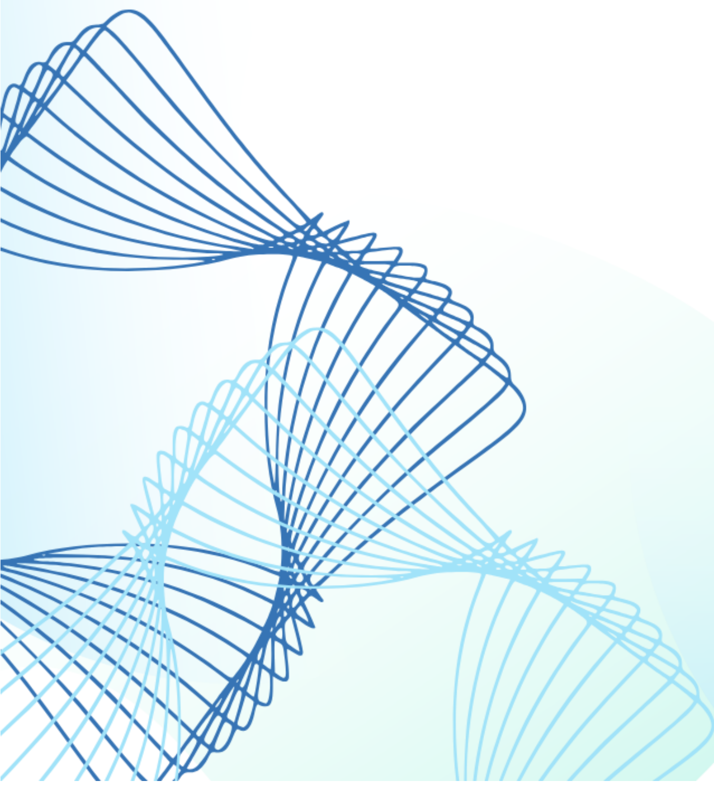
Asia-Pacific
Economic Cooperation

WORKSHOP SUMMARY REPORT ON MANAGING CHILD HEALTH FOR THE HEALTHCARE WORKFORCE



APEC Health Working Group
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Workshop Summary Report on Managing Child Health for the Healthcare Workforce

APEC Health Working Group

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The views expressed and the conclusions reached are those of the author and not necessarily the consensus view of APEC member economies or of the individual economies addressed.

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1.1. Opening Remarks

1.1.1. Report by workshop committee

The report from the Director of Makassar Health Polytechnic Dr. Rusli, Apt., Sp. FRS:
Director Dr. Rusli welcomed delegates to the APEC Workshop in Makassar. He represented the Makassar Health Polytechnic and Indonesia's Ministry of Health. He honored the Mayor and delegates from various APEC economies. This significant event focused on managing child health for the workforce.

Good child health built a productive future workforce for our region. Healthy children reduced the burden of expensive medical care. Disparities in infant mortality rates remained a significant global challenge. Economies had to work together to address these critical health gaps.

The workshop enhanced the capacity of doctors, nurses, and midwives. Experts shared best practices in early life health promotion and management. Participants explored innovative technological solutions for better access to care. Deep discussions identified successful case studies across the Asia-Pacific.

The team aimed to produce concrete recommendations for health systems. These steps would create more resilient communities for children. Dr. Rusli thanks the APEC Secretariat and the Ministry of Health. He wished everyone a productive and memorable stay in Makassar.

1.1.2. Welcome speech by Host Economy

The welcome speech from Vice Minister of Health dr. Benjamin Paulus Octavianus, Sp. PKR:
Vice Minister dr. Benjamin Paulus Octavianus welcomed all APEC delegates and speakers. He appreciated the workshop's focus on managing child health care. This event addressed global challenges in quality child health care. A strong workforce ensured better health care for children.

Child health served as the foundation for future human resource development. We must invest in education and continuous training for health workers. Innovation and technology promoted equity in children's healthcare. This forum enabled economies to share best practices and strategic approaches.

Indonesia promoted regional cooperation to strengthen the health workforce. This initiative aligned with the health system transformation agenda. The workshop generated concrete recommendations and sustainable collaborative networks. These activities brought meaningful benefits to child health across the region.

1.1.3. Welcome speech by the Mayor of Makassar City

The welcome speech from the Mayor of Makassar City, Munafri Arifuddin, SH:
Mayor Munafri Arifuddin welcomed all APEC delegates to Makassar City, one of Indonesia's major urban centers with a population of 1.4 million. He highlighted Makassar's diverse health challenges, particularly in child health, and expressed hope that the meeting would generate shared solutions to improve health outcomes while supporting economic growth.

He provided an overview of Makassar, noting that its population is distributed across 15 districts and 153 urban villages, supported by 47 public hospitals and 147 primary health centers. These characteristics underscored the importance of strengthening urban health systems to meet the needs of a growing population.

The Mayor emphasized the importance of collaboration among APEC economies to formulate practical solutions that improve community health, especially in South Sulawesi Province. He concluded by welcoming participants to Makassar and encouraging collective action to advance child health and regional development.

1.2. Session 1: Challenges in Child Health in Developing Economies

1.2.1. Presentation by Mr. Ryza Maulana Putra, Senior Health Economist, Health Systems Insight.

Situation and Contributing Factors of Child Health Indicators: Lessons from Indonesia.
Mr. Ryza Maulana Putra presented child health indicators across developing economies. His presentation focused on Indonesia and comparative trends in APEC member economies. The data showed that infant, neonatal, and under five mortality rates have declined since 2000. However, recent years demonstrated slower improvement.

According to Mr. Putra, this slowdown signaled a need for renewed policy attention. More targeted system-level interventions were required. Progress could not rely on previous momentum alone. Strategic reforms had to address emerging challenges.

The presenter highlighted that economic growth correlated with reduced child mortality. Health care coverage improvements also drove better outcomes. His analysis showed that economic gains alone did not ensure equitable outcomes. Indicators of access to essential health care clearly reflected this pattern.

Mr. Putra's research explained that stronger health systems link closely to lower infant mortality. This relationship is particularly evident in lower income settings. His argument emphasized that system performance matters as much as economic development. Quality infrastructure and services make measurable differences.

The presentation emphasized persistent inequities affecting access to child health care. Poor and vulnerable populations faced the greatest barriers. Limited physical access restricts service utilization. Financial constraints prevent families from seeking care.

Service quality gaps undermine health outcomes, as noted in the presentation. Weak continuity of care disrupts treatment effectiveness. These barriers compound across multiple disadvantaged groups. Addressing them required comprehensive approaches, according to the speaker.

Mr. Putra underscored that non-health determinants significantly influence child mortality. Parental education levels affect health-seeking behaviors. Water access and sanitation infrastructure prevent disease. These factors operate independently of health care.

Focusing on Indonesia, the presentation highlighted disparities requiring attention. Health insurance coverage varies among under-five children. Service utilization differs across socioeconomic groups. Provincial immunization coverage showed uneven patterns.

The speaker concluded that sustained improvements demand multifaceted strategies. High-quality health care must reach all populations. Household capacity grew through parental education. Stronger regulatory frameworks enable better implementation.

Mr. Putra's final remarks emphasized that sustainable financing ensured long-term program viability. Locally driven innovation addressed context-specific challenges. These elements must align to achieve equitable gains. Lasting progress required integrated policy approaches.

1.2.2. Presentation by Shanon McNab, Regional Advisor, SRHR UNFPA Asia-Pacific Regional Office.

The dyad: the linkages and determinants of child health as linked to maternal health.

Ms. Shanon McNab presented interlinked determinants of child health through a maternal health lens. The Regional Advisor for SRHR UNFPA Asia-Pacific Regional Office emphasized critical connections. Maternal health served as the foundation of child survival, growth, and development. This relationship was particularly crucial during the first 1,000 days of life.

Her presentation explained that pregnancy established the baseline for newborn and child health outcomes. Maternal physical and mental health directly influence birth outcomes and early development. Socio-economic conditions and environmental exposures also shape these critical results. These factors create lasting impacts on child health trajectories.

