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**REGIONAL OFFICES FOR SOUTH-EAST ASIA**  
**AND THE WESTERN PACIFIC**



**MINISTRY OF HEALTH**  
**PEOPLE'S REPUBLIC OF CHINA**



**SHANDONG UNIVERSITY**  
**SCHOOL OF NURSING**

## **REPORT**

### **ASIA PACIFIC EMERGENCY AND DISASTER NURSING NETWORK AND HEALTH EMERGENCY PARTNERS MEETING**

**Jinan, China**  
**16-20 October 2008**

**Manila, Philippines**  
**September 2009**

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REPORT

ASIA PACIFIC EMERGENCY AND DISASTER NURSING NETWORK AND  
HEALTH EMERGENCY PARTNERS MEETING

Convened by:

WORLD HEALTH ORGANIZATION  
HEADQUARTERS  
REGIONAL OFFICE FOR SOUTH-EAST ASIA  
REGIONAL OFFICE FOR THE WESTERN PACIFIC

Jinan, China  
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## NOTE

The views expressed in this report are those of the participants in the Asia Pacific Emergency Disaster Nursing Network and Health Emergency Partners Meeting and do not necessarily reflect the policies of the Organization.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for governments of Member States in the South-East Asia and Western Pacific Region and for those who participated in the Asia Pacific Emergency Disaster Nursing Network and Health Emergency Partners Meeting, which was held in Jinan, China, from 16 to 20 October 2008.

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## SUMMARY

A 2008 meeting of the Asia Pacific Emergency and Disasters Nursing Network and Partners was held in Jinan, Shandong China, from the 16<sup>th</sup> to 20<sup>th</sup> October, to strengthen and sustain emergency and disaster nursing network membership, education and research through communication technologies, partnerships and evaluation of progress made.

Over 300 participants from China, other Asia Pacific, selected Eastern Mediterranean and Northern American countries attended the meeting, supported by the Ministry of Health of the People's Republic of China, the Shandong University School of Nursing and the World Health Organization. Progress on the network's action plan was evaluated and experiences and lessons learned shared in relation to the Sichuan earthquake, Cyclone Nargis and the Myanmar floods. The meeting included three days of technical training of trainers on psychosocial health during and after disasters and community preparedness for infection control and the reduction of morbidity and mortality due to infectious diseases during pandemics and disasters.

Groups of participants compiled action plans for the next year and all participants endorsed the *Jinan Call to Action: Nurses, Midwives, Health Partners Address Emergency and Disaster Priorities for Safer and Resilient Communities*.

## 1. INTRODUCTION

During times of mounting numbers of emergencies and disasters as well as greater numbers of people affected (over 1.2 million in the decade 1997-2006), WHO, as the lead agency in the Global Health Cluster for Emergency Response, continues to play a pivotal role in strengthening coordination and collaboration of health professionals and partners in emergency preparedness and response joint actions.

WHO, partners and stakeholders recognize the need for a prepared and responsive health workforce with diverse health-emergency-management knowledge and the skills and abilities necessary to strengthen preparedness and response to an emergency or disaster. Although a wide range of health workers deliver health services, nurses and midwives are fundamental, frontline personnel, who provide an array of preventative, curative and rehabilitative services to individuals, families and groups – particularly to the most vulnerable populations. The further integration and maximum utilization of nurses and midwives in emergency preparedness and response activities require enhanced communication, networking and advocacy, capacity-building and other strategic interventions.

### 1.1 Background

Building on the International Council of Nurses' (ICN) global conference in June 2007, and acknowledging the importance of a functioning biregional emergency and disaster nursing network, a Joint Asia Pacific Informal Meeting of Health Emergency Partners and Nursing Stakeholders was organized by WHO and the International Organization for Migration (IOM) in Bangkok, Thailand from 25 to 27 October 2007. The meeting, attended by 72 participants from 17 countries of the Asia Pacific Region, resulted in the formation of a network vision, mission statement and core strategic objectives (see Annex 3). It provided opportunities for strengthening coordination and collaboration, furthering capacity-building and the integration of nursing personnel more fully into disaster preparedness and response teams and activities.

The aim of the 2008 APEDNN meeting, held in Jinan, Shandong China, from the 16<sup>th</sup> to 20<sup>th</sup> October, was to strengthen and sustain emergency and disaster nursing network membership, education and research through communication technologies, partnerships and evaluation of progress made.

### 1.2 Objectives

The meeting objectives, aligned with the theme of *Innovative Emergency and Disaster Nursing Education and Training – United for Action*, were:

1. To discuss and monitor network action plans, together with reviewing operational progress, including: updates on national experiences and responses; regional and global meetings and networks; core competencies and curricular domains; and gap analysis of necessary technical and financial resource mobilization.
2. To identify key strategies to expand network membership, web-page usage, collaboration in network sustainability, capacity-building and resource-sharing.

3. To implement pilot training, using the emergency and disaster nursing psychosocial health training module and respiratory disease infection control post disasters, disease outbreaks training materials.
4. To develop national, sub-regional and regional education/training action plans and evaluation methods.
5. To plan next priority network action steps, including network meeting venue and dates, action plan responsibilities and timelines.

### 1.3 Opening session

Dr Tao Zhan, President of Shandong University, welcomed participants and issued his thanks to the Ministry of Health, China and the World Health Organization for their support and collaboration in providing the opportunity to learn and exchange ideas on disaster nursing during times of great challenges and urgencies. He expressed his sincere gratitude to the many university colleagues, students and staff and personnel of partner hospitals in their rescue efforts and responses to the Sichuan Earthquake. He went on to ask how we could be better prepared for such recovery efforts and described the Jinan APEDNN meeting as a new milestone for disaster and emergency nursing world wide.

Madam Suilan Wang, Vice Governor of Shandong Province formally opened the meeting and welcomed delegates from around China and the world. She described the threats posed to society by disasters and emergencies and how the meeting provides great support and learning opportunities during times of continued threats.

Dr Feng Li, Senior Representative of the Ministry of Health, China, welcomed meeting participants on behalf of the Ministry of Health and thanked Shandong University for hosting the meeting. Stressing the extent to which China is impacted by emergencies and disasters, he placed emphasis on the importance of cooperation in responding to public health issues and the special significance of the meeting for China. He stated that the meeting would explore curricular reform, further expand the emergency and disaster nursing network and develop action plans.

Dr Xinhua Li, President of the China Nurses Association, noted the exposure of China to recurrent disasters and highlighted the critical roles played by nurses in a range of areas associated with disaster response.

Dr Cris Tunon, on behalf of the WHO Representative, China, Dr Hans Troedsson, greeted meeting participants on behalf of WHO and thanked nursing leaders and Shandong Provincial and University officials for hosting the meeting. He described how the meeting would highlight various roles in emergencies and how they cut across usual boundaries. He outlined WHO's emergency and humanitarian role in the provision of technical support and facilitation of coordination. He recognized the important role of nurses during times of emergencies and disasters and highlighted nursing training and responses which integrated psychosocial support into all other areas of trauma care and recovery.

## 2. PROCEEDINGS OF DAY ONE

### 2.1 Keynote presentations: United for action in emergency and disaster preparedness and response

In his presentation, Dr Eric Laroche, Assistant Director General, Action in Crisis WHO Headquarters, emphasized the important role of nurses in changing circumstances and disaster preparedness and response, as they are the most accessible members of the health system and often the first to respond to emergencies, who know community members and their needs and typically have experience in working with very limited resources. As such, they constitute important members of the overall planning response process and need to be fully participatory before, during and after emergencies. Dr. Laroche suggested the creation of an international roster of experienced nurses to respond to emergencies as well as the inclusion of nursing organizations in international emergency partnerships.

Dr Jean Yan, Chief Scientist for Nursing and Midwifery, WHO Headquarters, welcomed participants from the Western Pacific, South-East Asian and Eastern Mediterranean Regions and reiterated WHO's full recognition of the important roles played by nurses in emergencies and disasters, particularly as their ability to work within multidisciplinary teams, their community knowledge, gender-awareness and sensitivity and experience in working with limited resources. She noted the importance of their providing leadership in policy development in the area of disasters and emergencies and expressed her expectations that by the completion of the meeting a clear role for nurses in disaster and emergency would be delineated; nursing experiences would be shared with other health team members and that the network would be expanded to a global network of all regions.

Dr Deva Marie-Beck, representing the Nightingale Initiative for Global Health, introduced the premier video presentation in English and Mandarin of *Nurses and Midwives: Now More Than Ever for a Healthy World*, in celebration of the 60th anniversary of the founding of WHO in 1948 and the 30th anniversary of the 1978 signing of the Alma Ata Declaration. The video contained a series of images of nurses from all six WHO regions, illustrating their roles in primary health care over the last 60 years.

### 2.2 Keynote presentations: National emergency and disaster preparedness and response

The Chief Nursing Officer, China, Ms. GUO Yanhong, briefed participants on the nursing response to the Sichuan Earthquake and lessons learned. She noted the coincidence of the disaster occurring on the birthday of Florence Nightingale and the key actions of nurses, in terms of efficiency, shared team work and communication, great courage and skill.

Within the first 72 hours post-quake, over 35,000 health care workers were sent to the affected area, including 15,000 nurses who provided first aid care. The public response was outstanding in terms of responding to calls for blood donations and other needs. Health administrative regulations related to triage, hospital care and financial matters were developed, necessitating the full application of nursing management and clinical skills. Over 10,000 patients were transferred to other provinces for care to improve health outcomes. Many nursing resources were concentrated on infection control and reduction in infections. Multidisciplinary action for rehabilitation was implemented early following the acute phase, including a focus on longer term support for patients affected, through arrangements with non affected areas and their provision of resources for long term support.

Ms Guo noted the large amount of assistance from WHO and other countries, which greatly helped the survival of patients. She placed emphasis on the vital aspects of nursing in relation to teamwork, management, collaboration across multiple areas and essential emergency and critical care skills, as well as continuum of care skills focused on rehabilitation and recovery. The lessons learned cited were threefold: (1) valuing emergency and disaster nursing, necessary nurse preparation and curricular strengthening to ensure capacities to respond; (2) valuing the psychological needs of our patients and our health workers; and, (3) the importance of developing international partnerships.

Dr Xiuhua Li, President of the China Nurses Association(CNA), discussed the role of the CNA reference to the Sichuan Earthquake and subsequent activities and the challenges faced in responding to the extensive and devastating effects of the quake. She described the Nursing Association's development of a platform for supporting all disaster health care workers, including their establishment of a disaster nursing committee. Internet links with Japanese colleagues enabled rapid translation of relevant information and nursing communications and conferences with the Red Cross facilitated planning how best to provide assistance. A training programme was held, in consultation with a range of partners including the government and WHO. She noted the importance of close cooperation between the nurses association and the government; the value of cross-border training programmes with overseas colleagues and the documentation of nursing roles in disasters.

Dr Ma Hong, the team leader of the national disaster response psychosocial team, addressed the history of psychosocial responses to disasters including those to the Sichuan earthquake and the preceding field studies of disasters and mental health beginning in 1988; intervention studies in 1994 and the initiation of national training in 2000. She described the Sichuan earthquake as the first time the Chinese government organized such a large psychosocial intervention team, composed of multiple team members with differing backgrounds and skills, as well as external response teams and the expectations of communities. She noted the difficulty in meeting basic community needs for water, food and shelter and limited visitors to a mental health first aid station. After developing activities during which colored pens and paper were made available, many people came to the station. She expressed the importance and issues to be overcome in integrating psychosocial and disaster training into disaster preparedness and response preparation overall.

The national response to the May 2008 category 3 cyclone in Myanmar and related experiences were shared by Dr. Adik Wibowo, WHO Representative, Myanmar. The cyclone, with wind velocities of 150 to 200 kilometers per hour caused multiple severe effects, including the salination of fresh water supplies, destruction of homes and facilities and roads. The area affected is about five hours by road from the capital. Many health centres, staffed and managed by nurses, were damaged or totally destroyed with the loss of lives of numbers of nurses. The national response was focused on saving lives and preventing deaths with search and rescue operations beginning in the first days, with assistance from Singapore. WHO provided immediate support, including direct delivery of supplies to the field and a few weeks later, China also delivered tents for emergency housing. Survivors living near the Pacific Rim were relocated by boat to safer locations. Common injuries included serious abrasions from sand and various types of trauma. United Nations agency support was widespread, though country entry was not initially possible.

Health services in the camps and shelters were provided by various organizations and approximately 3,500 nurses and doctors were deployed to help the victims, with Army medical corps assistance. Various international organizations and overseas national medical teams, including teams from Thailand also responded. In cases where health centres were destroyed, care was provided outside of the destroyed buildings with nurses fully involved in these efforts. Nutritional supplies and psychosocial interventions were ensured. Potable water was provided by international organizations and assessment and monitoring of sanitation and latrines was implemented, including inspections of

cistern water collections were for larvae, in an effort to prevent outbreaks of cholera and dengue fever.

Lessons learned including the following:

- Sticking to principles;
- Maintaining solid team work;
- Technical updates and support need WHO guidelines;
- Delegating authority to decision makers;
- Maintaining trust with national counterparts; and
- Be alert to external, including media sensitivities.

Dr Wibowo stated that the real meaning of coordination is illustrated through:

- Maintenance of good relationships with the government;
- Coordination and collaboration, both horizontal and vertical;
- Supporting national plans as the basis for work;
- Establishing and maintaining liaisons with the government and non-governmental organizations;
- Recognizing that in the real world coordination is facilitation;
- Building solid partnerships and highlighting the strengths of partners and building allies, not enemies; and
- Agreeing on solutions through introspection, cognition, intuition and dialogue with partners.

### 2.3 Keynote presentations: Cross-cutting issues—health systems and gender

The presentation on disaster preparedness and response, a health systems imperative, delivered by Dr. A. Pesigan, reviewed the six health system building principles defined by the WHO and their combined aim to support universal access to quality health services for improved health outcomes for all. The example of an emergency/crisis situation in Lebanon was used to illustrate the impact of emergencies or disasters on infrastructural and health system functioning and the need for immediate recognition and attention to be given to the impacts on health systems and services. Of vital importance is the restoration of health system functionality; including the maintenance of essential public health functions and the delivery of health services to the population affected.

