REPORT

24th PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN COORDINATING BODY (CB) MEETING

20-23 June 2022 (Virtual meeting)

Pacific Community
Communauté du Pacifique

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DAY 1

Introduction

1. Dr Berlin Kafoa, Director of SPC's Public Health Division (PHD), welcomed participants and asked Dr Tereapii Uka (Director of Community Health Services, Cook Islands) to say the opening prayer. Dr Kafoa then requested nominations for Chair and Vice-Chair.

Election of Chair / Vice-Chair and adoption of agenda

2. New Caledonia and Papua New Guinea (PNG) accepted their nominations as Chair and Vice-Chair respectively.

3. The meeting adopted its agenda.

PPHSN-CB membership and governance

4. Dr Kafoa presented the revised terms of reference for the PPHSN-CB, noting its general organisation, major roles and functions, and structure and membership.

5. Ten Pacific Island countries and territories (PICTs) are currently core members of the PPHSN-CB to ensure continuity and transition during the delay since the 23rd CB meeting. Current members are Federated States of Micronesia (FSM), American Samoa, Tuvalu, PNG, Cook Islands, Nauru, New Caledonia, Vanuatu, Palau and Tonga. These members are appointed on a rotational basis from the 21 PICT members. The meeting welcomed the new CB members, Palau, Tonga and Vanuatu.

6. The six allied members of PPHSN-CB include four permanent members (SPC, WHO, Fiji National University (FNU) College of Medicine, Nursing and Health Sciences, and the Pacific Island Health Officers' Association (PIHOA)), and two appointed from the allied membership (currently the US Centers for Disease Control and Prevention (CDC) and the Institute of Environmental Science and Research (ESR) Limited, New Zealand).

7. SPC provides the PPHSN-CB secretariat and represents it at relevant meetings.

8. PPHSN-CB meets at least once a year, and more often when circumstances require.

9. There were no objections to the revised Terms of Reference and they were therefore adopted.

10. Given that the Pacific Health Ministers Meeting (PHMM) will be held in August 2023 in Tonga, the meeting agreed PPHSN-CB should meet in sufficient time to provide input to PHMM.

Review of previous meetings

11. Amy Simpson (Team Leader – Surveillance, Preparedness and Response, SPC) presented a summary of previous PPHSN meeting reports, including highlights of the 2019 regional meeting, and noted the meeting would be provided with updates on progress on PacNet, LabNet, EpiNet, PicNet, Strengthening Health Interventions in the Pacific – Data for Decision-Making (SHIP-DDM), One Health, regional surveillance and health security.

PPHSN 25th anniversary

12. Christelle Lepers (Surveillance Information and Communication Officer, SPC) presented plans for celebrating PPHSN's 25th anniversary, noting activities planned for 2021 had been delayed by the COVID-19 pandemic.

13. Principal activities include the launch of the new PPHSN website, targeted communication and development of marketing tools.

14. PPHSN members were invited to:

i. provide testimonies on the value and benefits of PPHSN networking and services;
ii. use the four marketing tools (logo, background image for virtual meetings, message frame and #PPHSN) for PPHSN-related communication and training produced or organised during the year;
iii. send feedback and information on PPHSN-related events or activities that they wish to add to the list of key PPHSN milestones (Information Paper 4, Annex 3);
iv. visit the new PPHSN website (still under development) at https://www-test.pphsn.net/ and share comments and contributions, such as stories for uploading on the website. (All comments and suggestions to christellel@spc.int)

Pacific Health security – Regional priorities

15. Dr Nuha Mahmoud (Emerging Disease Surveillance & Response Unit, Division of Pacific Technical Support, WHO) presented regional priorities for Pacific health security. Common risks for PICTs include climate change, disaster events (which affect water- and food-borne disease), and new pathogens, e.g. COVID-19, that emerge and spread quickly. Current threats to health security include dengue, antimicrobial resistance (AMR) and disasters. Preparedness and response at country level requires further work and investment. Human resources are an issue for PICTs – the workforce is stretched and needs strengthening, including for International Health Regulations (IHR) focal points.

16. Countries need to update their national action plans for health security (NAPHS).

17. IHR (2005) are critical to achieving health security and the objectives of the 'Healthy Islands' policy, noting the pandemic interrupted the Joint External Evaluation (JEE) of IHR implementation in countries. The meeting agreed the JEE requires input from many sectors and people.

