Meeting Report

REGIONAL NURSING AND MIDWIFERY FORUM IN THE WESTERN PACIFIC TO OPTIMIZE NURSES’ AND MIDWIVES’ CONTRIBUTIONS TO ACHIEVING UNIVERSAL HEALTH COVERAGE

14–16 February 2024
Manila, Philippines
MEETING REPORT

REGIONAL NURSING AND MIDWIFERY FORUM IN THE WESTERN PACIFIC TO OPTIMIZE NURSES’ AND MIDWIVES’ CONTRIBUTIONS TO ACHIEVING UNIVERSAL HEALTH COVERAGE

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NOTE

The views expressed in this report are those of the participants of the Regional Nursing and Midwifery Forum in the Western Pacific to Optimize Nurses’ and Midwives’ Contributions to Achieving Universal Health Coverage and do not necessarily reflect the policies of the conveners.

This report has been prepared by the World Health Organization Regional Office for the Western Pacific for Member States in the Region and for those who participated in the Regional Nursing and Midwifery Forum in the Western Pacific to Optimize Nurses’ and Midwives’ Contributions to Achieving Universal Health Coverage in Manila, Philippines from 14 to 16 February 2024.
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Health workforce / Nursing / Midwifery / Regional health planning
SUMMARY

The health workforce, including nurses and midwives, is the backbone of the health system, and a competent and motivated health workforce is central to providing quality health-care services. The WHO Global Strategic Directions for Nursing and Midwifery 2021–2025 was endorsed at the Seventy-fourth World Health Assembly and provides policy priorities to optimize nurses’ and midwives’ contributions to achieving universal health coverage (UHC).

In the World Health Organization (WHO) Western Pacific Region, Member States adopted the Regional Framework to Shape a Health Workforce for the Future of the Western Pacific during the seventy-fourth session of the WHO Regional Committee for the Western Pacific in 2023. The Regional Framework covers the entire health workforce, but also highlights nurses as key enablers towards achieving UHC, acknowledging that nurses and midwives account for two thirds of the main health professionals in the Region and play critical roles in all health-care settings.

To support Member States in strengthening the nursing and midwifery workforce, WHO organized the Regional Nursing and Midwifery Forum in the Western Pacific to Optimize Nurses’ and Midwives’ Contributions to Achieving Universal Health Coverage in Manila, Philippines, from 14 to 16 February 2024. The Forum was attended by 48 Member State participants from 24 countries and areas in the Region.

Participants were introduced to the Regional Framework and engaged in interactive group discussions about the common challenges in the Region and potential policy options to strengthen the nursing and midwifery workforce. They learnt from one another’s initiatives and experiences, and gained insights into how to navigate through the political process to position themselves better in policy- and decision-making processes as well as in budget allocation to advocate for and protect the rights and entitlements of nurses in their countries and areas. The Forum revealed a strong need for support and advocacy for nursing leadership, particularly at the senior level. Member State participants significantly valued the regional platform, which allowed them to share lessons learnt and discuss nursing and midwifery policies with other participants across the Region.

An visual representation of the key points made during the meeting is available in Fig. A1 in Annex 3.
1. INTRODUCTION

1.1 Meeting organization

The Regional Nursing and Midwifery Forum in the Western Pacific to Optimize Nurses’ and Midwives’ Contributions to Achieving Universal Health Coverage was convened by the Health Policy and Service Design (HPS) unit of the Division of Health Systems and Services (DHS) in the World Health Organization (WHO) Regional Office for the Western Pacific. The Forum was held in Manila, Philippines, from 14 to 16 February 2024.

This was the first WHO Regional Nursing and Midwifery Forum in the Western Pacific in nearly two decades. Its objective was to strengthen the nursing and midwifery workforce and optimize their contributions towards universal health coverage (UHC) by facilitating cross-country information-sharing and learning, and stimulating and promoting actions.

A total of 48 Member State participants from 24 countries and areas of the Region attended the Forum, along with 17 observers and representatives. Participants included government chief nursing and midwifery officers or equivalent officials responsible for nursing or midwifery in Member States. 
Observers included participants from WHO collaborating centres (CCs) on nursing and midwifery, and health workforce and development partners. Resource persons and staff members from the WHO Regional Office for the Western Pacific, Western Pacific country offices and WHO headquarters provided Secretariat support. A list of participants is available in Annex 1 and the meeting programme is in Annex 2.

1.2 Meeting objectives

The objectives of the Forum were:

(1) to stimulate and promote the implementation of the WHO *Global Strategic Directions for Nursing and Midwifery 2021–2025* and the *Regional Framework to Shape a Health Workforce for the Future of the Western Pacific* to strengthen the nursing and midwifery workforce and optimize their contributions to achieving UHC in the Western Pacific Region by sharing country experiences and discussing potential policy options; and

(2) to propose, discuss and come to a consensus on creating a regional platform to regularly share lessons on nursing and midwifery policy among countries and areas of the Region.

2. PROCEEDINGS

The Forum consisted of three sections: (1) current situation, (2) challenges and policy options, and (3) how to make progress and success. A visual representation of the overview of the Forum is available as Fig. A2 in Annex 3.

2.1 Opening session

Mr Lluis Vinal Torres, Director, Division of Health Systems and Services, WHO Regional Office for the Western Pacific, welcomed all the participants, observers and representatives to the Forum. He emphasized the Regional Office’s commitment to revive and accelerate the support to nursing and midwifery, including the creation of a new fixed-term nursing officer post.

In his opening remarks, Regional Director for the Western Pacific, Dr Saia Ma’u Piukala, noted that this was the first technical meeting he was participating in as Regional Director. Dr Piukala emphasized the critical role of nurses and midwives in health promotion, disease prevention and primary care. He underscored that nurses and midwives are key to achieving health for all, and they require support and
investment. He encouraged participants to actively share their insights and expertise to formulate joint solutions to address the pressing challenges faced by nurses and midwives in the Region.