Longer-term objectives are focused on a sound rehabilitation of building back better; building institutional capacity for improved health system; and, contributing to the further managerial development of national health authorities to mitigate risks, prepare for and respond to disasters. Approaches may include but are not limited to the development and implementation of a master plan, using a participatory approach; building capacity for strengthening planning and projects management; designing short term crash plans or surge capacity plans for human resource deployment; and, training to support restoration of services.

Foundational pillars of health system responses to disasters are centered on the development of coordination platforms with all critical stakeholders focused on national master plans and the mainstreaming epidemiological surveillance and early warning systems (EWS) into regular operations. Essential service components include:

- Strengthening primary systems of care;
- Providing mental health and psychological support;
- Ensuring adequate immunization levels;
- Sustaining actions for the maintenance of water quality, sanitation and waste disposal; as well as
- Taking actions to ensure the restoration and use of laboratory, radiology and blood transfusion services.

Dr Pesigan suggested that nursing analyze how best to maximize nursing contributions in these areas and focus not purely on technical contributions but in all areas as well, using a systems approach.

The gender, health and disasters presentation, covering the background context of gender and health, how this relates to nursing and its' application to disaster work, was delivered by Dr. Reis Chen, WHO Headquarters. She began with asking the audience how many persons had to deal with gender issues at work—few hands were raised in response. The differing experiences of boys and girls, men and women to disasters were highlighted.

**Effects of disasters on women and girls** (related to social norms and biological factors):

- Face increased risk for adverse effects;
- Increased risk for violence;
- Less able to access assistance for safety or making needs known; and
- Insufficiently included in decision making.

There is also a tendency of planners to take for granted women's time and work as care givers after a disaster, without realizing the full extent of their multiple home, work and care-giving responsibilities.

**Effects of disasters on men** (men suffer disadvantages for different reasons):

- Expected to be brave. Put self at risk.
- Lack of experience with the new role in the family with the loss of wife or female family members;
- Because of societal expectations, men are expected to be strong emotionally, with little regard for their psychological health.

Nursing and midwifery roles are fundamental as nurses provide direct services, are trusted members of society and the main providers in the health care system. Unfortunately, this critical nursing resource is not utilized fully. A number of minimum service packages can be provided by nurses, including reproductive health services. Nursing and midwifery roles in disasters are reflective of their roles within their profession. Nurses are frequently left out in planning, response and recovery phases as well as evaluation. They do not receive the training and support needed to perform these roles, which is particularly true for nurses and midwives in affected communalities. Nurses and midwives must also assure that their own families are taken care of, while simultaneously carrying on with their work and overall functioning post-disasters.

During the discussion following the presentation of Dr. Reis, it was recognized that nurses always take the load when needed and that it is time for the health professions to work together as interdisciplinary work teams and perhaps training together across disciplines, which can be facilitated by simulated training opportunities. It was emphasized that training must include the defined roles for

each type of healthcare worker and documented officially in the national disaster plans, to enable full functional utilization of all professional groups.

#### 2.4 Keynote presentations: Emergency and disaster nursing: globally and regionally, innovative partnerships and teamwork

Dr Minami, the President of the International Council of Nurses (ICN), provided an overview of the work of the ICN in collaboration with other networks to assure the health of communities during and after disasters. As a member of the United Nations Interagency Standing Committee, as well as a founding member group on capacity building, ICN has hosted many conferences on disasters. The past conference in Japan, entitled *Nurses at the Forefront of the Unexpected*, demonstrated the work done by the ICN in the area of disasters. ICN believes it is important for all nurses to be trained to serve during disasters as no part of the world is immune from disasters. The ICN will assist national nursing associations in this. The ICN has issued a position statement on nursing disaster preparedness and is also working with the WHO Western Pacific Region to publish disaster nursing competencies. Preparations for disasters included education, advocacy, and, from the outset, actively participating in strategic planning on national disaster plans. Local, national and international disaster nursing networks should be supported.

Future prospects include:

- Assessing potential hazards and vulnerabilities;
- Participating in strategic planning and the implementation;
- Networking and forming partnerships;
- Curricular review and strengthening; and
- Maintaining competency.

Dr Yamamoto is the Director of the Hyogo University's WHO Collaborating Centre for Nursing in Disasters and Health Emergency Management, provided an overview of the World Society of Disaster Nursing, established in January, 2008, for the purpose of contributing to the health and welfare of people through promotion of international academic and collaborative research on disaster nursing and systematization of disaster nursing knowledge and practice. Now 47 countries and organizations are members of the Society, which is supported by the Japan Society of Disaster Nursing. Both societies contribute to the improvement of people lives and health by advancing this specialized branch of nursing research, education and practice.

The next series of speakers highlighted the value and outcomes of government, academic, service and national association partnerships in disaster preparedness and response.

Dr Eric Chan noted three key words as a recurring theme: response, prepare, the nurses role. Since 2003, in Hong Kong, nurses were put on the map due to the SARS outbreak. Nurses are now better prepared because of SARS. After the Wenchuan earthquake, nurses were redeployed from the hospitals to different areas. A number of key issues were identified within the large tertiary hospital serving multiple injured survivors—adequacy of supplies, high numbers of operations being performed and running out of sterilized supplies. Nonetheless, nurses were able to respond quickly and were assisted by the China Nurses Association (CNA). Currently, the CNA is working with the Hong Kong Hospital Authority on a programme related to the care of people post-disaster. A training course is being developed; 500 trainers are to be trained; and then the China Nurses Association will train 1,500 additional trainers, as well as other healthcare workers in addition to nurses.

Dr Samantha Pang, Dean of the Hong Kong Polytechnic University School of Nursing, Faculty of Health and Social Sciences and Director of its WHO Collaborating Centre for Community Health

Services, analyzed how the Hong Kong community and responders prepared for disasters. Citizens were asked what they thought would be possible natural disasters that could occur in Hong Kong. The top responses were typhoon, landslide and rainstorm, while, interestingly, infectious diseases were ranked quite low as a possibility. When asked about a disaster kit, only 56% knew what a disaster kit was. Therefore we concluded that improving community based disaster preparedness is essential. We also found that Hong Kong nurses need more training to respond to disasters. The Hong Kong Polytechnic University has joined with Sichuan University to form a post-disaster reconstruction, relief support and research centre. Training programmes have been conducted in the centre. Hong Kong Polytechnic University looks forward to joining with the international community to strengthen disaster resilience, introduce disaster nursing as a core curriculum domain, and develop post-graduate disaster nursing programmes. We can impact disaster preparedness through services, academic, association and government partnerships.

The China Nurses Association contribution to the team response to the Wenchuan earthquake was summarized by Dr. Liu Huaping, Vice-President of the CNA and Dean of the Peking Union Medical College's School of Nursing. Within a short period of time after the earthquake, a group of nursing colleagues from the Ministry of Health, WHO, PUMC and the CNA held a series of meetings in Beijing, to work together on proposal development related to priority interventions for nurses to better equip them to respond to urgent needs of survivors, over the short and longer-term. Selected experts, Dr Margaret Grigg, Ms Lisa Conlon were integrated into the work in Beijing after their arrival in country, as well as from a distance, Hong Kong trauma nursing colleagues and nursing leaders in Chengdu.

Originally, an intensive four day rapid training course was developed; this was deemed to be too long, given the work priorities of nurses serving the injured, so it was shortened to a two day course, developed in English, translated into Chinese, printed and disseminated. The first training program was evaluated, with the programme scoring over 4.5 for all elements, on a Likert scale of 1 to 5, 5 representing the highest rating. Suggestions were made to lengthen the course and to further improve the skills of intensive care, emergency room and other nurses in the areas of psychological mental health. Experts from mainland China were invited to the second workshop. We found that collaboration between the government, international organizations and universities helps facilitate the disaster response.

The medical and nursing response to the Wenchuan Earthquake, including a training needs analysis was presented by Professor Yijuan Cheng, Director of Nursing, Huaxi Hospital. During the earthquake, many areas were severely affected and buildings destroyed, including a large hospital. Thanks to the guidance of the authorities, we have a better capacity for first aid. We now have mid-term to long-term care activities delineated, including field rescue, rescue of disaster area hospitals, treatment in hospitals outside the affected areas and transportation to long term care facilities.

After the disaster the Nurses Association of Sichuan Province went to see the affected areas and found the working environments of make shift field hospitals quite severe. All northern areas nurses contributed to forming the response and working teams. The Huaxi Hospital had a lot of responsibilities for emergency care and achieved a lot. After 21 days, the number crucially ill patients markedly increased. We noted three peaks of admissions, as patients were transported out to other facilities, the admissions increased. After two weeks, many patients were transferred due to national efforts to transfer those patients able to be transferred for acute care. This is credited with the lower number of deaths experienced. We cooperated with many hospitals across the country in transfer arrangements and received much support from administrators and authorities. Forty days after the earthquake, the Ministry of Thailand encouraged us all and three months after the disaster, we had a workshop regarding long term rehabilitation of patients, attended by over 800 nurses. We have had

training programmes from the regional and national levels that increased our knowledge. Though it was a huge tragedy, it has brought us much reflection and lessons acquired.

We reflected upon lessons learned and concluded that:

- There is a high demand for disaster nurses and we need more education on disaster nursing;
- Nurses from different areas and differing specialties have specific requirements for such a course;
- We need a training programme to learn how to better manage the resources we have;
- We should localize our education according to the different needs of the local nurses;
- We would like to see a combined training programme, as well as inclusion of disaster nursing in the nursing curriculum.

## 2.5 Panel presentations and discussion—United for Action: Innovative approaches to education and training

Dr H. Minami reviewed the development of global disaster nursing competencies and aims to:

- Work in partnership with the Western Pacific Region in competency development;
- Make more effective contributions through the use of guiding competencies;
- Identify gaps and promote more standardized nursing preparation for disasters;
- Promote research; and
- Use competencies as a practical tool to screen potential volunteers.

Noting that some countries have a significant number of nurses trained in disaster nursing, while others may have only few, as nursing leaders we are ready to work with all on this issue. We are also collecting examples of best practices in disaster nursing as a number of key issues require attention.. While needing to ensure that there is access to medicines, vaccines and other resources to protect the health of the public, we must also ensure that cultural and liability issues are addressed as nurses respond to crises across borders. The safety of volunteers, workers, and the victims must be maintained. Ethical issues are of the utmost importance to consider. Resource generation is essential to expand nurses' roles in disaster.

Dr Jean Yan, Chief Nursing Officer, WHO, provided an overview of the WHO programmes of work addressing priorities, such as disaster preparedness and emergency care. As WHO works closely with Ministries of Health, including Senior Nursing Officers, these persons will be sitting at the table when policies and plans are made to respond to any disaster. The plan is to scale up the abilities of nurse leaders and managers. In 2008, 80 Member States have Chief Nursing officers; we envision an increase in numbers of nurses assuming these leadership positions. The plan is to have sufficient nurses with disaster preparedness and response leadership capacities and functions also. We have collaborated with the ICN in this endeavor since 2003; the *ICN Core Competencies in Disaster Nursing* will be imbedded in the WHO framework for disaster action. Such integration will strengthen the active participation of nurses in WHO as they will fit in with the WHO disaster operations at the outset. Another important achievement is the decision that a nurse should sit in the United Nations (UN) inter-agency standing committee (IASC) (coordination of humanitarian assistance). Nursing is well represented in the UN. Dr Yan noted the key outcomes of disaster-related activities within 2007 to 2008, including:

- Agreement during the 2007 Global ICN Conference that there should be a global disaster nursing network;

- A disaster nursing meeting in Jordan in 2007, to support development of 4 programs in disaster nursing at basic and graduate levels, based on the ICN competencies; and
- A training programme for health providers, including nurses. Once trained, these nurses have options to be part of a response team any where in the world.

Dr Orapan Thosingha, representing the Thailand Nursing Council, described Thailand's experiences in capacity-building in disaster nursing after tsunamis. Training programmes are offered in:

- First aid;
- Resuscitation;
- Transferring for proper treatment;
- Wound care and infection control;
- Rehabilitation;
- Mental health care and the prevention of post-traumatic stress disorder (PTSD); and
- Disaster preparedness.

The Thailand Nurses Association also assists with fund raising and has participated in the response to terrorism in the southernmost provinces of the country. Several activities have taken place to strengthen disaster preparedness for nurses:

- One or two day training programmes in basic disaster nursing (basic competency and rehabilitation after a disaster, and infected wound care emphasized). Three trainings were offered; 377 nurses were trained.
- Nursing leadership and management: from theory to practice was conducted; and
- An expert workshop in disaster nursing was conducted in 2006.
- Competency- and skills-based training programmes on Trauma Life Support (TLS) and Aero-Medical Evacuation (AME) for Nurses were provided in 2006, with support from the Thai Air Force. These were repeated in 2007 and 2008. A special Thailand certification in TLS and AME were provided to nurses who completed the trainings.
- The national Center for Disaster Nursing Thailand (NCDNT) was established in 2008.

The second panel presentation, focused on the development of the emergency-disaster APEDNN curricular framework, included Ms Lisa Conlon, Dr Sheila Bonito, Dr Margaret Grigg and Dr Kim Usher and represented the work carried out subsequent to the 2007 Bangkok meeting. It was decided upon completion of that meeting to develop a training package that could be used quickly during emergencies as well as longer, more expanded courses useful for overall disaster preparedness. The courses will be designed in such a manner that they can be tailored by specific countries to meet their unique cultural and operational needs. Key strategic objectives are to:

- Review and analyze various sets of competencies; linking a list of competencies to the content domains identified;
- Describe the various types of course offerings and delivery modes;
- Design and develop a course prototype (to be presented at the workshop this week); and suggest course teaching – learning and evaluation strategies.

The following documents were assembled and reviewed as part of a broad literature review of relevant competencies:

- WHO Assembly Resolutions, 2005/6;

- ICN core competencies for disaster nursing (under development);
- WHO/HAC Unified Competency Model, 2006;
- WHO/EMRO Disaster Nursing Consultation, Jordan 2007; and
- WPRO/SEARO Bangkok 2007 meeting report.

The processes of review are aimed at the linking of applicable disaster nursing competencies recognized globally to an APEDNN curricular framework, through consultations with the APEDNN. The competencies reviewed to date are clustered in 4 phases: preparation, acute intervention, recovery and rehabilitation; Follow-up actions include the development of prototype training courses by lead institutions and pilot-testing of such courses.

## 2.6 Closing session

A summary of day one was presented, followed by a brief outline of activities for the subsequent days. Formal addresses by Shandong University and Ministry of Health officials were delivered during an evening dinner.

