The 7th APEDNN meeting was held between 18-20 September 2013 in Bangkok, Thailand under the theme ‘Nurse-midwife: A catalyst in contributing to build community resilience.’ Eighty nine (89) participants from 29 countries were in attendance. Meetings were held with the APEDNN Core Working Group s on Sept. 17, 2013 from 9:00am to 5:00pm and on Sept. 21 from 9:00 - 11:30am.

APEDNN MEETING AND BACKGROUND

APEDNN meetings, combined with capacity-building workshops take place annually through co-sponsorship arrangements with network institutional members, including WHO Collaborating Centres and relevant government authorities. Participants from over 40 countries in South East Asia, Western Pacific, North America and the Eastern Mediterranean Region have taken part in APEDNN meetings since their inception in 2007. The network has been very active, producing various activities and outputs, including:

⇒ Network web-site (www.apednn.org)
⇒ Annual Network meetings (Bangkok, Thailand 2007; Jinan, China 2008; Cairns, Australia 2009; Auckland, New Zealand 2010; Seoul and Daejeon, Republic of Korea 2011; Kuala Lumpur, Malaysia 2012, Bangkok, Thailand 2013).
⇒ Modules/online course (POLHN): psychosocial Health: Emergency and Disaster, infection prevention and control
⇒ Case studies on role of nurse and midwives
⇒ Research training course and a multi-site research on 'nurses' perception regarding their preparedness for disasters management'.
⇒ Monitoring and survey (assessment) based on APEDNN framework

AIMS OF THE MEETING

⇒ Update the work of the APEDNN in the areas of education, training, research and publications;
⇒ Share the experience of nurses/ nurse-midwives/ midwives in all stages of emergencies and disasters in the Asia-Pacific and lessons learnt.
⇒ Discuss the framework of disaster risk reduction.
⇒ Acquire knowledge and essential skills in supporting community resilience for emergency and disaster.
⇒ Draft a framework on roles of nurses/ nurse-midwives/ midwives in community resilience for emergency and disaster.
Overview of Presentations: Community Resilience and the Nurse-Midwife

Case studies, experience sharing, and assessment tools: The nurse midwife can play/has played a key role in increasing the ability of the community to prevent, prepare and respond to events and recover/restore basic functions and structures. As a trained health professional the nurse/midwife also has the ability to assess and use tools to measure community resilience and help to build the community’s capacity. Several country case studies including the use of APEDNN framework and assessment tools were shared.

Research and capacity building: The nurse midwife is also a researcher, contributor to evidence building & information manager. A training course and new tool have been made available to facilitate this role. Examples of these are JCU Research project in 9 countries and Sigma Theta Tau International has developed the e-repository (Henderson Repository) with a special collection on disaster nursing (among others).

The nurse-midwife can play a big role in catalyzing the community and integrating into the community dynamics during all phases of disasters, in different settings. Lesson learnt from Thailand research-community work provides us with information on strategies, factors and role of nurses in building community capacities in managing risks (all phases of disasters).

Collaboration and advocacy: In the area of disaster risk management, there are multi players, nurse midwife should be aware of it and work in collaboration with government, non-government & non-profit organizations (local-international) to advocate on behalf of communities. Thai Ministry of Public Health, Red Cross and Thai Health Foundation provided examples.
KEY OUTPUTS

1. Checklist on role of nurse-midwives in building to community resilience in disaster

A zero draft of a checklist on role of nurse-midwives in contributing to community resilience in disaster was developed covering four key areas: (i) coordination and advocacy; (ii) assessments; (iii) preparing/engaging with the community; and (iv) strengthening health services. As next steps the checklist will be consolidated and formatted, then after it is reviewed and finalized an adaption guide will be developed. This will then be distributed and piloted; with feedback to next APEDNN in 2014.

2. APEDNN Activities and Core Working Group Clusters

A list of priority activities in strengthening nursing and midwifery in E & D by APEDNN, organization and individual, have been proposed based on the objectives of the APEDNN. Key activities will be assigned to each of four Core Working Group cluster groups. The activities are summarised as follows:

- Promote membership and strategic partnerships.
- Increase active participation of more Network members.
- Database that includes areas of expertise, skills and strengths that can be tapped into.
- Organise cluster groups or teams.
- Formalise membership and partnership
- Enhance communication and networking
- Promote and utilise the network’s website www.apednn.org
- Linking of APEDNN website on individual organisation’s websites
- Utilise Social Media where appropriate
- Newsletter- in progress (call for country articles- C/O Kris Qureshi )
- Plan for sustainability
  - Ensure continued support of WHO
  - Write to WHO Regional Director acknowledging the role of Kathy Frisch in establishing this very important network.
  - Strategic partnerships
  - Plan regular meetings, additional funding, maximising resources; shared seeking of funding
  - Promote active membership and communications
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Participant Countries: Australia, Bangladesh, Bhutan, Cambodia, China, Cook Islands, Fiji, Hong Kong, India, Indonesia, Kiribati, Lao PDR, Japan, Malaysia, Maldives, Mongolia, Myanmar, Nepal, Papua New Guinea, Philippines, Samoa, South Korea, Sri Lanka, Thailand, Timor-Leste, United States of America, Vietnam.