WHO Chief Nursing Officer, Dr Amelia Latu Afuhaamango Tuipulotu, highlighted that the Member States in the Region have a relatively high percentage of government chief nursing and midwifery officers compared to the global average, but their participation in senior leadership is low. Dr Tuipulotu emphasized the unwavering support from both the Regional Director and the Director-General to strengthen the nursing and midwifery workforce.

Ms Eriko Anzai, Nursing Officer, introduced the objectives of the Forum, which were: (1) to share the current situation, lessons, and good examples and (2) to jointly explore potential solutions to priority challenges. Ms Anzai outlined the design of the Forum over the three days and how those objectives will be achieved.

2.2 Section 1: Current situation

(1) Current situation of nursing and midwifery

Section 1 aimed to share the current situation of nursing and midwifery from global, regional and country perspectives. Dr Carey McCarthy, Technical Officer, indicated that nurses comprise the largest occupational group, accounting for more than 40% of the global health workforce (HWF). She highlighted WHO’s Global Strategic Directions for Nursing and Midwifery 2021–2025, endorsed at the Seventy-fourth World Health Assembly, which presents policy priorities to optimize the contribution of nurses and midwives towards UHC in four policy focus areas: education, jobs, leadership and service delivery. Progress on these priorities will be reported at the Seventy-eighth World Health Assembly in 2025.

Ms Anzai shared that Western Pacific Member States are facing many common challenges, including ageing populations, the increasing burden of noncommunicable diseases (NCDs) and the urgent need for disaster preparedness and responses due to climate change in the Region. Nurses and midwives play critical roles and account for two thirds of the main health professional workforce, which also includes medical doctors, dentists and pharmacists. However, the COVID-19 pandemic negatively impacted nursing retention and has accelerated mobility and migration of nurses. To address these challenges, Member States endorsed the Regional Framework to Shape a Health Workforce for the Future of the Western Pacific during the seventy-fourth session of the WHO Regional Committee for the Western Pacific in 2023. The framework highlights nurses as key enablers towards achieving UHC and provides priority actions in nursing.

Following presentations from the global and regional perspectives, participants from three countries presented on the situation of nursing and midwifery in their country.

- **Palau:** Approximately 90% of total nursing personnel are employed in the public sector and 30% are expatriates. The country is facing various challenges, including shortage and retention of nurses, an ageing workforce, need to improve working conditions/environment, skill-mix imbalance and limited scope of practice. The Healthy Nurses Initiatives was launched to maintain the strengths of the existing workforce.

- **Brunei Darussalam:** The country has 2365 nurses, accounting for 75.3% of the total HWF. To address various challenges, a wide range of initiatives has been implemented, including review of the nursing curriculum, pay scales and the scope of work/roles and responsibilities, and collaboration with educational institutions to increase production of nurses.

- **Viet Nam:** The country has 148 555 nurses and 24 755 midwives, and there has been an upward trend in the number of nurses since 2017. Half of them graduated from a college, 38.7% with a bachelor’s degree and 10% with a diploma. Challenges include the lack of legislation on nursing, autonomy at work, management and executive leadership capacity, specialized training, and inclusion of nurses in decision- and policy-making.
(2) Country stations
Participants set up panels describing the nursing and midwifery situation in their country, using the country profiles retrieved from two WHO reports — *State of the World’s Nursing 2020: investing in education, jobs and leadership* and *State of the World’s Midwifery 2021*. They were able to share their contexts and also visit other countries’ panels to understand their situation.

This activity contributed to: (1) sharing on the current situation at global, regional and country levels; (2) familiarizing participants with the two relevant WHO reports and the reporting status of each country; and (3) providing an opportunity for participants to be connected with others before group discussions diving into challenges. A visual representation of the discussion highlights is available as Fig. A3 in Annex 3.

2.3 Section 2: Challenges and policy options

(1) Service delivery
The service delivery session focused on primary health care (PHC). Dr Chelsea Taylor, Technical Officer, set the scene by discussing the need for a shift in how service delivery is organized to meet the new realities for countries and areas in the Region. She also introduced the *Regional Framework on the Future of Primary Health Care in the Western Pacific*.

As examples of the initiative to enhance service delivery to meet population health by optimizing nurses’ contributions, Professor Michele Rumsey, University of Technology, Sydney, WHO CC for Nursing, Midwifery and Health Development, shared the definitions, roles and development of nurse practitioners in Australia and New Zealand.

The participants from the Lao People’s Democratic Republic presented a country example of how to enhance midwives’ contributions in PHC. As part of the country’s promotion of a PHC-oriented health system, the scope of practice of midwives was expanded. The percentage of basic services that midwives could legally provide in health centres without physicians was increased from about 20% to 95%. Four factors were highlighted that enabled this expansion: (1) making it a national policy priority, (2) strong leadership, (3) collaboration across multiple sectors, and (4) use of a market lens for HWF projection. The country is now looking to expand the scope of practice of nurses.

In the group discussion that followed, the critical role played by nurses and midwives in PHC, and initiatives and strategies to promote their contributions were shared, including ongoing review and expansion of their scope of practice. Also brought up was the mismatch between people’s health needs and the current scope of practice; difficulties in expanding the scope due to opposition from other stakeholders were also raised.

The session highlighted how critical it is for regulation on the scope of practice to be based on actual need. The scope of practice should be aligned with curricula in pre-service education, competencies, clinical practice and roles for nurses and midwives, in order to meet changing population health needs and promote a PHC-oriented health system.

(2) Jobs 1: Retention/migration
The first session dealing with issues related to jobs covered retention and migration. Ms Deki, Technical Officer, set the scene by sharing WHO’s global and regional policy options and highlighting issues and challenges related to the increasing migration/mobility of skilled HWF.

Professor Rumsey described the impact of the COVID-19 pandemic on the retention and migration of nurses and midwives. Internal nurse migration between Pacific island countries and areas (PICs) increased during the COVID-19 pandemic. However, accelerated recruitment of nurses by developed countries has increased the volume of migration and the number of state actors involved.
Participants from Cook Islands, Fiji and Japan reported on their situation, challenges and initiatives on retention and migration.

