MEETING REPORT
[DRAFT]

9TH ASIA PACIFIC EMERGENCY AND DISASTER NURSING NETWORK MEETING
Manila, Philippines
24-26 September 2015

Manila, Philippines
December 2015
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SUMMARY

The 2015 Meeting of the Asia-Pacific Emergency and Disaster Nursing Network (APEDNN) was convened in Manila, The Philippines on September 24-26, 2015 with the theme “Strengthening Capacity and Linkages in Disaster Risk Management”. The objectives of the meeting are as follows:

- Define the role and direction of APEDNN in relation to the Sendai Framework for Disaster Risk Reduction 2015-2030 and lessons from recent disasters;

- Update and agree on the core nursing-midwifery competencies and curriculum on disaster risk reduction with focus on preparedness and response (as agreed in 2014 Wuhan meeting) to include competencies for surge teams, mental and psychosocial health, maternal and child health, and mass casualty management; and

- Identify best practices in implementing disaster risk reduction/management at the national and regional levels.

The meeting was attended by 72 participants from 22 countries in the Asia-Pacific region. They come from various institutions including ministries of health, academe, nursing and midwifery professional organizations, and humanitarian organizations.

With a renewed global focus on disaster risk reduction, the Network’s mission, vision, and objectives were reviewed and aligned with the Sendai Framework for Disaster Risk Reduction 2015-2030 during the meeting. An updated Network action plan for 2016-2020 and country plans anchored on the revisited network mission, vision, and objectives were deliberated, reviewed, and adopted.
1. INTRODUCTION

The Asia-Pacific Emergency and Disaster Nursing Network was formed in 2007 as a key outcome of the Joint Informal Meeting of Health Emergency Partners and Nursing Stakeholders, convened in Bangkok, Thailand by the World Health Organization (WHO) Regional Office for the Western Pacific and South-East Asia Regions in collaboration with the International Organization for Migration (IOM). The Network was formed to build the capacities of nurses and midwives to fully contribute to coordinated and effective prevention, preparedness and response efforts; improved service delivery, and the building of community resilience during times of emergencies and disasters.

At present, the Network has around 240 individual members from over 40 countries in Asia-Pacific Region. Most of the members come from the academe, ministries of health, nursing and midwifery professional and humanitarian organizations. Each year since 2007, the members of the Network meet to discuss pressing issues and concerns on disaster preparedness, response, rehabilitation, and building capacities and resilience in individuals and communities. Previous meetings were held in Bangkok (2007 & 2013), Jinan, China (2008), Cairns, Australia (2009), Auckland, New Zealand (2010) and Kuala Lumpur, Malaysia (2012), and in Wuhan, China (2014).

This year, the Network meeting was convened in Manila, The Philippines with the theme “Strengthening Capacity and Linkages in Disaster Risk Management” on September 24-26, 2015. The meeting was made possible through the support of the WHO Collaborating Centre for Leadership in Nursing Development, College of Nursing, University of the Philippines Manila, Philippine Nurses’ Association, and the WHO Regional Offices for the Western Pacific and South East Asia.

This year’s meeting takes off from the 2014 Meeting in Wuhan, China which focused on workforce capacity-building for post-disaster response. With a renewed global focus on disaster risk reduction, this year’s meeting aims to align the Network’s thrusts and activities to the Sendai Framework for Disaster Risk Reduction 2015-2030.

1.1 Participants

The meeting was attended by 72 participants from 22 in the Asia-Pacific Region. Participants come from various institutions including ministries of health, academe, nursing and midwifery professional organizations, and humanitarian organizations. For a complete list of participants, see Annex 1.

1.2 Objectives

The primary purpose of the 9th APEDNN meeting is to learn from the experiences of various member states as input to plans aligned with the Sendai Framework for Disaster Risk Reduction 2015-2030. The objectives of the meeting are as follows:

- Define the role and direction of APEDNN in relation to the Sendai Framework for Disaster Risk Reduction 2015-2030 and lessons from recent disasters;
- Update and agree on the core nursing-midwifery competencies and curriculum on disaster risk reduction with focus on preparedness and response (as agreed in 2014 Wuhan meeting) to include competencies for surge teams, mental and psychosocial health, maternal and child health, and mass casualty management; and
- Identify best practices in implementing disaster risk reduction/management at the national and
The expected outputs from the meeting is an updated action plan of the Network for 2016-2020 and member countries focusing on the role of the Network in relation to the Sendai Framework for Disaster Risk Reduction and on developing linkages at the national and regional levels; and an agreed action plan for moving forward the project on developing the APEDNN core curriculum on disaster risk reduction for pre-service education and postgraduate training.

2. PROCEEDINGS

2.1 Opening Sessions

The meeting started with welcome messages from Dean Lourdes Marie Tejero of the University of the Philippines College of Nursing and Vice President for Academic Affairs, Dr. Gisela Concepcion of the University of the Philippines System. Dr. Nevio Zagaria, Coordinator for Disaster Risk Management for Health at the WHO Western Pacific Regional Office, also welcomed the delegates with the timeliness of the meeting in the light of recent disasters.

2.2 Meeting Theme

Prof. Josefina Tuazon of the University of the Philippines College of Nursing and APEDNN Secretariat presented the overview and orientation of the 9th meeting. The theme for this year’s meeting is “Strengthening capacity and linkages for disaster risk management”.

2.3 Sendai Framework for Disaster Risk Reduction 2015-2030

Dr. Michael Larui, National Director for Nursing of the Ministry of Health (Solomon Islands), gave an overview of the Sendai Framework which was formulated during the 3rd United Nations World Conference on Disaster Risk Reduction held on March 14 -18, 2015 at Sendai, Miyagi, Japan. It is the successor of the Hyogo Framework for Action 2005-2015: Building the Resilience of nations and communities to disasters. The Sendai Framework emphasized the significant role of the health sector in disaster risk management which was not clearly defined in the previous frameworks. Stipulated in the framework are four priorities of action which are:

- Understanding disaster risk
- Strengthening disaster risk and governance to manage disaster risk
- Investing in disaster risk reduction for resilience
- Enhancing disaster preparedness for effective response and to “Build Back Better” in recovery, rehabilitation and reconstruction

Overview of the Sendai Framework – International Organization perspective

Dr. Nevio Zagaria of the WHO WPRO emphasized the need for a paradigm shift from disaster management to disaster risk management. He pointed out the role of nurses and other members of the health sector in disaster effort related to the Sendai Framework. It is crucial for the health sector to identify risks, communicate these, and to initiate measures that address the risks. Health systems should be resilient and that health care facilities are structurally safe and far from risk-prone areas. Health services prepared for disasters at the local, regional, national and international levels.
contributes to national competence in addressing disasters. There should be a critical mass of health workers adequately trained and competent in disaster risk management.

He challenged the APEDNN to be a network not just for information sharing, but a network that does something for disaster risk management in the region.

Country Perspective

To illustrate initiatives at the country level, Dr. Gloria Balboa of the Philippine Department of Health presented the changing disaster landscape in the Philippines. In response to current hazards such as typhoons, earthquakes and heat waves, the Philippine Department of Health plays an active role in disaster risk reduction. These roles are guided by international and national policies. The Philippines has a Health Emergency Management Bureau whose goal is to contribute to reduction of morbidity and mortality in Emergencies and Disasters. It has a strategic framework in responding to mega disasters which includes program components for policies and plans, incident command system, logistics and finance, safe hospitals and service delivery. The Health Emergency Management Framework covers all aspects of the disaster cycle from prevention and mitigation, preparedness, response to recovery and rehabilitation.