Ms. McNab highlighted that specific maternal conditions increased risks for newborns. Anemia, malnutrition, and hypertension elevate risks of preterm birth and low birth weight. Common perinatal mental health conditions affect bonding and breastfeeding. These conditions also contribute to childhood stunting and developmental delays.

The presenter identified maternal survival as a critical determinant of child outcomes. Evidence demonstrated that infants whose mothers die during childbirth faced substantially higher mortality risks. These children also experienced severe malnutrition due to lost nurturing care. Maternal death creates cascading negative effects on infant survival and development.

Emerging environmental risks received particular attention in the presentation. Heat stress was associated with multiple adverse outcomes. These included preterm birth, stillbirth, and hypertensive disorders. Gestational complications also increased under heat exposure conditions.

Ms. McNab noted that maternal, neonatal, and stillbirth mortality rates have stagnated globally. A significant proportion of maternal deaths concentrate in few economies. Several Asia-Pacific economies account for substantial portions of these deaths. This regional concentration demands targeted intervention strategies.

The presentation emphasized maternal mental health as an often under addressed determinant. Women experiencing common perinatal mental disorders access

antenatal and postnatal care less frequently. They also faced higher likelihood of obstetric complications. Their mental health status directly affects maternal and child outcomes.

According to the speaker, children of mothers with mental health challenges faced elevated risks. Higher rates of undernutrition occur in these populations. Poor cognitive development and reduced breastfeeding also result from maternal mental disorders. These children experienced increased illness rates throughout early childhood.

Ms. McNab's conclusion underscored priorities for protecting maternal survival and wellbeing. Skilled birth attendance provided essential support during delivery. Respectful maternal and newborn care ensured dignified treatment throughout the continuum. Effective referral systems connected women to appropriate care levels.

Her final recommendations emphasized strengthened data use for evidence-based interventions. Integration of maternal mental health into routine services addressed previously neglected needs. Support for health provider wellbeing ensured sustainable, quality care delivery. These elements work together to protect maternal health comprehensively.

The presenter's closing statement reinforced the core message of the presentation. Protecting maternal health is essential to safeguarding children's right to survival. Child development and long-term wellbeing depend on maternal health investments. Maternal and child health outcomes remained inseparable across the life course.

1.2.3. Presentation by dr. Wira Hartiti, M. Epid - Directorate General of Primary Care and Community Health Family Health care, Ministry of Health, Indonesia

Factors Contributing to Health Disparities in Child Health in Indonesia.
dr. Wira Hartiti presented key factors contributing to disparities in child health outcomes in Indonesia from the Directorate General of Primary Care and Community Health spoke comprehensively. She represented the Family Health care division at Indonesia's Ministry of Health. Her presentation examined factors affecting inclusive access to child health care.

Indonesia's context presented unique challenges for health care delivery, according to the presenter. The economy's large, multicultural population created diverse health needs across communities. Its archipelagic geography complicated physical access to healthcare facilities. The decentralized health system required coordination across provinces and districts.

dr. Wira reported that Indonesia has achieved progress in reducing child mortality rates. Neonatal, infant, and under-five mortality have declined in recent years. The economy remained on track to meet its 2024 economy-level targets. These achievements demonstrated the effectiveness of existing interventions.

However, the presentation emphasized that neonatal deaths account for most under-five mortality. Indonesia still lags behind several APEC economies in child health indicators. Performance also falls short of longer-term RPJMN 2029 targets. The economy had not yet achieved SDG 2030 benchmarks.

Marked disparities persisted between provinces, as highlighted in the data. Eastern and remote regions experienced substantially higher mortality rates. Urban and more developed areas showed significantly better outcomes These geographic differences required targeted policy responses.

dr. Wira identified malnutrition, particularly stunting, as a major ongoing challenge. Overall nutritional indicators have shown improvement in recent years. However, stunting remained prevalent across many Indonesian provinces. This condition posed significant threats to future human capital development.

The presenter noted that Indonesia's Human Capital Index remained relatively low. Children are not yet reaching their full developmental potential. Current conditions limit future productivity across the population. These findings reinforce the urgency of accelerating stunting reduction efforts.

Her presentation outlined implementation of a life-course and continuum-of-care framework. This approach integrates nurturing care with strengthened primary health care (Puskesmas) systems. Integrated Management of Childhood Illness (IMCI) forms a core component. Growth and developmental monitoring tracked progress across child populations.

The framework included multiple intervention points, according to Dr. Wira. Nutrition interventions addressed immediate dietary needs and long-term development. Immunization services prevent communicable diseases affecting child health. Community-based platforms such as Integrated Health Post (Posyandu) extend service reach beyond facilities.

The Maternal and Child Health Handbook served as a key instrument. It supported growth and development monitoring throughout early childhood. The tool enabled early detection of developmental delays and health concerns. Parental engagement increased through structured tracking and educational content.

Mothers' classes complement the handbook system, as explained in the presentation. Routine community activities reinforce health messages and promoted behavior change. These platforms create social support networks for caregivers. They also facilitate peer learning and shared problem-solving.

Despite these initiatives, Dr. Wira identified persistent implementation challenges. Limited human resources constrain service delivery capacity across regions. Facility capacity remained insufficient in many districts and provinces. These resource gaps affect both coverage and quality.

Suboptimal implementation of IMCI and early developmental screening undermines program effectiveness. Referral systems for growth and developmental disorders

showed critical weaknesses. Children requiring specialized care often cannot access appropriate services. These gaps create treatment delays and missed intervention opportunities.

The presenter highlighted uneven community participation as another significant barrier. Service coverage varies substantially across provinces and districts. Some areas achieve high engagement while others struggle with low uptake. These disparities reflected both supply-side and demand-side factors.

dr. Wira's conclusion emphasized essential requirements for reducing disparities. Sustained capacity building must strengthen workforce skills and institutional capabilities. Stronger cross-sectoral integration can address social determinants beyond health care. Improved data use enabled evidence-based decision-making at all levels.

Her final recommendations stressed continued investment in primary health care systems. These investments support broad access to essential child health care. They also built a foundation for long-term health system strengthening. Such approaches align with economy level priorities and international development frameworks.

The presentation concluded that comprehensive strategies are needed to achieve improved outcomes. Integrated approaches had to address multiple determinants of child health simultaneously. Policy coordination across sectors enhanced intervention effectiveness. These efforts support progress toward economy-level targets and the Sustainable Development Goals.

1.2.4. Q&A Session

Dr. Agussalim moderated the discussion session following the presentations. The Associate Professor from Makassar Health Polytechnic invited panelists to address audience questions. All speakers returned to engage with participants on key topics. The session facilitated deeper exploration of child health determinants.

Mr. Manjilala asked why complementary feeding was not explicitly included in the conceptual framework. Mr. Ryza explained that complementary feeding falls under the nutrient deficiency category. Each determinant encompasses multiple underlying factors not all listed in slides. This approach maintained clarity while prioritizing main determinants affecting child mortality.

Mr. Manjilala observed declining breastfeeding prevalence in South Sulawesi and asked about maternal mental health. Ms. Shanon confirmed that maternal mental health significantly influences breastfeeding interest, confidence, and willingness. Bidirectional relationships existed where breastfeeding pressure can also contribute to mental health problems. Healthcare providers needed empathetic approaches, understanding individual circumstances including social and work-related constraints.

She emphasized strengthening provider capacity among midwives, nurses, and postpartum care providers. Integrating mental health support into breastfeeding

counseling improves outcomes for mothers and infants. Evidence-based assessment tools and continued postpartum follow-up enable timely interventions. This approach ensured mothers feel supported rather than judged throughout breastfeeding.

Mr. Manjilala asked about solutions for Posyandu cadre shortages at urban village level. Dr. Wira explained that urban villages represented the lowest government administration level. The Ministry collaborates with local governments and the Family Welfare Movement (PKK). Integrated Posyandu models enable cadres from different service areas to share responsibilities.