18. There are plans to amend the IHR at the next World Health Assembly (WHA) based on COVID-19 experiences. The Asia Pacific Strategy for Emerging Diseases (APSED) technical advisory group (TAG) meeting in July 2021 recommended that a new bi-regional framework for health security should be developed over the next two years to summarise lessons learned from the COVID-19 pandemic.

19. Eight focus areas include multisource surveillance, laboratory strengthening, zoonoses (One Health approach), surge capacity for primary and secondary healthcare, risk communication, regional preparedness and response including sharing information, and monitoring and evaluation.

20. Next steps include:

i. continuing human resources development across all core public health functions and filling critical gaps in the Pacific, with regular simulation exercises conducted to test their capacity;
ii. continuing to build IHR (2005) core capacities, including in the areas of food and chemical safety, AMR and infection prevention and control (IPC);
iii. linking vulnerability assessments to public health preparedness and response planning, and investing more in preparedness;
iv. updating NAPHS, taking account of lessons learned from the COVID-19 pandemic;
v. strengthening coordination, communication and information-sharing mechanisms among public health services, clinical services, laboratories, risk communication and other sectors, including disaster risk management offices, vector control, food safety, animal health, environmental health, education, tourism, and air- and sea- port authorities;
vi. exploring information and communication technologies and diagnostic tools to support disease surveillance, field operations and laboratory diagnosis, including online, mobile and desktop equipment and applications to establish and manage surveillance and response in hard-to-reach areas.

COVID-19 and JIMT operations: Pasifika reflections on the regional response to the pandemic

21. Sunia Soakai (Deputy Director of PHD, SPC) presented a diagram of the Joint Incident Management Team (JIMT) that was set up to support PICTs to address COVID-19. JIMT is based on Technical Working Groups and has over 20 partners.

22. JIMT developed work plans (initially 6 months and then 1 year) to enable reporting back to funders. It adopted a 'no regrets' policy in rapidly dispatching equipment to PICTs including personal protective equipment (PPE) and lab equipment (cartridges). JIMT also supported mental well-being, and provided communication based on international guidelines.

23. COVID-19 exposed the fragility of PICT health systems. PICT people and economies were also hit hard by COVID-19, especially as there is little social security support available, e.g. for the unemployed.

24. Laboratory services benefited from efforts to address COVID-19, with upgrades including polymerase chain reaction (PCR) testing capability (in all PICTs except Tuvalu and Niue).

25. SPC did a rapid assessment of intensive care unit (ICU) capacity in PICTs and provided information for the provision of assistance.

26. The biggest challenge was PICT engagement with JIMT, given their staff were busy in addressing the pandemic at home. It was also clear that rather than 'dumping' information on the Pacific, it is essential to recognise the Pacific's oral culture in the way information is communicated.

27. Participants agreed that the connections facilitated by PPHSN played an important role in the JIMT and showed that PPHSN's role extends beyond surveillance, e.g. PPHSN provided guidance on public health measures including border re-opening. Recognition of this extended role is a factor in the proposed change of name for PPHSN (to be discussed in agenda item 14).

DAY 2

PPHSN service updates

28. Amy Simpson (SPC) introduced presentations on PPHSN's six services.

PacNet

29. Elise Benyon-Kamisan (Data Processing Officer, SPC) presented PacNet's membership by country and institution, noting the large increase in members to 1222, and a graph of the number of alerts, messages and reports sent from 1997 to 2022.

Epidemic intelligence, Pacific Data Hub

30. Shakti Goundar (Surveillance and Research Officer, SPC) described the system used to monitor disease in the Pacific and presented epidemic and emerging disease alerts available since 2014. Most disease alerts this year, aside from COVID-19, relate to dengue, influenza and diarrhea.

31. The epidemic intelligence system draws information from various sources including Facebook. There is a process for selecting and verifying information from countries and countries were thanked for their participation in this process.

32. A survey conducted in November 2019 showed that PICT recipients value disease alerts.

Pacific Data Hub (PDH)

33. Phil Bright (GIS, Innovation and Dissemination Lead, Statistics for Development Division, SPC) said PDH provides information on COVID-19 incidence. The aim is to collate data and make it accessible. All COVID-19 data is in the public domain.

Publication of the data in PDH enables a streamlined process and improved access and dissemination. The indicator database includes other health information, such as health facilities. PDH COVID-19 pages are at https://stats.pacificdata.org/?tm=covid&pg=0 and https://www.spc.int/updates/blog/2022/06/covid-19-pacific-community-updates

34. The meeting suggested the potential to further enhance reach using new technology. It was noted that alternative ways to disseminate information are currently shared on PacNet and may be considered as part of the planned PPHSN assessment.

