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Name of the University, Hospital, Research Institute, Academy or Ministry

Research Institute of Nursing Care for People and Community

Name of the Division, Department, Unit, Section or Area

University of Hyogo

City Akashi **Reference Number** JPN-77

Title WHO Collaborating Centre for Nursing in Disasters and Health Emergency Management

Report Year 06-2015 to 06-2016

1. Please briefly describe the progress made in the implementation of your agreed workplan as WHO collaborating centre during the past 12 months (or the reporting period listed above). Please report on how each workplan activity was implemented, if any outputs have been delivered, if any results have been achieved and if any difficulties have been encountered during this time. If an activity has previously been completed, has not started yet, or been placed on hold, please indicate this.

Activity 1

Title: To identify document and review good nursing and midwifery practices in disaster risk management for health

Description: Good nursing practices in disaster risk management in Japan and Asian countries will be reviewed. Literature review will be conducted to identify and review good practices. If needed, some undocumented good practices will be documented. Interviews with nurses experiencing the disaster in Asian countries will be undertaken if necessary. Good nursing practice as an example will be disseminated through APEDNN meeting and web site.

A. Good practice on capacity building

Under the TOR 1, the purpose of this year was to identify document and review good nursing and midwifery practices in disaster risk management for health. The literature review was conducted. Many literatures in nursing domain were found in Japan. Some of them was found in Hong Kong, UK, USA, and others. The following items were extracted as good nursing practice.

As capacity building, formal education in doctoral and/or master program were conducted in disaster nursing area or disaster management as specialty in nursing area. These educational programs has been conducted in United of Kingdom, Norway, Italy, China, United States of America, and Japan. Furthermore, in Japan, education of certified nurse specialist (CNS) has been established in master program with three universities in Japan. In addition to master program, Disaster Nursing Global Leader Degree Program (DNGL) with five-year doctoral program was started in 2013. The DNGL is the first intercurricular nursing graduate program which aims to create global nurse leaders who can respond to and solve a wide range of problems in disasters and exercise interdisciplinary leadership in international settings. The DNGL students have played active roles in disaster nursing in stricken area, as well as education of disaster preparedness for mid- and long-term period after disasters.

At undergraduate program, education of disaster nursing as a subject has been taught in 2009. Based on these educational practice and the reality of occurring disaster frequently, disaster nursing education has been regulated by Act on Public Health Nurses, Midwives and Nurses in Japan. Nowadays, disaster nursing has been introducing basic nursing education in Japan.

Nurses with license as disaster nursing support nurses are trained in continuing education and training at professional organization in Japan. Such nurses are voluntary registered as disaster support nurses with their wish in professional organization at each prefecture level. In addition to these education/training for nurses,

many occasions are provided education/training for disaster preparedness to community residents, including elementary, middle, and high school students, pregnant women, elderly, and others.

The presentation about the examples of “capacity building” was done at the 9th Asia Pacific Emergency and Disaster Nursing Network Meeting which were jointly hosted by Asia Pacific Emergency and Disaster Nursing Network (APEDNN), World Health Organization Western Pacific Region (WPRO) and World Health Organization Regional Office for South-East Asia.

Results:

1. Curriculum of education/training for these program in undergraduate and graduate program, and continuing education/training will serve as a useful references to other countries.
2. Disaster nursing education will be facilitated by introducing Regulation or Act on nurses in each country.
3. Community residents have opportunities to learn how to prepare to disaster and may connect to be build community resilience, although research will be needed to proof.
4. Practical activities of DNGL students could strengthen their capacity building. In addition to such practices, they have also presented research findings and activity reports at academic conferences and scientific journals under the mentorship of professors. It will facilitate to develop knowledge about disaster nursing/management.
5. The information about good practice on capacity building in disaster risk management was shared at the APEDNN meeting. It contributed dissemination about education/training.

B. Good practice on care provision system

1) Development of Dispatch System for Disaster Support Nurse

As care provision system, Japanese nursing society developed dispatch system for disaster volunteer nurses in relation with professional organizations at national level and prefectural level, and universities at the time of the Great Hanshin-Awaji Earthquake in 1995. The dispatch system has now functioning for send nurses to disaster site in relation with Ministry of Health, Labour and Welfare, and professional organization in Japan. At the time of the East Japan Earthquake, about four-thousand nurses were dispatched during 3 months after the disaster by this dispatch system.