This integrated approach maximizes limited human resources through improved coordination and shared workloads. Cross-training and task-sharing strengthen overall service delivery capacity despite personnel limitations. The model demonstrated practical adaptation sustaining essential maternal and child health care. PKK mobilization and volunteer engagement enhanced reach and sustainability of programs.

Ms. Runjati asked about international best practices applicable to Indonesia for child health. Ms. Shanon responded that coordinated, system-wide solutions are essential as no single intervention succeeds. Improving access to high-quality emergency obstetric and newborn care required trained providers always. MPDSR systems reviewing maternal and perinatal deaths identified preventable factors for targeted improvements.

Strong midwifery systems are critical with midwives supporting women across reproductive health continuum. Health systems must empower midwives through comprehensive training, regular supervision, and clear scopes. Regulatory frameworks should enable autonomous decision-making within their competencies for effectiveness. UNFPA supports these approaches in Indonesia and across the Asia-Pacific.

1.3. Session 2: Shortages in Child Healthcare Resources and Workforce

1.3.1. Presentation by Samir Garg, PhD - World Health Organization Regional Office for the Western Pacific, based in Manila

Shortage of Qualified Child Healthcare Workers in Developing Economies

Mr. Samir Garg delivered a structured policy-oriented overview on health workforce distribution challenges and strategic responses, with particular emphasis on implications for equitable child health care coverage. The presentation began by outlining the current situation, highlighting significant disparities in health worker density across regions. It underscored that the core problem lies not merely in absolute workforce shortages, but in persistent geographic maldistribution, with health professionals, especially medical specialists, concentrated in urban areas despite a substantial proportion of the population residing in rural settings. Contributing factors such as inadequate infrastructure, limited career prospects, and weak incentive structures in remote areas were identified as key drivers of this imbalance.

He then introduced a paradigm shift through Health Labor Market Analysis (HLMA) as an alternative to traditional supply focused workforce planning. HLMA was presented as an integrated framework that examines the interaction between population health needs, effective demand shaped by government financing and employment capacity, and workforce supply influenced by education systems and individual preferences. Through this lens, policymakers can better diagnose mismatches and apply targeted policy levers to ensure that health workers are available, motivated, and appropriately distributed.

Furthermore, the presentation emphasized the importance of bundled strategies to address rural and remote shortages, combining interventions across education, regulation, incentives, and personal and professional support. Rather than relying on single-policy solutions, the approach advocates coordinated packages that are fiscally sustainable and context-specific, including rural focused recruitment, expanded scopes of practice, transparent compulsory service schemes, and strengthened career pathways.

To illustrate feasibility, Mr. Samir Garg highlighted good practices and innovation, including economy-level workforce support mechanisms in the Philippines such as economy-level health workforce support system and the doctors to the barrios initiative, which have demonstrably increased physician deployment in underserved areas. Digital health solutions, including telemedicine and decision-support tools, were also discussed as enabling mechanisms to extend specialist input to remote facilities.

The presentation concluded by reaffirming that while health workforce maldistribution is largely driven by market forces, international evidence showed that coherent, well-designed policy interventions can effectively mitigate these challenges and contribute to more equitable access to child health care across regions.

1.3.2. Q&A Session

Ms. Ida Adhayanti moderated the discussion session and invited panelists to address audience questions on child health workforce sustainability. The session focused on strategic approaches to address shortages of qualified child healthcare workers in developing economies.

Mr. Samir Garg responded to a question on workforce priorities by emphasizing that economies must implement multiple, coordinated actions. He highlighted education, training, and workforce planning as equally important components. He urged economies to optimize skill mix across primary healthcare teams rather than focus on single professional categories. He stressed that investment at the primary healthcare level enabled broader health system improvements.

Mr. Riza raised concerns about balancing workforce distribution with service quality, using antenatal ultrasound screening as an example. He explained that reliance on specialist limits service availability in rural areas and questioned whether midwives could safely perform ultrasound services. Mr. Samir responded by emphasizing task shifting as an effective strategy. He stated that service quality depends on

competency and training, not professional titles, and cited successful implementation in several economies, including THA.

Dr. Ranjini shared Malaysia's experience implementing credentialing and privileging systems to expand workforce capacity. She explained that MAS defined minimum competency requirements for specific skills and trained medical officers and paramedics accordingly. She described continuous training, logbooks, supervision, and periodic re-credentialing as mechanisms to maintain service quality and sustainability. She emphasized that this approach reduced unnecessary referrals to hospitals while maintaining safety standards.

Mr. Rashed emphasized aligning workforce strategies with epidemiological needs. He highlighted that child mortality patterns, particularly neonatal causes, must guide workforce planning and capacity building. He explained that well trained community health workers enable early diagnosis, functional referral systems, and reduced physician workload. He stressed that workforce development, policy alignment, and needs based planning must advance together. Mr. Samir agreed with Mr. Rashed and reinforced the importance of integrated strategies.

In closing, Ms. Ida Adayanti concluded that the discussion demonstrated child health workforce shortages represented strategic investment priorities rather than isolated staffing issues. She emphasized that sustainable child health systems required coordinated policy, workforce, and service delivery investments.

1.3.3. Focus Group Discussion Phase 1

Variability in Primary Child Healthcare Quality and How to Improve child health care standards.

Ms. Ida Adhayanti, S.Si, M.Sc facilitated the FGD on child healthcare variability. Participants identified primary challenges affecting child health care in urban areas. These challenges included limited workforce capacity and high population density. Fragmented service delivery often led to public confusion and system inefficiencies.

Urban health systems faced complex coordination issues and traffic congestion. High patient volumes significantly increased waiting times during epidemic seasons. Socioeconomic disparities affect how parents utilize essential healthcare services. Parents' employment schedules often conflict with traditional clinic operating hours.

INA implements integrated Electronic Health Records from clinics to hospitals. The Mobile JKN application served as a digital front door for patients. VN adopted digital health registries to track child health progress. These systems improve data accuracy and consolidate essential health resources.

MAS integrates the MySejahtera and MyVAS apps for vaccination appointments. BD utilized the BruHIMS system for stable electronic record keeping. The BruHealth app supports health tracking and reduced patient defaulters. These digital tools ensure strong continuity of care for children.

INA uses the MUAC screening approach for early malnutrition identification. MAS incorporates the pneumococcal vaccine into its immunization program at the economy level. THA included standardized developmental screening in its economy MCH handbook. These preventive measures help reduce child morbidity and mortality.

THA utilized skilled community health workers to deliver integrated primary care. USA strengthened maternal and child health programs through community partnerships. Skilled workers improve child survival outcomes in complex urban settings. Community engagement was a critical component for planning urban health programs.

JPN adopted online health care to increase care efficiency. High-quality infrastructure in cities attracted more healthcare professionals. Integrated service models reduced the burden on fragmented urban systems. Better access to modern technology ensured faster diagnosis for children.

Digitalization and integration represented key strengths for APEC member economies. Strong cooperation within government organizations is essential for innovation. Resource stability and income levels influence long-term health outcomes. Successful elements like integrated referral systems are scalable across the region.

Member economies required significant policy support and sustainable funding. Capacity building and technical training remained vital for health workers. Cross-sector coordination helps overcome barriers in urban health delivery. Stakeholders must address digital inequality and user adoption challenges.

APEC knowledge sharing facilitated the exchange of effective health strategies. Participants suggest annual meetings and field visits to shared lessons. These collaborations strengthen child health standards throughout the Asia-Pacific. Joint efforts ensured high quality and timely care for every child.

1.4. Session 3: Sharing Best Practices in Child Health

1.4.1. Presentation by Nguyen Thi Thu Hang Delegates from Viet Nam

Improving Access to Child Healthcare in Developing Economies: Case studies of successful child health programs in Viet Nam.