## 3. PROCEEDINGS OF DAY TWO

Dr Prakin Suchaxaya, Regional Nursing Adviser, South-East Asia Regional introduced the day two sessions focused on *enhancing capacity-building: resources and effectiveness*.

### 3.1 Enhancing capacity-building: resources and effectiveness

The first speaker of the day, Dr. Jean Yan, provided an overview of the *Global Program Work Strengthening Nursing and Midwifery Capacity to Contribute to the achievement of the MDGs*, an operational plan of nursing work aimed at contributing to the development of MDGs, closely aligned with this year's WHO 60<sup>th</sup> year anniversary celebration and the 30<sup>th</sup> anniversary of Alma Ata Declaration on Primary Health Care. WHO and Member States are now renewing primary health for all and illustrating how primary health care can save lives.

Evidence of contributions to cost-effective care by nurses and midwives was highlighted by Dr Yan:

- Maternal newborn mortality goes up when there is no trained nurse or midwife present;
- Trained nurses and midwives can deliver approximately 80% of the health care and up to 90% of the paediatric care currently provided by primary care physicians at equal or better quality and lower costs.
- Under utilization of nurse practitioners in the US – cost the country as much as \$ 8.7 billion dollars annually (Tournquist, 1997).

She also noted that we must recognize nursing's valuable resources and functions broadly, as through better use of existing preventive measures, we could reduce the global health burden of disease by 70%.

The current global HRH situation was summarized, highlighting major issues and work-plan responses:

- The global human resources crisis surrounds workforce production, retention and migration;
- Weak infrastructure are in place—in terms of logistics, procurement and physical infrastructures;
- Catastrophic health expenditures result from high out of pocket expenditures and limited social protection;
- Ineffective and inequitable delivery systems are in place which lack integration; are duplicative and distorted, with limited engagement with non-state providers, and communities; management is weak and clients express dissatisfaction with services;
- Volatility and lack of predictable financing of the health sector, as well as competing demands create funding uncertainties;
- Resources are distributed unequally, the parts of the world experiencing the greatest burden of disease have the lowest numbers of health care providers; and the highest density of health workers is in urban settings, leaving rural areas underserved;
- Most countries lack national policies and plans on human resources for health;
- Inadequate capacities exist to train more health workers; and
- A number of Member states are not able to provide basic services because of the HRH crisis.

Studies illustrate that while urban areas are rich in multi-disciplinary health teams, when we move to the remote areas they all disappear, except for nurses and midwives. The WHO global work-plan aims at addressing these challenges by scaling up nursing and midwifery for adequate numbers of supported, motivated competent nurses and midwives, to ensure universal access to health for all, applying primary health care principles for better health outcomes.

The WHO global programme of work components and outcomes were presented, consisting of five key result areas that, if focused on, can make significant contributions to global health:

1. Education and training
2. Health care services provision
3. Workplace environment
4. Talent management - enough leaders to guide us
5. Partnerships: working together, building alliances to improve health

Selected regional priority issues and components of the WHO work-plan were highlighted by Dr Eric Chan and Professor Pelenatete Stowers, WHO Global Advisory Group Members. Dr Eric Chan reiterated remarks of WHO's Director General, Dr. Margaret Chan, that in advancing global health, the provision of health is important across all of the health sectors, from transport to care. He also highlighted urban versus rural distributions of health workers, with remaining nurses, midwives left to carryout care for remote communities.

The HRH challenges were addressed within the health system contextual constraints as impediments to the implementation of major global initiatives for health and the attainment of the Millennium Development Goal, with poor countries progressing slowest towards the health MDGs. Major challenges surround chronic under-investments in the workforce, poor infrastructure, lack of staff, inadequate finances, and inequitable distribution and inefficient use of resources. Shortage of health workers is often more severe in areas serving vulnerable populations with the greatest health needs and/or higher disease burden. He also presented the *WHO Western Pacific's Health Systems Framework* with six core building blocks and the *Regional Strategy on HRH 2006-2015*, intended to provide policy options and practical guidance to Member States in developing and sustaining health

workforces that enhance health systems performance and service quality and improve health outcomes...they do not replace the need for country-specific health workforce strategies.

Professor Pelenatete Stowers addressed key aspects of the HRH strategy and the regional nursing strategic operational plan, including the:

- HRH Minimum Data Set (MDS) —Phase II, focused on operational application of the 4 domains of the MDS, demographics (population of country); current workforce (stock); workforce additions (supply); and workforces losses;
- WWPT (WPR Workforce Projection Tool)
- Mapping of nursing and midwifery education, regulation and workforce. Data collection completed—data being cleaned and validated; The analysis, Phase II, consisting of:
  - Continued institutional twinning and capacity-building;
  - testing and applying *Global Academic Quality Standards* (WPR and SEAR);
  - Operationally applying the SEA and WPR regulatory nursing competencies; and
  - Continued research and evaluation.

Professor Stowers also summarized the work of the *South Pacific Chief Nursing and Midwifery Officers Alliance*, subsequent to its formation in 2004. During the third meeting of the alliance, held in Sydney, Australia, in 2008, in conjunction with the launch of the WHO Collaborating Centre for Nursing Midwifery and Health Development, Faculty of Nursing Midwifery and Health, University of Technology, Sydney, Pacific island nursing leaders discussed sub-regional priority areas of work. These priorities, inline with the global work plan, include:

- communication between SPCNMOA delegates
- Leadership
- Regulation
- Data literacy

An action plan and two resolutions were formulated.<sup>1</sup> One resolution focused on strengthening nursing and midwifery education during Phase II of the relevant regional operational plan and the other on strengthening nursing and midwifery capacity to reduce risks and deal with disasters and public health emergencies, including those related to climate change.

### 3.2 Plenary panel discussion: United Action: Accomplishments, Lessons Learned and Next Steps

During the panel discussion, Ms. Fritsch, WHO Western Pacific Regional Nursing Adviser, provided an update on the *Asian Pacific Emergency and Disaster Nursing Network (APEDNN)* and partners action plan implementation subsequent to the 2007 Bangkok meeting.

The processes of the multi-professional network involve working collaboratively through ownership and operations by APEDNN members. Nursing and partner representatives from the Western Pacific and South-East Asian Regions of WHO met in Bangkok, Thailand, from October 25-27, 2007 to form the *Asia Pacific Emergency Disaster Nursing Network* and its accompanying workplan.

The network's vision, mission and strategic objectives are presented in Annex 3. Key areas of the network's work plan were addressed, including network communications supported via email; the

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<sup>1</sup> WHO Western Pacific Region and SPCNMOA Secretariat. *Report on the South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA) meeting. Pacific partnerships working towards healthy systems and services in primary health care.* 7-9 April, 2008, Sydney, Australia. Manila, 2009.

rapid development and pilot-testing of selected core courses after the Wenchuan earthquake with further capacity-building and field-testing of selected courses during this year's meeting; launching and further development of the APEDNN website by Shandong University, enhanced collaboration and disaster response; and, during this year's meeting, representation by four WHO regions and 21 countries.<sup>2</sup> It is hoped that future collaboration will involve all six WHO regions.

Next, Dr Kristine Qureshi and Kathleen Fritsch reported on the APEDNN 2007 survey results, data analysis and implications for action. When the nursing network was formed, there was no list of the current challenges, initiatives or key emergency/disaster training needs of nurses in the Region. The group therefore undertook a brief structured survey to determine these challenges, initiatives and training needs, which provided the background for setting network priorities and identifying strategies. The survey tool was developed by Kathleen Fritsch and emailed to the Bangkok meeting participants prior to the meeting, with hard copies of the survey distributed at the meeting. Results were forwarded to Dr. Kris Qureshi at the University of Hawaii for data compilation and analysis. Information was received from 13 of the 14 countries represented at the meeting, with respondents from academic institutes, governments and professional organizations.

A key challenge identified by survey respondents was identifying funding and resources to support disaster preparation and training. Key topics of importance in the Asia Pacific Region were identified as:

- Disaster situation awareness
- Pre-hospital nursing care
- Hospital care
- Initiation of Response
- Psychosocial care after a disaster
- Epidemiology skills.

The current state of nursing and midwifery involvement in disaster/emergency preparation revealed that:

- Nurses were involved in country preparedness activities in only 50% of the countries represented. (Dr Qureshi noted that nurses need to be at the table for disaster awareness, preparedness and response).
- When nurses were involved, it occurred across different settings—hospitals, communities, voluntary organizations and others.
- Types of activities nurses were involved in included providing direct care; serving as managers; developing training programmes, etc.

In-country advanced disaster training programmes were reported by two-thirds of the countries. These programmes tended to be short, not required, and targeted to emergency nurses, not the generalist nurse. Dr. Qureshi noted that we know that during large disasters, most nurses who respond are not emergency nurses and therefore there is much work to be done to develop this capacity among generalist nurses. Only one respondent noted that there was a compulsory advanced training in place.

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<sup>2</sup> Australia, Bahrain, Bhutan, Cambodia, Japan, Egypt, Fiji, Jordan, South Korea, Malaysia, Nepal, Niue, Indonesia, Papua New Guinea, Philippines, Thailand, Samoa, Switzerland, USA, Vietnam, China

Quality assurance indicators to guide disaster nursing care or to measure nursing performance during a disaster response were reported by respondents from only 3 countries. Standards that did exist tended to be process standards addressing time (e.g. the number of people who report to the facility) and response time, rather than quality standards.

In addition, clinical practice guidelines were only reported by three countries as being in place to guide care during a response. Most of the guidelines reported were specific to infectious disease events. No guidelines related to trauma response or psychosocial responses were cited.

Opinions were sought regarding core emergency/disaster nursing curricular domains for pre-service nursing students and respondents identified four key content areas: basic assessment and treatment skills; public health preparedness; basic emergency preparedness; and emerging infectious diseases. These could be called the “nursing fundamentals of disasters response.”

Core emergency / disaster curricular domains – for nursing *continuing education* were identified by respondents as: mental health issues and response; crises interventions for unique patient populations; disaster communication and information sharing; emerging infectious diseases and bioterrorism.

Opinions regarding core emergency / disaster curricular domains for advanced practice/specialized nurses were also sought. The more complex activities identified for advanced practice nursing included: human resource management, surge capacity, staffing, and the use of overseas responders; emerging infectious diseases; crises interventions for unique patient populations; and advanced assessment, resuscitation and stabilization

Dr Qureshi summarized the findings, noting that although this was a small survey, the most significant resource needed was funding, equipment and training. It was found that although nurses and midwives in the Western Pacific and South-East Asia are involved in all phases of disaster preparedness, planning, response, evaluation and training, this involvement is not universal across the countries. Although the curricular domains were identified, these also varied by the audience, the one educational topic identified in all three levels of pre-service education, advanced practice and continuing education, was emerging infectious diseases. Dr. Qureshi ended with a quote by one of the nurses completing the survey: “There is a dire need for emergency/disaster training because most facilities are manned only by nurses”.

The third set of panelists, Dr Yuli Zang and Dr Kristine Qureshi provided an update on the 2007 identified need for communication among nurses regarding emergencies and disasters. Given the increasing number of emergencies in the world, nurses must be better prepared to be able to respond. A website, to be used for communication purposes, was developed by Shandong University to address this critical need. Dr. Zang introduced and thanked the web-site developers, without whom this could not have happened and demonstrated use of the web site.

One of the mechanisms to support communications is a platform that facilitates the development of the APEDNN network. Such a platform would enable nurses from different places to work together to increase their knowledge base of emergency and disaster nursing as well as to identify resources. Through this newly developed platform, individuals will be able to get in contact with one another to share information about an emergency or disaster as well as construct knowledge in emergency/disaster nursing. The web site will also facilitate provision of training courses in emergency/disaster nursing across the Asia Pacific Region.

Dr Zang noted that a forum is needed that allows individuals to work together anytime, anywhere and then demonstrated use of the website. The web-site objectives are to achieve

information sharing without boundaries and without cost and to facilitate the development of relevant nursing courses and standardization of best practices. Six major services are provided by this online web platform:

- Information publishing
- Knowledge management
- Online forum
- Continuing education
- Long-distance consultation
- Translation validity

Website content is organized to provide information, including news about disasters and important events such as this meeting; knowledge management, including the provision of 3 courses at no cost in emergency and disaster nursing so all will have access anytime; publications, including the publishing of findings of research, meetings and other information; an online forum, enabling dynamic interaction, with visual, auditory functions as well as use of a white board to upload files; continuing education to enable the offering of online courses that will be free and accessible to all Asia Pacific Network members; online consultation: They hope to identify experts who will use the platform to provide online consultation for emergencies and disasters; and, translation to overcome language barriers.

Further resources are needed to sustain the web site.

The final morning session was led by Ms. Fritsch, aimed at giving the audience an update of core collaborative work activities of WHO Collaborating Centres (CCs) and partner institutions. The WHO Global Advisory Group for Nursing and Midwifery (GAGNM) members from the Western Pacific and South-East Regions were identified and the newly released GAGNM brochure, designed by Eric Chan, distributed. Representatives of WHO CCs and partner institutions were invited to come forward and discuss how their institution, collaborating centre or body are involved in the work of APEDNN, regional and global work plans.

Cathy Wasem described some of the related activities of the American Pacific Nurse Leaders Council (APNLC), including a 2008 APNLC resolution that addresses a goal of developing a core common curriculum and a recently received grant from the Northwest Health/Robert Wood Johnson Foundations to address nursing faculty development among the North Pacific nursing programmes.

Michelle Rumsey of the University of Technology, Sydney (UTS) reported that the WHO CC was established earlier this year and has been involved in pandemic preparedness for many years. *A Lessons Learnt from SARS Summit* was held in 2004, followed by a *Leadership and Pandemic Preparedness Summit* in 2006 with Chief Nurses from the WHO Western Pacific Region. A UTS faculty member, Lisa Conlon, has been the University's internal disaster nursing expert and has been heavily involved in the network from its conception.

Sheila Bonito of the University of the Philippines (UP), a faculty member with the Open University of the Philippines, the distance education component of the UP, reported on the work of the University of the Philippines, whose College of Nursing is also a WHO CC. She also requested participants' feedback on the emergency and disaster nursing curricular framework that has been developed. The representative from Nepal reported on the delivery of emergency nursing courses in the country. The South-East Asia representatives reported on the work of the three WHO CCs in Thailand and faculty from the respective universities were introduced. University-based training for nurse practitioners and training for trainers in HIV/AIDS were illustrated, with plans for emergency and disaster nurse training.