2) Expanding of nursing role: Establishment of the place for providing nursing care

As the other care provision system, “Town Health Care Room” where nurses provide health consultations was established through the experience at the Great Hanshin-Awaji Earthquake. Health consultation was provided at temporary housings mid- and long term after the disaster. Through these activities, increase of self-care ability among survivors, such as increase medication compliance, aware of own diet and exercise, connect to others, and others was found. Recently the Town Health Care Room adds checkup function, such as test of arteriosclerosis and osteoporosis.

As concrete strategies of nursing care, health consultation and regular home visiting, connect survivors with others, joy with survivors, and others facilitate to recover daily life and maintain/improve health conditions among survivors.

Results:

1. It is necessary to develop the system for dispatch nurses at disaster site in times of peace. The system well functions to send nurses at disaster site.
2. Town Health Care Room will give the concrete form to actualize the thoughts of universal health coverage which who emphasize for maintaining health among people both ordinary time and disaster time.
3. Since concrete nursing care was identified, disaster nursing competencies will be develop based on the results for next year.
4. Evaluation research will needed to obtain proof of nursing care.

C. Evaluation framework of good nursing practice in disaster risk management

Through the literature review, the evaluation framework of good practice in disaster risk management was developed. In terms of strengthening community and fostering community resilience and considering relation with SDGs and Sendai Framework of Disaster Risk Reduction 2015-2030, the principles of Primary Health Care (PHC) was considered as the suitable theoretical bases for the evaluation framework of good practice in disaster risk management. Electronic search of the literature was conducted. The search using CINAHL for English literatures and Web Japan Medical Abstracts Society for Japanese literatures was conducted on the

following Medical Subject Headings (MeSH): nursing practice, good practice and PHC. The eligible criteria for including studies in the present literature review were: (1) papers written in English or Japanese; (2) papers published between 1978 to 2016; (3) papers which contain 3 or more pages; (4) and papers which describe good practice in disaster nursing, nursing activities regarding to PHC, disaster nursing and PHS.

Results:

The electronic search identified 34 papers. Based on the findings of those papers, 2 dimensions of good nursing practice in disaster risk management was extracted; Disaster Nursing Practice and Disaster Nursing Education. Under the dimension of Disaster Nursing Practice, 5 elements were identified, such as “Determination of Priority”, “Focusing on Independence of residents as individual and group/community”, “Effective Utilization of Social Resources”, “Provision of Nursing Care Specialized in Disaster Situation”, and “Cooperation with related Organizations and Individuals”. The dimension of Nursing Education was intended to empower nurses to carry out good nursing practice in disaster risk management, and 5 elements were identified such as “Disaster Nursing Practice along with each community needs”, “Strengthening Capacity building of Nurses” “Responsibility and Accountability as Nursing Professionals” “Leadership” and “Emphases on Team Approach”. According to the findings, the tentative framework of good nursing practice in disaster risk management was developed. Further study to validate the framework will be conducted in next year.

Outcomes [Lectures and presentations] :

1. Yamamoto, A. Symposium: Disaster Nursing Education---Education for disaster nursing specialist, the 17th Japan Society of Disaster Nursing, August, Sendai, Japan, 2015.
2. Matsuo K, Sumida S, Kurotaki A, Katsunuma S, Wu X, Yamamoto A. “Hyogo Day of Security” To promote preparedness actions of disaster for the residents in 1.17 AC Square, the 17th Japan Society of Disaster Nursing, August, Sendai, Japan, 2015.
3. Yamamoto, A. Present status and prospect of disaster nursing, 2015 West China International Nursing Conference & Centennial Celebration of West China Nursing education, September 29, Chengdu, China, 2015.
4. Yamamoto, A. Proposal for maintaining health & lives of people based on Sendai Framework for Risk Reduction from 2015 to 2030, Asean the 13th ASEAN Japan Social Welfare High Level Meeting, October, Kobe, Japan, 2015
5. Kurotaki A, Wu X, et al, Health support activities for foreign residents at “International Town Health Room”, the 30th Japan Association for International Health Congress 2015, November, Kanazawa, Japan, 2015
6. Kurotaki A, Yamamoto A, Kamiizumi K, Nishigami A, Murakami M, Ono K., What is the Nursing Framework of Disaster Preparedness?, the 35th Academic Conference of Japan Academy of Nursing Science, December, Hiroshima, Japan, 2015

References:

1. Wu X, et al, Health support activities for foreign residents at “International Town Health Room”, University of Hyogo/ Research Institute of Nursing Care for People and Community, Vol.1 pp.19-27, 2016
2. Yamamoto A, et al, Tohoku Nursing Project: Health support activities at temporary housing in the affected area of Great East Japan Earthquake, University of Hyogo/ Research Institute of Nursing Care for People and Community, Vol.1 pp.28-29, 2016
3. Mashino S. Simulation aids training in Japan, Crisis Response Journal, 11(3), pp.56-57, 2016

Activity 2

Title: To update/revise the role and competencies of nurses and midwives in disaster risk management for health based on the review of good practices in Asia (ref – activity 1)

Description: Based on the results of good practices for nurses and midwives in disaster risk management for health, the role and competencies of nurses/midwives in disaster risk management will be revised and updates through a consultative process.

Although the Activity 2 had been originally planned as the activity started from July 2016, we decided to start earlier and conduct a study in order to accelerate the achievement of the goal. The study aimed to review relevant research exploring the competencies of nursing professionals in disaster risk management for health in Asia. To address the aim of the review effectively, electronic search of the literature was initially conducted. The search using PubMed and COCHRANE was conducted on the following Medical Subject Headings (MeSH): disaster; nursing; and Asia. Supplementally, some citatory papers were also checked to complement the aim of the study. The eligible criteria for including studies in the present literature review were: (1) papers written in English or Japanese; (2) papers published in 2000 or later; (3) papers which contain 3 or more pages; (4) and papers which describe the competencies in disaster management for health in Asia.

Results:

The electronic search identified 31 papers. Exclusion of studies occurred in four steps: (1) written in languages other than English or Japanese (n = 3); (2) published ahead of 2000 (n = 8); (3) 2 pages or less (n = 3). As a result of the review of remaining 17 papers whether they met the criteria (4) described above by titles and abstracts, there were few papers which referred to the competencies in disaster management for health in Asia. In addition to some citatory papers, there were several papers made relation to the education to enhance the nursing competencies in disaster including preparedness for disaster. Regarding to the education to enhance the nursing competencies in disaster, most of central components were corresponding to the ones in existing guidelines such as "ICN Framework of Disaster Nursing Competencies" (World Health Organization and International Council of Nurses, 2009). On the other hand, a few components such as fostering leadership found in this study were not emphasized in ICN Framework.

In the next step, the result of this study will be combined with the result of inquiry of good nursing practices in disaster risk management and the role and competencies of nurses and midwives in disaster risk management will be listed up.

Activity 3

Title: To develop the education/training programs for nurses and midwives in disaster risk management for health at middle- and long - term after disaster.

Description: Based on revision of the role and competencies of nurses and midwives (ref - activities 1 and activities 2), the education/training programs will be developed.

Has not started yet (as planned).

Activity 4

Title: To develop the education/training programs for nurses and midwives focusing on prevention and mitigation in order to enhance community resilience.

Description: The training programs focusing on prevention and mitigation for nurses and midwives for strength of community resilience will be developed based on the UN Sendai Framework for Action and community resilience framework.

Activity 4 had been originally planned as the activity started from July 2016. However, before undertaking the activity, the relating new activity was planned to disseminate the UN Sendai Framework among nursing professions and facilitate deep understanding the framework. Several sessions discussing how nurses and midwives contribute activating the UN Sendai framework and achieving its goals were held in the academic conferences, such as the 17th Annual Research Conference of Japan Society of Disaster Nursing on August 8th-9th of 2015, the 35th Academic Conference of Japan Academy of Nursing Science on December 5th-6th of 2015, the 19th East Asian Forum of Nursing Scholars on March 14th-15th of 2016. The member of the Centre also attended UNSIDR Science and Technology Conference on the Implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030 on January 27th-29th of 2016 in Geneva, and participated the discussion and commented the importance of inclusion of nursing professionals on the process of disaster planning in any levels; local, national, regional and global. Furthermore, the Bangkok Principles for implementation of the health aspects of the Sendai Framework for Disaster Risk Reduction 2015-2030 was reported from the cooperative researcher of the Centre, who attended the International Conference on the Implementation of the Health Aspects of Sendai Framework for Disaster Risk Reduction 2015-2030 on March 10th-11th of 2016.

Results:

The Centre contributed to disseminate the Sendai Framework for Disaster Risk Reduction 2015-2030 to nursing professionals in Japan and has been cultivating discussions how nurses and midwives to address fostering community resilience.

