lem of RTCs in both countries have been hindered by lack of relevant data and apparent paucity of funds. There is still no standardized method for data collection in both countries, though more measures have been put in place in Ghana. Data sources are fragmented. There is need for documentation in both countries for legislation of laws. Research into this area should be encouraged by the governments of both countries.

Keywords: Ghana; injuries; Nigeria; public health; traffic crashes
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(Q92) Gender Issues, Socio-Cultural, and Institutional Factors that Influence Access and Utilization of Sexual Reproductive Health and HIV/AIDS Services

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Objective: To identify the gender dimensions that affects the access and utilization of human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) and sexual reproductive health (SRH) services.
Methodology: The study targeted 339 respondents who were primarily women, people living positively with HIV and AIDS (PLHAs), rural poor fishing communities, and those in urban and boarder towns. Descriptive and exploratory (qualitative and quantitative) approaches were employed. Data were collected using focus group discussions, key informant interviews, in-depth guides, and questionnaire interviews.
Results: Almost all of the men (93.5%) and only one-third of women owned and controlled resources, which led to men having influence over their decision-making, access, and utilization of services. Apathy and resignation were identified as major determinants of health seeking behavior and a constraint to the utilization of services. The lack of health facilities and myths affected access and utilization of services. Of the women, 35.3% feared to use condoms because they are associated with prostitution, 58.1% of men and 54.8% of women reported that the community regarded women who openly procured condoms as promiscuous. Women could not go for vaginal cone therapy services without the permission of their husbands. Gender roles, such as domestic chores, deprive women of time to seek medical attention and attend community sensitization meetings.

Stigmatization of sexually transmitted infections (STIs) and HIV/AIDS grossly influence access and utilization of SRH services.
Conclusions: Inequalities in the access and utilization of SRH/HIV/AIDS services are a function of poverty as reflected in power relations at household level, differences in literacy between men and women, awareness differentials, access to health facilities, and ownership and control over resources.

Keywords: acquired immune deficiency syndrome; human immunodeficiency virus; public health; sexual reproductive health; sexually transmitted infections
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(Q93) Socio-Economic/Political Instability and Access to Basic Healthcare Services for Women and Children in Ikirun, Osun State

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The study examined the effect of frequent skirmishes resulting from democratic activities (pre- and post-electoral violence) and antisocial behavior as a result of harsh economic conditions, such as thuggery and armed robbery, on the access to maternal health, child health, reproductive health, and human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDs) care services in Ikirun. It evaluated the quality and access to healthcare services available to women and children in such situations. It was intended to prescribe adequate measures to address the inadequacies in healthcare services created by political and economic upheavals in Ikirun

Two sets of data were used for this study. One was obtained through a questionnaire, and the other through physical examination of health records from the local ministry of health and hospitals. In all, 50 questionnaires were administered; 10 to hospital patients, 20 to the general public, 10 to healthcare practitioners, 10 to local healthcare administrators. Nine healthcare institutions were evaluated and their records were studied (one government, two private, two general, and four traditional healthcare providers). Ikirun is composed of eight wards. Two wards were chosen randomly for this study

The results indicate that there was a 75% decrease in the patronage of government hospitals, and a 50% decrease in their efficiency. There also was a 50% decrease in patronage and efficiency of private hospitals, while general healthcare institutions (chemist, dispensary) witnessed a 40% decrease in patronage and 65% in efficiency. Meanwhile, the traditional and local healthcare providers received a 70% increase in patronage and an 80% decrease in efficiency.

A cost-effective and an efficient package, such as The Minimum Initial Standard Package (MISP), be introduced to Ikirun and the most crisis-prone African communities. Healthcare personnel should be trained accordingly and monitoring for effective usage should be performed by relevant coordinating healthcare organizations/bodies.