Kim Usher, Dean Emeritus of James Cook University School of Nursing, Queensland Australia stated that the University would host the next network meeting in Cairns, Australia. James Cook University is working to become a WHO Collaborating Centre. The University of Technology at Sydney/WHO Collaborating Centre will provide a support role in preparations for the next APEDNN meeting.

Presenters highlighted the value of working together within the network and beyond and formulating annual action plans, based on the APEDNN strategic objectives. Ms. Fritsch noted that one of the goals is to develop core curricular courses that can be rapidly developed and utilized for training. In addition, it is hoped that future mechanisms will be developed or applied for accreditation of such courses. Dr. Kristine Qureshi is also looking at research development capacity in emerging infectious diseases. During afternoon group work sessions, participants will be asked to commit to working on different components of the network's action plan.

### 3.3 Strategic approaches to cross-border collaboration in knowledge dissemination, research and capacity-building

The afternoon plenary panel session on strategic approaches to cross border collaboration in knowledge dissemination, research and capacity building was introduced by Ms. Fritsch as being an opportunity for all participants to become familiar with ongoing cross-border research pertaining to disasters and to prepare for group work later in the day to explore mechanisms on how to improve cross-border research and capacity building. Within the context of health system strengthening in preparation for and response to disasters and in response to the recognized gap in cross-border research related to capacity-building, three broad areas were addressed:

1. Vulnerability assessment;
2. Regional mapping; and
3. People with disabilities.

An action research approach to a community needs assessment in the Wenchuan Post earthquake area was presented by Ms. Sunshine Chan, WHO Collaborating Centre, Hong Kong Polytechnic University, to illustrate an approach to developing community based rehabilitation and health promotion strategies for quake survivors and capacity building of health workers. The research endeavor represented a partnership between Hong Kong Polytechnic, Shandong University and Huaxi Hospital, Sichuan University, Chengdu and reflected the integrated trans-disciplinary work among universities, health services, government and training organizations.

The objectives of the study were to 1) understand community resilience; 2) enhance the health of survivors and build their capacity to move on with their lives; and 3) improve evidence-based practice among health workers, expanding their roles and improving satisfaction. An assessment of the whole community and the specific health needs of survivors was implemented and included areas such as socio-demographic data, health problems, quality of life, pain and wounds.

Preliminary findings of 30 vulnerable residents were reported. The majority of respondents were between 40 and 60 with more males than females. Musculoskeletal complaints were the most common reported problem, followed by gastrointestinal problems. A large number of the study sample reported neuropsychiatric problems including sleep difficulties and anxiety. Many people used self-prescribed medications. A significant number also had high blood pressure. Data analysis of responses to the *Stress Response Questionnaire* demonstrated that many had stress symptoms including being easily frightened. People expressed concerns with privacy; 80% reported some pain; 20% severe pain. Services are currently being planned based on the pilot assessment survey data analyses to improve the health and well being of residents.

The second panelist, Dr Qingyue Meng, Dean, School of Public Health, Shandong University, delivered a presentation on the assessment of medical needs of the population in the Wenchuan earthquake affected area, further illustrating multi disciplinary cooperation in applied research. Approximately 4.6 million people had been living in the affected area. After the earthquake, the poor became poorer and the non poor became poor. There was an increase in medical needs both physical and mental. Medical assistance programmes could be helpful in addressing the poverty-disease-poverty cycle. The study asked questions such as who are the poor? Who are the most needy? How can services be delivered to the needy? How can medical assistance programmes help? The research represented a multidisciplinary approach including academics and policy makers for health, financing, sociology, economics, management, social medicine and nursing, including teams from six universities.

A range of survey instruments were used for the study including household and facility surveys as well as key informant interviews and focus group discussion. Mixed research teams that included local people were used. A number of indicators to measure health needs and costs were applied. Initial results indicated that the majority of the population lost their houses, with a smaller proportion also losing their income. Health needs assessment indicated that the level and severity of need was high, but highest among lower income groups. There was a high risk of mental health problems among the population. Out of pocket expenses for health care were more serious for people with low incomes.

Multidisciplinary cooperation in research can ensure quality and comprehensiveness and have a significant impact on policy makers.

The next team of panelists, Dr. Kim Usher and Dr Kristine Qureshi, presented outcomes of the cross-border analysis of education, regulation and workforce needs linked to emergency and disaster nursing research. The project aimed to:

- Enumerate the nursing and midwifery workforce in the region;
- Improve understanding of the regulations and systems;
- Identify curriculum content, methods and resources;
- Better understand factors affecting migration; and
- Better understand workplace environment.

Findings in the South Pacific found wide variation in legislation, regulation, accreditation, salary and career pathways. Primary health care was the basis of most curricula. There was an emphasis on medical-surgical content and skills in both theory and clinical placements. This content would assist in emergency preparedness. Mental health content was minimal and emergency/disaster content was not easily identifiable. There was variability in nursing curricula at both basic and post basic level.

Core competencies for the SEA and WP regions exist, having been agreed upon at a 2004 meeting of regulatory representatives. Emergency and disaster nursing were not mentioned within the competency statements. While the competencies have been adopted it was difficult to determine how useful they were in the development of curricula or regulation of nursing in the region without further operational application, methods to support competency validation and ongoing evaluation.

In the Northern Pacific, a slightly different methodology was used and a more diverse group of countries was covered than in the previous study. Cross-sectional surveys developed were based on the original survey developed by Professor Usher, although some items were modified by stakeholders. Issues identified varied by the jurisdiction. Findings were consistent with those in the South Pacific. There is an overall shortage of nurses, advanced practice nurses and midwives. The reasons include:

- Insufficient faculty
- Inability to recruit qualified students (e.g. costs, earlier educational preparations)
- Low salaries
- Limited career pathways

Half of countries reported regulation by a nursing board, while the other half reported regulation by a non-nursing agency. Five of eleven countries reported some degree of disaster nursing in their curricula.

Health service research is difficult. There are problems in comparing or collating education and professional information when it is reported very differently by respondents. Validity and reliability of the data is a problem. Additionally, some of the questions may be sensitive and there may be a reluctance to disclose such information externally. There are opportunities for the network to develop a system for ongoing development and undertaking of shared research studies.

The final team of panel members, Dr. Beth Marks, Associate Director for Research and Assistant Professor, Rehabilitation Research and Training Centre on Aging and Developmental Disabilities (RRTCAD), University of Illinois and Dr. Yuli Zang, Associate Dean, Shandong University School of Nursing, focused on addressing the needs of persons with disabilities in disaster and emergency care. Dr. Marks led a discussion of the meaning and range of disabilities and key strategic planning aims.

People with disabilities in emergencies are more vulnerable and can be disproportionately affected by emergencies and disasters. People with disabilities increasingly are identified as a part of a socio-cultural group crossing gender, race, and ethnicity cultural socio-economic and diagnostic boundaries. Recent classification standards established parity between physical and mental disability, called for the identification of facilitators and mainstreamed disabilities as a universal human experience.

Disability applies to a wide range of people and a broad definition should be used within disaster planning to ensure that no-one is left behind. There is limited data on the experience of people with disabilities in emergencies, but anecdotal reports indicate that they are disproportionately affected. Planning should include:

- Overcoming access barriers (eg physical facilities, communication systems);
- Inclusion in preparedness activities;
- Designing disaster response by taking into account people with disabilities;
- Using the strengths of community based organizations serving people with disabilities; and
- Ensuring that disaster advice is made easily accessible to people with disabilities.

Nurses have a key role in developing interdisciplinary research and translation that fully engages people with disabilities. It is important to improve the competence of nurses to meet the needs of people with disabilities in emergencies and disasters.

Dr Yuli Zang presented a research approach to persons with disabilities. Approximately 6% of the population of China has disabilities and three studies were used in identifying issues surrounding support to persons with disabilities. The first study examined the use of sign language among nurses in hospitals. The second study examined the needs of patients with deafness and the third study examined the social care of children with disabilities.

The two presenters called for urgent attention from nurses and other professionals to an increased understanding of the needs of people with disabilities.

### 3.4 Strategic planning

The last session of the afternoon was devoted to group work on strategic action planning in which five groups concurrently worked on five areas of action, including:

- Mechanisms of running APEDNN; website, communications and resource generation;
- Functions of participating lead academic institutions; associations and other nursing networks;
- 2009 APEDNN meeting;
- Sub-regional and national capacity-building; and
- Research coordination.

The outcomes of the group work are presented in Annex 4 and were incorporated into the *Jinan Call for Action* presented on day 5 of the meeting.

### 3.5 Closing session

The meeting was formally closed by Kathleen Fritsch, Dr. A. Pesigan, WHO representatives, and Dean Lou Fenglan, School of Nursing Shandong University. Closing remarks from WHO highlighted the significant work done since the network's inception in 2007. It also reflected on the chance to learn from the lessons of our Chinese colleagues and their generosity in sharing during such difficult times. They thanked Shandong University and government representatives for hosting the meeting.

Dr Pesigan described the opportunity that the network provided during a crisis in China to mobilize resources and partners to provide a rapid response earlier in the year. Consequently, WHO's Department of Humanitarian Action in Crisis was able to commit emergency funds to support the nursing response to the Wenchuan earthquake. HAC provided a commitment to an ongoing partnership with the network and to work with other members in responding to such challenges.

Dean Lou Fenglan thanked the wide range of participants for attending the meeting. She had noted that there was much interest in the meeting from nursing colleagues and the community generally. She also provided an introduction to the training workshops commencing the next day and wished all a great success.

#### 4. TECHNICAL CAPACITY-BUILDING WORKSHOPS 18-20 OCTOBER

##### 4.1 Training of trainers on prevention and control of acute respiratory diseases

Following introductory remarks by Dr Jean Yan, WHO, Headquarters, an introduction to the prevention and control of acute respiratory diseases was given by Ms. Mwansa Nkownes, WHO Headquarters, describing how WHO is responding in many areas to disease outbreaks, a recurring type of emergency or potential disaster, including the prevention and control of acute respiratory diseases (ARDs). The participatory training provided was based on WHO training tools and other strategies to mitigate the transmission of epidemic/pandemic-prone respiratory pathogens when providing community- or facility-based health care. The trainers included: Dr Il Young Yoo (Korea); Dr Hania Dawani (Jordan); Professor Orapan Thosingha and Dr Wanchai Moongtui (Thailand); Ms Peggy OR (Hong Kong, China); Dr Jameela Al Salman and Rola (Bahrain), and Dr Azza El Soussi (Egypt). Most of these trainers had received an orientation on the training package and training methodologies in September 2008, in Geneva, Switzerland. During the capacity-building workshops in Shandong these trainers were supported by Dr Isis E. Pluut and Mrs Mwansa Nkowane from WHO Headquarters.

A total of 180 participants attended the training sessions, necessitating the formation of four groups running concurrently. Three groups were carried out in Mandarin with translation done by Sunshine Chan, Sijian Lu and Samantha Pang. One group was for the English speaking participants. The training sessions were very interactive and generated a lot of interest. Topics covered in the sessions included:

- Adult learning;
- Understanding ARDs and ARDs of potential concern;
- ARDs and home care;
- Keeping health workers and community workers safe;
- ARDs and clinic services, and;
- Reducing access mortality due to illness in emergencies.

The training culminated with rollout plans which were proposed by the facilitators. The plans included activities related to awareness creation, integration of ARDs content into pre-service and in service training, faculty development, and community education such as in primary and secondary schools. These plans were presented in the context of emergency preparedness and response and thus implementation would not be done in isolation from the overall context driving the training. Training workshop evaluation data are found in Annex 5.

##### 4.2 Training in psychosocial and mental health in emergencies and disasters

The opening session by Dr Wang Xiangdong provided an overview of the main issues related to emergencies and disasters. It provided information on emergencies and disasters, and offered a review of the main psychosocial issues arising in these situations. It was presented as a didactic lecture to the large group; the presenter used power point slides to highlight major points.

The second session, led by Professor Kim Usher and Ms. Lisa Conlon introduced participants to the psychological impact of emergencies and disasters by covering issues such as the stressors related to emergencies and disasters; normal responses to extreme stress as well as how these may be expressed by children as well as adults; and basic interventions that might be helpful in these

situations. The presenters used power point slides and made use of interaction and questioning within the large group, adding examples and stories to explain principles wherever possible.

The third session, also delivered by Professor Kim Usher and Ms Lisa Conlon, provided an overview of the public health Interventions for vulnerable individuals and communities. The main interventions for vulnerable individuals and communities were addressed along with an overview of important issues such as management of the deceased; attention to community rituals; and the principles of conducting community assessments and consultations. Issues related to vulnerable groups and their special needs in emergencies and disasters were also covered. Power point slides, group questions and discussion were used in the session.

Session four, led by Professor Usher and Ms. Conlon, provided an overview of the key principles and guidelines involved in emergency and disaster psychosocial first aid. The things to avoid in these situations were addressed; grief reactions described; and an overview of useful intervention strategies was provided. Professor Usher also discussed the importance of nurse self-care in emergency and disaster situations.

Session five, led by Dr Wang Xiangdong, dealt with serious mental health problems. The presentation was a didactic lecture that offered an overview of the management of people with serious mental health disorders in the context of emergencies and disasters. The session also used power point slides and class discussion.

Session six focused on basic counselling skills for nurses and was led by Ms Lisa Conlon. Ms Conlon outlined the basic counselling skills that can be used by nurses when caring for people in emergency and disaster situations. Issues such as verbal and non-verbal communication; how to approach people; and interventions for specific situations were addressed.

The final session, facilitated by Mr Geoff Clark, Ms Lisa Conlon, Ms Sheila Bonito and Dr Wang Xiangdong, used psychosocial case studies and role plays in groups of approximately 25 to 30 participants. The discussions addressed the case studies utilized and resulted in excellent group interactions.

An evaluation sheet was handed out to all participants; 127 were returned: 94 returned the Mandarin version and 43 returned the English version of the evaluation tool. In general, the evaluations were positive as summarized in Annex 5.

## 5. DAY FIVE: ACTION PLANNING, EVALUATION AND CLOSURE

### 5.1 Action planning and Jinan Call to Action

Following the conclusion of the concurrent capacity-building workshops on 20<sup>th</sup> October, participants worked in sub-groups to work on relevant action planning for the next year (see Annex 6). *The Jinan Call to Action: Nurses, Midwives, Health Partners Address Emergency and Disaster Priorities for Safer and Resilient Communities* (Annex7), formulated by a small working group, was disseminated and endorsed by all participants. Participants also completed overall meeting evaluation forms at that time, which are summarized in Annex 8.