Dr. Balboa reiterated the significant role of the nursing section in disaster risk management with the acronym CHAMPION

- Community organizer, capacity builder
- Health policy/ behavior shaper
- Academic researcher
- Manager of Health Systems and Resources
- Primary Care Provider
- Information manager
- Overall holistic care integrator
- Networker and collaborator

APEDNN Perspective

Dr. Samuel Ravi Kumar Theopilus presented the global and Asia Pacific disaster fatalities from 1970-2011 and how these were considered in the beginnings of the APEDNN. In 2007, the focus of the APEDNN action plan was on networking and capacity building. This was changed to disaster risk reduction considering the developments being initiated and happening in the network. The road travelled by the network has gone a long way from beginning, learning, applying and sharing various initiatives on disaster risk management. He emphasized the various foci in disasters which include the following:

- How quick we respond
- How well we respond
- How appropriate we respond
- How well do we prevent
- How well do we mitigate

He added that of these foci, the current needs are on disaster preparedness and mitigation. He further shared lessons learned in India which included the use of FMT, disaster response training for health care teams, resource management, networking with health care, local network, and mitigation.
2.4 Key Lessons from Recent Disasters

The purpose of this session is to learn from the experience of selected member states on current disasters which will be used as input in the action planning. Dr. Prakin Suchaxaya of the WHO SEARO served as the session moderator.

Nepal Earthquake

Dr. Roderico Ofrin of WHO SEARO and the Nepal delegation made the presentation on lessons learned from the Nepal Earthquake. From their experience, safe hospitals withstanding earthquakes, knowing who the first respondents are, immediate availability of funds, adequate logistics, having a central command and provision of basic needs such as water and medicine were significant in Nepal’s efficient response. He added that after the disaster, “building back better” was the focus. Adequate training of health personnel in disaster management and building safer hospitals were also important factors. Dr. Ofrin emphasized the management of risks rather than that of disasters. He emphasized the role of nurses as champions for safer health facilities and the use of social media in responding and information dissemination.

In addition, the Nepal Team reported that people were prepared because they know the present risks. There was also spontaneous volunteerism, efficient triage, public and private partnerships, and provision of social services. The team strongly pointed out that nurses should be well-trained and prevention is the key to disaster risk management.

EBOLA: Better education for emerging infectious disease

Major Joe Seun Young presented the training program that Korea Armed Forces Academy conducted in response to Ebola. Institutions tasked with training for disaster preparedness should have the academic capacity, strong curriculum, and qualified faculty and personnel. The training curriculum may use a problem-based learning methodology and include numerous lectures, table top exercises and simulations. The development of the training program was in coordination with the Ministry of Health and Welfare and includes the composition of the training team, content development, competency development and training center installation. The content of the training focused on lectures on the nature of Ebola and its management, simulations on the use of personal protective equipment, infection control, management of casualties, triage, checking for contamination and transport.

Major Joe reported that the future directions of the training program include the continuous training of health personnel, research on the curriculum and patient management, and more policies that support education, research and training in response to Ebola.

Flood in Vanuatu

Dr. Richard Walsh Leona of the Ministry of Health of Vanuatu presented their experiences during Tropical Cyclone Pam in their country. The cyclone brought numerous casualties, damage to infrastructures and disruption of basic services. From their experience, the activation of the national disaster response which was supported by existing national policies was significant in the immediate post disaster phase. In addition to this are medical evacuation and referral policy, local ownership and leadership at the Ministry of Health level, local partnership with international emergency management teams on the ground and team work. Planned and continuous assessment within the health sector, activation of infrastructure policy, budget allocation for rebuilding and rehabilitation and strong government support and partnerships, community involvement and a public forum reporting the outcomes of the disaster and response were also helpful.
Disaster Response in the Pacific

Dr Amelia Latu Afu’a’amango Tu'ipulotu of South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) presented on Disaster Response and Climate Change in the Pacific. She focused her presentation on the SPCNMOA commitment on disaster response, a collaborative project on the adaptive capacity of the Pacific, a snapshot survey on national disasters, and a pacific model for disaster management. The humanitarian needs in post disaster included health that was severely impacted by limited human resources for health in normal day to day operations. Other needs included water, sanitation and hygiene, food and nutrition, and psychosocial needs. To strengthen adaptive capacity, the Pacific Frangipani Model highlights the following:

- Building strong relationships (trust, effective communication, mutual sharing)
- Recognition of national disaster management office roles (trust, respect, competent coordination)
- Clear policy direction (regulation, system, procedures, process)
- Strong engagement of the health sector (nurses and midwives in initial assessment)
- Inclusive participation (e.g. local traditional stakeholders in planning and decision making)

2.5 Capacity-building on Maternal and Child Health in Disasters

Drs. Cynthia Tan and Donna Capili of Kalusugan ng Mag-ina, Inc. (KMI, Philippines) discussed evidence-based care for women during labor and delivery, current recommendations for life saving essential newborn care, and best practices for optimal infant and young child feeding during emergencies.

2.6 Best Practices in Disaster Education and Capacity Building

APEDNN previous work on competencies and curriculum

Ms. Kathleen Fritsch presented on the development and progress of APEDNN work in disaster competencies and curriculum. The set of competencies were drafted from the International Council of Nursing (ICN) Framework on Disaster Nursing Competencies which covers the areas of prevention/mitigation, preparedness, response and recovery and rehabilitation. She highlighted the need for interprofessional and international collaboration. Capacity building initiatives should be done at the national, regional and international levels. Emphasis on the gaps in disaster prevention should be addressed.

Global Health Education through service learning

Gary Glauberman of University of Hawaii at Manoa spoke on the Global Service Learning Model which highlights academic service learning as the interface of enhanced academic learning, student reflection and meaningful service to the community. The model stipulates a formal campus-community partnership where the student provides a service experience and learned in the process in international settings. The service is formally linked with an academic program where significant personal reflection is part of the various learning experiences. There is reciprocal learning where both the student and the community have aligned goals and benefit equally from the engagement. Global service learning is an important tool for educating the next generation of global citizens. Using these proven methods promotes, global connectivity, hands-on experiential learning, and assures both students and recipients gain from the transaction.
Disaster capacity-building for undergraduate students

Dr. Sunshine Chan of the Hong Kong Polytechnic University presented development of a nursing curriculum for emergency preparedness and response in the Western Pacific Region. The curriculum develops nursing competencies across the disaster continuum and covers content areas in emergency and disaster management. The curriculum has discipline specific requirements which includes leadership and intrapersonal development, primary health care, outbound programs, service learning and cluster area requirement. The five core competencies cover professional, legal and ethical nursing practice, health promotion and education, management and leadership, research, personal effectiveness and professional development.

D*MAPS Course for undergraduate students

Dr. Mark Albert Zarco of the University of the Philippines College of Engineering spoke on the Disaster Risk Management Mitigation, Adaptations and Preparedness Strategies course being offered to undergraduate students. The 3-unit course introduces the principles and practices of natural disaster risk management by mitigation, adaptation and preparedness strategies through civil engineering and related disciplines aiming for resilience. It operates on the framework that there is a needed paradigm shift form disaster response and recovery to managing disaster risk, multihazard exposure, and the interdisciplinary and collaborative nature of disaster risk reduction and management. The pedagogical techniques used in the course include an interdisciplinary approach, blended learning model, 2-level peer learning, authentic and collaborative learning and reflective teaching.