Ms. Hang as the VN delegation presented a comprehensive overview of economy-level policy implementation for early childhood health and development, emphasizing its strategic relevance for long-term human capital formation. The presentation explained that Viet Nam has positioned early childhood (ages 0–8 years) as an economy's development priority through the Holistic Early Childhood Care and Development (HECCD) Scheme implemented economy-wide under strong government leadership and a multisectoral framework.

She outlined the governance and policy architecture, noting that the HECCD Scheme is anchored in Prime Ministerial Decision No. 1437, with implementation led at the central level and translated into formal action plans across all 63 provinces and cities.

Mrs. Hang emphasized the institutionalized coordination mechanism among the health, education, labor social affairs, and culture sectors as a critical enabler for consistent implementation down to local levels

Regarding implementation strategies, Mrs. Hang described large-scale capacity building for health workers, educators, and child protection personnel, alongside economy-wide parenting education delivered through community-based counseling models, mass media campaigns, and digital platforms. These integrated efforts were presented as key drivers of improved service quality and workforce readiness.

In presenting the results, Mrs. Hang reported that over 95% of children now access essential health, immunization, and nutrition services, while more than 90% benefit from holistic development services. She also highlighted substantial gains in human resource capacity, with a high proportion of relevant officials demonstrating improved HECCD-related knowledge and competencies

At the same time, Mrs. Hang openly acknowledged remaining challenges, including slower planning processes at district level, limited capacity in mountainous and ethnic minority areas, uneven parenting literacy in some communities, and constraints related to sustainable financing at the provincial level

The presentation concluded with forward-looking priorities, focusing on strengthening interventions during the first 1,000 days of life, expanding digitalization and cross-sectoral data integration, scaling up integrated community-based service models, professionalizing frontline workers, and promoting child-friendly environments. Mrs. Hang emphasized that Viet Nam's HECCD experience offers a policy-relevant and scalable reference for APEC economies seeking to link early childhood development with long-term social and economic resilience

1.4.2. Presentation by Ching-Fen Shen, M.D Delegates from Chinese Taipei, Director General Health Promotion Administration (HPA).

Improving Access to Child Healthcare: Case studies of successful child health programs perspective from Chinese Taipei.

Dr. Ching-Fen Shen from Chinese Taipei delivered a policy-focused overview on strengthening early childhood health and development systems amid demographic and epidemiological transitions. The presentation began by outlining key structural challenges, including an extremely low fertility rate, increasing maternal age, rising preterm and low-birth-weight births, persistent under-detection of developmental delays, and fluctuating maternal and infant mortality indicators. These trends were framed as interrelated risks to population health resilience and future human capital.

In response, the presenter introduced a set of flagship, system-wide solutions centered on a continuum of care from pregnancy through preschool age. Newborn screening was highlighted as the "first gate" of early intervention, including universal newborn hearing screening and economy-wide congenital metabolic disorder screening, both designed to prevent avoidable morbidity and mortality through early detection.

The presentation further emphasized the establishment of an early identification and referral network, combining routine child development screening services for all children with multidisciplinary joint assessments for children suspected of having multiple developmental delays. To address the needs of high-risk infants, targeted home-visit and follow-up programs for preterm, low birth weight, and very low weight birth infants were presented as essential components of care for children with special needs. Digital innovations were positioned as key system enablers, supporting service integration, monitoring, and continuity of care.

At the same time, Dr. Ching-Fen Shen acknowledged persistent barriers, including fragmented data systems, delayed detection and referral, workforce constraints, variability in follow up compliance, and challenges related to health literacy and social stigma among families.

Looking ahead, she outlined future priorities focused on continuous evidence-based optimization of services, strengthened cross-sectoral data integration and policy evaluation, sustained high quality screening with improved standardization and closed loop referral mechanisms, and enhanced health education and communication strategies to improve parental health literacy. Overall, the presentation underscored that CT integrated, data informed, and prevention-oriented approach offers policy relevant insights for APEC economies facing similar demographic pressures and aiming to safeguard early childhood development as a foundation for long-term economic and social sustainability.

1.4.3. Presentation by Rashed Shah, Dr.PH, M.Sc., MBBS - Lead Advisor, Child Health Department of Global Health Save the Children US, Washington DC Office, USA

Promoting Early-Life Health in Primary Healthcare Services

Mr. Rashed from Save the Children presented early life health promotion through strengthened primary healthcare services. He positioned child health within community systems shaping survival, growth, and development outcomes. The presentation emphasized the first 1,000 days as a decisive window for lifelong wellbeing.

He explained that preventable diseases remained dominant causes of child mortality in vulnerable settings. Pneumonia, diarrhea, neonatal complications, and undernutrition disproportionately affect underserved communities. These outcomes reflected systemic barriers rather than solely clinical failures.

Mr. Rashed highlighted geographic isolation and limited access as persistent obstacles to child health care. Overburdened facilities and workforce shortages further delay timely diagnosis and treatment. Community-level solutions were presented as necessary complements to facility-based care.

The presentation described integrating community case management with IMNCI service delivery models. This integration strengthened early detection, referral pathways, and continuity of child health care. Community health workers were emphasized as trusted providers within local care ecosystems.

Mr. Rashed discussed digital innovations supporting frontline health workers in community settings. AI-enabled e-CDSS and mHealth tools enhanced diagnostic accuracy and real-time decision support. Evidence showed improved protocol adherence and monitoring across multiple implementation contexts.

Community engagement was emphasized as essential for building trust and sustaining care seeking behaviors. Social and behavior change communication strengthened acceptance of community-based health interventions. These approaches improved compliance and long-term service utilization.

In conclusion, Mr. Rashed emphasized community health workers as foundational pillars of resilient health systems. He stressed scalability, contextual adaptation, and evidence-based digital tools for sustainable implementation. Policy alignment and sustained investment were identified as critical for improving child health outcomes.

1.4.4. Q&A Session

Mr. Surat, a delegate from Thailand, described his economy's efforts to expand health care access while strengthening health literacy. He highlighted three core strategies focusing on early contact, continuity of care, and behavior change interventions, contributing to a significant reduction of approximately 400,000 births at risk. He also described Thailand's dual burden of stunting in rural areas and rising childhood obesity in urban settings, driven by geographic and information barriers. To address this, Thailand combines traditional tools, such as the Maternal and Child Health Services (MCS) handbook and preterm baby care guides, with digital innovations including WhatsApp-based communication and hybrid parenting education models.

Responding to the discussion, Mr. Rashed emphasized the importance of context-specific planning and scalability in adopting digital health solutions. He noted that while many digital applications showed promising results, not all are suitable for large-scale implementation without sufficient evidence. Mr. Rashed cited AI-based digital stethoscopes as an example of emerging tools still under evaluation before broader adoption. He acknowledged Thailand's program as a strong example of scalable and integrated implementation.

Ms. Hang commended the presentation and shared challenges in delivering community-based health care across diverse settings. She highlighted differences between urban, remote, and culturally diverse communities, noting that Viet Nam comprises 54 ethnic groups requiring tailored approaches. She expressed interest in learning from Mr. Rashed's presentation to adapt interventions across varied community contexts.

1.4.5. Focus Group Discussion Phase 2

Challenges and solutions for improving child health in their respective economies.

Dr. Zaahirah binti Mohammad facilitated the discussion on child health challenges. She represented the Ministry of Health MAS, during this focus group session.

Participants identified critical health issues across various APEC economies. These included stunting, malnutrition, and rising obesity rates among children.

Stunting and malnutrition remained persistent problems for several member economies. VN and INA report high infant mortality rates and stunting. MAS also prioritizes addressing stunting and developmental delays in children. BD focused on managing obesity and increasing ASD cases.

THA highlighted developmental and behavioral problems as a major priority. VN focused on parenting programs to tackle malnutrition and growth. JPN emphasized the need for better access to pediatric specialists. Economies strive to improve early detection for common childhood disabilities.