## 5.2 Closing session

Closing remarks were delivered by representatives of Shandong University and WHO. Special thanks were given to the China Ministry of Health and Shandong University, for their hard work and achievements in making the 2008 APEDNN meeting a very successful one.

ASIA PACIFIC EMERGENCY AND DISASTER NURSING NETWORK AND  
HEALTH EMERGENCY PARTNERS MEETING

Jinan, Shandong, China  
16-20 October 2008

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ASIA PACIFIC EMERGENCY AND DISASTER NURSING NETWORK AND  
HEALTH EMERGENCY PARTNERS MEETING

AGENDA AND SCHEDULE OF ACTIVITIES

Time	Session Format and Theme	Content and Speakers	Introduction of Speakers/ Session Moderators And working draft comments
<b>Thursday October 16 2008</b>			
<b>08:30-09:00</b>	Formal Opening Ceremony	Opening Addresses <ul style="list-style-type: none"> <li>• President Tao Zhan</li> <li>• Shandong Province Representatives</li> <li>• MOH/China Representative</li> <li>• Dr. Cris Tunon, WHO Acting Representative, China</li> </ul>	[Moderator—Prof. Liming Fan, Vice President of Shandong University]
<b>09:00-09:45</b>	Keynote Speeches United for Action in Emergency and Disaster Preparedness and Response	Keynote speeches: <ul style="list-style-type: none"> <li>• Dr. Eric LaRoche, Assistant Director General, Health Action in Crisis, WHO/Headquarters</li> <li>• Dr. Jean Yan, Chief Nursing Scientist, WHO/Headquarters</li> <li>• Nurses and Midwives—Unprecedented Demands, Deva-Marie Beck, PhD, RN, International Co-Director</li> </ul>	[Moderators— Kathy, Amy ?]
<b>09:45 – 10:15</b>	Group photo and Tea Break		
<b>10:15-11:00</b>	Plenary Session United for Action: Network Partnerships and Teamwork	Asia Pacific Emergency and Disaster Nursing Network (APEDNN), Partners and Priority Activities <ul style="list-style-type: none"> <li>• Panelists: WHO SEARO and WPR Officers/Advisers [Kathy, Art, Dr. Xiangdong Wang, Dr. Prakin Suchaxaya]</li> </ul>	[Moderators—Fenglan Lou, Amy?] Brief Introductory statements by panellists
<b>11:00 – 12:00</b>	Plenary Keynote Presentations United for Action in Emergency and Disaster Preparedness and Response Nationally	Overview of Leadership in the Management of Disasters and Emergencies in the Asia Pacific Region <ul style="list-style-type: none"> <li>• Brief Introduction to Health Response to Sichuan Earthquake, Ms. Yanhong Guo—Director, Nursing Department and China Introduction to Disaster Nursing Development in China, Dr. Xiuhua Li, Director and President, China Nurses Association</li> </ul>	[Moderator—Dr. Huaping Liu, PUMC]
<b>12:00 – 13:30</b>	Lunch		

Time	Session Format and Theme	Content and Speakers	Introduction of Speakers/ Session Moderators And working draft comments
13:30 – 14:30	Plenary Keynote Presentations— National Responses and Cross-Cutting Issues	<ul style="list-style-type: none"> <li>• National Response to the 2008 Myanmar Cyclone, by Dr. Adik Wibowo, WHO Myanmar representative</li> <li>• Disaster Preparedness and Response: A Health Systems Imperative, <b>Dr. A. Pesigan</b></li> <li>• Gender and Health in Disasters, Dr. Reis Chen</li> </ul>	<p>[Moderators—Prakin, Dr. Huaping Liu]</p> <p><b>{or Amy, Art—if helpful, Art could do this earlier, as part of panel presentations---up to you both, etc}</b></p>
14:30 – 15:30	Plenary Session: United for Action: Global, Regional and National Innovative Partnerships and Teamwork in Action	<p>Panel Presentations:</p> <ul style="list-style-type: none"> <li>• Disaster Nursing Development Globally, Dr. Hyogo Minami</li> <li>• World Society of Disaster Nursing and the Hyogo WHO Collaborating Centre, Prof. Aiko Yamamoto, University of Hyogo School of Nursing</li> <li>• Service, Academic, Association and Government Partnerships in Action - Dr. Eric Chan, Dr. Xiuhua Li, Dr. Samantha Pang, Prof. Yijuan Cheng, Dr Huaping Liu, PUMC</li> </ul>	<p>[Facilitators: Kathy, Dr. Huaping Liu]</p> <p>Panelists to highlight effectiveness, outcomes of coordinated action, teamwork, combined strengths</p>
15:30- 15:50	Tea Break		
15:50 – 17:00	Panel Presentation and Discussion United for Action: Innovative Approaches to Education and Training	<ul style="list-style-type: none"> <li>• Emergency and Disaster Nursing Competencies and the Core Nursing Curricular Framework: Introduction and Overview, Kathy</li> <li>• Global Competencies, Dr. <b>Hiroko</b> Minami, Dr. Jean Yan</li> <li>• Thailand Experiences in Capacity-Building-- Dr. Orapan Thosingha, Thailand Nursing Council</li> <li>• Curricular Framework Overview, Network Representatives— Lisa Conlon, Sheila Bonito, Dr. Margaret Grigg, Dr. Kim Usher</li> <li>• Discussion Follows</li> </ul>	<p>[Facilitators: Kathy, Dr. Huaping Liu]</p>
17:30 – 20:00	Dinner	President Tao Zhan, WHO Representatives, MOH/China Representatives	

Time	Session Format and Theme	Content and Speakers	Introduction of Speakers/ Session Moderators And working draft comments
<b>Friday October 17 2008</b>			
<b>09:00-10:00</b>	Keynote Speeches: Enhancing Capacity-Building, Resources and Effectiveness	Keynote Speeches <ul style="list-style-type: none"> <li>• Global Programme of Work: WHO Nursing and Midwifery, Dr. Jean Yan, Dr. Eric Chan, Ms. Pelenatete Stowers</li> <li>• Preventing and Managing Infections Post-Disasters, During Outbreaks, Dr. Carrmen Pessoa Da-Silva</li> </ul>	[Moderators—Art, Amy ?] Dr. Jean Yan team to Highlight Contributions/work of GAGNM, WHO CCs, Other partners, Stakeholders, Disciplines Art to Address Environmental Health, Food, Water, Sanitation in Relation to Disasters, Climate Change/if/as needed
<b>10:00-12:00</b>	Plenary Panel Discussion <i>United for Action: Accomplishments, Lessons Learned and Next Steps</i>  Panel discussion continued, post tea-break	Strategic Operations of the Asia Pacific Emergency and Disaster Nursing Network (APEDNN), Partners; including Action Plan Implementation 2007-2008 and Onward. Panelists: <ul style="list-style-type: none"> <li>• WHO SEARO and WPR Officers/Advisers [Kathy, Art, Dr. Prakin Suchaxaya]</li> </ul> <p style="text-align: center;">Tea Break(10:20-10:40)</p> <ul style="list-style-type: none"> <li>• Nursing Data Analysis, Implications for Action (based on 2007 country template data), Dr. Kristine Qreshi, University of Hawaii</li> <li>• APEDNN Website, Amy, Associate Dean, Shandong University and Dr. Kristine Qureshi, Associate Professor, University of Hawaii</li> <li>• Next Steps: Leading Network Academic Institutions, APEDNN and WHO Nursing Associated Developing Centre and Their Collaborative Work</li> <li>• 2009 Network Meeting</li> </ul>	[Moderators—Dr. Doran, Amy?]  Review of the APEDNN Charter and 2007 Action Plan; Outputs  Selected Network Representatives, GAGNM members and institutions, partners to speak
<b>12:00 – 14:00</b>	Lunch		
<b>14:00 – 15:30</b>	Plenary Panel Presentations— Strategic Approaches to Cross-Border Collaboration in Knowledge Dissemination, Research and Capacity-Building	Panelists: <ul style="list-style-type: none"> <li>• Dr. Josephina Tuazon—Regional Research Collaboration Mechanisms</li> <li>• Dr. Eric. Chan, Prof. Samantha Pang, Prof. Qingyao Meng, School of Public Health, Yuli Zang, School of Nursing—Research Collaboration Across Regions and Disciplines</li> <li>• <b>Dr. S. Pang/colleagues—Community Vulnerability Assessments in Disaster-prone Areas</b></li> <li>• Dr. Kristine Qureshi, Dr. Kim Usher, Dr. Margaret Grigg—Cross-border Analysis of Education, Regulation, Workforce Needs Linked to Emergency and Disaster Nursing Research</li> <li>• Dr. Beth Marks, College of Allied Health Sciences, University of Illinois, Chicago; Yuli Zang— Post-disaster Care Needs of the Disabled: A Research Strategy</li> </ul>	[Panel Moderators— Dr. Josephina Tuazon, Amy?]
<b>15:30-15:50</b>	Tea Break		

<b>Time</b>	<b>Session Format and Theme</b>	<b>Content and Speakers</b>	<b>Introduction of Speakers/ Session Moderators And working draft comments</b>
15:50-17:15	<b>Group Work</b>	<b>Network Strategic Planning:</b> <ul style="list-style-type: none"> <li>• <b>Mechanisms of Running APEDNN, Web Site, Communications and Resource Generation</b></li> <li>• <b>Functions of Participating Lead Academic Institutions, Associations, Other Nursing Networks</b></li> <li>• <b>2009 Emergency and Disaster Nursing Network Meeting</b></li> <li>• <b>Sub-regional and National Capacity-building</b></li> <li>• <b>Research Coordination</b></li> </ul>	[Moderator—Dr. Eric Chan]
17:15 - 17:45	Plenary Presentations of Group Work	Panel Presentations and Facilitated Summary and Evaluation	
17:45-18:15	Closing Ceremony	Closing Addresses <ul style="list-style-type: none"> <li>• WHO Representative</li> </ul>	
18:30		Dinner	

TECHNICAL CAPACITY-BUILDING WORKSHOP: EMERGENCY  
AND DISASTER NURSING 18 – 20 October

Saturday October 18 2008	
0900-0915	<u>Welcome Remarks, Keynote address, Introduction of meeting objectives:</u> Kathy Fritsch, WHO Regional Adviser for Nursing and Midwifery, Jean Yan, Coordinator, Health Professional networks Nursing and Midwifery, WHO, HQ Ministry of Health, China
0915-0930	Introduction to ARD Training Materials Mwansa Nkowane, Technical Officer, Health Professional networks Nursing and Midwifery, WHO, HQ, Carmem Pessoa-Da-Silva, Medical officer, Biorisk Reduction for dangerous Pathogens, WHO HQ
0930-1015	<u>Adult Learning</u> Core Trainer(s): Orapan Thosingha/ Il Young Yoo Training Methods: Lecture, question and answers, discussions Learning Aids: Flipchart, data show, other examples from local context
1015- 030	Break
1030- 1100	<u>Understanding ARDs of potential concern:</u> Core trainer(s): Il Young Yoo/ Orapan Thosingha Training Methods: Lecture, question and answers, discussions, Case study if possible Learning Aids: Flipchart, data show, other examples from local context
1100-1230	<u>ARDs and Home Care:</u> Core trainer: Il Young Yoo/ Orapan Thosingha (supported by third trainer) Training Methods: Lecture, question and answers, discussions, Case study if possible Learning Aids: Flipchart, data show, other examples from local context
1230-1330	Lunch Break
1330-1430	<u>Keeping Health Care Workers Safe:</u> Core trainer: Xiaojun Ma (?)/ Chunyan Li Training Methods: Lecture, question and answers Learning Aids: Flipchart, data show, other examples from local context
1430-1500	<u>Use of PPE and hand Hygiene:</u> Core trainer (s): Wanchai Moongutui (supported by two other trainers) Training Methods: Lecture, question and answers, demonstration Learning Aids: PPE items (medical/surgical masks, gown, goves, hand hygiene supplies, hand rub and hand washing station/bucket with tap in the bottom +bucket to receive the used water,) liquid, plain soap, paper towel,
1500-1515	Break
1515-1615	<u>Exercises:</u> Core trainer (s): Wanchai Moongutui (supported by two other trainers) Training Methods: Question and answers, demonstration Learning Aids: Flipchart, printouts, other examples from local context. Exercises from Unit 3 and 4 in Trainer's Guide
1615-1715	<u>Reducing excess mortality due to illness in emergencies:</u> Core trainer: Peggy Or/Jameela Al Salman Training Methods: Lecture, question and answers, discussion, scenario Learning Aids: Flipchart, data show, other examples from local context
1715	Action Planning Home Work—National and Sub-Regional, Regional Team Preparations for Days 2-3

<b>Sunday October 19 2008</b>	
<b>0900-0930</b>	<p><u>Review of Day 1; Updates on Action Planning</u>            Core Facilitators: Jean Yan, Kathy Fritsch, Sheila Bonito, Lisa Conlon, Prakin Suchaxaya; all Facilitators            Teaching methods: Short plenary overview; introduction to group work            Learning Aids: Handouts, power point slides</p>
<b>0930-1000</b>	<p><b>Keynote Plenary Addresses: Psychosocial and Mental Health in Emergencies and Disasters:</b>            National Mental Health Expert and Dr. Wong Xiangdong; Dr. Chen Reis</p>
<b>1015-1030</b>	<b>Tea Breek</b>
<b>1030-1130</b>	<p><b>Introduction to psychological impact of disasters and emergencies</b>  <u>Core Trainer: Kim Usher,</u>            Training Methods: Lecture, question and answer            Learning Aids: Slide presentation</p>
<b>1130-1230</b>	<p><b>Public health interventions for vulnerable individuals and communities</b>  <u>Core Trainer: Sheila Bonito,</u>            Training Methods: Lecture, question and answer            Learning Aids: Slide presentation</p>
<b>1230-1330</b>	<b>Lunch</b>
<b>1330-1430</b>	<p><b>Psychological first aid</b>  <u>Core Trainer: Lisa Conlon,</u>            Training Methods: Lecture, question and answer            Learning Aids: Slide presentation</p>
<b>1530-1545</b>	<b>Tea Break</b>
<b>1545-1730</b>	<p>Dealing with serious mental health problems  <u>Core Trainer: Kim Usher,</u>            Training Methods: Lecture, question and answer            Learning Aids: Slide presentation</p>
<b>1730</b>	<b>Discussion of homework—Group action planning—cont'd</b>