2.7 Best Practices in Training of Nurses and Health Workers

Nursing care model for disaster shelters

Dr. Janice Springer of the American Red Cross presented a nursing care model for clients in disaster shelters. CMIST is an acronym for a system to help identify access and functional needs of clients in shelters.

- Communication
- Maintaining Health
- Independence
- Services, Support, and Self Determination
- Transportation

She pointed Cot-to-cot which is a systematic plan to meet each family in the shelter with in a time frame. This enables the nurse to familiarize herself with the people in the shelter. She proposed a nurse-led model which focuses on the population, emphasizes prevention and health promotion of the community and employs a spectrum of interventions.

Disaster Nursing Course and Training: Philippine Red Cross Experience

Mr. Ryan Jay Jopia of the Philippine Red Cross presented on their training course which operates on the principles of community-based health. These include areas on health promotion, disease prevention, water and sanitation, control of communicable diseases, first aid, disaster preparedness and response. As such disaster nursing is viewed within the context of preparedness planning, nutrition in emergencies, immunization, community-based health, emergency field hospitals, vulnerability and capacity assessment, emergency health assessment, reproductive health, water, sanitation and hygiene promotion, vector borne diseases, communicable disease prevention and control and psychosocial support. Addressing these content areas enable disaster nursing mobilization
through disaster nursing training, community leadership and humanitarian engagement in the pre-disaster, disaster and post-disaster phases. As an organization, the PRC proposes creative solutions to its challenges in its operations related to volunteer support, information systems, fund generation, organizational management, communication and public relation as service capacity and capability.

**Philippine Nurses Association Training and Mobilizing of Nurses for Disasters**

Dr. Sheila Bonito of the Philippine Nurses Association Disaster Committee highlighted the significant role of PNA in disaster management. The PNA disaster committee conducts activities on leadership training on emergency and disaster management, continuing professional development courses, mobilizing nurses during emergencies and disasters and networking with national and local agencies in disaster management. The PNA is the entry point of nurses in the national disaster risk reduction efforts in the event of disasters. The national training of nurse emergency coordinators conduced in 2010-2014 enabled nurses on the challenges and roles of nurses in emergency and disaster management, basic emergency care, mental health and psychosocial support, community health interventions (water, sanitation, and hygiene) and emergency response planning. These content areas are also being developed in trainings all over the country through the PNA.

**2.8 APEDNN Action Planning for 2016-2020**

**APEDNN History and Internal Scanning**

Mr. Peter James Abad reported on what the network has done since its inception and future directions. Majority of the APEDNN members are coming from the Pacific Islands followed by Southeast Asia, East Asia and others such as South Asia, USA and Europe. The network is composed of the institutions primarily from the academe, government agencies, WHO, humanitarian, professional, and military organizations, hospitals, and NGOs. Most of the networks work is on capacity building and research. A number of initiatives in service delivery, policy development and implementation need to be documented.

**Revisiting APEDNN Vision, Mission, and Objectives**

The vision, mission and objectives have been previously reviewed by the core working group prior to the actual meeting. After the large group discussion facilitated by Dr. Caryn West, these were revised as follows:

**Vision:** To lead in the Asia Pacific Region for emergency and disaster nursing for safer and resilient communities

**Mission:** Advance a professional network to promote nurses’ and midwives’ ability to reduce the impact of emergencies and disasters on the health of communities

**Objectives:**

1. Identify and promote the development of emergency and disaster nursing competencies
2. Disseminate tools, materials, and training programmes in emergency and disaster nursing education, services, and research
3. Identify and develop best practices and evidence-based guidelines and intervention
4. Document and disseminate information on the work of the network to inform and influence the development of emergency and disaster management policy and resource allocation
5. To support efforts of WHO, ICN, other stakeholders, and countries in disaster risk management
The participants were divided into groups to work on the five objectives for the action planning.

<table>
<thead>
<tr>
<th>Objective 1: Identify and promote the development of emergency and disaster nursing competencies</th>
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<tbody>
<tr>
<td><strong>Facilitator:</strong> Orapan Thosingha  <strong>Leader:</strong> Amelia Tiupulotu</td>
</tr>
<tr>
<td><strong>Members:</strong> Sijan Li, Yoo Myoung Ran, Scholastice Lee, Estelita Galutira, Carmencita Abaquin</td>
</tr>
<tr>
<td>Bettina Evio, Teresita Barcelo, Floreliz Ngaya-an</td>
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<thead>
<tr>
<th>Strategy</th>
<th>Priority Rank and Justification</th>
<th>Examples</th>
<th>Broad Timeframe</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Validation of nurses’ competencies on emergency and disaster</td>
<td>(1) To establish relevance and applicability. Should serve as basis for training. To identify strengths and weakness in order to proceed with program design/training.</td>
<td>Gather the competency standards from member countries, literatures and refer to group of experts to look into the content (panel of expert advice) Validate from all settings (clinical, community, academe) Validate whether educational institutions/ professional bodies are teaching/delivering what needs to be delivered/taught (Value of involving them: if they are taught in correct manner) Look into the teaching strategies used to ensure adequate and efficient delivery.</td>
<td>2016 up to 2017</td>
<td>Well-validated list of competencies Demonstration of the competence More specific roles of the nurse in E&amp;D Updated/modified listing to decide whether the ICN list should suffice, if there are no others emerging Identify list of competencies and group them according to three thematic areas</td>
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<td>Re-orientation, raising awareness and understanding of nurses about the expected level of competencies for emergency and disaster</td>
<td>2 To increase awareness, passion and love for E&amp;D Understanding is key to ensuring participation and commitment</td>
<td>Orientation using the different settings like national conventions Institutional orientation Targeted approach to potential people who might be involved during E&amp;D</td>
<td>2017 up to 2019</td>
<td>Highly aware and committed nursing work force</td>
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In service training, CPD (hospital, community) all settings
Use of mass media, websites of nursing organization
Continuous training (eg. every six months)
Conduct assessment of level of awareness raised

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<tr>
<th>Development of tools to measure nurses’ competencies on emergency and disaster</th>
<th>3</th>
<th>Interview people/ work force who have had direct experience with disasters, putting results into themes</th>
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<tbody>
<tr>
<td>For standardization/consistency in measuring competency</td>
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<td>To ensure a more holistic way of measuring the competencies</td>
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<td>A good tool can measure effectiveness of the intervention (pre- and post evaluation)</td>
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<td>Creation/use of the Survey tool (APEDNN Survey on Disaster Nursing Competencies) that is directed to relevancy and need</td>
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<td>Development of rubrics/matrices for rating purpose</td>
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<td>Discover/bench mark with tools that other professional organizations are using</td>
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<td>Development, validation and pilot testing of the tools</td>
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<td>2017 up to 2019</td>
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<td>A well-developed, validated, and pilot tested tool that is ready for use.</td>
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Other strategies that were identified to meet objective 1 are as follows:
- Assessment of nurses’ baseline competency standards
- Education: Training of trainers, continuing professional development, integration to undergraduate nursing curriculum, integration to General Education program, and developing specialty in nursing in the graduate program
- Advocacy to inform the public of nurses critical contribution during emergency and disaster through all modalities of mass media (e.g. social media)
- Regulation to allow increase scope of practice for nurses to perform during emergency and disaster.
- APEDNN to serve as Information Data Bank or repository through the website.
- Collect all information together so that all member countries can have access
- Collaborative research for Evidence-Based E&D practice.