A shortage of health professionals and therapists hampers regional service delivery. Limited health facilities and poor infrastructure create significant barriers to care. Overcrowded facilities often lead to delays in essential child treatments. Financing constraints further limit the expansion of health care.

Remote, mountainous, and jungle areas presented significant access challenges. Urban slums and fragile contexts create additional health risks for children. Vulnerable populations, including migrants and indigenous groups, faced many barriers. Disparities between urban and rural areas persisted across the region.

Poverty and parental education levels deeply impact child health outcomes. Busy parents may have limited knowledge or time for follow-up care. Traditional customs and religious beliefs influence vaccine acceptance and nutrition. Food security and housing conditions also play critical roles.

Paternal decision-making heavily influences a child's health and medical outcomes. Strategies now aim to increased the parents role as a decision-maker. Engaging parents helps improve the success of community led health interventions. This shift supports more holistic care within the household.

Many economies successfully utilize MCH handbooks. These handbooks serve as health passports from pregnancy until age six. JPN and VN find these handbooks highly effective for tracking growth. THA incorporates standardized developmental screening into their version.

INA implements eleven specific interventions to reduced stunting prevalence. VN uses the HECCD scheme. MAS utilized food baskets and formula milk for low-income groups. These targeted programs address the unique needs of vulnerable children.

Telemedicine bridges the gap for families living in rural areas. JPN and THA use remote monitoring and online help systems. These digital tools provide access to specialists without long travel. This technology improves health equity across diverse geographical landscapes.

BD uses the BruHealth app for personal health management. MAS integrates digital systems for vaccination scheduling and health records. INA employs a web-based system for real-time maternal death notifications. These applications streamline data sharing and patient communication.

A digital divide exists between young parents and rural populations. Low connectivity and high costs hinder technology adoption in some areas. Workforce readiness and sustainability are common challenges for digital integration. Member economies must improve digital literacy for both parents and providers.

Successful child health programs required collaboration between health and education. International NGOs and the private sector provide essential funding and outreach. School health teams help identified disabilities and promoted early literacy. Intersectoral networking is key to reaching the most marginalized groups.

Cross ministry frameworks ensure consistent service delivery for every child. Unified policies help sectors understand their role in health programs. Indonesia coordinates health initiatives through its Coordinating Ministry. Collaboration ensured all components of the nurturing care framework are met.

Participants suggested joint training and mentoring programs for APEC economies. Member economies should shared best practices and successful innovations regularly. Workshops help built technical capacities and foster regional cooperation. Raising public awareness remained a top priority for reducing disparities.

1.5. Session 4: Strengthening Health Systems and Innovation

1.5.1. Presentation by Mr. Badwi Amin UNICEF

Strategic Priorities 2026-2030 For Improving Child Healthcare Infrastructure: Envisioning the Future of Child Health and Well-being in Indonesia.
Mr. Badwi presented UNICEF's strategic vision for improving child healthcare infrastructure in Indonesia. His presentation aligned UNICEF's global health strategy with Indonesian government priorities for 2026-2030. The discussion outlined current health situations, strategic priorities, and collaborative implementation frameworks. This comprehensive approach addressed child health challenges through multi-sectoral partnerships and system strengthening.

UNICEF's Strategy for Health 2016-2030 envisions a world where no child dies from preventable causes. The strategy encompasses three strategic pillars: survive, thrive, and transform. Survival targets included maternal mortality below 70 per 100,000 live births. Newborn and under-five mortality targets are 12 and 25 per 1,000 live births respectively.

The thrive pillar focused on improving nutrition and strengthening access to health care. Environmental health and early childhood development programs support optimal child outcomes. The transform pillar addressed poverty reduction, access to education, and the prevention of violence. Safe water, sanitation, innovation, and legal identity complete the transformation framework.

Mr. Badwi explained UNICEF’s life cycle approach to improving access to quality care across all stages of life. The approach integrates health with education, nutrition, HIV prevention, and social support. Health system strengthening improves infrastructure, vaccine supply chains, and WASH services. Special attention focused on vulnerable contexts and populations requiring additional support.

Indonesia’s long term development vision, “Towards a Golden Indonesia 2045,” guides strategic planning. The government outlined key national priorities to support this vision. These priorities included strengthening human resource development, education, science, and technology. They also promoted inclusive development and support for populations facing higher risks.

The 2024-2029 government program prioritizes ensuring healthcare service availability for all Indonesian citizens. Program Seven improves the Economy-level Health Insurance system and provided medicines economy-wide. Quick-win programs included free health check-ups and reducing tuberculosis by 50%. Building fully equipped quality hospitals in every district expands infrastructure capacity.

The Ministry of Health proposed a comprehensive birthday screening program for all ages. This program targets 52,210,525 beneficiaries with age-appropriate health screenings. Children receive 10-20 screening types depending on their age group. BPJS covers 14 essential screening types including cancer, diabetes, and infectious diseases.

Additional quick-win programs advance ten referral hospitals from class D to class C-Madya. Priority locations included eastern Indonesia districts without adequate hospital infrastructure. Nine mobile ship hospitals would serve approximately 50,751 people in remote archipelagic areas. These deployments improve access to health care across different geographic areas.

Indonesia's life expectancy reached 74.18 years for women and 70.17 for men in 2023. The economy ranked sixth among ASEAN member economies in life expectancy indicators. Maternal mortality declined from 228 to 183 per 100,000 live births between 2005-2022. However, this remained above RPJMN target of 70 and SDG targets.

Obstetric hemorrhage and hypertensive disorders cause over half of maternal deaths. Neonatal mortality decreased from 32 to 9.3 per 1,000 live births (1991-2020). Under-five mortality dropped from 97 to 19.83 per 1,000 live births. Intrapartum events, respiratory disorders, and prematurity cause most neonatal deaths.

Immunization coverage faced challenges from vaccine hesitancy among families with young children. Forty-five percent worry about side effects while 47% faced family opposition. Half of hesitant families have higher education backgrounds. Rural areas experienced 11.7% accessibility challenges to immunization services.

Mr. Badwi outlined health priorities aligned between global focus and Indonesian application. Primary health care strengthened facilities and rural outreach for universal access. BPJS economy-level insurance covers 201 million people for

affordable healthcare. Digital health innovations improve immunization tracking and maternal health monitoring.

UNICEF's support focused on maternal, child, and adolescent health care. Priorities included emergency obstetric care, mental health promotion, and disease prevention. Reaching zero-dose children and strengthening immunization supply chains are essential. Health systems strengthening ensured sustainable service delivery and community health worker alignment.

Disease prevention targets malaria elimination, childhood tuberculosis, pneumonia, and diarrhea control. Environmental safety addressed lead exposure, air pollution, and injury prevention. Digital transformation improves mortality surveillance and evidence-based decision-making processes. Public health infrastructure strengthening built emergency preparedness and laboratory capabilities.

1.5.2. Presentation by Prof. Naohiro Yonemoto, University of Toyama, Japan

Leveraging Technology to Support Child Health.
Professor Naohiro Yonemoto presented innovations in digital health technologies for monitoring child health. The Department of Biostatistics faculty member from University of Toyama discussed telemedicine applications. His presentation examined mobile health interventions and drone technology for vaccine delivery. The discussion emphasized evidence-based approaches to implementing digital health solutions.

Current digital innovations included telemedicine platforms for nutrition consultations and child development monitoring. Mobile applications track immunization schedules and infant development using WHO's e-IMCI framework. Drone technology enabled vaccine delivery to hard-to-reach populations in remote areas. AI-based tools offer promising applications for enhancing child health care.

Professor Yonemoto emphasized that digital innovations required careful consideration of implementation challenges. Strategies must overcome digital infrastructure limitations through offline-first application designs. Sustainability required long-term budgets, maintenance planning, and technical support systems. User acceptance depends on comprehensive training for health workers and communities.

Multiple systematic reviews examined mobile phone interventions for improving immunization coverage outcomes. Studies from 2021-2025 analyzed SMS reminders and mobile health interventions globally. Evidence showed that mobile interventions significantly improved childhood immunization coverage by 16%. Voice messages combined with SMS proved more effective than SMS alone.