- **Cook Islands**: Various factors influence the retention of nurses in the country, including geographical isolation, limited career advancement and resources, lack of professional support and inadequate remuneration. To address these issues, the country developed the Cook Islands Nursing Strategic Plan 2021–2025, aligning with the National Health Strategic Plan 2023–2027 and the Health Workforce Plan 2016–2023. Based on the plan, a review of remuneration and restructuring of the onboarding process is ongoing.

- **Japan**: The average life expectancy in Japan is 84.3, with 29.1% of the population over 65 years old. The ageing population leads to increases in demand for nurses, particularly for home-visit nurses. To meet this growing demand, the country has three pillars to ensure adequacy of the nursing workforce: (1) increasing number of new nurses by attracting younger people to nursing careers; (2) supporting the return of resigned nurses by enhancement of the registration system and promoting flexible work schedules; and (3) promoting retention by improving the work environment using technology and innovation.

- **Fiji**: More than one third of the entire nursing pool in Fiji was lost over the last 12 months and there are currently only approximately 3000 nurses left in the country. The migration of skilled and experienced nurses to elder care facilities in developed countries is one of the main causes. To retain nurses, various initiatives have been implemented, including salary restructuring, the establishment of nursing assistant posts, a review of the retirement age and expansion of career development opportunities.

To facilitate discussion on increased migration and understand its impact on the health system, participants were encouraged to fill in the session preparation sheet shared in advance and bring it to the Forum. The sheet includes the numbers of licensed/registered, resigned and migrated nursing and midwifery personnel pre- and post-pandemic. However, very limited data were shared.

During the group discussion, some participants shared initiatives to increase nurses’ salaries and incentives, but retention of nurses, particularly in rural and remote areas, is still challenging for many countries. A variation among Member States was revealed on the issue of migration, with PICs and the Philippines impacted by accelerating international migration but the effect being limited in other countries.

(3) Jobs 2: Working environment

Dr Mollent Akinyi Okech, Technical Officer, introduced the next session by sharing the definition of the work environment. Dr Masahiro Zakoji, acting Coordinator, HPS, suggested policy options that countries could adopt to improve the working environment for nurses and midwives.

Participants from Papua New Guinea, Samoa and Tonga presented on their situations, challenges and initiatives.

- **Tonga**: The country has adopted a bundle of strategies incorporating both financial and non-financial strategies to improve the working environment of nurses and midwives, such as introducing duty allowance, creating more positions for specialist nurses, introducing flexibility in work shifts, using effective communication, engaging them in decision-making, embracing their autonomy, engaging a psychologist for counselling sessions and increasing leadership positions.

- **Papua New Guinea**: The country has adopted workload analyses using the Workload Indicators of Staffing Need (WISN) methodology to determine staffing numbers and workload pressure, and to improve the working environment. The results helped to redistribute staff, identify gaps and prioritize recruitment, revise the structure, and identify other weak components of the health system, such as lack of equipment and commodities, and address them with management.
Samoa: The ongoing work to review the nursing and midwifery organizational structure and career pathways in the country was presented; for example, increasing leadership positions for more nurses, increased remuneration package, and having more academic and career pathways to facilitate succession planning for nurses. To address various challenges, the Nursing Strategic Directions SAMOA 2024–2028 was recently developed and will be submitted for endorsement.

In the discussion that followed, participants shared their initiatives and challenges in improving the work environment, including promoting flexible work shifts and introduction/increase of nursing assistants. A shortage of nurses is increasing the workload and overtime and deteriorating the work environment in some Member States. At health-care facility level, infrastructure is also a challenge in some countries.

The two sessions, focusing on jobs, highlighted that remuneration is one of the key factors to ensuring the availability of the current and future nursing workforce, which is essential to making progress towards achieving UHC. Uncompetitive remuneration with other professionals, industries and countries hinders the recruitment and retention of nurses. Meanwhile, data, evidence and strategies to address this are very limited. Regular monitoring of nursing stock and flow using timely data is critical.

(4) Leadership

In this session, nursing leadership was discussed, particularly in senior positions and engagements in policy- and decision-making processes. Dr McCarthy opened the session by citing the global policy support for nursing and midwifery leadership.

Professor Sheila Bonito, University of the Philippines Manila, WHO CC for Leadership in Nursing Development, shared information on its nursing leadership programmes targeting nurses, public health nurses and public health midwives, as well as lessons learnt from the experience.

Ms Margrieta Langins, Policy Adviser for Nursing and Midwifery, shared nursing and midwifery leadership strengthening experience from the WHO European Region, including the Government Chief Nursing and Midwifery Officer (GCNMO) Hub established in 2021. She also presented the results of a survey about the situation of the GCNMOs’ roles and responsibilities in the Region by using five models, namely the Focal-point, Dispersal, Programme, Advisory and Executive models.

Following these presentations, participants shared their experiences and initiatives from the country and subregional perspectives.

Solomon Islands: The number of senior nursing officer positions has increased and their roles and responsibilities have expanded in past decades at national and subnational levels. Currently, the National Director of Nursing is a member of the Senior Executive Management Committee in the Ministry of Health and has contributed to decision-making in national health policies, strategies and legislation, in addition to leading strategic and operational planning and budget preparations.

Furthermore, the recently endorsed National Nursing Strategic Directions 2023–2027 proposes to upgrade the National Director of Nursing to Deputy Secretary for Nursing.

South Pacific Chief Nursing and Midwifery Officer Alliance (SPCNMOA): The current chair of SPCNMOA (Papua New Guinea) provided an overview of the alliance formed in 2004, which consists of the senior nursing and midwifery leaders representing 22 countries in the Pacific. It leads activities that strengthen nursing and midwifery provision, advocates for effective partnerships and coordinated approaches for strengthening nursing and midwifery to improve Pacific health and nursing and midwifery capacity.

The group discussion revealed that the involvement of nursing leaders in policy- and decision-making is very limited, although ongoing initiatives to strengthen and enhance their involvement were shared. Another significant challenge is reviewing or implementing necessary policies or strategies to strengthen the nursing and midwifery workforce. A strong need was identified for support and advocacy for nursing leadership, particularly at the senior level, to optimize their contribution towards UHC.
(5) Education

This session covered both pre-service education and continuing professional development (CPD) after licensure/registration. Ms Moe Ando, Technical Officer, set the scene by sharing the WHO global and regional directions and framework.