### Objective 2: Disseminate tools, materials, and training programmes in emergency and disaster nursing education, services, and research

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<tbody>
<tr>
<td>A. utilize social media in dissemination of materials (Facebook, twitter etc.)</td>
<td>A. ranked 1st - to reach more people, for wider audience</td>
<td>A. 1. skype, teleconference, live streaming, GoToMeeting platform, group e-mails, filter e-mails according to categories of interest, IT specialist to handle a web-based access for the network, B.</td>
<td>A. 6 months</td>
<td>A. 1. an organized expert panel to screen materials for sharing 2. a developed web-based platform (website) for sharing information on emergency and disaster management 3. more countries enjoy access to information, modules, and updates</td>
</tr>
<tr>
<td>B. Train trainers in cascade model in a culturally sensitive and acceptable in language and manner - for better access and utility</td>
<td>B. Ranked 2nd - to strengthen competencies (knowledge, skills and attitude) across all levels and thereby expand network of experts for better utilization of communities towards safer and resilient communities, C. Ranked 3rd - to strengthen ties in the region under a common agenda</td>
<td>B. 6 months</td>
<td>B. 6 months</td>
<td>B. 1. Increased competency at the field level to the grassroots 2. Reinforced leadership roles that should be assumed by nurses working on the field in their respective communities (leadership and governance) 3. Periodic evaluation, lessons learned on past incidents and disasters</td>
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Attendance:

A. 1. Indonesia- Community mental health nursing, community health nursing 2.Philippines-Student training and volunteers training program for mobilization 3. Nepal - community mental health nursing , and community health nursing 4. Japan - Graduate education on disaster nursing, training modules on disaster preparedness 5. Hong Kong- psychological first-aid training for community leaders II. Conduct master trainors training
C. Strengthen networks that will provide a venue for organizing conferences and seminars to provide expertise as speakers in conventions, conferences and meetings of professional organizations during APEDNN meetings

1. National nursing organizations
2. Association of Nursing Schools
3. Specialty organizations in nursing

C. 6 months

Objective 3: Identify and develop best practices and evidence-based guidelines and interventions
Members: Paulita Cruz (PNA, Philippines), Rachel Panganiban (PNA, Philippines), Olivia Fung (POLYU, Hong Kong), Palitha Dewpura (Sri Lanka), Araceli Balabagno (UPM, Philippines) – Facilitator, T. Samuel Ravi (India), Michael Larui (Solomon Island), Mohammad Mofiz Ullah (Bangladesh) Budhi Mulyadi (Indonesia), Mavic Bongar (Philippines), Kathryn Siongco (UPM, Philippines)

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</table>
| 1. Research and Training/education  
- triage, simulation exercises  
- contingency training  
- multidisciplinary skills  
- preparedness | 1. To identify research priority  
2. To provide evidence and to maintain the competency of the workforce; training for preparedness  
3. To influence policies and improve the quality of care | 1. Share information through publications (ex. strengthen websites, research bulletin)  
2. sharing best practice given certain topics  
3. Research in the area to determine health needs  
4. strengthening communication between groups | 1. 3 mos  
2. 6 mos  
3. 1 year  
4. ongoing | 1. strengthened website  
2. training domain- specific (maternal and child, vulnerable population, marital relationships, health promotion) |
### 2. Developing protocols
- **quality assurance/standards on documentation and risk reduction**

1. Build evidenced-based protocol which can be utilized for training (e.g., infection outbreak, triage, mass casualty management)
2. Test and validate the protocol
3. Evaluation of the protocol and guidelines for training

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<tr>
<td>1.</td>
<td>6 mos</td>
<td>1. evidence-based protocol for improvement of practice</td>
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<tr>
<td>2.</td>
<td>1 year</td>
<td>2. APEDNN members informed regarding the new protocol</td>
</tr>
<tr>
<td>3.</td>
<td>6 mos - 1 year</td>
<td>3. best practice development (intervention and application)</td>
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<td>4.</td>
<td></td>
<td>4. Training manuals (basic (e.g., triage) and country-specific)</td>
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### 3. Partnership and collaboration

1. Develop partnership and collaboration (categorizing several countries’ needs with regards to common emergency and disaster experiences)
2. Development of guidelines or memorandum of agreement for partnership
3. Develop specific trainings focused on the group’s needs

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<tr>
<td>1.</td>
<td>1 year; 5 years until renewal</td>
<td>1. Guidelines and memorandum of agreement</td>
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<td>2.</td>
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<td>2. Optimum Resource allocation</td>
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### Objective 4: Document and disseminate information on the work of the network to inform and influence the development of emergency and disaster management policy and resource allocation

**Facilitator:** Lourdes Tejero  
**Members:** G. Glauberman (US); T. Sharyento (Indonesia); P. Dewal (Nepal); A. Loke (HK); K. Virya (Cambodia); R. Hopkins (PRC, Phils.); N. Fuentes (Davao, Phils.); M. Mejico (Philippines)

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<td>1.</td>
<td>Establish an APEDNN website: (1) publish the good work of member countries (standardized format) (2) with periodic update information of our collaborative</td>
<td>Have in website upcoming conferences, events regarding Emergency &amp; Disaster</td>
<td>6-9 mos</td>
<td>An active and working website</td>
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<tr>
<td>Work</td>
<td>Facilitates sharing of materials &amp; experience</td>
<td>For public accessibility</td>
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2. Set-up the APEDNN internal organization according to thrusts and objectives.
- form small groups working on different “themes” that APEDNN will need to push forward, i.e. training of students, communication / information exchange
- agenda setting
- Recognition / awards

To achieve objective in a more organized and concentrated way
All areas can be marked on simultaneously
Greater impact with closer interaction and collaboration among members

Task groups:
- Service Delivery
- Education
- Research
- Policy
- Public relations (Pressing concerns)
The groups should have put together what have done on their areas -> website

Today
Members will volunteer under what task group they belong

3. APEDNN to get involved in national, regional, and global initiatives/projects (e.g. national fora, big international conferences)
- APEDNN sponsored presentations, etc.
- APEDNN as participants in national/regional dialogues, etc.

For greater external visibility and therefore, influence sectors
To formally document and disseminate our marks.