Reviews included studies from Africa, Asia, and Latin America with varied designs. Analysis of over 21,000 participants showed mHealth had odds ratio of 2.15. However, high heterogeneity existed across studies indicating context specific factors affect outcomes. GRADE assessments indicated moderate quality evidence supporting mobile health intervention effectiveness.

Professor Yonemoto presented evidence on SMS based interventions for enhancing antenatal care services. Twelve studies showed reminders in 91.7% and educational content in 75% of interventions. SMS interventions positively impacted antenatal care attendance and maternal health knowledge. Effectiveness varied based on intervention type, content frequency, and implementation approach.

Mobile health interventions improved breastfeeding initiation, exclusive breastfeeding, and children's health behaviors. Children showed better sleep, diet, physical activity patterns, and reduced screen time. The 2024 review of 131 studies found text reminders improved antenatal attendance. Child immunization timeliness improved but facility-based delivery findings remained inconclusive.

A 2023 systematic review found mobile technology highly effective for maternal and neonatal healthcare. Studies varied substantially in research designs and methodological approaches across settings. Challenges included technology misuse, rich poor discrimination, and phone ownership disparities. Public health practitioners must address confidentiality and safety of health data.

Professor Yonemoto discussed drone technology as innovative solution for vaccine distribution challenges. Drones improve vaccine delivery in limited infrastructure regions while maintaining cold chains. The Vanuatu case study illustrated drone use for distributing routine childhood vaccines. The model incorporated multiple drone types, recharging stations, and cold chain limits.

Economic analyses in Ghana and India demonstrated cost-effectiveness of drone vaccine delivery. Results showed large potential cost savings and improved service quality. However, systematic reviews found significant deficiency in maternal healthcare drone studies. Future research frameworks should focus on maternal healthcare specific drone applications.

The presenter introduced Japan's experienced with electronic Maternal and Child Health handbooks. The traditional MCH handbook enabled families to possess healthcare information at home. Electronic versions faced implementation challenges including legacy system integration and data standardization. Data protection, management, and address changes complicate maternal health record continuity.

Professor Yonemoto concluded that technology supporting child health showed almost universally positive effects. However, high heterogeneity indicates context-specific factors critically affect intervention outcomes. Localization is essential for achieving high acceptance and operability in communities. AI tools would introduce even more complexity requiring careful evaluation.

The presenter emphasized there is "no free lunch" in digital health implementation. Pilot studies in local contexts are essential before scaling interventions economy-wide. Implementation planning must ensure sustainability alongside existing legacy systems for gradual transition. Educational training programs prepare health workers and communities for technology adoption.

Monitoring and evaluation frameworks must assess both process and outcome indicators continuously. Technology implementation required ongoing assessment to identified challenges and adapt strategies. Evidence-based approaches ensure resources are invested in proven effective interventions. Comprehensive evaluation guides continuous improvement of digital health programs.

1.5.3. Q&A Session

Mr. Agus asked Professor Yonemoto to explain heterogeneity despite technology's positive effects. Professor Yonemoto responded that outcomes vary widely across settings due to contextual factors. Heterogeneity reflected differences in digital infrastructure, connectivity, device access, and user literacy. Technology works best when aligned with local needs and supported by strong health systems.

Professor Rudi Hartono asked how Asia-Pacific lessons can strengthen future maternal and child health programs. He questioned how primary healthcare and referral systems improvements affect regional outcomes. His third question explored digital health innovations and community engagement for program sustainability. Professor Yonemoto addressed scaling challenges and technology diversity barriers in responses.

Scaling successful programs from pilots remained challenging due to technology diversity and infrastructure costs. Strengthening primary healthcare required well-designed pilots and strong connectivity between community services and hospitals. Member economies must prioritize based on most pressing maternal and child health needs. Digital health innovations support monitoring and continuity but required meaningful community engagement for sustainability.

Mr. Ryza asked about government-private sector responsibility sharing for affordable health technologies. He also questioned how APEC economies should address widespread sugary product availability. Professor Yonemoto emphasized strong public-private collaboration sharing infrastructure, systems, budgets, and knowledge. Private sector roles need careful regulation to ensure affordability and equity.

Pilot projects required multisectoral support to sustain implementation beyond initial phases. Establishing minimum service standards and strengthening cross economy APEC collaboration support scalability. Knowledge sharing among member economies helps address different settings and varying levels of access. Mr. Badwi also highlighted the impact of sugary products on childhood obesity and diabetes.

Stronger regulatory measures including taxation on high-sugar beverages have proven effective regionally. While easier for high-income economies, taxation remained critical for developing member economies. Indonesia faced long-term challenges with UNICEF pilots often unsustainable after completion. Reducing sugar consumption required shared responsibility among governments, society, and private companies through strong policies and multisectoral collaboration.

1.6. Session 5: Collaboration Among APEC Economies

1.6.1. Presentation by Fatima Safira Alatas, Sp.A(K), Ph.D - Child Health Collegium, Indonesia.

Interprofessional Collaboration to Improve Child Health Cross-professional collaboration to provide holistic care for children.
Dr. Fatima Safira Alatas focused on the strategic role of interprofessional collaboration (IPC) in addressing the increasing complexity of child health challenges, particularly in large, diverse health systems such as Indonesia. The presentation framed IPC as a structured and mutually accountable partnership among health professionals, sectors, and families, aimed at delivering holistic, patient- and family-centered pediatric care.

Dr. Fatima contextualized the discussion within Indonesia's demographic and health system landscape, characterized by a large pediatric population, geographic fragmentation, and a high proportion of under-five mortality occurring during the neonatal period. These conditions underscored the need for coordinated, multi professional approaches across the continuum of care from community based prevention and early detection to hospital-based management and post discharge follow up.

She emphasized that advances in medical care have transformed many childhood conditions into chronic and multifactorial problems, requiring collaboration across clinical practice, education, and research domains. Evidence was presented demonstrating that effective IPC improves quality of care, patient safety, and system efficiency, while also enabling shared learning, pooled expertise, and more sustainable service delivery.

A core component of the session addressed interprofessional competencies, highlighting clear role definition, shared leadership, communication, and accountability as prerequisites for effective teamwork. In pediatric care, parents and families were explicitly positioned as integral members of the interprofessional team, reinforcing a rights-based and family centered care model.

Drawing on Indonesia's experienced, Dr. Fatima illustrated how IPC has been operationalized across community, primary care, and hospital settings, including through Posyandu, primary health centers, referral hospitals, and early childhood education platforms. Particular attention was given to collaboration in growth and developmental monitoring, nutrition interventions, immunization, stunting management, and early referral systems. Community health cadres and nurse coordinators were highlighted as critical connectors between families and formal health care.

The presentation also acknowledged limitations to IPC, including professional hierarchy, role overlap, communication barriers, workforce constraints, and risks to professional identity. To address these challenges, strategic implementation principles were proposed, emphasizing selective use of collaboration, alignment of goals, trust building, outcome monitoring, and long-term institutional commitment.

The session concluded by reaffirming that interprofessional collaboration is not optional but essential for improving child health outcomes in complex health systems. Strong leadership, particularly from pediatricians as clinical experts and care coordinators, combined with empowered nursing roles, community engagement, and clear governance structures, was identified as key to sustaining effective IPC. The experienced shared offers policy relevant lessons for APEC economies seeking to strengthen integrated, people centered child health systems in support of long-term human capital development

1.6.2. Q&A Session

Dr. Miko from the Philippines raised a question regarding neonatal mortality, noting that reducing neonatal deaths is a shared priority. He asked whether the approach presented involved collaboration with maternal health care, particularly obstetricians and gynecologists, and whether such collaboration takes place at the hospital level, the community level, or both.