Mr Kazuki Miyazaki from the National Center for Global Health and Medicine in Japan, WHO CC for Health Systems Research, provided the definitions, components and current CPD system status in the Region, as well as facilitators and challenges in introducing it in a country.

Participants from Cambodia and Tuvalu reported on their initiatives to increase production and improve the quality of pre-service education, while participants from Malaysia shared their experience in establishing the CPD system.

- **Cambodia**: The country initiated its efforts to transform nursing education to competency-based education (CBE) in 2010; however, the Core Competency Framework was not periodically updated and was not aligned with either educational curricula or guidelines. To address these issues, the Strengthening Pre-Service Education System for Health Professionals Project (2020–2026) was launched to apply and enhance competency-based teaching and learning methods. To promote its implementation with support from relevant stakeholders, such as the Nursing Council and the Professional Association, Cambodia developed the Partnership Framework for Advancing CBE.

- **Tuvalu**: Due to its small population of 11,000 and limited capacity, the country has no nursing schools and the nursing workforce – currently approximately 40 nurses – has relied on neighbouring countries, such as Fiji and Samoa. In 2021, Tuvalu undertook the first in-country nursing training course in partnership with Fiji National University and 15 students completed the Certificate IV in Enrolled Nursing course, which consisted of online learning and clinical practice. All of them registered as enrolled nurses in the country.

- **Malaysia**: The country has developed the mandatory CPD system since 1998. After the endorsement of the CPD guideline by the Nursing Board in 2008, it was linked to licence renewal. The majority of CPD activities are conducted in on-the-job training with an expert in the facility where nurses work. The Government provides funding support for CPD activities. An online information system supports nurses in the public sector to apply for CPD sessions and their supervisors to track individual CPD history. The system is under expansion to cover nurses in the private sector as well. CPD providers include academic institutions, public and private health-care facilities, and the Nursing Association. Commercialization and quality assurance are issues of concern.

To facilitate discussions and capture the development situation of the CPD system in the Region, the participants were encouraged to fill in the session preparation sheet and bring it to the forum (see Table A1 in Annex 4).

During the group discussion, many participants shared progress and ongoing initiatives to ensure and improve the quality of nurses and midwives throughout their careers. The nationwide CPD system, linked to licence renewal, has been increasingly implemented in the Region. Meanwhile, some countries are confronting emerging issues, such as in terms of the quality and quantity of CPD courses provided.

This session highlighted the necessity of maintaining and improving the quality of nurses and midwives to meet changing population health needs and to prepare for the transition of the service delivery model to a PHC-oriented one through both pre-service education and CPD. Fig. A4 in Annex 3 provides a summary of discussions in Section 2.
2.4 Section 3: How to make progress and success

(1) How to make progress and success

Section 3 aimed to support the participants to make progress and achieve success after they return to their country/area from the Forum. The first session focused on political economy and participants discussed how to navigate through the political process to position themselves better in policy- and decision-making processes and in budget allocation to advocate for and protect the rights and entitlements of nurses.

Mr Vinal Torres opened the session by emphasizing that nursing is not exempt from politics and that understanding political economy can support the change that needs to happen. Ms Alia Cynthia Luz, Technical Officer, then illustrated the policy process: problem identification; agenda setting; policy formulation; policy implementation; and programme implementation. This process is affected by political economy, which is defined as the institutions and norms, interests and incentives, and values and ideas that shape political and economic competition within the policy space. The power within the policy space has a significant impact on reforms and can be conceptualized as three dimensions: decision-making power (direct influence on the agenda), non-decision-making power (indirect influence), and “thinking” power (how we think about and the terms of debates, overlaps with values and ideas definition of political economy). Stakeholder mapping and analysis were shared as useful tools; furthermore, framing the issue positively in the eyes of the public and stakeholders is important. Finally, Ms Luz emphasized the critical importance of data and evidence for advocacy, policy dialogue and investment.

The participants from Australia and the Philippines shared their experiences and lessons learnt regarding political economy.

- **Australia:** Nursing leadership roles will be a feature in the National Nursing Strategy being developed in the country. Developing this talent can support nursing reforms and efforts. One of the tools to negotiate with stakeholders is called “balanced risk”, which does not explicitly go against any opposing opinions but presents a different perspective to help mediate objections. An example of this could be negotiating with doctors for nurses to take on some doctors’ tasks to balance the risk of not providing care or adverse health outcomes. It is important to treat everyone as a colleague, conduct a shared inquiry into mutual concerns, create a positive relationship, accept disagreements and build a shared understanding that leads to something new. This builds trust and allows nurses to “discuss the undiscussable”.

- **Philippines:** Although there are approximately 526 000 nurses with valid licences, the current supply of nurses practising in government and private health facilities within the country is only around 179 000. There is a “leakage” of 347 000 nurses – those with valid licences who choose employment in other domestic industries or overseas. To manage these issues, the Philippines is providing financial and non-financial incentives, improving education opportunities and offering reintegration programmes for returning nurses. To pass these reforms, nursing advocates worked with kindred spirits and designed strategies through a multisectoral, whole-of-government approach, managing relationships with stakeholders.

Following these country reports, participants were paired with another country/area and engaged in one-on-one mock counselling, where they explained their priority issue from a political economy perspective and received advice from other participants.

(2) Technical clinics

On the first day of the Forum participants were requested to indicate one topic they wanted to discuss with an expert during the technical clinics session. “Leadership” was the most popular topic, selected by seven Member States, followed by “Workforce planning and projects”, “Retention”, “Migration”, “CPD”, “Nursing workforce data”, “PHC”, “Working environment” and “Political Economy” (see Table A2 in Annex 4).
In this session, participants shared their situation and issues with the expert and other Member State participants facing the same challenge, and explored potential policy options and initiatives they could apply in their country/area.

As in previous sessions, a strong need for support and advocacy for nursing leadership was identified, particularly at the senior level, to engage in policy- and decision-making processes among Member States in the Region. Fig. A5 in Annex 3 provides a summary of discussions in Section 3.