- ICN
- World Society
- Sigma Theta Tau Int’l
- World Assembly on Emergency and Disaster Medicine
Use APEDNN name when presenting in Emergency and Disaster meetings

2 years and beyond
APEDNN has a participation in the international / global events on disaster.
**Objective 5: To support efforts of WHO, ICN, other stakeholders, and countries in disaster risk management**

**Facilitators:** Kathy Fritsch and Prakin Suchaxaya

**Members:**
- Altanbagana (Mongolia)
- Souksavanh (Laos)
- Tandin Pemo (Bhutan)
- Asiya (Maldives)
- Rosena (Malaysia)
- Josephine Cariaso (Philippines)
- Fitri Purwanto (Indonesia)
- Leticia Puguon (Philippines)
- Gyemi (Nepal)

**Documentation:** Gian Carlo Torres

<table>
<thead>
<tr>
<th>(Strategy)</th>
<th>(Rank)</th>
<th>(Examples)</th>
<th>(Broad time frame)</th>
<th>(Outcomes)</th>
</tr>
</thead>
</table>
| Capacity Building among the nurses and other health care professionals | 1 | (training for nurses and frontline workers for disaster response, multi-disciplinary training, developing a data bank and logistics) | 1. needs assessment  
2. benchmarking (acknowledge and adapt possible references)  
3. training module development (6months)  
4. E-learning  
5. fund raising  
6. training of master | nurse managers and staff nurse trainers will be trained on |
| Curriculum Review and Integration of Basic Emergency and Disaster Course/Program | 2 (undergraduate program should include emergency and disaster management course in the curriculum) | 1. Develop or revise basic nursing curriculum (Diploma, BS), integration
2. Nurse Association has a role in professional development (sharing of resources)
3. Involvement of the nursing board or council | 1. Curriculum revisit include a special topic/a new subject/course that focus on emergency and disaster (1 year)
2. Develop teaching strategies (simulation, service learning, self-study, translation of learning to the community, E-learning)
3. Include teachers in the training
4. Nursing board/ | revised course/subject on emergency and disaster nursing in the nursing curriculum
Nurse graduate has basic competency in emergency and disaster management |
| Develop and Sustain Network and Partnership | 3 - funding and ensure sustainability of the program | Develop Advocacy on Emergency and Disaster -  
1. Identify and invite possible stakeholders (Government Agencies (Ministry of Health National Disaster and Risk Reduction Council), Nurses Association (chapter or committee), Donors/Benefactors (NGO’s, Private Companies - advocates/those with corporate responsibility)  
2. Website development and information using social media  
3. Budget/ get funds  
4. Develop advocacy Materials - leaflets/brochures/website  
5. Current members should invite people to be part of the network | 1. Network secretariat should promote use of social media/local media for promotion and support of the Advocacy for Emergency or Disaster Preparedness (1 month)  
2. Develop advocacy materials (6 months)  
3. Ongoing recruitment of new members for the network | Network to be visible and people will know that this network can mobilize and support other countries in cases of emergency and disaster Resource Generation |
Dr. Zagaria commented that the objectives of the APEDNN needs to be refined further as well as the plans considering the paradigm shift from disaster management to disaster risk management stipulated in the Sendai Framework.

2.9 Country Planning

After the action planning for APEDNN, the participating countries were requested to plan on how this can be translated at the country level. The participants were asked to identify their current initiatives on the following areas of capacity building, information and communication, standards and guidelines, research and best practices.

In terms of capacity building most of the countries collaborate with the health care system and its facilities, academia, interest groups/organizations and international funding agencies. These collaborations exists in the local, national and international levels. A number of programs/projects/educational packages have been developed by the member countries. These include training programs on disaster nursing as part of continuing professional education. Courses and degree programs along the lines of disaster and emergency nursing has likewise been developed in the undergraduate and graduate levels. These programs at certain levels reflect the ICN disaster nursing competencies.

Dissemination of capacity-building programs were done through print media (e.g. newspapers, newsletters, briefers, etc.), social media, the internet, and publication in journals. A number of participants reported that these initiatives have been adopted by local, national or international disaster groups.

Given the renewed focus of the Sendai Framework and the objectives of the APEDNN, commitments from various countries were elicited through a questionnaire.

### Objective 1: Identify and promote the development of emergency and disaster nursing competencies

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Commitment from countries</th>
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</thead>
<tbody>
<tr>
<td>Validation of nurses’ competencies on emergency and disaster</td>
<td>Hong Kong, Philippines</td>
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<tr>
<td></td>
<td>South Korea, Japan, Thailand</td>
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<tr>
<td>Reorientation, raising awareness and understanding of nurses about the</td>
<td>Hong Kong, Philippines</td>
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<tr>
<td>expected level of competencies for emergency and disaster</td>
<td>South Korea, Japan, Thailand</td>
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<tr>
<td>Development of tools to measure nurses’ competencies on emergency and</td>
<td>Hong Kong, Philippines</td>
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<tr>
<td>disaster</td>
<td>South Korea, Japan, Thailand</td>
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</table>

Other strategies that were identified to meet objective 1 are as follows:

- Assessment of nurses’ baseline competency standards
- Education: Training of trainers, continuing professional development, integration to undergraduate nursing curriculum, integration to General Education program, and developing specialty in nursing in the graduate program
- Advocacy to inform the public of nurses critical contribution during emergency and disaster through all modalities of mass media (e.g. social media)
- Regulation to allow increase scope of practice for nurses to perform during emergency and disaster.
- APEDNN to serve as Information Data Bank or repository through the website.
- Collect all information together so that all member countries can have access
- Collaborative research for Evidence-Based E&D practice.

### Objective 2: Disseminate tools, materials, and training programmes in emergency and disaster nursing
### Strategy

<table>
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<th>Education, services, and research</th>
<th>Commitment from countries</th>
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</thead>
<tbody>
<tr>
<td><strong>Strategy</strong></td>
<td></td>
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<tr>
<td>A. utilize social media in dissemination of materials (Facebook, twitter etc.)</td>
<td>All countries</td>
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<tr>
<td>B. Train trainers in cascade model in a culturally sensitive and acceptable in language and manner - for better access and utility</td>
<td>All countries</td>
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<tr>
<td>C. Strengthen networks that will provide a venue for organizing conferences and seminars to provide expertise as speakers in conventions , conferences and meetings of professional organizations</td>
<td>Members form APEDNN Core Working Group</td>
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</table>

### Objective 3: Identify and develop best practices and evidence-based guidelines and interventions

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<tr>
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<tr>
<td>• triage, simulation exercises</td>
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<td>• contingency training</td>
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<td>• multidisciplinary skills</td>
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<td>• preparedness</td>
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<tr>
<th>2. Developing protocols</th>
<th>All countries</th>
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<td>• quality assurance/ standards on documentation and risk reduction</td>
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<tr>
<th>3. Partnership and collaboration</th>
<th>All countries</th>
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</thead>
</table>

### Objective 4: Document and disseminate information on the work of the network to inform and influence the development of emergency and disaster management policy and resource allocation

**Facilitator:** Lourdes Tejero  
**Members:**  
- GGlauberman (US);(Philis);TSharyento (Indonesia); PDewal (Nepal)  
- ALoke (HK);KVirya (Cambodia);RHopia (PRC, Phils.)  
- NFuentes (Davao, Phils.);MMejico (Phil)