2. Please briefly describe your collaboration with WHO in regards to the activities of the WHO collaborating centre during the past 12 months (e.g. means of communication, frequency of contact, visits to or from WHO). Please feel free to mention any difficulties encountered (if any) and to provide suggestions for increased or improved communication (if applicable).

1) The Centre sent one faculty to the 9th Asia-Pacific Emergency and Disaster Nursing Network Meeting which were jointly hosted by Asia Pacific Emergency and Disaster Nursing Network (APEDNN), WPRO and SEARO. In the meeting, the faculty shared information about disaster nursing education and training programs, experiences and practices of disaster response, lessons learned from past disaster experiences with participants from other WHO CC.

2) Two faculties of the Centre met with the Technical Officer of Disaster Risk Management, Emergency Risk Management & Humanitarian Response Department, WHO Geneva Office at the time of the UNSIDR Science and Technology Conference on the Implementation of the Sendai Framework for Disaster Risk Reduction 2015-2030 on January 27th-29th of 2016 in Geneva and discussed about the Implementation of health aspects of Sendai Framework and further actions regarding to the framework.

3) The Centre has been discussing about conducting joint research project regarding on the disaster nursing and health emergency management with the External Relations Officer and Technical Officer for Health Emergency Management, WHO Centre for Health Development (WHO Kobe Centre) since March of 2016.

Difficulties and Suggestions:

The center has been received supportive advices from the new Responsible Officer of the Centre in WPRO since he was assigned. In supportive and good relations with technical officers at WHO-WPRO facilitated our work as WHO-CC.

If there are Nurse Scientists in the headquarter and/or Technical Officers in Nursing as previously, communication between WHO/WHO Regional Office and WHO CC and the activities of WHO CC will be improved and accelerated.

Activities as WHO-CC will be facilitated with the financial support system at worldwide.

It is crucial to be provided proper information regarding to redesignation process in advance with sufficient time.

3. Please briefly describe any interactions or collaborations with other WHO collaborating centres in the context of the implementation of the above activities (if any). If you are part of a network of WHO collaborating centres, please also mention the name of the network, and describe any involvement in the network during the last 12 months.

1) The Centre is the member of the Global Network of WHO CC for Nursing and Midwifery Development. University of Technology Sydney (AUS-93) is the secretariat of the Network. Each member centre provided the information of the activities and progresses in own centre each year and the secretariat published the report. The 18th General Meeting of the network will be held on July 30th, 2016 and the centre made a input on setting the agendas of the meeting and will send faculties to the meeting.

2) The Centre is the member of the Asia Pacific Emergency and Disaster Nursing Network (APEDNN). The APEDNN meeting is held once every year. It is good opportunities to share, understand, stimulate and others about the activities of each WHO-CC center, and WHO work. The Centre sent a faculty to the 9th APEDNN meeting held on September 24th-26th, 2015 in Manila, Philippines. As the WHO CC for Nursing in Disaster and Emergency, the Centre provided the information of the works regarding to the good practice on capacity building and care provision in Disaster Nursing.

3) The Centre jointly conducted a study for a survey on health-related lifestyle and psychosocial health behavior among adolescents in six countries with other WHO CC in WPRO and SEARO. Dr. Regina Lee, the Hong Kong Polytechnic University, School of Nursing (CHN-89) is the chief researcher of this project and other WHO CCs participating in this project are University of Technology Sydney (AUS-93), Mahidol University (THA34), Catholic University of Korea (KOR-104), Peking Union Medical College School of Nursing (CHN-129) and Christian Medical College and Hospital (IND-86). The team of our centre conducted a survey in Japan. Data collection and analysis of Japanese data have been done and comparative analysis of six-country data will be done shortly.

References:

1. Katada N, Ikeda M, Tanida K, Takeuchi C, Nagai R, Miyagawa S. Health-related lifestyle and psychosocial health behavior among adolescents in six Asian countries: a report based on the Japanese adolescents' data, University of Hyogo / Research Institute of Nursing Care for People and Community, Vol. 1, pp.7-8, 2016

4. Please briefly describe any type of technical, programmatic, advisory or other support received from WHO during the past 12 months for the implementation of the agreed activities listed above (if any).

1)The Centre received the advice and proposal from the External Relations Officer and Technical Officer for Health Emergency Management, WHO Centre for Health Development (WHO Kobe Centre) regarding on the collaboration with the WHO Kobe Centre.