

SECRETARIAT OF THE PACIFIC COMMUNITY  
WORLD HEALTH ORGANIZATION

**19<sup>th</sup> MEETING OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE  
NETWORK (PPHSN) COORDINATING BODY (CB)**

Noumea, New Caledonia, 2–4 December 2013

**DECISIONS AND ACTION POINTS**

**Chairperson:**

**Dr Seta Vatucawaqa**

Acting Secretary for Health & Director Public Health, Nauru

**DAY 1 Monday 2<sup>nd</sup> December 2013**

**1. Decisions and Action Points: Summary of Selected Items from the 18<sup>th</sup> PPHSN-CB Meeting, Nadi, Fiji. 28-29 May 2013**

**1.1 Regional EpiNet Team**

- During the 18<sup>th</sup> PPHSN-CB meeting (May 2012), the CB agreed that a Regional EpiNet (REpiNet) team should comprise members of the National EpiNet teams and recognised regional experts to support national response capacity to outbreaks and other public health emergencies.
- The draft Terms of Reference (ToR) for REpiNet written in September 2000 was reviewed and endorsed by the CB (Annex 1).

**1.2 Pacific Guideline for Emerging Diseases (PAGED)**

- WHO in partnership with SPC has started work on harmonizing the Asia Pacific Strategy for Emerging Diseases (APSED)/ IHR and the PPHSN framework into a guideline to help the Pacific Island countries and territories (PICTs) fulfilling the IHR core capacities. The partners (WHO/SPC) will continue work on this and present the draft PAGED at the 20<sup>th</sup> PPHSN-CB Meeting.

**2. Third PPHSN /IHR Meeting in 2014**

- The 3<sup>rd</sup> Pacific Meeting on the IHR, the Asia-Pacific Strategy for Emerging Diseases and the Pacific Public Health Surveillance Network has been planned for May 2 – 4 2014 in Nadi, Fiji. Support will be provided by the University of Newcastle (Australia). Participants will include directors of health from the PICTs in addition to observers from partner institutions (FNU, SPC, CDC, PIHOA, AUSAID, NZAID, UNICEF) and University of Newcastle.
- Three proposed objectives were presented (Annex 2). CB has asked WHO to revise the 2<sup>nd</sup> objective to read *“To provide an update on work that has been done date on the harmonization of the APSED and PPHSN/IHR”*. WHO will discuss the suggested change with the regional office prior to making the amendment that will reflect the harmonization of the APSED and PPHSN/IHR into the *Pacific Guideline for Emerging Diseases (PAGED)*.

**DAY 2 Tuesday 3<sup>rd</sup> December 2013**

**3. Potential need for reviewing coordination and governance of the PPHSN**

- PPHSN-CB approved in principle an external review of the coordination and governance of PPHSN.
- PPHSN-CB Focal Point has been tasked to prepare a brief concept paper outlining the Terms of Reference for the review.
- The ToR is to be circulated via email to PPHSN-CB members for feedback.

**4. Follow-up of syndromic surveillance signals: information for action**

- A brief summary was presented on the Pacific Syndromic Surveillance System (PSSS) and CB members were informed that a review of the PSSS is scheduled with a clear terms of reference drafted.

**5. LabNet report**

- SPC has been tasked to draft a letter to airlines to support shipping of biological samples around the region through LabNet.

**6. Climate Change and Health Working Group – follow-up on the suggestion to be attached to the PPHSN-CB**

- CB members agreed that this proposal should be re-discussed at the next PPHSN-CB meeting and IHR/PPHSN meeting in 2014. CB members need to examine other commitments from the various forums in relation to climate change and health. This requires detailed background information, e.g. Ministers of Health Recommendations, other actors/coordinating bodies in climate change related work.

**7. PPHSN website**

- CB endorsed relocation of PPHSN URL to a neutral domain.

**DAY 3 Wednesday 4th December 2013**

**8. Feasibility study report on the Strengthening Health Intervention in the Pacific (SHIP) regional capacity-building programme; formerly so-called FETP+ Programme**

- Following the presentation of Dr Mahomed Patel, CB members discussed and questioned the management structure of the programme. They also stressed the possibility to form a steering and/or advisory committee for the programme.

- CB members agreed that SPC will continue to steer this project and communicate progress to CB members.

#### **9. Consulting on a preliminary Regional Operational Research Agenda: PPHSN priority diseases, emerging diseases and other public health emergencies**

- This matter was briefly discussed due to the teleconference with French Polynesia (see below), however CB members expressed interest in operational research. The SHIP was mentioned as a possible avenue to undertake operational research in the region.

#### **10. Teleconference with French Polynesia – REpiNet in action**

- A teleconference with French Polynesia EpiNet Focal Point was organised to discuss a collaborative PPHSN-CB response to the urgent official request for a support team to assist French Polynesia in responding to a Zika virus outbreak.
- Following the teleconference, SPC drafted a response and collaborative assistance was provided to French Polynesia in epidemiology (by WHO) and entomology and communication (by SPC).

#### **11. Other matters**

- CB members discussed the possible inclusion of tuberculosis and NCD to the list of PPHSN priority diseases. There is no formal process in place for adding or excluding diseases from the list. SPC has been tasked to draft criteria and send them to CB members for their comments.

**ANNEX 1**

## **Regional EpiNet Terms of Reference** **(PPHSN-CB Endorsed Final Draft)**

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### **Composition and Role**

The regional EpiNet team should be composed of experts from:

- ✓ National / Territorial EpiNet teams
- ✓ PPHSN Allied bodies

They should be prepared to work in other PICTs members of the PPHSN assisting in / carrying out response activities (at distance or in-country) in addition to their normal duties.

They are to be part of an “on-call” system for outbreaks in the region (when such a system is established).

Members of this regional EpiNet are to be clearly identified, preferably by area of expertise.

The regional EpiNet team should:

- Respond to formal country requests made to PPHSN
- Mobilise resources where needed
- Work with country EpiNet teams and focal points
- Assist with in-country capacity building
- Assist with compiling and dissemination of reports relating to the public health response they assist
- Assist with monitoring, evaluation and operational research.

### **REpiNet Response Coordination**

When a PICT sends a formal request for assistance to any PPHSN allied member, the receiving agency notifies PPHSN-CB via email and organizes a teleconference:

- If the receiving agency has the resources to fully respond this would not be considered a PPHSN operation nor a REpiNet team response
- If the receiving agency does NOT have the appropriate resources to fully respond, => and requires PPHSN partners to contribute to the response, this makes it a PPHSN operation and a REpiNet team involvement
- The agency/PICT employing /contracting the Team Leader coordinates the REpiNet team

**ANNEX 2**

**Proposed Objectives**

**(3<sup>rd</sup> Pacific Meeting on IHR, APSED and PPHSN, May 2014)**

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1. To review progress made in IHR 2005 implementation in the Pacific and assist PICTs to finalize assessments ahead of the June 2014 IHR extension deadline.

**PPHSN-CB Endorsed.**

2. To review how PPHSN and APSED (2010) can be linked to effectively support PICTs to meet and sustain IHR 2005 core capacity requirements

**PPHSN-CB Recommend: WHO to revise this objective**

3. To review the first four (4) years of the Pacific Syndromic Surveillance System and map options for future improvements

**PPHSN-CB Endorsed.**