<table>
<thead>
<tr>
<th>Strategy</th>
<th>APEDNN Core Working Group</th>
<th>APEDNN Member states</th>
</tr>
</thead>
</table>
| 1. Establish an APEDNN website:  
   (1) publish the good work of member countries (standardized format)  
   (2) with periodic update information of our collaborative work  
   (3) a section for each member country to put in their recent activities  
   (4) connect to a social network (FB, twitter, Instagram)  
   (5) produce newsletters highlighting the work (connected to the website)  
   (5) hold interactive sessions | APEDNN Core Working Group | APEDNN Member states |
| 2. Set-up the APEDNN internal organization according to thrusts and objectives.  
   - form small groups working on different “themes” that APEDNN will need to push forward, i.e. training of students, communication / information exchange  
   - agenda setting  
   - Recognition / awards | APEDNN Core Working Group | APEDNN Member states |
| 3. APEDNN to get involved in national, regional, and global initiatives/projects (e.g. national fora, big international conferences)  
   - APEDNN sponsored presentations, etc.  
   - APEDNN as participants in national/regional dialogues, etc. | APEDNN Core Working Group | APEDNN Member states |
| 4. Influence policy  
   - multi-country policy dialogue  
   - assessment knowledge and perceptions of stakeholders, nurses/midwives, student | APEDNN Core Working Group | APEDNN Member states |
Objective 5: To support efforts of WHO, ICN, other stakeholders, and countries in disaster risk management

(Strategy)

| Capacity Building among the nurses and other health care professionals | All countries |
| curriculum review and integration of Basic Emergency and Disaster course/program | Hong Kong, Philippines |
| Develop and Sustain Network and Partnership | South Korea, Japan, Thailand |

2.10 Summary, Recommendations and Next Steps

The Sendai Framework has given direction to institutions working on disaster risk management at the local, national, regional and international levels. Numerous initiatives have been conducted by APEDNN member states in response to recent disasters in the region. These have brought better understanding of disaster risks within and among nations. Through sharing of experience and best practices in disaster risk management, countries are to become more resilient in terms of health care system and the community in general. Much has been done in capacity building and in creating a critical mass of health workers trained and competent at various phases of the disaster continuum. Nurses are in a pivotal role to develop these competencies through training and educational programs.

The APEDNN Action Plan for 2016-2020 is not cast in stone, however, provides the general direction as to the role of APEDNN and meetings its vision, mission and objectives. There is much to be done to align these plans with the salient points in the Sendai Framework. A further revisiting of the Network objectives was done to ensure alignment with the Sendai Framework. The new suggested Network objectives are as follows:

Objective 1: To promote the incorporation of disaster risk knowledge in civic and professional education and training.

1.1. Disseminate tools, materials and training programmes in emergency and disaster nursing education, services and research
1.2. Support the training of existing workforce and surge teams in the areas of maternal and child health, psychosocial and mental health

Objective 2: To influence the development of emergency and disaster risk management policy and resource allocation at the country and regional level

2.1 Document and disseminate information on the work of the Network
2.2 To build knowledge of government officials and other stakeholders on disaster risk reduction

Objective 3: To enhance access to evidence-based guidelines, best practices, tools, codes and operational guidelines on disaster risk management

Objective 4: To promote partnership at the country and regional mechanisms and institutions for the implementation and coherence of instruments and guidelines relevant to disaster risk reduction

ANNEX 1 – LIST OF PARTICIPANTS
ANNEX 2 – MEETING PROGRAMME
ANNEX 3- MEETING EVALUATION
# ANNEX 1

## LIST OF PARTICIPANTS

<table>
<thead>
<tr>
<th>No.</th>
<th>Name</th>
<th>Position/Role</th>
<th>Contact Information</th>
</tr>
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<tr>
<td>7.</td>
<td>Donna Isabel Capili</td>
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<td>12. Pramila Dewan</td>
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<td>Senior Nursing Administrator</td>
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<tr>
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<th>16. Carmen Firma</th>
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<tr>
<td></td>
<td>Associate Professor / Chair Nursing</td>
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<td>Department UPM SHS</td>
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<td></td>
<td>University of the Philippines- Manila</td>
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<td>School of Health Sciences</td>
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<td>92 del Rosario St.</td>
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<td>Tanauan, Leyte, 6502</td>
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<tr>
<th></th>
<th>13. Palitha Dewpura, D. D</th>
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<tr>
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<td>Matron - Accident Services</td>
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<tr>
<td></td>
<td>Ministry of Health &amp; Indigenous Medicine</td>
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<td></td>
<td>General Hospital (Teaching)</td>
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<td></td>
<td>Kandy-Sri Lanka</td>
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<tr>
<th></th>
<th>14. Carmelita C. Divinagracia</th>
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<tr>
<td></td>
<td>Professional Regulatory Board of Nursing</td>
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<tr>
<td></td>
<td>P. Paredes St., Cor. Morayta St., Sampaloc Manila</td>
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<td></td>
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<tr>
<th></th>
<th>15. Bettina Evio</th>
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<tr>
<td></td>
<td>Co-Chair, Disaster Preparedness Committee</td>
</tr>
<tr>
<td></td>
<td>Philippine Nurses Association</td>
</tr>
<tr>
<td></td>
<td>1663 F.T. Benitez Street, Malate, Manila</td>
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<tr>
<th></th>
<th>17. Kathleen Fritsch</th>
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<tbody>
<tr>
<td></td>
<td>Retired--former WHO Regional Adviser</td>
</tr>
<tr>
<td></td>
<td>1515 Nuuuanu Avenue #50 Honolulu, Hawaii 96817 USA</td>
</tr>
<tr>
<td></td>
<td>Tel: 808 428 3748</td>
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<th>18. Nancy Brisa Fuentes</th>
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<td></td>
<td>Professor / Independent Consultant</td>
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<td></td>
<td>Davao City, Philippines</td>
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<tr>
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<td></td>
<td>Assistant Professor</td>
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<td></td>
<td>The Hong Kong Polytechnic University</td>
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<td>GH 503, School of Nursing, The Hong Kong Polytechnic University</td>
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<td>Hongkong</td>
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<th>21. Gary Glauberman</th>
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<td></td>
<td>Nursing Instructor</td>
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<th>22. Achir Yani S Hamid</th>
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<tr>
<td></td>
<td>Professor, Doctor of Nursing Science</td>
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<td></td>
<td>Faculty of Nursing, University of Indonesia, Depok, Indonesia</td>
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<td></td>
<td>Achir Yani Hamid or Hamid Idrus (Husband)</td>
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<td>Jalan Swadaya 1 No. 48, RT 02, RW 12, Jemblongan, Pancoran Mas, Tanah Baru, Depok 1, Jawa Barat, Indonesia</td>
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<td>Email: <a href="mailto:ayamhamid@yahoo.co.id">ayamhamid@yahoo.co.id</a> <a href="mailto:achir@ui.ac.id">achir@ui.ac.id</a></td>
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<table>
<thead>
<tr>
<th></th>
<th>23. Hiroshi Higashiura</th>
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<tbody>
<tr>
<td></td>
<td>Professor</td>
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</tbody>
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<tr>
<th></th>
<th>24. Asiya Ibrahim</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Deputy Ward Manager</td>
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</table>
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Theme: Strengthening capacity and linkages for disaster risk management

24-26 September 2015 • Manila, Philippines

Objectives:

1. Define the role and direction of APEDNN in relation to the Sendai Framework for Disaster Risk Reduction 2015-2030 and lessons from recent disasters;

2. Update and agree on the core nursing-midwifery competencies and curriculum on disaster risk reduction with focus on preparedness and response (as agreed in 2014 Wuhan meeting) to include competencies for surge teams, mental and psychosocial health, maternal and child health, and mass casualty management;

3. Identify best practices in implementing disaster risk reduction/management at the national and regional levels.

Expected outputs:

- Updated action plan of the Network for 2016-2020 and member countries focusing on the role of the Network in relation to the Sendai Framework for Disaster Risk Reduction and on developing linkages at the national and regional levels

- Agreed action plan for moving forward the project on developing the APEDNN core curriculum on disaster risk reduction for pre-service education and postgraduate training
### Day 1
24 September 2015, Thursday
*Sendai Framework and APEDNN (Setting the Scene, Key Lessons and Direction for APEDNN)*

<table>
<thead>
<tr>
<th>Time</th>
<th>Programme</th>
<th>Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 – 8:30 am</td>
<td>Registration</td>
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</tbody>
</table>
| 8:30 – 10:30 am | Opening Program (Corregidor B)                                             | **Melito Orosco**  
*PhD Student, College of Nursing*  
*University of the Philippines Manila*  

- **National Anthem**
- **Welcome Remarks**
- **Welcome Message**
- **Opening Message**
- **Overview of APEDNN and orientation to the 9th Meeting**

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<tr>
<th>Time</th>
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<th>Speakers</th>
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</table>
| 10:30-12:00 pm | Plenary Session on Sendai Framework for Disaster Risk Reduction 2015-2030 | **Moderator:**  
*Michael Larui*  
*National Director of Nursing, Ministry of Health, Solomon Islands*  

1. **Overview of Sendai Framework - International Organization perspective**
2. **Country perspective**
3. **APEDNN perspective**

**Open Forum**
<table>
<thead>
<tr>
<th>Time</th>
<th>Programme</th>
<th>Speakers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1:15 – 3:00 pm</td>
<td>PANEL 1: Key Lessons from Recent Disasters</td>
<td>Moderator: <strong>Prakin Suchaxaya</strong>&lt;br&gt;Coordinator,&lt;br&gt;Gender, Equity, and Human Rights,&lt;br&gt;World Health Organization - South East Asia Regional Office (SEARO)</td>
</tr>
<tr>
<td></td>
<td>1. Nepal Earthquake</td>
<td><strong>Roderico Ofrin</strong>&lt;br&gt;Regional Coordinator,&lt;br&gt;Emergency Risk Management,&lt;br&gt;World Health Organization - SEARO and Nepal Team</td>
</tr>
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<td>2. Ebola and MERS-CoV: “Better education for Emerging Infectious Disease (EID) Preparedness”</td>
<td><strong>Joe Sun Young</strong>&lt;br&gt;Community Health Nursing Professor,&lt;br&gt;Korea Armed Forces Nursing Academy</td>
</tr>
<tr>
<td></td>
<td>3. Flood in Vanuatu</td>
<td><strong>Richard Leona</strong>&lt;br&gt;Chief, Vila Central Hospital, Vanuatu</td>
</tr>
<tr>
<td></td>
<td>4. Disaster Response in the Pacific</td>
<td><strong>Amelia Afuha’amango Tuipulotu</strong>&lt;br&gt;Chair, South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNOA) and Chief Nurse, Tonga</td>
</tr>
<tr>
<td>3:00 – 3:30 pm</td>
<td>Capacity-building on Maternal and Child Health in Disasters: Essential Intrapartum and Newborn Care (EINC) Delivery and Infant and Young Child Feeding in Emergencies (IYCF-E)</td>
<td><strong>Cynthia Tan</strong>&lt;br&gt;Obstetric Consultant,&lt;br&gt;Kalusugan ng Mag-Ina, Inc (KMI)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Donna Isabel Capili</strong>&lt;br&gt;Neonatology Consultant&lt;br&gt;Kalusugan ng Mag-Ina, Inc (KMI)</td>
</tr>
<tr>
<td>3:30 – 5:30 pm</td>
<td>Skill Session on EINC Delivery</td>
<td><strong>Kalusugan ng Mag-Ina, Inc (KMI)</strong> Facilitators</td>
</tr>
<tr>
<td>4:30–5:30 pm</td>
<td>Market Place: Networking and member sharing through posters and interactive activities</td>
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<tr>
<td>5:45 pm</td>
<td>Assemble at upper lobby for transportation to Intramuros</td>
<td></td>
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<tr>
<td>7:00 – 9:00 pm</td>
<td>Dinner Reception hosted by WHO</td>
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<td>Barbara’s Restaurant, Intramuros</td>
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<tr>
<td>Time</td>
<td>Programme</td>
<td>Speakers</td>
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<tr>
<td>7:30 – 8:00 am</td>
<td>Registration</td>
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<tr>
<td>8:00 – 8:30 am</td>
<td>Recap</td>
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</tbody>
</table>
| 8:30 – 10:15 am | PANEL 2: Best Practices in Disaster Education and Capacity-building      | Moderators: Virya Koy  
Chief, Bureau of Nursing and Midwifery, Ministry of Health, Cambodia  
Orapan Thosingha  
WHOCC on Nursing and Midwifery Development, Faculty of Nursing, Mahidol University, Thailand |
| 1.          | Presentation of APEDNN previous work on competencies and curriculum       | Kathleen Fritsch  
Former Regional Adviser for Nursing, World Health Organization – WPRO |
| 2.          | Global Health Education through Service Learning                          | Gary Glauberman  
Nursing Instructor, University of Hawaii at Manoa |
| 3.          | Disaster capacity-building for undergraduate students                      | Sunshine Chan  
Nurse Consultant, Hong Kong Polytechnic University |
| 4.          | D*MAPS (Disaster Mitigation, Adaptation and Preparedness Strategies)       | Mark Albert Zarco  
Professor, Institute of Civil Engineering, University of the Philippines Diliman |
| 10:30 – 12:00 pm | PANEL 3: Best Practices in Training of Nurses and Health Workers         | Moderators: Altanbagana Surenkhorloo  
Officer Policy Implementation and Coordination for Nursing Services, Division of Medical Services, Ministry of Health and Sport, Mongolia  
Araceli Balabagno  
Former Dean, College of Nursing, University of the Philippines Manila  
Janice Springer  
Disaster Public Health Nursing Consultant, American Red Cross  
Ryan Jay Jopia  
Volunteer Service Manager, Philippine Red Cross |
<p>| 1.          | Nursing care model for disaster shelters                                  |                                                                          |
| 2.          | Disaster Nursing Course and Training: Philippine Red Cross Experience     |                                                                          |</p>
<table>
<thead>
<tr>
<th>Time</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3. Philippine Nurses Association Training and Mobilizing Nurses for</td>
<td>Shiela Bonito Chair, Disaster Nursing Committee</td>
</tr>
<tr>
<td></td>
<td>Disasters Discussion and Open Forum</td>
<td>Philippine Nurses Association</td>
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<td>LUNCH (co-sponsored by Philippine Nurses Association)</td>
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<td>1:30 – 430 pm</td>
<td>WORKSHOP 1: APEDNN Action Planning for 2016-2020</td>
<td>Lead Facilitators:</td>
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<td>Caryn West Director, WHOCC Nursing and Midwifery Education and Research</td>
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<td>Capacity Building, James Cook University, Australia</td>
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<td>Josefina Tuazon APEDNN Secretariat, Professor, College of Nursing,</td>
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<td>University of the Philippines Manila</td>
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<td>Peter James Abad APEDNN Secretariat</td>
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<td>1. APEDNN History and Internal Scanning – How much have we achieved so</td>
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<td>2. Revisiting APEDNN Vision, Mission and Objectives (Large Group</td>
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<td>Discussion)</td>
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<td>3. Revisiting APEDNN organizational structure and memberships</td>
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<td>4. Agreement on Direction, Priorities and General Strategies (Group Work)</td>
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<td>4:30 – 6:00 pm</td>
<td>Market Place: Networking and member sharing through posters and</td>
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<td>interactive activities</td>
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<td>Free Night</td>
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### Day 3
26 September 2015, Saturday
*Action Planning and Way Forward*