Keywords: children; healthcare services; special populations; violence; women
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Oral Presentations—Safe Medical Facilities

Report on "Good Practices" for Hospital Disaster Safety and Resilience in Japan

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Introduction: Recently, hospitals in Japan have made slow progress in achieving disaster preparedness. Nevertheless,

many hospitals have introduced "Good Practices" after coping with a regional disaster. The purpose of this report is to introduce these practices with the expectation that they might contribute to the improvement of hospital disaster preparedness.
Methods: The disaster preparedness for 20 disaster hospitals involved in regional disasters was investigated. First, an "Investigation Sheet" was distributed to each hospital; this sheet was designed to measure the state of the hospital's facilities. Second, each hospital was questioned about their "Good Practices".
Results: Based on this investigation, the following components of "Good Practice" were shown: (1) isolated buildings that were seismically retrofitted; (2) water supply system and equipment designed to collect rainwater; (3) electrical supply system derived from a plural transformer substation and cogeneration system with gas; and (4) sofas in the reception area that can be converted into beds can be used to receive patients.
Conclusions: In many hospitals, compared to ordinary medical services, lower priority tends to be given to the disaster preparedness. Nevertheless, in several hospitals, particularly those located in areas previously affected by disasters, "Good Practices" are in place for their safety and resilience for unpredicted events. It is important that this information is collected and widely disseminated to all hospitals.
Keywords: disaster; good practice; hospital; resilience; safe hospital; safety
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Safe Hospital Program in Sweden

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Introduction: Robustness, safety, and security are important to prepare healthcare facilities to respond to different situations. The healthcare sector responds to different kind of disasters, and must function even in case of a failure in critical infrastructure.
Methods: During the last 20 years (the last two years in cooperation with the Swedish Civil Contingencies Agency), the National Board of Health and Welfare has conducted a program on safe hospitals. The program has focused on:

1. Prospective planning process;
2. Robust facilities;
3. Maintenance of critical infrastructure;
4. Facility protection of dangerous substances; and
5. Technical facilities for crisis management.

The program has been formulated into guidelines and recommendations known as "The Robust Hospital", also available in English. Special recommendations also have been formed regarding hospital protection against dangerous substances and crisis management.
Results: A majority of Swedish hospitals have followed these programs. Data and experiences will be presented, including the experience from a major electrical supply failure at a major hospital in Stockholm.
Conclusions: A systematic work program based on risk and vulnerability analysis, clearly addressed to those in charge of healthcare services, combined with a structured follow-up program can contribute to robust hospital facilities.
Keywords: program; robust; safe hospital; Sweden
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The Robust Hospital

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Introduction: Sweden has many years of experience with robust hospitals. The Swedish Civil Contingencies Agency and the Swedish National Board of Health and Welfare have provided development work and support to hospitals and their political principals.
Objective: The aim of this study is to disseminate knowledge, experience, and bases of evaluation for improving functional safety in providing health care, thereby securing patient safety and security even amidst large civil emergencies.
Methods: With a realistic threat assessment, analyses of operational needs and vulnerabilities can furnish the basis for general investment and prioritizing strategies for optimally pursuing appropriate and functionally secure healthcare provision despite obstacles, interruptions, and extraordinary conditions. The analyses include technical risk and vulnerability assessments of such external services as electricity, information, water, sewage, and heating.

All serious events are monitored and evaluated continuously, such as the eastern Canadian ice storm of January 1998.
Results: Expert guidance and occasional financial support for technical stand-by systems have considerably improved the physical-plant robustness of Swedish hospitals in recent years.

In addition to ongoing support for the county councils, the authorities also have published a knowledge overview, "The Robust Hospital", soon available in English.
Conclusions: Official support to the Swedish County Councils, by utilizing experienced expert advice, has improved the functional safety of Swedish health care to a number of threats including interruption or disturbances to technical services and to fire, hazardous substances, extreme weather, and terrorism.

Like other social functions, healthcare provision remains vulnerable, albeit less so now.
Keywords: preparedness; robust hospital; safe hospital; Sweden
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Best Practices of Hospital Security Planning for Emergency Preparedness

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Introduction: As the frequency of disasters increases, so does the realization of the need for appropriate security measures as they apply to healthcare systems impacted by a disaster. This presentation will emphasize the role of security in the hospital environment during disasters while comparing three international systems: Canadian, Israeli, and the United States. Hospital security systems are described in the context of their national emergency response requirements, surge capacity planning, health coverage, and hospital types. Emergency preparedness systems are explained as they relate to incident management, emergency response for patient surge capacity, and evacuation or