2.5 Closing session

Based on results from a forum evaluation, participants were highly satisfied with the Forum and valued cross-country learning opportunities. Fig. A6 in Annex 3 provides a summary of the results of the evaluation. Furthermore, in response to the question about utilization of the forum experience in their country/area, many participants indicated specific actions, such as having policy dialogues/negotiations/collaboration, new policy/strategies implementation, and the development of new plans/strategies. In addition, they requested the Western Pacific Regional Office to hold a periodic in-person forum at least every two years and to create an online platform. The proposed topics by the participants for the next Regional Nursing and Midwifery Forum are listed in Table A3 in Annex 4.

In her closing remarks, Ms Anzai encouraged Member States to apply or implement new policies or strategies that they learnt at the Forum, which could be supported by WHO, and to bring their experience and initiatives to the next cross-country information-sharing opportunity. Participants were also invited to visit the WHO Western Pacific Region Nursing and Midwifery web page to find updates, publications, tools and advocacy materials for country use, including a short nursing and midwifery video to be uploaded to raise awareness on issues impacting nursing and midwifery and to showcase initiatives and share challenges.

Following the key messages and next steps to take in the Region, Dr McCarthy explained the next steps at the global level and the development of the State of the World’s Nursing report for 2025. She emphasized the GCNMOs’ roles in collaborating with National Health Workforce Account focal points and other related divisions/organizations in each Member State in the development process.

Dr Tuipulotu also provided her reflections. She expressed her appreciation and admiration for all the participants’ commitment to the Forum and dedication to people’s health in the Region. Mr Vinals Torres closed the Forum, thanking all the participants and presenters for their participation and contributions.
3. CONCLUSIONS AND RECOMMENDATIONS

3.1 Conclusions
Through the Forum, Member State participants learnt about the various initiatives, challenges and lessons identified for strengthening the nursing and midwifery workforce in other countries and areas; expanded/created networks with other government senior nursing and midwifery officers; and were empowered through their experience participating in the Forum.

In a session focusing on political economy, participants discussed how to navigate through the political process to position themselves better in policy- and decision-making processes and in budget allocation so as to advocate for and protect the rights and entitlements of nurses in their countries and areas.

Member State participants valued the regional platform to share lessons on and discuss nursing and midwifery policy; they agreed to hold a periodic in-person forum and create an online platform to continue discussion and collaboration.

Participants expressed a strong need for support and advocacy for nursing leadership, particularly at the senior level. They were encouraged to share data on the retention and migration of nurses, as these reflect challenges encountered during the COVID-19 pandemic. However, very limited data were shared by Member States.

3.2 Recommendations

3.2.1 Recommendations for Member States
Member States are encouraged to consider the following:

(1) Review the scope of practice of nurses and midwives to meet population health needs and promote PHC towards the achievement of UHC.

(2) Monitor retention and migration by collecting and analysing data regularly, and manage migration ethically by implementing comprehensive retention policies, including a decent work environment and fair pay for nurses and midwives to ensure their retention in the country.

(3) Strengthen nursing and midwifery leadership, particularly at the senior level, and involve nurses and midwives in policy- and decision-making processes to optimize their contributions towards achieving UHC.

(4) Update nursing and midwifery curricula and enhance quality assurance mechanisms in education, including a licensing renewal with a mandatory CPD system and accreditation mechanisms with standards for education and institutions.

3.2.2 Recommendations for WHO
WHO is requested to:

(1) Hold a periodic in-person forum at least every two years and create an online platform to regularly share lessons on and discuss nursing and midwifery policies and continue collaboration among Member States.

(2) Accelerate context-based and tailored support to Member States in strengthening the nursing and midwifery workforce and addressing challenges, particularly in data collection and analysis, and the development of policy proposals.

(3) Provide support for data reporting from Member States in the development process of the State of the World’s Nursing 2025 report.
(4) Support and advocate for nursing and midwifery leadership, particularly at the senior level, to resolve issues in nursing and midwifery and optimize the contributions of nurses and midwives towards achieving UHC.
ANNEXES

Annex 1. List of participants, temporary advisers, observers, representatives and secretariat

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### 14 February (Wednesday)

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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| 09:30-10:30 | **Opening**  
(Technical resource: Dr Masahiro Zakoji  
Admin resource: Ms Katrina Bernardo)  
Welcome  
- Mr. Luis Vinals Torres, Director, Division of Health Systems and Services (DHS), WPRO  
Opening remarks  
- Dr Saia Ma’u Piukala, WHO Regional Director for the Western Pacific  
- Dr Amelia Latu Afuhaamango Tuipulotu, Chief Nursing Officer (CNO)  
Objectives and overview of the forum  
- Ms Eriko Anzai, Nursing Officer, Health Policy and Service Design (HPS), DHS, WPRO  
Introduction of participants  
Group photo |
| 11:00-12:00 | Recap of Day 1  
Session 2-2: Jobs 1 (Retention/migration)  
(technical resource: Ms Deki  
Admin resource: Ms Jisselle Chua)  
Presentation: Impact of the COVID-19 pandemic on nurses’ and midwives’ retention and migration  
Prof Michele Rumsey, WHOCC UTS  
Country reports  
- Cook Islands: Migration & retention  
- Japan: Rural retention  
- Migration, Fiji  
Facilitated table conversations 3  
- What kind of initiatives or interventions have been proposed or implemented to retain nurses in the country?  
- What are the challenges in nursing and midwifery retention and migration?  
- To tackle these challenges, what kind of solutions can be used? What worked well and less well? |
| 12:00-13:00 | Coffee break |