<table>
<thead>
<tr>
<th>Time</th>
<th>Programme</th>
<th>Speakers</th>
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<tr>
<td>8:00 – 8:30 am</td>
<td>Registration</td>
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<td>8:30 – 9:00 am</td>
<td>Recap and Consensus</td>
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<td>9:00 – 11:00 am</td>
<td>WORKSHOP 2: APEDNN Action Planning along the following tentative streams</td>
<td>Lead Facilitators:</td>
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|             | • Presentation of APEDNN Core Competencies and Capacity-building Framework | **Caryn West**  
*James Cook University, Australia*  
**Josefina Tuazon**  
*University of the Philippines Manila*  
**Shiela Bonito**  
*University of the Philippines Manila* |
|             | • Group Work                                                              |                                                                                                   |
|             | 1. Capacity-building                                                      |                                                                                                   |
|             | 2. Information and Communication                                          |                                                                                                   |
|             | 3. Standards, Guidelines, Research, Best Practices                        |                                                                                                   |
|             | 4. APEDNN governance, structure and memberships                          |                                                                                                   |
| 11:00–12:15 pm | Plenary Session: Group Reports with Discussion and Agreements             |                                                                                                   |
|             | LUNCH                                                                     |                                                                                                   |
|             | sponsored by University of the Philippines Manila                        |                                                                                                   |
| 1:00 - 2:30 pm | WORKSHOP 3: Country Planning in achieving the mission of APEDNN and Commitments |                                                                                                   |
|             | (Working Lunch)                                                           |                                                                                                   |
| 2:30 – 3:15 pm | Plenary Session: Country Reports/ Plans                                   |                                                                                                   |
| 3:45 – 4:30 pm | Closing Program                                                           |                                                                                                   |
|             | Summary, Recommendations and Next Steps                                   |                                                                                                   |
| 4:30 – 6:00 pm | Post-meeting of APEDNN CWG                                              |                                                                                                   |
| 6:30 – 9:00 pm | Dinner hosted by UP Manila and UP College of Nursing                      |                                                                                                   |
Three sets of evaluation forms were distributed to the participants of the 9th APEDNN Meeting for each session day. Evaluation was done in two forms: (1) a quantitative evaluation using a five point Likert scale from 0 to 4, and (2) a qualitative evaluation with four open-ended questions. Frequency distribution, mean and median were used to describe the results of the quantitative evaluation. The evaluation forms were answered by 47, 35, and 26 participants, for each day of the sessions respectively.

**EVALUATION OF DAY 1 SESSIONS**

Most of the participants (median = 4) rated the items with “strongly agree”. They strongly agreed that the pre-registration process (mean = 3.83) and the registration process (mean = 3.80) were both efficient. They also agreed that the opening program oriented the participants with adequate information (mean = 3.71). The plenary session on the Sendai Framework was rated favorably in terms of the information being easy to follow and understand (mean = 3.62), and the session provided a good overview (mean = 3.49).

Two items evaluated each panel discussion, one on the nature of the topic (i.e. whether it is relevant and informative) and another on whether the discussion can be adapted in their country.

The panel sessions and skill session were also positively evaluated by the participants. The panel session on “Key Lessons from Recent Disasters” received an average rating of 3.63, while the other session on “Capacity Building on Maternal and Child in Disasters” had a rating of 3.51. The skill session on EINC delivery was evaluated with an average of 3.45.

**EVALUATION OF DAY 2 SESSIONS**

The panel discussion on the best practices in disaster nursing and capacity-building had an average rating of 3.73, while the discussion on the best practices in training of nurses and health workers received a rating of 3.70. The workshop on APEDNN Action Planning for 2016-2020 was evaluated with an average of 3.65. Most participants evaluated each item for these areas with strongly agree (median = 4).

**EVALUATION OF DAY 3 SESSIONS**

The second workshop as continuation of the APEDNN Action Planning (focused on the presentation of APEDNN Core Competencies and Capacity-Building Framework, and the various group work activities) was evaluated with an average of 3.87. The third workshop on country planning in achieving the mission of APEDNN and commitment was rated with an average of 3.86. Most participants strongly agreed that the closing program captured all the essential details about the 9th APEDNN meeting (median = 4), with an average rating of 3.79.

**EVALUATION OF THE MARKET PLACE**

The market place was given an average rating of 3.47 on two items: learned new information (mean = 3.45; median = 3.5) and thought that it was a good idea (mean = 3.49; median = 4). Comments and suggestions regarding the improvement of the market place were also collected with the qualitative evaluation form. Common areas identified were on: (1) putting all the exhibits/posters in one single place separate from the meeting room, (2) adding information for the displays to match with the materials, (3) video sharing sessions can be shown to make more work visible, (4) providing informational materials printed in English, and (5) considering the schedule earlier in the day so tired participants will not miss it in the afternoon.
OVERALL EVALUATION

For the overall evaluation of the meeting, six areas were taken into consideration. Most participants still strongly agreed (median = 4) that: (1) the APEDNN meeting exceeded their expectation (mean = 3.54), (2) the meeting got adequate participation from the participants (mean = 3.73), (3) the meeting increased interest in APEDNN and its objectives (mean = 3.77), (4) they are interested to contribute to APEDNN’s objectives in any capacity (mean = 3.62), (5) they will push for institutional membership to APEDNN (mean = 3.55), and (6) they are interested to register and attend the next meeting (mean = 3.68).

The most and least useful elements of the meeting were also identified. The following were viewed as most useful by the participants: (1) networking/ exchanges between members enable sharing of expertise and network strengthening, (2) pre-meeting of the core working group saved time for the actual meeting, (3) workshops were effective in achieving meeting objectives, (4) learning from established programs in place in various countries, (5) key lessons from recent disasters, (6) skills training on maternity and newborn care can be applied in country of origin, (7) workshops’ use of various methodologies such as role play, groupwork, and discussion, (8) shelter assessment tool, (9) short, concise review of previous day was useful to set the stage for the new day, and (10) PPE demonstration for Ebola.

Many participants responded that none of the sessions were least useful in the meeting, since all were relevant. However, some indicated the following concerns as areas of improvement for the upcoming meetings: (1) giving survey before arriving in the seminar to give participants an idea, (2) providing a list of places that can be visited around the venue, (3) ensuring the internet connection is active and effective, (4) giving materials and handouts for the speakers’ presentations during the meeting, (5) addressing concerns during country planning, if only one representative attended, (6) using two projectors/ bigger screens and table top exercises, (7) ensuring that speakers adhere to time limitations for their presentations, (8) uploading work/ outputs done in the workshop online, (9) promoting the market place to the participants, as they seem unaware of it, (10) using a different room for planning and logistics team, since they are possible sources of distraction during the discussion, (11) announcing the program earlier, (12) if possible, providing/ facilitating transportation for the participants (by the host) and (13) providing information regarding sponsors for attendance in next meetings.