The JIPWEN was established in 2008 by 10 universities (now 12). The initiatives of these universities had been approved as Good Practices by the Japanese Government. The JIPWEN has been promoting and strengthening the interprofessional approach as one of the solutions to overcome health workforce crisis in Japan.

The JIPWEN mission first visited HRH/WHOHQ in December 2008 and was designated as a collaborating centre in 2013. Since then JIPWEN has been contributing to disseminate IPE at the global, regional and national levels.

**Phase 1: Sharing the key concepts of IPE**

In 2014, the WHOCC organized a two-day workshop at the university in which 23 educators and health workers, including medical doctors, dentists, pharmacists and nurses, participated. The workshop consisted of presenting information about the IPE core competencies, the role of IPE at the global and regional levels as well as an overview of different IPE models. In addition, small group work sessions were organized to help build teamwork experiences with participants.

**Phase 2: Program design**

In Lao, members from the WHOCC and the university developed a tailored approach to implementing IPE at the university using a checklist. This actual checklist consisted of the following sections: identification of the current university situation, identification of possible IPE approaches, information on developing a program committee organization chart and the role of the IPE steering group.

In Japan, two group members from the university visited the Training course organized by the WHOCC to facilitate their understanding of IPE programs. During the visit, they made field trips and collected information from various stakeholders, such as students, faculty members and health workers.

**Phase 3: Organizing the IP program committee**

We experienced a successful example of collaboration with the WHO for disseminating IPE in Asia. Our results suggested multisectoral collaboration between the education and health sectors is essential in disseminating a transformative education.

**Phase 4: Evaluating the effectiveness of the program**

The university started the IPE-integrated community-based program in January 2016. We are now analyzing students’ changes toward the interprofessional health care team before and after exposure to the program.

An evaluation will be undertaken to analyze students’ attitudinal changes toward the interprofessional health care team before and after participation in the program. It is expected that both survey and interview data will be gathered to ensure a holistic approach to program evaluation.

**Summary**

It is important to substantially increase training of the health workforce in developing countries, for ensuring healthy lives and promote well-being for all (SDG 3, target 3.c). In order to contribute to health professionals’ education and training, the WHO and the WHOCC started a collaborative activity with the Education Development Center of the University of Health Sciences in Lao since 2014. The four phases action plan was established as follows, and first three phases were already finished.

- **Phase 1:** Sharing the key concepts of IPE
- **Phase 2:** Program design
- **Phase 3:** Organizing the IP program committee
- **Phase 4:** Evaluating the effectiveness of the program

In 2014:
- **Phase 1:** Sharing the key concepts of IPE

In 2015:
- **Phase 2:** Program design

In 2016:
- **Phase 3:** Organizing the IP program committee
- **Phase 4:** Evaluating the effectiveness of the program

In 2017:

**Terms of reference**

**TOR-1.** To contribute to better understanding of interprofessional education in the context of overall transformative scaling up of health professional education (activity 1).

**Activity 1:** Better understanding and dissemination of WHO/WPRO initiatives in IPE and CP

**TOR-2.** To collect and disseminate evidence for transformative scale up of health professional education by promoting research & training in evaluating the efficacy of IPE programs (activities 2, 3).

**Activity 2:** Collecting evidence for the effect of IPE
**Activity 3:** Conducting literature review on the efficacy of IPE and CP

**TOR-3.** To expand linkages with health professional education institutions and to provide IPE training courses in Western Pacific Region (activities 4, 5).

**Activity 4:** Collaboration with Education Development Centers
**Activity 5:** Development of training course for educators and health practitioners

**TOR-4.** To experience a successful example of collaboration with the WHO for disseminating IPE in Asia. Our results suggested multisectoral collaboration between the education and health sectors is essential in disseminating a transformative education.

**Activity 6:** Development of training course for educators and health practitioners