Pacific Syndromic Surveillance System (PSSS) expansion and strengthening

35. Dr Nuha Mahmoud (WHO), on behalf of Dr Md. Shafiqul Hossain (Vaccine-Preventable Disease and Immunisation, Division of Pacific Technical Support), presented 'Measles and rubella elimination in the Pacific and Pacific Syndromic Surveillance System (PSSS) expansion and strengthening'.

36. WHO established the Subregional Verification Committee (SRVC) for measles and rubella in the Pacific. SRVC will collect, analyze and validate national data and also submit the necessary documentation to the SRVC annually to report progress towards achievement and maintenance of measles and rubella elimination.

37. For measles and rubella elimination, PICTs need to: (1) prove that a standard surveillance system is in place; (2) demonstrate the quality of epidemiological and laboratory surveillance systems for measles and rubella; and (3) provide genotyping evidence that supports interruption of measles and rubella virus transmission. Recommendations include:

i. conducting hospital-based active surveillance (HBAS) and syndromic surveillance together;
ii. strengthening active case surveillance in hospitals/health facilities;
iii. improving vaccine-preventable disease (VPD) case-based surveillance (including measles);
iv. strengthening community-based surveillance;
v. improving detection, reporting, investigation and management of measles/rubella cases;
vi. strengthening laboratory systems;
vii. achieving targets for measles/rubella performance indicators;
viii. holding an annual review meeting with responsible officials.

38. In response to a question on how PSSS fits with the PPHSN framework, Dr Mahmoud said WHO wants to integrate surveillance systems, and plans to discuss integrating surveillance of notifiable diseases with government ministers.

39. The meeting also noted the decision of the 2019 Regional PPHSN Meeting to transition syndromic surveillance to a multisource surveillance system called SurvNet.

PicNet

40. Margaret Leong (Infection Prevention and Control (IPC) Advisor, SPC) described PicNet services and presented the Pacific roadmap for IPC, noting the pandemic had highlighted gaps in IPC capacity in PICTs.

41. PicNet responses included:

i. contextualising guidance from WHO to Pacific conditions;
ii. updating IPC guidelines in 2021. These are available online and are being translated into French.
iii. supporting surveillance of healthcare-associated infections (HAI) and surgical site infections (SSI) and hand hygiene (HH) monitoring.
iv. establishing standardised definitions and methodology for SSI and HH in PICTs and developing resources;
v. training Gold Standard auditors who are now able to train other auditors.

42. The National Coordinator for IPC in Vanuatu said SPC supported IPC activities such as training and the establishment of infrastructure including IPC committees in Vanuatu. An IPC workplan was developed for 2021–2025. Other partners include UNICEF and WHO.

43. Dr Emi Chutaro (Executive Director, PIHOA) stressed the importance of IPC financing and procurement, including inventory management and forecasting. COVID-19 highlighted procurement issues, with delays hampering implementation of IPC systems that staff had been trained in (e.g. no gloves, cleaning equipment, etc.). Health facilities need a continuous supply rather than one-off deliveries. It was suggested that IPC supplies and inventory forecasting should be included in IPC training.

44. Future support for implementing IPC in PICTs will include:

i. developing IPC outbreak plans;
ii. updating national IPC plans;
iii. strengthening HAI surveillance programmes to include other common HAIs;
iv. developing HH auditors programmes in all PICTs;
v. assisting PICTs without national IPC guidelines;
vi. monitoring/audit of IPC practices, and providing feedback with the goal of reducing the risk of HAI and AMR;
vii. providing IPC focal points with IPC education/capacity building.

EpiNet

45. Jojo Merilles (Epidemiologist, SPC) described the establishment of EpiNet and its purpose. Each PICT has an EpiNet team (some have several). The presentation covered:

i. the subregional consultation on outbreak response;
ii. the triple threat to Pacific health, including arboviral disease outbreaks, non-communicable diseases (NCDs) (Pacific diabetes rates are among the highest in the world), and climate change impacts on health;
iii. decisions to be made in response to outbreaks/ health emergencies;
iv. the increasing need for EpiNet teams to be nationally oriented.