Dr. Fatima explained that there is strong collaboration with fetomaternal specialists to support neonatal outcomes. Congenital conditions are detected during pregnancy and communicated early to neonatologists, especially in cases where complications during delivery are anticipated. Advanced technologies, including fetal echocardiography, are used to detect conditions before birth so that appropriate preparations can be made in advance.

She further explained that efforts focus on ensuring newborn survival and stabilization, with support extending beyond hospitals into the community. Primary health care services and general practitioners play a key role in identifying maternal problems that may lead to premature delivery. These detection and management efforts are supported by the Ministry of Health as part of a strategy to reduced neonatal mortality.

Dr. Fatima also noted that team-based collaboration is reinforced through audit mechanisms. Audits are now conducted not only at hospital level but also at district level, allowing the health system to review neonatal deaths and strengthen system responses to prevent avoidable neonatal mortality.

Dr. Rizana from Brunei Darussalam expressed interest in the approach presented, particularly regarding the role of trained gynecologists in performing ultrasound examinations. She explained that in Brunei Darussalam, maternal and child health care are not managed by general practitioners but by pediatricians. As a result, primary health care doctors have limited involvement in child health components, including growth monitoring and vaccination, which are mainly handled by pediatricians at the community level, even when services are located within the same facility.

Dr. Rizana asked how general practitioners are trained in the presented model, particularly in relation to ultrasound use, growth monitoring, and follow-up. She sought clarification on whether these competencies are included as part of general practitioner training or provided through additional post training.

Dr. Fatima explained that, in relation to child growth and development, general practitioners receive training before graduation through pediatric departments as part of their medical education. Core competencies for general practitioners included immunization, growth and development screening, and nutrition. However, they are not trained to perform ultrasound examinations during their undergraduate medical training.

She further explained that after entering primary health care practice, the Ministry of Health introduced additional capacity building for ultrasound use. Since approximately two years ago, the Ministry of Health has supported the delivery of ultrasound services at the primary health care level. Obstetricians, gynecologists, and radiologists provide training to enable general practitioners to conduct antenatal care, while ultrasound examinations remained primarily under specialist supervision.

Dr. Fatima emphasized that this approach responds to geographic and workforce challenges. In many district areas, including remote regions, the number of pediatricians and obstetricians is limited and not proportional to the needs of a large archipelagic context. In contrast, there are substantially more general practitioners distributed across the economy.

She concluded that, following discussion and policy consideration, the Ministry of Health decided to train general practitioners in basic ultrasound use to support early detection, allowing timely identification of maternal needs and referral when necessary.

1.6.3. Focus Group Discussion Phase 3

Knowledge and Technology Exchange Among APEC Economies to Improve Child Health

Ms. Sri Wahyuni Awaluddin facilitated the FGD on child health technology exchange. This session explored current knowledge sharing and technology transfer among APEC economies. The discussion focused on improving child health through effective international collaboration.

Member economies utilize digital platforms and training programs for knowledge exchange. Technical assistance and joint research programs strengthen regional healthcare capabilities. However, many economies report a significant lack of exchange visits and fellowships. These existing mechanisms support continuous learning across the Asia-Pacific.

Child health care benefit most from these international collaborations. Immunization programs also showed significant improvement through shared knowledge and practices. INA specifically shared its success in comprehensive monitoring for children under five. These shared lessons help economies identified and adopted regional best practices. INA has successfully used the MCH handbook since 1994, this tool was originally adapted from JPN health monitoring systems. It tracks health data from the fetus stage until age six. The handbook now served as an economy-level source for information and monitoring.

Economies faced significant challenges in accessing advanced medical knowledge and technology. Funding constraints and a lack of skilled workforce hinder progress in many regions. Limited infrastructure and poor internet connections disrupt digital health implementation. Data system limitations also prevent effective monitoring and evaluation of health programs.

Imported technologies often fail because they do not fit the local context. Disparities between urban and remote areas create unequal access to services. Many mobile applications do not work well in areas with low connectivity. Experts suggest tailoring solutions to fit specific economy-level and community settings.

INA and PHL both experienced high levels of vaccine hesitancy. This issue required strengthened communication strategies and improved public health care. Both traditional paper-based methods and new digital tools are necessary for documentation. Shared experienced help economies find common solutions for these complex problems.

Health data systems and research capacity are top priorities for regional development. Economies also prioritize pediatric training to improve the quality of child care. Digital health implementation remained essential for modernizing urban and rural health care. Participants aim to integrate multiple health information systems for better coordination.

Solutions from developed economies required core principles over raw technology. Health authorities should simplify processes while preserving the original purpose. Small scale pilot tests must occur before any large-scale implementation. This approach ensured that the technology meets the needs of local families.

The APEC Child Health Knowledge Hub served as a central platform for exchange. Virtual learning platforms and communities of practice support continuous professional development. Partnerships between government, academia, and the private sector drove health innovation. These mechanisms allow for the sharing of clinical guidelines and best practices.

UNICEF and relevant non-governmental organizations provide vital technical and financial support. These partners facilitate the piloting of innovative digital tools and health platforms. Save the Children supports the testing of new mobile health approaches in member economies. Collaborative efforts help ensure that training modules meet recognized professional standards.

INA is currently adapting the Practical Approach to Care Kit (PACK) Child Guidelines. These guidelines support clinical decision-making and standardize primary healthcare. They empower health workers to provide evidence based care in resource limited settings. This system simplifies symptom based guides for various pediatric patient groups.

VN proposes training programs based on the “Nobody's Perfect" parenting model. These initiatives focus on holistic early childhood development and growth.

Participants also highlight the need for social worker training in child protection. This training helps protect children from abuse and other social risks.

THA recommends a regional digital platform for pediatric health knowledge sharing. This platform would included AI-assisted screening for child development and nutrition. Other proposals included using SMS reminders and drones for vaccination coverage. These innovations aim to reach children in the most remote areas.

A unified digital framework allows for flexible and specific economy needs. Policy support for sustainable technology ensured the long-term success of health programs. Economies should strengthen existing programs instead of creating entirely new ones. Standardized monitoring and evaluation systems help track regional health progress.

Interventions must adapt to local economic, cultural, and healthcare contexts. Social workers play a vital role in strengthening primary healthcare services. Combining traditional practices with digital innovations creates a sustainable health framework. This holistic approach maximizes the impact of every health intervention.

Indicators for success included capacity improvement and better health outcomes. Member economies also measure the adoption rate of new health technologies. Improved maternal and neonatal death surveillance response is a key recommendation. These metrics help identified areas that required further investment and support.

Investing in early childhood ensured a resilient and globally competitive future workforce. Site visits and in-person discussions help resolve specific barriers to care. Member economies should regularly exchange knowledge on new medical technologies. These joint efforts strengthen the quality of services across the APEC region.

Ms. Sri Wahyuni Awaluddin concluded the discussion on institutionalized child health learning networks. Knowledge and technology exchange remained a strategic pillar for regional development. Member economies commit to building sustainable and simple health solutions. These outcomes provide a roadmap for better child health in the future.

1.7. Session 6: Developing Workshop Recommendations

1.7.1. Focus Group Discussion Phase 4

Drafting Recommendations to Improve Child Health
Supartina Hakim, S.Ft.Physio., M.Sc led the discussion on drafting child health recommendations. This session focused on strategic priorities for across the Asia Pacific. Participants identified critical areas for urgent healthcare attention.

Digital health and long term follow up represented top priorities for various economies. Access to Mental health care also required more integration into primary care. These initiatives aim to improve the quality of life for all children. Addressing developmental

delays and childhood obesity remained a significant challenge. Health systems must manage respiratory infections and dental caries effectively. Accidental injury prevention also required immediate medical and social focus.

Limited training for local officers hampers child development services in remote areas. Suboptimal referral systems and funding gaps restrict synchronized program implementation. Low parenting knowledge regarding holistic health remained a major barrier.

Geographic barriers and infrastructure gaps often hinder access to healthcare for all. Socio-economic factors and limited workforce capacity create significant service disparities. Policy and regulatory constraints further complicate the delivery of essential services.