<b>Monday October 20 2008</b>	
<b>Psychosocial and Mental Health in Emergencies and Disasters—cont'd</b>	
<b>0900-0930</b>	<b>Basic counselling skills for nurses</b> <u>Core Trainer: Lisa Conlon,</u> Training Methods: Lecture, question and answer Learning Aids: Slide presentation
<b>0930-1030</b>	<b>Group discussions, case studies and role play</b> <u>Core Trainer: Lisa Conlon, Kim Usher, Sheila Bonito</u> Training Methods: group work, group presentation Learning Aids: case studies
<b>1030-1100</b>	<ul style="list-style-type: none"> <li>• On line and learning—Trauma and Wound Care Nursing—Hong Kong Polytechnic University— Dr. Samantha Pang</li> <li>• E-grainery libraries and their use, Dr. Jean Yan/Ms. Mwansa Nknowane</li> </ul>
<b>1100-1115</b>	<b>Tea Break</b>
<b>Moving Forward—Action Planning—Operational steps, including evaluation</b>	
<b>1115-1230</b>	Review and Action Planning for Capacity-Building <ul style="list-style-type: none"> <li>• Training workshop highlights; outcomes</li> <li>• Capacity-building—Moving Forward: Introduction to group work and further action planning</li> </ul> All Facilitators: English and Mandarin
<b>1230-1330</b>	<b>Lunch</b>
<b>1330-1430</b>	Regional, Sub-regional and National action-planning group work continued
<b>1430-1500</b>	Plenary presentations of each Group's action plan
<b>1500-1530</b>	Summary, Evaluation and Informal Closure Core Facilitators: China and English speaking facilitators Informal Closing Addresses: Shandong University, Ministry of Health and WHO.
<b>1530-1730</b>	Site visits: <ul style="list-style-type: none"> <li>• Laboratory centres: School of Medicine and School of Nursing, Shandong University</li> <li>• Shandong University Museum</li> </ul>
<b>Concurrent secretariat and core working group meeting</b> Informal meeting of core working group—responsibilities; timelines; communications; outputs	



## ASIA PACIFIC EMERGENCY AND DISASTER NURSING NETWORK

### **Vision**

A leader in the Asia Pacific Region for emergency and disaster nursing for safer and resilient communities.

### **Mission statement**

Advance a professional network to promote nursing's ability to reduce the impact of emergencies and disasters on the health of communities.

### **Network objectives**

- (1) Establish a system for ongoing interaction among members to strengthen collaboration and mentoring.
- (2) Collaborate with others in establishing the research agenda for emergency and disaster nursing.
- (3) Develop and share tools, materials and training programmes in emergency and disaster nursing education, services and research.
- (4) Identify best practice standards and develop evidence-based guidelines for emergency and disaster nursing practice.
- (5) Work with organizations (including the International Council of Nursing [ICN], the World Health Organization [WHO], leading stakeholders) to implement and validate emergency and disaster nursing competencies.
- (6) Implement mechanisms for timely and effective sharing of information and other resources on an ongoing basis, including times of crisis.
- (7) Disseminate information on the work of the network to inform and influence the development of emergency and disaster management policy and resource allocation.



ASIA-PACIFIC EMERGENCY AND DISASTER NURSING NETWORK  
STRATEGIC PLANNING: RESULTS OF GROUP WORK 17<sup>TH</sup> OCTOBER 2008

**Group One: mechanisms of running APEDNN, Website, Communications and Resource Generation**

**Network:**

- Meet annually
- Have a cyber link which connects people by email and website
- Membership? Need to establish qualifications, requirements and obligations
- Develop a system to call emergency meetings for large disasters
- Explore use of simulation for training
- Form small work groups to work on small projects

**Website**

- Issues: accessibility for all??
- Some regions have limited access
- Language issue for website must be addressed

**Communication**

- Quarterly or half yearly reports for small work groups
- Language issues for training: countries should be responsible for translating their own materials

**Group Two: Functions of Participating Lead Academic Institutions, Associations Other Nursing Networks**

**Function of Participating Lead Academic Lead Agencies**

- To develop core curricula for Emergency and Disaster Nursing (EDN)
- To share the development of education and training materials with other institutions and agencies
- To strengthen the delivery of current curricula in EDN
- To undertake and coordinate research in the are of EDN
- To share information regarding curricula development and adaptation
- To network with other associations regarding curricula and other developments in EDN
- To disseminate information on EDN
- To act as a facilitator and conduit for funding for the development of EDN curricula and research
- To identify funding agencies and mechanisms to assist Associations and networks to meet their objectives in terms of EDN
- To undertake and facilitate continuing education and skill training in EDN for clinical staff
- To provide mutual support to other Associations and Networks

**Group Three: 2009 Emergency and Disaster Nursing Network Meeting**

- Two days to share about and set new strategies
- Concurrent sessions could be organized so participants could choose accordingly to their need and interest.

- The relevant topics maybe about nursing education, practical intervention of disaster nursing: research, administration should be provided in separate rooms.
- Beginning of the day, the first session should be plenary sessions about 1-2 hours with 3-4 speakers in key issues. Rest of the day should be followed by concurrent sessions on different topics mentioned above.
- Participants to visit health services and communities eg educational site visit.
- There should be provision for meeting of interest groups officials, for discussions and idea generation.
- Presentation materials should be distributed in sufficient time to participats so that they follow through the presentation if not understood verbally.
- Use presentations with visual aids and pictorial diagrams as much as possible.
- As much as possible, the same participants should be called for the coming meetings so that continuity of learning will be assured in follow up meeting and the participants can do more to communicate work in representing countries in regard to action plans for disaster nursing.

### **Key Priority Actions**

1. Always follow meeting with training sessions.
2. Focus on specific type of disaster situation each year according to relevance.
3. Monitor activities of group and set plan for future actions.
4. Preferably conduct meetings every year and of at least two days duration.

### **Group Four: Sub-regional and National Capacity Building**

#### **Key issues**

1. Training is not adequate, refresher courses are important.
2. Emergency preparedness (mental and physical) training for the field for the hospital nurses is required (simulation, exercises).
3. Pre-hospital management for those who work in the hospital.
4. Standardization of curriculum / course that can be further adapted to each country and region.
5. Development of core competencies.
6. Training of trainers.
7. Funding.
8. Voices of nurses should be made heard at the policy level.
9. World wide accreditation system for courses needed.

#### **Priority areas**

1. Basic emergency management (organization and coordination skills, resuscitation, basic life support, first aid, clinical assessment skills, triage).
2. Infection surveillance and control.
3. Survival skills for nurses (including resilience).
4. Long-term care during the mid and long term.

### **Barriers**

1. Lack of competent and experienced trainers + training, teaching materials (including learning environment, course materials, equipment).
2. Lack of money.
3. Lack of interest.
4. Lack of human resources (release of nurses to training).
5. Lack of standards.
6. Lack of standardized protocols.

### **Strengths and opportunities**

1. Network
2. Knowledge and real life experience
3. Willingness to share
4. Global Advisory Group for Nursing and Midwifery (GAGNM), ICN for policy development.
5. Multi-sectoral support (academic institutions, media).
6. Resilience.

### **Group Five: Research Coordination**

#### **Possible Research Areas**

- Best practices
- Needs assessment /mapping for planning purposes, determine strengths, needs for capacity-building etc.
- Retrospective study – disability, mortality etc.
- Community preparedness
- Information dissemination strategies

#### **Experience in Disaster Research**

- NO!!!!
- Most participated in data collection, not the whole research process.
- Interested to collaborate and learn more
- YES, need to have a research network.

#### **Possible Research Areas**

- Nurses/team capacity/preparedness at the disaster area prior to transfer to hospital facility.
- Need a database that includes inventory of researches, researchers, resources, funding sources etc.
- Development of guidelines.

### **NEED FOR A RESEARCH AGENDA !!!**

#### **Some concerns**

- Information/knowledge sharing and dissemination.
- Capacity-building in research and evidence-based practice e.g. proposal writing etc.
- Sustainability particularly funding, not only in the conduct of research but also the management of the research network.
- Capacity for “collaboration” among countries/ partners.

#### **Mechanisms / processes**

- Working groups?

- (Lead institutions per research area)
- Mechanisms to access funds and share resources
- Information among the team members important
- Capacity-building plans

EVALUATION OF TRAINING OF TRAINER'S WORKSHOP:  
INFECTION CONTROL OF PANDEMIC/EPIDEMIC-PRONE ACUTE RESPIRATORY DISEASES (ARDS)-18 OCTOBER 2008

This evaluation summary reflects responses from the English speaking participants (19 ) plus four of the total number translated from Mandarin. Not all Mandarin evaluation forms were available for translation and tabulation.

Total responding: 23

Satisfied with learning objectives		Satisfied with learning content		Variables	
				Additional content needed	Recommendations on learning and training strategies
Yes	No	Yes	No		
22	1*	22	1 *	1. Preparedness for influenza pandemic 2. Concept of universal precautions 3. Community communication approaches 4. Research proposal writing 5. Education and information dissemination methods 6. Waste management e.g. of body fluids 7. How to deal with a dead body	1. Sharing of country experiences 2. Site visits e.g. to hospital 3. Video show on disaster management or real ARD situation 4. Role plays, simulation and more demonstrations 5. More group activities 6. In-depth discussion of adult learning and alternative media.
<b>Overall relevance of the programme to participant's work</b>		1. Six people indicated that ARDs <b>were relevant</b> to their work for the following reasons: <ul style="list-style-type: none"> <li>• The materials though basic could be used for review and updating one's knowledge on ARDs</li> <li>• Use the materials as start to orient managers</li> <li>• The training package could be used for both teaching and research purposes</li> </ul> 2. Seven people felt that the programme and the way the training was carried out <b>was excellent. Because:</b> <ul style="list-style-type: none"> <li>• The presentations from facilitators were clear, easy to follow and that it fostered team and group work. The practical demonstrations were good and clear.</li> <li>• The training offered was very relevant as ARDs are common in disaster situations.</li> <li>• The materials can be used in hospital based teaching of students and families</li> <li>• though basic could be used for review and updating one's knowledge on ARDs especially on improving knowledge on ARDs and home care</li> </ul>			

	<ul style="list-style-type: none"><li>• This programme is also relevant for nursing staff in the hospital, districts, for heads of nursing and training services including Nurses Associations.</li></ul> <p>Some respondents provided this perceptions on relevance of ARDs to their work:</p> <p><i>"Our work involves capacity building of CHWs and village health workers. ARDs are very common and growing potential of emergencies and disasters in large populations. ARDs are not organized as a very vital outbreak disaster potential"</i></p> <p><i>"Thank you for the excellent initiative and great job by all organizers and facilitators"</i></p> <p>3. *The one individual who was not satisfied with the learning objectives and content were offered these reasons:</p> <ul style="list-style-type: none"><li>• Learning objectives don't address ARDs post disasters</li><li>• Content of the current training package does not address ARDs in-depth</li></ul>
<b>Recommendations</b>	<p>These were the key recommendations on the training package and the training:</p> <ol style="list-style-type: none"><li>1. The teaching models should be made available on CD</li><li>2. Some slides/PowerPoint presentations should be reviewed to make them less crowded and clear</li><li>3. Participants to be given and opportunity to review the materials before attending the training workshop.</li></ol>

EVALUATION OF THE TRAINING PACKAGE  
LEARNERS' AND TRAINERS' GUIDE ON INFECTION CONTROL OF PANDEMIC/EPIDEMIC-PRONE ACUTE RESPIRATORY DISEASES IN  
HEALTH CARE, INCLUDING HOME AND COMMUNITY CARE

In addition to the overall evaluation of the training of trainer workshop on ARDs facilitators provided their evaluation on the training package which is summarized below.

**A: Learners' Guide**

Module	Areas evaluated						
<b>Introduction</b>				<b>Introduction clear and concise</b>	<b>Learning objectives clear, specific and achievable</b>	<b>Any additional information for the introduction</b>	
				<b>Yes (4)</b>	<b>Yes (4)</b>	<b>No (4)</b>	
	Areas evaluated						
	<b>Unit covers necessary issues adequately</b>	<b>Objectives comprehensively addresses</b>	<b>Most relevant aspects to work</b>	<b>Difficulty areas that need to be modified</b>	<b>Suggestions to simplify difficult areas</b>	<b>Additional info. for the unit</b>	<b>Appropriateness of illustrations</b>
<b>1. Understanding ARDs and ARDs of potential concern</b>	Yes (4)  Clear criteria of ARDs and ARDs of potential concern	Yes (4)	All content (X3) Differences among seasonal, influenza, pandemic and avian influenza (X1)	Definition of ARDs and ARDs of potential concern  Distinction on page 8 and 9 of ARDs and those of potential concern	Focus should be on ADRs of potential concern such as sudden onset of difficulty in breathing, nausea, diarrhea and vomiting ONLY	-	Somme illustrations on vomiting, breathing difficulty not clear

<p><b>2. ARDs and Home Care</b></p>	<p>Yes (4)</p>	<p>Yes (4)</p>	<p>Taking care in home environment with simple measures in case of infection, more info. needed</p> <p>Waste disposal in the home</p> <p>Home visits for people vulnerable to infectious diseases</p>		<p>Provide more information on taking care of difficult persons and their needs (elderly, children and pregnant women)</p>	<p>Simple needs assessment tool for families.</p>	<p>Yes (1 Probably more is needed)</p>
<p><b>3. Keeping CHWs and HWCs safe</b></p>	<p>Yes (4)</p>	<p>Yes (4)</p>	<p>Info. critical for teaching and training programmes for nurses</p> <p>More comprehensive on the importance of taking care of themselves</p>	<p>-</p>	<p>-</p>	<p>-</p>	<p>Yes(4)</p>
<p><b>4. ARDs and the Clinic</b></p>	<p>Yes (4)  But more on basic infection control measures</p>	<p>Yes (3)</p>	<p>Cleaning clinic using bleach</p>	<p>Does setting provide care for ARDs of potential concern?</p>		<p>How to deal with infected materials, cleaning of body fluids. In case of lack of materials what should be the response</p>	<p>-</p>

## EVALUATION OF THE PSYCHOSOCIAL, MENTAL HEALTH AND DISASTERS CAPACITY-BUILDING SESSIONS

Satisfaction with the teaching objectives was extremely positive with all respondents answering yes to the question related to the appropriateness of the learning objectives (n= 127). Satisfaction with the content was answered as yes by a total of 117 (n=86 Mandarin; n=39 English). Reasons for answering no (n=12 in total) included too much theory (n=2), lack of examples (n=1), strategies not suitable for mass examples (n=1), content too prescriptive at times (n=1), and lack of practical/field approach (n=1).