46. Countries were requested to provide information including contact details for focal points.

47. The following recommendations were proposed:

For members of the PPHSN-CB:

i. note that a multi-stakeholder approach is necessary to manage and mitigate health events in the future, and consider inclusion of military, civil society, animal health and communication experts in the EpiNet teams' list of focal points.
ii. note the value of, and need for involving EpiNet teams in taking pre-emptive steps as part of their role in country preparedness and response, including anticipating and planning for a broader range of threats and crises.
iii. recommend to PHOH and PHMM resolutions relevant to the recommendations listed below.

For governments:

i. Countries to create playbooks for a number of differentiated crises, and consider conducting table-top exercises; facilitating scenario planning and practical exercises using scenarios in field-like conditions; and conducting stakeholder mapping and other planning activities to gain an appreciation of the scope of potential threats and their individual roles in managing these threats.
ii. Plan for secondary crises, cognizant that one crisis can set off other crises, including disruption of vital supply chains, an influx of a displaced population into a neighbouring locality, displacement of people from one area to another within a single country, and a surge in domestic violence and other crime. PICTs should anticipate these possibilities and take a whole-of-government approach (not simply a whole-of-health approach).

For development partners

Members of the PPHSN-CB to:

i. task development partners with developing a concept paper outlining a roadmap to national self-sufficiency of EpiNet teams;
ii. task the focal point with approaching Pacific Heads of Health (PHOH) at their next meeting to ask for outstanding information on EpiNet teams;
iii. task the focal point with updating the list of EpiNet teams to include additional national focal points in other sectors, such as the military, civil society, animal health, and communication;
iv. task allied members and technical assistance providers with developing a workbook of simulation exercises that can be used by PICTs as they prepare for various types of crises. The WHO Simulation Exercise Manual can serve as the starting point for the development of a Pacific-specific exercise manual;
v. task development partners with ensuring the availability of financial support for preparedness and response, and funds for fellowship and attachments of EpiNet team members for further training. This may require co-development of funding proposals.

Comments

48. The meeting noted the recommendations and the request to forward them to PHOH.

49. In relation to including a private sector representative on EpiNet, Dr Kafoa said there was private sector involvement in COVID-19 approaches, e.g. in COVID-19 testing. SPC provided assistance to both public and private entities without differentiation. He advised proceeding with caution and discussing private sector representation further.

50. CDC agreed on the importance of expanding the span of EpiNet, noting that emergencies involve many agencies. In the US territories, various groups collaborate on health security. The same may occur in other PICTs. It is better to use existing systems where possible. EpiNet may need to be more flexible.

51. PIHOA agreed it is important to include the private sector where possible and feasible, but with strong parameters in place to minimise conflicts of interest, vested interests, etc.

SHIP-DDM update

52. Jojo Merilles (SPC) made the presentation on behalf of Dr Louise Fonua (Epidemiologist, training, SPC). The presentation gave the background to the establishment of the SHIP-DDM course and outlined the three tiers of SHIP-DDM

- Tier 1, Data for Decision-Making (DDM) Training Programme (Postgraduate Certificate Epidemiology Technician);
- Tier 2, Operational Research (Postgraduate Diploma in Applied Epidemiology); and
- Tier 3, Masters in Applied Epidemiology (MAE). Those who complete all tiers become epidemiologists. The five modules of the Postgraduate Certificate in Field Epidemiology (PGCFE) were also described.

53. The SHIP-DDM programme partners with the Australian National University (ANU) to build capacity through training of trainers. The PGCFE course is being translated into French and delivery of the course in French began in New Caledonia in 2022.

54. To date, 120 health staff have graduated from the PGCFE course, and 111 staff from 10 countries are currently enrolled. PGCFE modules are being delivered in selected PICTs.

55. PICTs are interested in co-investment/ownership of SHIP-DDM (there is no financial requirement).

56. The pandemic required flexibility in delivering the programme and continued flexibility in adapting to country needs.

SHIP: Progress to Postgraduate Diploma in Applied Epidemiology (PGDAE)

57. Helene Le Mouellic (PIHOA) gave graduate numbers for PIHOA SHIP, highlighting the immediate application of graduates' skills (the most recent information is on PIHOA's website).

58. PIHOA received funding from CDC to roll out the SHIP programme. Some students did not complete all modules during the pandemic and PIHOA is following up with them. Expansion of SHIP continues with partners.

59. Dr Mark Durand (PIHOA) described the development of the diploma course and thanked FNU for its support. Biostatistics is being delivered online in 12 weekly sessions, followed by a one week face-to-face session on applied statistics.