### 15 February (Thursday)

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
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| 09:00-9:05 | Recap of Day 1  
Session 2-2: Jobs 1 (Retention/migration)  
(technical resource: Ms Deki  
Admin resource: Ms Jisselle Chua)  
Presentation: Impact of the COVID-19 pandemic on nurses’ and midwives’ retention and migration  
Prof Michele Rumsey, WHOCC UTS  
Country reports  
- Cook Islands: Migration & retention  
- Japan: Rural retention  
- Migration, Fiji  
Facilitated table conversations 3  
- What kind of initiatives or interventions have been proposed or implemented to retain nurses in the country?  
- What are the challenges in nursing and midwifery retention and migration?  
- To tackle these challenges, what kind of solutions can be used? What worked well and less well? |
| 09:05-10:30 | Recap of Day 1  
Session 3: Move forward  
This section will discuss how to make progress and success in resolving nursing and midwifery challenges and strengthening the nursing and midwifery workforce with a focus on political economy, including who initiates the process, who is involved and approached, and what is the process.  
Session 3-1: How to make progress and success  
(technical resource: Ms Alia Cynthia Luz  
Admin resource: Zendie Gabitanan)  
Presentation: Political economy  
Mr. Luis Vinals Torres, Director, DHS, WPRO  
Country reports  
- Australia  
- Philippines  
Facilitated table conversations 7 |
| 10:30-11:30 | Coffee and mobility break |

### 16 February (Friday)

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
</table>
| 09:00-9:05 | Recap of Day 2  
Session 3: Move forward  
This section will discuss how to make progress and success in resolving nursing and midwifery challenges and strengthening the nursing and midwifery workforce with a focus on political economy, including who initiates the process, who is involved and approached, and what is the process.  
Session 3-1: How to make progress and success  
(technical resource: Ms Alia Cynthia Luz  
Admin resource: Zendie Gabitanan)  
Presentation: Political economy  
Mr. Luis Vinals Torres, Director, DHS, WPRO  
Country reports  
- Australia  
- Philippines  
Facilitated table conversations 7 |
<p>| 10:30-11:30 | Coffee break |</p>
<table>
<thead>
<tr>
<th>14 February (Wednesday)</th>
<th>15 February (Thursday)</th>
<th>16 February (Friday)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Section 1:</strong> In this section, the overall situation of nursing and midwifery from global, regional, and country perspectives will be shared before deep dives into specific challenges.</td>
<td><strong>Session 2-3: Jobs 2 (Working environment)</strong> (Technical resource: Dr Mollent Akinyi Okech Admin resource: Ms Katrina Bernardo)</td>
<td><strong>Session 3-2: Technical clinics</strong> (Technical resource: Ms Eriko Anzai Admin resource: Ms Jisselle Chua)</td>
</tr>
<tr>
<td><strong>Session 1-1: Current situation of nursing and midwifery</strong> (Technical resource: Mr Mai Mo Admin resource: Ms Jisselle Chua)</td>
<td><strong>Presentation:</strong> WHO initiatives Dr Masahiro Zakoji, acting coordinator, HPS/DHS, WPRO</td>
<td>Participants discuss predetermined topics that are relevant to their country's context with designated experts.</td>
</tr>
<tr>
<td><strong>Presentation 1: Global perspective</strong> Dr Carey McCarthy, Technical officer (HWF), HQ</td>
<td><strong>Country reports</strong></td>
<td>List of Thematic Clinics and Experts</td>
</tr>
<tr>
<td><strong>Presentation 2: Regional perspective</strong> Ms Eriko Anzai, Nursing Officer, HPS/DHS/WPRO</td>
<td>➢ Tonga: Working environment ➢ Papua New Guinea: WISN for workload management ➢ Samoa: Aligning the Nursing and Midwifery Organizational Structure and Career and Salary Structure with career pathways and qualifications</td>
<td>• Primary Health Care: Dr Chelsea Maria Taylor • Migration: Prof Michele Rumsey • Retention: Ms Deki • Working environment: Dr Masahiro Zakoji • Leadership: Prof Sheila Bonito • CPD: Mr Kazuki Miyazaki • Political economy: Mr. Lluis Vinals Torres • Workforce planning and projections: Dr Mollent Akinyi Okech • Nursing workforce data: Dr Carey McCarthy, Technical officer</td>
</tr>
<tr>
<td><strong>Facilitated table conversations 1</strong> ➢ Palau ➢ Brunei Darussalam ➢ Viet Nam</td>
<td><strong>Facilitated table conversations 4</strong> ➢ What kind of initiatives or interventions have been proposed or implemented to provide a decent working environment for nurses and midwives in the country? ➢ What are the challenges in making a consensus in the government on introducing a new policy or allocating financial resources to providing a decent work environment and competitive and fair pay to nurses and midwives in the country? ➢ To tackle these challenges, what kind of solutions can be used? What worked well and less well?</td>
<td>Evaluation of the forum</td>
</tr>
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<td>11:00-12:00</td>
<td>11:00-12:30</td>
<td>10:45-11:45</td>
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<tr>
<td>60 min Lunch break</td>
<td>60 min Lunch break</td>
<td>60 min Lunch break</td>
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<tr>
<td>14 February (Wednesday)</td>
<td>15 February (Thursday)</td>
<td>16 February (Friday)</td>
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<tr>
<td><strong>Session 1-2: Country stations</strong> (Technical resource: Ms Eriko Anzai, Admin resource: Ms Jisselle Chua)</td>
<td></td>
<td><strong>Closing</strong> (Technical resource: Ms Eriko Anzai, Admin resource: Ms Jisselle Chua)</td>
</tr>
<tr>
<td>Each country's panel on nursing and midwifery situations will be developed, using the WHO State of the World's Nursing and the State of the World's Midwifery country profiles. Country stations provide an opportunity to get an understanding of other countries' situations. Country speakers will be at the station while the participants can come to discuss the situations and challenges.</td>
<td><strong>Session 2-4: Leadership</strong> (Technical resource: Dr Carey McCarthy, Admin resource: Ms Zendie Gabitanan)</td>
<td><strong>Key messages and next steps</strong></td>
</tr>
<tr>
<td><strong>Presentation 1:</strong> Nursing leadership development programme</td>
<td><strong>Presentation 2:</strong> Lessons from another region Ms Margretta Langins, Policy Adviser (Nursing and Midwifery), WHO EURO</td>
<td>- Consensus on creating a regional platform to regularly share lessons on nursing and midwifery policy</td>
</tr>
<tr>
<td>Prof Sheila Bonito, WHOCC UP Manila</td>
<td>Country reports</td>
<td>- Launch of the Nursing and Midwifery webpage Ms Eriko Anzai</td>
</tr>
<tr>
<td>➢ Solomon Islands: GCNMO in Senior Executive</td>
<td>➢ South Pacific Chief Nursing and Midwifery Officer Alliance (current chair: Papua New Guinea)</td>
<td>- State of the World Nursing report 2025 Dr Carey McCarthy, Technical Officer, HWF, HQ</td>
</tr>
<tr>
<td><strong>Reflection from participants</strong></td>
<td>Reflection from WHO CNO Dr Amelia Latu Afuhaamango Tuipulotu, CNO</td>
<td><strong>Closing remarks:</strong></td>
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<tr>
<td><strong>Closing remarks:</strong> Mr Lluis Vinals Torres, Director, DHS, WPRO</td>
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<tr>
<td>14 February (Wednesday)</td>
<td>15 February (Thursday)</td>
<td>16 February (Friday)</td>
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<tr>
<td><strong>Section 2: Challenges and policy options</strong>&lt;br&gt;In this section, common challenges in the WPR and potential policy options to resolve them will be shared and discussed, in terms of four policy focus areas: Jobs, Leadership, Service delivery, and Education, addressed in the WHO Global Strategic Direction for Nursing and Midwifery 2021-2025 and Regional Framework to Shape a Health Workforce for the Future of the Western Pacific.</td>
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<tr>
<td>14:00 – 14:35&lt;br&gt;<strong>Session 2.1. Service delivery</strong>&lt;br&gt;(Technical resource: Dr Chelsea Taylor&lt;br&gt;Admin resource: Ms Katrina Bernardo)</td>
<td></td>
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<tr>
<td><strong>Presentation:</strong> PHC framework&lt;br&gt;Dr Chelsea Taylor, Technical officer (Primary Health Care), HPS/DHS/WPRO</td>
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<tr>
<td><strong>Country reports</strong>&lt;br&gt;➢ Prof Michele Rumsey, WHOCC UTS&lt;br&gt;➢ Expansion of nurses’ scope of practice (SoP)&lt;br&gt;➢ Lao PDR: Expansion of midwives’ SoP</td>
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<tr>
<td>30 min Coffee &amp; mobility break</td>
<td>15 min Coffee break</td>
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<tr>
<td></td>
<td>Facilitated table conversations 5&lt;br&gt;• What kind of initiatives or interventions have been proposed or implemented to strengthen nursing and midwifery leadership and promote nurses’ and midwives’ involvement in policy- and decision-making processes in the country?&lt;br&gt;• What are the challenges in strengthening nursing and midwifery leadership and promoting nurses’ and midwives’ involvement in policy- and decision-making processes in the country?&lt;br&gt;• To respond to these challenges, what kind of solutions can be used? What worked well and less well?</td>
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<tr>
<td>14 February (Wednesday)</td>
<td>15 February (Thursday)</td>
<td>16 February (Friday)</td>
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<td>------------------------</td>
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<tr>
<td><strong>Facilitated table conversations 2</strong>&lt;br&gt;• What kind of initiatives or interventions have been proposed or implemented to improve or transform nursing and midwifery service delivery, in order to promote PHC and meet people’s health needs in the country?&lt;br&gt;• What are the challenges in improving or transforming nursing and midwifery service delivery?&lt;br&gt;• Are the scopes of practice of nurses and midwives set to meet people’s health needs in the country? Are they regularly reviewed, considering the change in the population’s health needs?</td>
<td><strong>Session 2: Education</strong>&lt;br&gt;(Technical resource: Ms Moe Ando&lt;br&gt;Admin resource: Ms Zendie Gabitanan)&lt;br&gt;&lt;br&gt;&lt;strong&gt;Presentation 1: Continuing Professional Development (CPD) in the WPR&lt;/strong&gt;&lt;br&gt;Mr Kazuki Miyazaki, WHOCC NCGM&lt;br&gt;&lt;br&gt;&lt;strong&gt;Country reports&lt;/strong&gt;&lt;br&gt; Cambodia: Transforming pre-service education&lt;br&gt; Tuvalu: Domestic production of nurses&lt;br&gt; Malaysia: CPD</td>
<td>15:05-16:00&lt;br&gt;&lt;br&gt;&lt;strong&gt;Facilitated table conversations 6**&lt;br&gt;• How does the country ensure nurses and midwives are prepared for the changing population’s health needs?&lt;br&gt;• When were curricula? What are the challenges in updating/upgrading curricula to produce a competent nursing and midwifery workforce?&lt;br&gt;• How does the country ensure the quality of nurses and midwives after licensure? What are the challenges for that?&lt;br&gt;• What kind of solutions can be used for these challenges? What worked well and less well?</td>
</tr>
<tr>
<td>15:05-16:00</td>
<td>15:15-16:30</td>
<td>16:00-16:35&lt;br&gt;Rapporteurs’ meeting (by invitation only)</td>
</tr>
<tr>
<td>16:00-16:35</td>
<td>16:30-17:00</td>
<td>17:00-19:00&lt;br&gt;Welcome reception</td>
</tr>
</tbody>
</table>
Annex 3. Figures