Suggestions for further content to be added to future training workshops included:

English respondents:

- Communication and work skills with other organisations;
- Sexual behaviours;
- The role of nurses and health workers to overcome impact post-disaster;
- Teaching skills;
- More strategies and skills;
- Sessions on hope and resilience in survivors;
- Impact and interventions for pregnant women;
- Cultural considerations;
- Transfer of patients;
- Counselling skills;
- Stress management for health workers;
- Planning relief work;
- How to work with journalists;

Qualitative data from Mandarin respondents was not available for summarization.

Suggestions for further learning strategies for inclusion in future workshops included:

English respondents:

- Training from field experience;
- Videos of real disaster situations;
- Opportunities for sharing experiences;
- More case studies and role plays;
- Statistics;
- Flip sheets;
- Less lectures;
- Field visits;

Qualitative data from Mandarin respondents was not available for summarization.

An overall relevance of the course assessed by the *English version* of the evaluation indicated it was highly relevant and extremely useful. Some respondents suggested it be used as an Annual refresher program and others suggested it be incorporated into other existing courses.

Facilitator recommendations:

- In future, the workshops need to take account of the management of large groups.
- After an emergency and case studies should be developed for this content area. In other words, participants need to be aware of the need to focus on the group versus the individual in some situations.
- Additional learning materials need to be developed and presented as work books for each area.
- Resources such as research, tools, articles and other relevant information should be collated for future participants;
- Student activities need to be developed to assist with assessing student learning; and
- The course could ideally be developed as two separate courses: one as a condensed version and the other a more comprehensive course.

ASIA PACIFIC EMERGENCY AND DISASTER NURSING NETWORK AND HEALTH PARTNERS ONGOING AND FUTURE WORK PLAN

*Mission: To promote nursing and midwifery's ability to reduce the impact of emergencies and disasters on the health of communities.*

	Priority areas of work	Past technical work	Current/planned work	Gaps/areas for future technical work	Action steps	Outputs/ Products	Lead institution, person, Timeline
1	<b>Resource generation</b>	•					
2	<b>Curricular change</b>	<ul style="list-style-type: none"> <li>List of core competencies and domains</li> </ul>	<ul style="list-style-type: none"> <li>Development of curricular framework and core competencies</li> </ul>	<ul style="list-style-type: none"> <li>Standardization of curriculum / course that can be further adapted to each country &amp; region</li> </ul>	Develop training prototypes using different learning modalities for pre-service and in-service programmes using identified competencies	<ul style="list-style-type: none"> <li>Training prototypes and learning modalities for pre-service and in-service programmes</li> </ul>	
3	<b>Education/training:</b> core priority course development, testing	<ul style="list-style-type: none"> <li>Delivery of rapid courses on emergency response for nurses, such as trauma and wound care, and psychosocial and mental health support</li> </ul>	Further pilot testing of existing rapid courses to different country settings	<ul style="list-style-type: none"> <li>Development of other short courses :                             <ul style="list-style-type: none"> <li>Basic emergency management (organization and coordination skills, resuscitation, basic life support, first aid, clinical assessment skills, triage)</li> <li>Infection surveillance and control</li> <li>Epidemiologic triage and case investigation</li> <li>Survival skills for nurses (including resilience)</li> <li>Long-term care during</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Development and pilot testing of other short courses such as :                             <ul style="list-style-type: none"> <li>Basic emergency management (organization and coordination skills, resuscitation, basic life support, first aid, clinical assessment skills, triage)</li> <li>Infection surveillance and control</li> <li>Epidemiologic triage and case investigation</li> <li>Survival skills for nurses (including</li> </ul> </li> </ul>	training programs	

	<b>Priority areas of work</b>	<b>Past technical work</b>	<b>Current/planned work</b>	<b>Gaps/areas for future technical work</b>	<b>Action steps</b>	<b>Outputs/ Products</b>	<b>Lead institution, person, Timeline</b>
				the mid and long term	resilience) • Long-term care during the mid and long term		
4	<b>Collaborative research</b> (priority areas) •	•	•	•	•	•	
5	<b>Communication, web site, information sharing:</b>			•			
6	<b>Meetings</b> (2009, 2010)						
7	<b>Cross-cutting themes</b> • Teamwork • Capacity-building • Equity, gender, human rights • Persons with disabilities • Service access, quality • Health outcomes	•	•	•	•		

ASIA PACIFIC EMERGENCY AND DISASTER NURSING NETWORK AND HEALTH PARTNERS ONGOING AND FUTURE WORK PLAN

*Mission: To promote nursing and midwifery's ability to reduce the impact of emergencies and disasters on the health of communities.*

*Mekong sub-region*

	Priority areas of work	Past technical work	Current/planned work	Gaps/areas for future technical work	Action steps	Outputs/Products	Lead institution, person, Timeline
8.	<b>Resource generation</b>	-TOT's participants from E and D training course. - TOT's participants from the Infection control training course in BK September, 2008. - Local mental health care workers - Emergency health care workers	- Translating all E& D documents from WHO after revising - Local TOT training workshop - Ask supported from Government, WHO and other agencies, NGO: technical assistants, budget	-lack of E& D management experience - Lack of training program on E and D - Lack of public's awareness on E & D - Lack of technical human recourses on E & D - Lack of Medical equipment: CPR, First aids	- Link with WHO, E&D nursing network, local Red-Cross, agencies and NGO	Actual training conduct	MOH Leading nursing schools
9.	<b>Curricular change</b>	<ul style="list-style-type: none"> <li>Do not have E&amp; D nursing competencies</li> </ul>	<ul style="list-style-type: none"> <li>Assess current job description and put more topic related to E&amp; D curricula from WHO</li> </ul>	<ul style="list-style-type: none"> <li>No existing competency standards on E and D for nursing</li> </ul>	Review regional competencies and apply to countries	<ul style="list-style-type: none"> <li>Revise current curricula</li> </ul>	MOH Leading nursing schools
10.	<b>Education/training:</b> core priority course development, testing	<ul style="list-style-type: none"> <li>Nursing curricula subjects:                             <ul style="list-style-type: none"> <li>Emergency</li> <li>Trauma</li> <li>Infection control (little)</li> </ul> </li> </ul>	TOT testing	More training on: <ul style="list-style-type: none"> <li>IC in communities and hospitals</li> <li>Emergency an disaster basic management</li> <li>Mental health care and psychosocial supports</li> </ul>	<ul style="list-style-type: none"> <li>Identify core group for training</li> <li>Link with expert for developing training</li> </ul>	Conduct TOT training on the topics mentioned	MOH National leading nursing schools

	Priority areas of work	Past technical work	Current/planned work	Gaps/areas for future technical work	Action steps	Outputs/ Products	Lead institution, person, Timeline
11.	<b>Collaborative research</b> (priority areas) <ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing</li> </ul>	<ul style="list-style-type: none"> <li>• Complete mapping research on E &amp; D nursing</li> </ul>	<ul style="list-style-type: none"> <li>• Do not know needs current recourses for research activities</li> </ul>	<ul style="list-style-type: none"> <li>• Develop capacity building for research</li> </ul>	<ul style="list-style-type: none"> <li>• Mapping for research</li> </ul>	MOH National nursing Association National Leading nursing schools
12.	<b>Communication, web site, information sharing:</b>	Existing email Website inside countries and WHO website	Continue to use email and websites	<ul style="list-style-type: none"> <li>• Langue Barrier</li> <li>• Lack of adequate internet in rural area</li> </ul>	Link with E and D network website to sharing information and experiences, resources	Participation in website On-line forum	TOT participants and nursing staffs
13.	<b>Meetings</b> (2009, 2010)	Attend network meeting in 2007, 2008	Attend and report in the meeting what's action going on	Ensuring continuity for the participation	Reporting and be a leaders on E and D in Nursing	Report to be share during meeting Identify research to be presented	Individual and all E& D TOT group
14.	<b>Cross-cutting themes</b> <ul style="list-style-type: none"> <li>• Teamwork</li> <li>• Capacity-building</li> <li>• Equity, gender, human rights</li> <li>• Persons with disabilities</li> <li>• Service access, quality</li> <li>• Health outcomes</li> </ul>	All team works, capacity building, equity, gender, human rights, person with disabilities, service access, quality and health outcomes will be consider in research and training					

**JINAN CALL TO ACTION: NURSES, MIDWIVES, HEALTH PARTNERS ADDRESS EMERGENCY AND DISASTER PRIORITIES FOR SAFER AND RESILIENT COMMUNITIES.**

We, the participants of the 2008 Meeting of the Asia Pacific Emergency and Disaster Nursing Network (APEDNN) and Health Emergency Partners, including Government chief nursing officers, professional association leaders, educators and organizational heads, representatives from areas experiencing complex disasters in conflict areas, representatives of the World Health Organization, non-governmental organizations including the International Council of Nurses and the International Red Cross and Red Crescent Society, educators, researchers and service providers, met in Jinan, Shandong, China from 16-20 October, 2008 to strengthen nursing and midwifery's contributions to reducing the impact of emergencies and disasters on the health and well-being of communities.

We express our appreciation to the Government of China, national and provincial health and education authorities, Shandong University and the World Health Organization for organizing this meeting and bringing increased attention to the fundamental needs of communities and populations experiencing disasters and emergencies, including disease outbreaks.

We take note of and build upon prior international and regional commitments on improving the capacity of countries in disaster preparedness and response including United Nations Assembly Resolutions (*A/RES/44/236*)<sup>3</sup> on Natural Disaster Reduction and the *ASEAN Agreement on Disaster Management and Emergency Response* (Vientiane, 26 July 2005)<sup>4</sup>. These agreements and obligations are of particular relevance to the health sector and nursing profession.

We have heard during the past five days from representatives of the People's Republic of China, Myanmar, Nepal, Jordan, Thailand and many other countries about the immediate devastating effects and long-term impact of disasters and emergencies on survivors, families, communities, health workers and entire nations and the critical need for the full engagement of the nursing sector in emergency prevention, response and recovery.

We note the scope and impact of the growing numbers of disasters and emergencies and the negative effects of these and of climate change on health and development.

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<sup>3</sup> United Nations General Assembly Resolution: International Decade for Natural Disaster Reduction. *A/RES/44/236*. 22 December, 1989 (<http://www.un.org/documents/ga/res/44/a44r236.htm>, accessed 28 January, 2009). The resolution, recognizing the importance of environmental protection for the prevention and mitigation of natural disasters and the strong political determination needed to mobilize and apply knowledge and resources for this purpose, called for intensified cooperation, resources and action from the international community, Governments, international organizations and non-governmental organizations to increase public awareness, the sharing of experiences from other countries and enhanced community preparedness through education, training and other means.

<sup>4</sup> The ASEAN Agreement on Disaster Management and Emergency Response, adopted in Vientiane, 26 July 2005, addressed the need for effective mechanisms to achieve a substantial reduction of disaster-related losses of lives and social, economic and environmental assets and called for a joint response to disaster emergencies through concerted and intensified national, regional and international co-operative efforts.

We emphasize that the nursing sector is a significant stakeholder in multinational and multi-sector partnerships that will strengthen preparedness for and response to disasters.

We are alarmed by the insufficient investments in capacity-building for nurses and midwives, which are needed to enable these professionals to play their critical role in disaster prevention, mitigation, response and recovery.

We are further alarmed by the slow moving pace of learning from disasters, setting policies and taking action to prevent and mitigate the effects of such events and reduce the suffering, burden of disease and disability, death and economic costs of disasters and public health emergencies.

We issue this call to action urging nurses, midwives, all health and development leaders, educational institutions, governments, health and humanitarian organizations, and civil society to take immediate actions to ensure nursing and midwifery integration in emergency and disaster policy-making and national planning, capacity-building, education, and research, including the application of evidence-based guidelines and policies and community disaster prevention, preparedness and response measures, as well as necessary resource mobilization to sustain such efforts.

### **JINAN CALL TO ACTION**

We, the APEDNN 2008 meeting participants and network members call for urgent and long-term action to:

- 1 Strengthen network ownership, accountability and sustainability by developing and putting into action, with partners, an ethically and methodologically sound evaluation and research framework and work plan reflective of the network objectives and priorities, including partnerships, continuous capacity-building and universal access to quality health services, especially for those most vulnerable.
2. Invest in capacity-building for all involved stakeholders/partners and network members by developing network financial management and resource generation strategies and proposals to enhance communications, evidence-based education and training; emergency and disaster response, information-sharing, network membership, web site development and sustained website management and the implementation of annual meetings.
3. Intensify APEDNN's outputs and impact through a formal, integrated work plan incorporating multiple partners and stakeholders, leading academic and other institutions, professional associations, other networks/alliances and civil society to:
  - Test, apply and evaluate evidence-based guidelines, competencies and standards for policy-making and practice;
  - Develop, implement, provide recognition of and evaluate core courses for trainers;
  - Strengthen curricula; and
  - Carry out innovative capacity-building, including simulation training.

Together we call for a broad partnership of nurses, midwives, all health partners, governments, civil society, international health and humanitarian organizations and non-governmental organizations to address these emergency and disaster priorities to facilitate prepared, safe and resilient communities.

2008 MEETING OF THE ASIA PACIFIC EMERGENCY AND DISASTER NURSING NETWORK AND EMERGENCY PARTNERS  
PARTICIPANT EVALUATIONS

Thanks a lot for your participation in this meeting. Here is an evaluation form for this meeting, Please write a “√” in the blank you have chosen. It is anonymous and may take you 15 minutes to complete this form. The results of this survey will be an important indicator to evaluate this meeting; please pay attention and fill it out seriously. Thanks !