60. The diploma-level course attracted higher than expected interest of students in progressing. Hands-on experience was considered more satisfying. Engagement with PICT Ministries of Health (MoHs) is important, including on deciding projects to pursue.

61. PIHOA hopes to complete diploma-level delivery in Palau and the Republic of the Marshall Islands (RMI) this year.

62. The meeting noted the importance of adapting training to each PICT depending on their circumstances.

SHIP-DDM: FNU Memorandum of Agreement (MOA)

63. Dr Donald Wilson (Associate Dean - Research and Director of the Fiji Institute of Pacific Health Research, FNU) said the MOA signed in 2016 is still in force. Since then, PIHOA has joined and the current MOA does not include the postgraduate diploma and masters in applied epidemiology. The FNU enrolment and registration system has also changed and needs to be updated in the MOA. Currently, the MOA is being circulated within the relevant organisations for revisions and additions.

64. The PGDAE, MAE and PGDHR are all being reviewed and TEPHINET (Training Programs in Epidemiology and Public Health Interventions Network) accreditation of the PGDAE and MAE is being discussed.

65. Dr Wilson said it is common to seek TEPHINET accreditation for epidemiology programmes. Accreditation can take up to a year. When there is a global pandemic, graduates of TEPHINET-accredited courses are automatically registered by the Global Outbreak Alert and Response Network (GOARN). (PPHSN has been a member of GOARN since it began).

66. It was noted that TEPHINET accreditation would also enable the region to tap into the global Field Epidemiology Training Programs (FETPs) faculty pool.

LabNet

67. Dr Eka Buadromo (Senior Laboratory Advisor, SPC) presented the background of LabNet and its functions including training, the Laboratory Quality Management System (LQMS), AMR surveillance, and COVID-19 testing and referral of specimens. Dr Eka listed lab support activities and training, development of PCR labs in four countries, production of guidance information, and support for labs to send specimens for genomic sequencing.

68. The LabNet catalogue is currently being reviewed and new projects are coming onboard. The LabNet team has put together variables to collect and seeks support for this approach to data collection. It is hoped to update the catalogue every two years.

69. Future activities include collecting more information in the LabNet catalogue to facilitate decision-making for assistance during emergencies; supporting country lab managers to submit LabNet information annually; using the Stepwise Laboratory Improvement Process Towards Accreditation (SLIPTA) assessment tool to assess L1 laboratories in countries that do not have regulated laboratory standards; using external auditors to audit the main L1 labs, with countries to take on the responsibility of assessing other labs; and continuing to strengthen L2 and L3 labs to provide high-precision testing that will improve country surveillance systems.

70. In response to a question on where lab-based surveillance fits with PPHSN, Dr Kafoa said LabNet is part of the PPHSN network.

71. The meeting stressed the Importance of linking labs and surveillance activities.

DAY 3

The Vice-Chair, Dr Daoni Esorom of Papua New Guinea, chaired the meeting on Days 3 and 4.

One Health – Strengthening multisectoral systems in the use of the One Health approach

72. Dr Sala Saketa, (Senior Epidemiologist, SPC) recapped the resolutions of the One Health meeting held during the 2019 PPHSN Regional Meeting, noting the key element of One Health is the human-animal-environment interface. SPC's Strategic Plan 2022-2031 includes a commitment to Planetary Health/One Health.

73. SPC received European Union (EU) funding for One Health Security pilot projects as part of 'COVID-19 Phase 2 for Mitigation and Recovery'. The project began in 2021 and targets five countries: Fiji, Samoa, Tonga, Vanuatu and Solomon Islands.

74. In Fiji, a One Health and AMR workshop was held in March 2022 with technical support from SPC, WHO and Massey University. The meeting brought together representatives from human, animal and environmental health sectors to share experiences and lessons learned in addressing AMR and One Health, and to write multisectoral research proposals for funding within the EU-supported project, One Health Security for Fiji, which is executed by SPC. Four projects were approved for implementation.

75. Tonga convened a meeting on One Health and vector-borne diseases in June 2022 with support from SPC, ESR, Massey University, CDC, the Liverpool School of Tropical Hygiene and the PacMOSSI project. Objectives included improving engagement between Tonga's human, animal and environmental health sectors; stocktaking current relevant activities in Tonga, and identifying gaps and synergies; drafting a surveillance system for early detection of exotic vector species; and looking at opportunities to integrate community support for vector surveillance through rural/regional institutional support (e.g. health centres, schools).

