder engagement.

*Prehosp Disaster Med* 2017;32(Suppl. 1):s82

doi:10.1017/S1049023X17002151

**Reproductive, Maternal, Newborn and Child Health (RMNCH): Interventions and Delivery Modalities in Fragile Settings: A Review of Literature**

*Bernice Tiggelaar, Salim Sohani*

International Operations, Canadian Red Cross, Ottawa/ON/Canada

**Study/Objective:** The objective of this review was to systematically identify interventions and service-delivery modalities, that have measurably improved Reproductive, Maternal, Newborn or Child Health (RMNCH) in fragile settings during conflict or disaster response.

**Background:** Over 1.4 billion people live in fragile settings, making them particularly vulnerable to the effects of disasters and protracted conflicts. Sixty percent of preventable maternal deaths, 53% of deaths in children under-five, and 45% of neonatal deaths occur in fragile settings. Synthesized information regarding interventions and modalities used in fragile settings, and their measured outcomes, is significantly lacking.

**Methods:** A literature review was conducted systematically using academic databases PubMed, CINAHL, DoPHER, WoS, CDSR, Scopus, and Global Health up to July 8, 2015. Hand-searching was conducted, and grey literature was assessed. Inclusion criteria were studies: i) Including interventions/service-delivery modalities in RMNCH; ii) Target population included women of reproductive age, pregnant women, mothers, newborns, or children under-five; iii) In conflict/disaster response in fragile settings. All study designs eligible. Exclusion criteria were studies: i) Only including mental health; ii) Not including target population; iii) Not in fragile/post-disaster/post-conflict; iv) Without measured outcomes. Data extracted for setting, project, methods of delivery, results and study design.

**Results:** The search yielded 66 articles from 25 countries published between 1996-2015. Contexts included IDP/refugee camps, active conflicts, earthquakes, famine, tsunamis and other humanitarian crisis. Due to study variations, quantitative meta-analysis was not performed. Measurable improvements in health or access in fragile settings included skilled birth attendance, postnatal care, management of hemorrhage, use of modern contraceptives, HIV treatment, and more. Compelling