**Title** United for Action in Emergency and Disaster Preparedness and Response

**Speakers** Eric Laroche / Jean Yan / Deva-Marie Beck

	Excellent (English + Mandarin=Total)	Fair (English + Mandarin=Total)	Poor (English+Mandarin=Total)	N/A (E+M = Total)
1. Session objectives are clear	13 + 15 = 28√	2 + 0 = 2	1 + 0 = 1	1
2. Speaker is knowledgeable	14 + 12 = 26√	3 + 3 = 6	0 + 0 = 0	
3. Audiovisuals are effective	11 + 19 = 30√	5 + 4 = 9	1 + 1 = 2	
4. Content of presentation is understandable	9 + 13 = 22√	7 + 2 = 9	1 + 0 = 1	
5. Content of presentation is useable in my practice	11 + 9 = 20√	6 + 5 = 11	0 + 1 = 1	
6. Overall session rating	10 + 13 = 23√	7 + 2 = 9	0 + 0 = 0	

**Title** United for Action in Emergency and Disaster Preparedness and Response Nationally

**Speakers** Yanhong Guo / Xiuhua Li / Hong Ma

	Excellent	Fair	Poor	N/A
1. Session objectives are clear	14 + 13 = 27√	3 + 1 = 4	0 + 1 = 1	
2. Speaker is knowledgeable	14 + 9 = 23√	2 + 5 = 7	1 + 1 = 2	
3. Audiovisuals are effective	9 + 8 = 17√	6 + 6 = 12	1 + 1 = 2	1
4. Content of presentation is understandable	9 + 11 = 20√	7 + 3 = 10	0 + 1 = 1	
5. Content of presentation is useable in my practice	10 + 10 = 20√	7 + 4 = 11	0 + 1 = 1	
6. Overall session rating	9 + 10 = 19√	7 + 4 = 11	0 + 0 = 0	1

Comments:

1. For Ma Hong – wonderful presentation—wanted more; had trouble hearing.

**Title National Response and Cross-cutting Issues**  
**Speakers Adik Wibowo / Arturo Pesigan / Reis Chen**

	Excellent	Fair	Poor	N/A
1. Session objectives are clear	16 + 12 = 28 ✓	0 + 3 = 3	1 + 0 = 1	
2. Speaker is knowledgeable	15 + 11 = 26 ✓	1 + 4 = 5	1 + 0 = 1	
3. Audiovisuals are effective	12 + 8 = 20 ✓	2 + 7 = 9	2 + 0 = 2	1
4. Content of presentation is understandable	13 + 8 = 21 ✓	3 + 6 = 9	1 + 0 = 1	
5. Content of presentation is useable in my practice	12 + 10 = 22 ✓	4 + 5 = 9	1 + 1 = 2	
6. Overall session rating	13 + 10 = 23 ✓	3 + 5 = 8	1 + 0 = 1	

**Title Global,Regional and National Innovative Partnerships and Teamwork in Action**  
**Speakers Hiroko Minami /Aiko Yamamoto/ Eric Chan / Xiuhua Li / Meici Peng / Yijuan Cheng / Huaping Liu**

	Excellent	Fair	Poor	N/A
1. Session objectives are clear	14 + 12 = 26 ✓	3 + 2 = 5	0 + 1 = 1	
2. Speaker is knowledgeable	15 + 10 = 25 ✓	3 + 4 = 7	0 + 1 = 1	
3. Audiovisuals are effective	10 + 9 = 19 ✓	4 + 5 = 9	2 + 1 = 3	1
4. Content of presentation is understandable	10 + 9 = 19 ✓	6 + 4 = 10	1 + 1 = 2	
5. Content of presentation is useable in my practice	11 + 8 = 19 ✓	5 + 6 = 11	0 + 1 = 1	1
6. Overall session rating	11 + 8 = 19 ✓	5 + 6 = 11	0 + 1 = 1	

**Title Innovative Approaches to Education and Training**  
**Speakers Hiroko Minami/ Jean Yan/ Orapan Thosingha/ Lisa Colon**

	Excellent	Fair	Poor	N/A
1. Session objectives are clear	15 + 11 = 26 ✓	3 + 4 = 7	0 + 0 = 0	
2. Speaker is knowledgeable	15 + 13 = 28 ✓	2 + 2 = 4	0 + 0 = 0	
3. Audiovisuals are effective	11 + 12 = 23 ✓	3 + 8 = 11	1 + 0 = 1	1
4. Content of presentation is understandable	10 + 8 = 18 ✓	5 + 7 = 12	1 + 0 = 1	
5. Content of presentation is useable in my practice	11 + 9 = 20 ✓	4 + 6 = 10	0 + 0 = 0	1
6. Overall session rating	10 + 9 = 19 ✓	4 + 6 = 10	0 + 0 = 0	

**2008-10-17**

**Title Enhancing Capacity-Building, Resources and Effectiveness**

**Speakers Jean Yan /Eric Chan / Pelenatete Stowers**

	Excellent	Fair	Poor	N/A
1. Session objectives are clear	15 + 11 = 26 ✓	2 + 4 = 6		
2. Speaker is knowledgeable	15 + 11 = 26 ✓	2 + 4 = 6		
3. Audiovisuals are effective	9 + 6 = 15 ✓	7 + 9 = 16		1
4. Content of presentation is understandable	13 + 9 = 22 ✓	4 + 6 = 10		
5. Content of presentation is useable in my practice	14 + 8 = 22 ✓	3 + 7 = 10		
6. Overall session rating	13 + 9 = 22 ✓	3 + 6 = 9		

**Discussion**

**Title Accomplishment, Lessons Learned and Next Steps**

**Speaker Kathleen Fritsch /Kristine Qreshi/Yuli Zang**

	Excellent	Fair	Poor	N/A
1. Session objectives are clear	15 + 11 = 26 ✓	2 + 3 = 5	0 + 1 = 1	
2. Speaker is knowledgeable	16 + 9 = 25 ✓	1 + 5 = 6	0 + 1 = 1	
3. Audiovisuals are effective	10 + 9 = 19 ✓	6 + 5 = 11	1 + 1 = 2	
4. Content of presentation is understandable	12 + 8 = 20 ✓	5 + 6 = 11	0 + 1 = 1	
5. Content of presentation is useable in my practice	12 + 8 = 20 ✓	4 + 6 = 10	1 + 1 = 2	
6. Overall session rating	11 + 9 = 20 ✓	5 + 5 = 10	0 + 1 = 1	

**Title 1 Leading Network Academic Institutions, APEDNN and WHO Nursing Associated Developing Centre and Their Collaborative Work**

**Title 2 2009 Network Meeting**

	Excellent	Fair	Poor	N/A
1. Session objectives are clear	14 + 11 = 25 ✓	2 + 3 = 5	1 + 1 = 2	
2. Audiovisuals are effective	10 + 7 = 17 ✓	5 + 6 = 11	1 + 2 = 3	1
3. Participation and atmosphere	12 + 7 = 19 ✓	3 + 6 = 11	2 + 2 = 4	
4. Findings	10 + 7 = 17 ✓	5 + 4 = 9	1 + 4 = 5	
5. Overall session rating	9 + 7 = 16 ✓	6 + 5 = 11	0 + 3 = 3	

Comments:

1. Helpful to learn more about some of the activities of the partners present

**Title Strategic Approaches to Cross-Border Collaboration in Knowledge Dissemination, Research and Capacity-Building**  
**Speakers Kathleen Fritsch /Sunshine Chan/Qingyue Meng/ Kim Usher/ Kristine Qureshi/Beth Marks /Josephina Tuazon/Yuli Zang**

	Excellent	Fair	Poor	N/A
1. Session objectives are clear	16 + 12 = 28 ✓	2 + 2 = 4	0 + 1 = 1	
2. Speaker is knowledgeable	16 + 12 = 28 ✓	2 + 2 = 4	0 + 1 = 1	
3. Audiovisuals are effective	10 + 9 = 19 ✓	6 + 5 = 11	2 + 1 = 3	
4. Content of presentation is understandable	13 + 9 = 22 ✓	5 + 5 = 10	0 + 1 = 1	
5. Content of presentation is useable in my practice	12 + 8 = 20 ✓	5 + 7 = 12	1 + 1 = 2	
6. Overall session rating	12 + 10 = 22 ✓	5 + 4 = 9	0 + 1 = 1	

**Group work**

- Title 1 Mechanisms of Running APEDNN, Web Site, Communications and Resource Generation**  
**Title 2 Functions of Participating Lead Academic Institutions, Associations, Other Nursing Networks**  
**Title 3 2009 Emergency and Disaster Nursing Network Meeting**  
**Title 4 Sub-regional and National Capacity-building**  
**Title 5 Research Coordination**

	Excellent	Fair	Poor	N/A
1. Session objectives are clear	12 + 12 = 24 ✓	2 + 2 = 4	2 + 0 = 2	
2. Audiovisuals are effective	8 + 9 = 17 ✓	4 + 3 = 7	1 + 0 = 1	3 + 0 = 3
3. Participation and atmosphere	10 + 11 = 21 ✓	3 + 2 = 5	2 + 0 = 2	
4. Findings	10 + 9 = 19 ✓	6 + 4 = 10	0 + 0 = 0	
5. Overall session rating	9 + 9 = 18 ✓	6 + 4 = 10	1 + 0 = 1	

Comments:

1. This will only work if computer is available at the work place.

**Presentations of Group Work**

	Excellent	Fair	Poor	N/A
1. Rich in content	12 + 10 = 22 ✓	3 + 3 = 6	0	
2. Logical	10 + 10 = 20 ✓	4 + 2 = 6	1	
3. Emphasis	9 + 9 = 18 ✓	3 + 3 = 6	1	1
4. Creative	10 + 10 = 20 ✓	3 + 2 = 5	1	
5. The summary is concise	9 + 10 = 19 ✓	6 + 2 = 8	0	
6. The evaluation is objective and exact	10 + 10 = 20 ✓	3 + 2 = 5	1	
7. Overall session rating	10 + 10 = 20 ✓	3 + 2 = 5	1	

**Overall session rating for entire conference**

	Excellent	Fair	Poor	N/A
Overall session rating for entire conference	12 + 8 = 20 ✓	3 + 6 = 9	0 + 1 = 1	

Comments/suggestions:

1. Thank you for the help of the students who are happy to look after us.
2. Hotel accommodation is very expensive.
3. I did not see the PowerPoint as seated far from it.
4. It would be helpful to have the evaluation form at the beginning so that it can be completed after each session.
5. It was a very well run conference. The organizers are to be congratulated!
6. Some suggestions for the future include: having power point slides available in both languages being used; if possible having power point handouts available; having small group work and networking opportunities.

FACILITATORS RECOMMENDATIONS: CONCEPT NOTE ON DEVELOPMENT OF  
TRAINING CURRICULUM AND MATERIALS FOR NURSES ON EMERGENCY  
PREPAREDNESS AND RESPONSE, PREPARED BY SHEILA BONITO

Background

During the recently held training of nurses on psychosocial and mental health during emergency and disaster in Shandong, China, some suggestions were offered to further improve development and conduct of similar trainings. These suggestions are categorized into three themes:

*Analysis of Situation*

1. There is a need to address specific situations common during emergencies and disasters, such as: lack of resources and “surge capacity” of communities.
2. Suggest concepts that will highlight importance of being familiar and sensitive to culture and resources of communities.
3. Offer alternatives (or minimum requirements) when ideal situations and resources are not available.
4. Include the importance of concept of time and timing during emergency and disaster; e.g. interventions can be oriented around phases of emergency response.

*Analysis of Learner*

1. Interventions should not only be individual-oriented. Consider strategies for whole families and communities (e.g. how do families and communities cope during emergency and disaster?).
2. Do audience segmentation (e.g. nurse administrators, public health nurses, hospital nurses) to match training objectives with characteristics of learners. Ideally, determine the roles and functions of target participants.
3. Suggest guidelines for selection of training participants.

*Analysis of Content (Material) and Learning Strategies*

1. Contextualize teaching of concepts, i.e. include “lessons learned” from countries with experience on management of emergencies and disasters.
2. Review relevant competencies and content from ICN, ICRC, MSF to enrich the present training curriculum.
3. Include documentation of cases (e.g. psychosocial and mental health cases during emergency and disaster).
4. Consider using video materials and other ready materials from other training (e.g. PHEMAP).
5. Include interventions on how to coordinate teams, especially if there are volunteers from other countries or regions.
6. Include ethics in mental health research and public communication.
7. Practice adult learning principles in conduct of training.

Recommendations

In an effort to organize these suggestions into a concrete work plan, several steps are proposed:

1. *Analysis of Frame Conditions*

Assess educational needs and what frame conditions are crucial for an effective training in emergency preparedness and response by conducting the following:

- Mapping of roles and functions of nurses and midwives in emergency/disaster preparedness and response (e.g. through a quick survey, key informant interview or focus group discussion)
- Needs Assessment
  - Content and objective – What is the object of the training? What is its purpose?
  - Learning context – How should the training be integrated in a larger context of working and learning? Are there any legal frameworks/conditions that might apply?
  - Learning environment and conditions – Where will the learning take place and what media will be used
  - Resources – Which financial, personnel-related and material resources are available (or needed) to realize the training

## 2. *Analysis of Learner Characteristics*

- Consider characteristics of adult learners
  - Find out learning motives
  - Establish practical value of the learning content
  - Use learning strategies that elicit and integrate experience
  - Consider limited time frame and cost-effect assessment
- Construct learners' profile
  - Personal and social characteristics
  - Learning situation
  - Prior knowledge and learning habits
  - Expectations and attitudes
- Do audience segmentation (e.g. nurse administrators, public health nurses, hospital nurses) to match training objectives with characteristics of learners
- Suggest guidelines for selection of participants to particular training

## 3. *Formulating Learning Objectives*

- Roles and functions should be translated to competencies
- Link course objectives with identified competencies
- Course objectives should be stated as learning outcomes

## 4. *Organizing Content Materials and Learning Strategies*

- Review available content materials from existing documents, trainings (e.g. ICN, ICRC, MSF)
- Organize content around course objectives
- Systematize chunking of topics
- Provide context for topics –
  - use lessons learned from case studies
  - use scenarios in generating more discussion from learners
  - address specific situations common during emergencies and disasters, such as: lack of resources and “surge capacity” of communities
  - highlight importance of being familiar and sensitive to culture and resources of communities
  - offer alternatives (or minimum requirements) when ideal situations and resources are not available

- include interventions that are oriented around phases of emergency response
- include interventions that address families and communities (not just individuals)
- include interventions on how to coordinate teams especially if there are volunteers from other countries or regions
- include ethics in mental health research and public communication
- Include evaluation methods for teaching and learning