Fig. A1. Summary of all discussions in the Forum

Fig. A2. Overview of the programme of the Forum
Fig. A3. Summary of discussions in Section 1 (Current situations)

Fig. A4. Summary of discussions in Section 2 (Challenges and policy options)
Fig. A5. Summary of discussions in Section 3 (How to make progress and success)

Fig. A6. Key results of the Forum evaluation (Responses of Member State delegates, n=38)

Q. This forum is useful in strengthening the nursing and midwifery workforce in my country/area.

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly agree</td>
<td>84%</td>
</tr>
<tr>
<td>Agree</td>
<td>16%</td>
</tr>
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</table>

Q. Which session was the most useful for you?

<table>
<thead>
<tr>
<th>Session</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-1 Current situation</td>
<td>2.6%</td>
</tr>
<tr>
<td>1-2 Service delivery</td>
<td>10.5%</td>
</tr>
<tr>
<td>1-3 Working environment</td>
<td>5.3%</td>
</tr>
<tr>
<td>2-4 Leadership</td>
<td>13.2%</td>
</tr>
<tr>
<td>3-1 How to make progress and success</td>
<td>23.7%</td>
</tr>
<tr>
<td>3-2 Technical clinics</td>
<td>0.0%</td>
</tr>
<tr>
<td>2-2 Retention/migration</td>
<td>23.7%</td>
</tr>
<tr>
<td>2-3 Working environment</td>
<td>15.8%</td>
</tr>
</tbody>
</table>
Q. How often would you like WHO to hold the Nursing and Midwifery Forum?