Fragmented data systems often lead to inconsistent child health monitoring. Some regions struggle with insufficient skilled labor and high patient volumes. Member economies work to harmonize diverse health data and reporting systems.

Universal health coverage schemes ensure essential health care for the most vulnerable populations. Economy-level immunization programs achieve high coverage through strong primary infrastructure. These programs provide vital vaccinations and growth monitoring without financial hardship. MCH handbooks track growth from pregnancy to early childhood. Traditional paper records are gradually transitioning into standardized digital applications. This transition ensured secure data storage and easier access for families.

Telemedicine and digital monitoring systems provide critical care in underserved regions. Newborn screening programs help detect health issues at the earliest possible stage. These successful interventions serve as models for regional adaptation and scaling.

Government agencies must provide stable funding and strong governance for health. They develop comprehensive policies to drove economy level, child health promotion. Coordinating with diverse networks ensured efficient resource allocation for local hospitals.

The private sector supports public operations by sharing new health innovations. Enterprises and companies empower health workers through feasible and adapted training. These collaborations facilitate the adoption of modern technology in local settings.

Academic institutions conduct research to develop new bodies of medical knowledge. They cultivate specialized experts and co-design curricula for child health. Published evaluations provide evidence for the effectiveness of various interventions.

Non-governmental organizations and private associations provide critical funding and support. They focus on protecting children's rights and improving social services. These stakeholders ensure a multisectoral approach to complex health challenges.

Regional conferences and consensus papers facilitate effective knowledge and data sharing. Economies exchange systematic reviews on the effectiveness of digital health tools. Face to face forums allow for deeper dialogue on common health challenges.

Joint research partnerships foster specialized expertise in maternal and child health. Collaborative studies evaluate the cost effectiveness and scalability of new technologies. These efforts generate the evidence needed for informed policy decisions.

Member economies shared strategies for overcoming infrastructure challenges in remote areas. They develop "offline first" applications to ensure service continuity without internet. Standardizing digital infrastructure enabled secure cross-border knowledge sharing and benchmarking.

Sharing data from pilot projects, like drone delivery, inspires regional innovation. Economies discuss frameworks for data management, privacy, and system integration. These discussions align policies to protect sensitive patient information.

Developed economies offer technical support and evaluation to help built capacity. They shared specialized training and human resource development strategies with partners. Financial and budgetary planning support ensured the viability of new programs.

Exchange programs and study visits allow for hands on learning from experts. Research partnerships and technical exchanges strengthen the primary healthcare foundation. These mechanisms promoted continuous learning across the entire Asia-Pacific.

High potential technologies included telehealth, artificial intelligence, and mobile health applications. Digital monitoring systems streamline data collection and improve child health outcomes. These tools help bridge the gap between urban and rural care.

Governments must secure long term budgets for the technical maintenance of platforms. Sustainable planning required moving beyond initial pilot funding for lasting impact. This ensured the continuous operation of essential digital health systems.

Comprehensive training for health workers and parents ensured high technology acceptance. Users must understand how to operate new tools like digital handbooks. Educational programs are critical for the successful adoption of health innovations.

Hybrid systems allow digital tools to coexist with legacy paper records. This gradual transition prevents data loss and ensured service continuity. It provided a reliable safety net during the modernization of health systems.

Ms. Supartina Hakim emphasized the strategic value of knowledge and technology exchange. Member economies commit to evidence-driven scaling of successful

health interventions. Joint efforts aim to strengthen the coverage and quality of child services.

1.8. Session 7: Final Presentation of Workshop Recommendation

1.8.1. Presentation by Anna Kurniati, S.KM., M.A., Ph.D - Directorate of Health Human Resources Provision, Ministry of Health, Indonesia.

Ms. Anna Kurniati presented the final workshop recommendations for APEC economies. She represented the Indonesian Ministry of Health during this final session. Her presentation highlighted evidence-based strategies to strengthen regional health systems. These recommendations address critical issues like stunting and malnutrition.

APEC economies strengthen policies for optimal early childhood development. Member economies promoted parental empowerment to reduced childhood obesity. Government agencies coordinate with academic institutions for better collaboration. Multisectoral approaches tackle complex health challenges across the region.

Member economies expand the adoption of digital health solutions. Integrated information systems facilitate regional knowledge sharing. Health authorities strengthen professional development for all health workers. These programs built digital competencies to ensure quality services.

Universities integrate child health priorities into research and teaching. Academic institutions generate evidence-based solutions for practical policy design. Regional partners prioritize sustainable and culturally appropriate health interventions. Collaborative learning platforms support the exchange of best practices.

1.8.2. Presentation by Dr. Carlos Chicalote Castillo - Mexican Secretary of Health

Actions and Projections 2025-2026: a case study from Mexico.
Dr. Carlos Chicalote Castillo presented Mexico's economy-level approach to child health for 2025–2026, highlighting integrated, evidence-based strategies led by the Technical Sub Directorate of Child Health under CENSIA. The presentation positioned child health as a multisectoral priority, spanning early childhood development, nutrition, disease prevention, and health system governance.

The presentation emphasized early childhood development as a foundational investment, focusing on coordinated actions from pregnancy through early childhood. Dr. Castillo described economy-wide implementation of the Child Development Assessment (EDI), large scale workforce training, and collaboration with education and social sectors to strengthen developmental surveillance, early stimulation, and timely referral across all economy.

Nutrition and breastfeeding protection formed another core pillar of the strategy. The presentation outlined capacity building initiatives for state-level nutrition officers, strengthened monitoring of the economy-level breastfeeding code, and targeted

training on acute malnutrition management. These efforts aimed to improve nutritional status while reinforcing preventive care within primary health care.

Dr. Castillo also highlighted strengthened mechanisms for child mortality reduction, particularly through the operation of the Committee on Strategies for the Reduction of Child Mortality (COERMI). The presentation underscored improvements in mortality data quality, interinstitutional coordination, and systematic analysis of deaths related to acute diarrheal and respiratory infections to inform corrective actions and policy alignment.

The session concluded with forward looking initiatives, including policy updates, economy-level guidelines, digital monitoring, and expanded care models such as the First 1000 Days program and services for children in contexts of human mobility. Overall, the presentation illustrated how integrated governance, data driven decision making, and sustained workforce development support Mexico's efforts to improve child health outcomes and reduced preventable morbidity and mortality.

1.8.3. Q&A Session

Ms. Hang from Viet Nam expressed interest in adopting the external plan presented, particularly for application in an intermediate context. She highlighted appreciation for the first 1,000 days initiative for children, noting that the approach addressed both child survival and overall well-being. She further observed that the initiative is well aligned with holistic early childhood development and care, and expressed interest in learning from the experienced shared.

Dr. Carlos responded by welcoming the interest and explained that the external plan was designed to be adaptable across different contexts. He emphasized that the first 1,000 days approach integrates health, nutrition, and developmental components to support holistic early childhood development. Dr. Carlos also noted that knowledge sharing and cross economy learning are essential, and encouraged continued exchange of experienced to support effective adaptation and implementation.

1.9. Closing session

1.9.1. Closing Remark

The closing remarks were delivered by Dr. Muhammadong, representing the Head of the South Sulawesi Provincial Health Office. He formally closed the APEC meeting on child health, emphasizing the forum as a strategic platform for dialogue and knowledge exchange, and reaffirming child health as a critical investment in human capital.

He highlighted that the seven sessions addressed health system resilience and integrated health technologies, with member economies committing to strengthen health systems and health workforce capacity. The meeting generated actionable recommendations for across the Asia-Pacific, reflecting a shared commitment to safeguarding child health.

Dr. Muhammadong expressed high appreciation to the Makassar Health Polytechnic for its leadership and extended his gratitude to APEC for supporting regional health workforce development. He concluded by urging delegates to translate dialogue into concrete actions and measurable outcomes, providing a foundation for sustained collaboration on child health across the region.

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