- 47.4% Once a year
- 47.4% Once every two years
- 2.6% Once every three years

Q. Would you also like WHO to create an online platform to share information and lessons in nursing and midwifery?

- 94.7% Yes
- 2.6% No
Annex 4. Tables

Table A1. Status of continuing professional development (CPD) system for nurses in the Western Pacific Region

<table>
<thead>
<tr>
<th>Regulatory foundation</th>
<th>American Samoa</th>
<th>Australia</th>
<th>Brunei Darussalam</th>
<th>Cambodia</th>
<th>China, Macao SAR</th>
<th>Japan</th>
<th>Lao People’s Democratic Republic</th>
<th>Malaysia</th>
<th>Mongolia</th>
<th>Commonwealth of the Northern Mariana Islands</th>
<th>Samoa</th>
<th>Tuvalu</th>
<th>Viet Nam</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPD system in place in the country</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>P</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Laws/regulations</td>
<td>Regulatory body</td>
<td>Nursing and Midwifery Board of Australia</td>
<td>Nursing Board for Brunei</td>
<td>Cambodia Nursing Council</td>
<td>Health Bureau of the Macao</td>
<td>Government</td>
<td>CPD committee of Ministry of Health</td>
<td>Nursing Board Malaysia</td>
<td>Board of Nursing</td>
<td>Training &amp; Development team</td>
<td>Y</td>
<td></td>
<td></td>
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<tr>
<td>Guidelines</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Mandatory CPD</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>P</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>N</td>
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<tr>
<td>CPD linked to license renewal</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
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<td>Y</td>
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<tr>
<td>Information System</td>
<td>Digitalized system</td>
<td>Y</td>
<td>Y</td>
<td>N</td>
<td>P</td>
<td>Y</td>
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<tr>
<td>Paper-based system</td>
<td>Y</td>
<td>Y</td>
<td>P</td>
<td>N</td>
<td>P</td>
<td>Y</td>
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<tr>
<td>Providers</td>
<td>Accreditation system for CPD providers</td>
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<td>Y</td>
<td>N</td>
<td>Y</td>
<td>Y</td>
<td>P</td>
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<td>Public providers</td>
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<td>Private providers</td>
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<td>Other sectors (non-profit organizations, international organizations)</td>
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<td>Y</td>
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<td>Learning Method</td>
<td>Theoretical learning focusing on knowledge and conceptual understanding</td>
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<td>Y</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Practical learning focusing on the skill application</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
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<td>E-learning platform</td>
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<tr>
<td>Training Environment</td>
<td>On-the-job training</td>
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<td>Y</td>
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<tr>
<td>Off-the-job training (eg. workshops or seminars)</td>
<td>Y</td>
<td>Y</td>
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<tr>
<td>Curricula/contents</td>
<td>Based on national competency</td>
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<td>Clinical skills practices</td>
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<td>Ethical conduct for integrity</td>
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<td>Management/leadership skills</td>
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Table A2. Selected topics with experts and Member States

<table>
<thead>
<tr>
<th>Topic</th>
<th>Expert</th>
<th>Member States</th>
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<tbody>
<tr>
<td>Leadership</td>
<td>Professor Sheila Bonito</td>
<td>Japan, Kiribati, Papua New Guinea, Tuvalu</td>
</tr>
<tr>
<td>Workforce planning and projects</td>
<td>Dr Mollent Akinyi Okech</td>
<td>Cook Islands, Malaysia, Tonga, Vanuatu</td>
</tr>
<tr>
<td>Retention</td>
<td>Ms Deki</td>
<td>Hong Kong SAR (China), Samoa, Solomon Islands</td>
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<tr>
<td>Migration</td>
<td>Professor Michele Rumsey</td>
<td>Australia, Commonwealth of the Northern Mariana Islands</td>
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<tr>
<td>CPD</td>
<td>Mr Kazuki Miyazaki</td>
<td>Macao SAR (China), Nauru</td>
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<tr>
<td>Nursing workforce data</td>
<td>Dr Carey McCarthy</td>
<td>Cambodia, Philippines</td>
</tr>
<tr>
<td>Primary health care</td>
<td>Dr Chelsea Taylor</td>
<td>American Samoa, Fiji</td>
</tr>
<tr>
<td>Working environment</td>
<td>Dr Masahiro Zakoji</td>
<td>Palau</td>
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<tr>
<td>Political economy</td>
<td>Ms Alia Cynthia Luz</td>
<td>Mongolia</td>
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Table A3. Proposed topics at the next forum

<table>
<thead>
<tr>
<th>Categories (number of responses)</th>
<th>Proposed topics</th>
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<tbody>
<tr>
<td>Leadership (10)</td>
<td>Leadership, Leadership training</td>
</tr>
<tr>
<td>Workforce (6)</td>
<td>Workforce planning, Workforce development, Challenges in workforce, restructuring workforce considering Artificial Intelligence (AI) development</td>
</tr>
<tr>
<td>Policy (4)</td>
<td>Policy, Policy-making, Policy negotiation</td>
</tr>
<tr>
<td>Education (4)</td>
<td>Education, Quality of education</td>
</tr>
<tr>
<td>Quality (2)</td>
<td>Quality improvement, Quality improvement of nursing services</td>
</tr>
<tr>
<td>Digitalization (2)</td>
<td>Digital Innovation, Digitalization in nursing</td>
</tr>
<tr>
<td>Migration/retention (2)</td>
<td>Migration/retention</td>
</tr>
<tr>
<td>Progress (2)</td>
<td>Progress after this forum</td>
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