76. In Samoa, the One Health and Zoonosis project led by the Ministry of Agriculture is aimed at surveillance of priority zoonotic diseases in animals according to the World Organisation for Animal Health (OIE) list, with use of local vets and paravets to sample livestock and companion animals. The samples will be shipped to New Zealand's Ministry of Primary Industries or an Australian OIE-certified laboratory for analysis.

77. Vanuatu and Solomon Islands were unable to execute projects due to COVID-19 outbreaks. Discussions are underway with the WHO Vanuatu Office and the Institute Pasteur of New Caledonia (IPNC), on providing support to Vanuatu on One Health and leptospirosis.

78. Challenges include understanding One Health concepts and institutionalising them. Gaps include policies on data sharing between various ministries and sectors.

Vector control – Vector surveillance and control of Aedes vectors in the Pacific

79. Dr Saketa said SPC is committed to strengthening surveillance of vectors and has collected data on vector-borne diseases (e.g. dengue, zika and chikungunya) for many years. There were 97 outbreaks of arboviral diseases between January 2012 and March 2022.

80. In 2019 SPC worked with WHO to produce the 'Manual for surveillance and control of Aedes vectors in the Pacific' (http://purl.org/spc/digilib/doc/w97br). The manual underwent extensive consultation and was 'soft launched' in 2021. It has been translated into French and is being prepared for publication.

81. SPC, James Cook University (JCU) and PacMOSSI have an agreement to develop an eight-module entomology training programme (online). SPC is responsible for funding three modules – operational research, data management, and community engagement and risk communication. Training started in June 2022 with more than 200 trainees enrolled from the region. Information about the entomology training modules is available at https://pacmossi.org/training/

82. SPC is also working with the PacMOSSI team to support operational research projects and face-to-face training for mosquito identification and insecticide resistance monitoring.

83. Other activities include dengue sero-prevalence surveys in New Caledonia and Vanuatu in collaboration with IPNC, and a dengue outbreak predictive early warning tool for Fiji that can be expanded to other countries (SPACEDEW project).

84. The meeting commended the development of the early warning system and the intention to carry out field surveys in all 22 PICTs.

PacMOSSI – Pacific Mosquito Surveillance Strengthening for Impact

85. Dr Tanya Russell (JCU) said PacMOSSI is a regional partnership between PICTs and international institutions to combat mosquito-borne diseases throughout the Pacific. It is supported by the Australian Government's Department of Foreign Affairs and Trade (DFAT), the French Development Agency (AFD) and the European Union (EU) among others. Key objectives of the programme are needs assessment, training, data management, operational research and strategic planning.

86. **Needs assessment** – There was good engagement from PICTs with 18 completing an online survey. However only a third of PICTs have strategic plans. The programme has supported updating of plans.

87. **Training** – The PacMOSSI online training course focuses on building capacity for vector surveillance and control of Aedes- and Anopheles-borne diseases in PICTs. It is aimed at MoH operational and managerial staff. The course includes interactive web-based units. Over 90 students have already completed module 1 and 50 have completed module 2. The course is free and open to anyone interested in PICTs.

88. **Data management** – Standard Tupaia Meditrak data collection forms were developed to support electronic management of vector surveillance data. Data visualisation is facilitated through Tupaia-based online dashboards that enable the MoH and external partners to access relevant data (based on user access permission) to support both regional and country-level vector surveillance. Training was conducted in Solomon Islands and Palau in early 2022 and both countries are implementing the tools. There are plans to roll out training to additional countries.

89. **Operational research** – The focus is on improving research in PICTs. Two grant opportunities are available: 'Kick-starter grants' of up to AUD 8000 to support small-scale operational research activities led by PICT MoH staff, and 'Substantial grants' of up to AUD 25,000 to support more extensive operational research. The scheme will be implemented in the second half of 2022.

90. **Country-specific strategic plans aligned with best practice** – MoHs are being supported to update their plans to ensure operators are using the most effective tools available, and to provide a framework for decision-making. PICTs will also be supported to develop country-specific disease control plans.

91. PacMOSSI has catalysed the development of a network of vector surveillance and control officers across the region, which will facilitate opportunities for peer-to-peer information exchange and will be leveraged for the development of the Pacific Network for Vector Control Response (PN-VCR).

PIHOA: Strengthening vector surveillance and control capacities and systems in the USAPIs

92. Dr Limb Hapairai (Regional Medical Entomologist, PIHOA) outlined the USAPI Regional Vector Management Improvement Plan, which was adopted in 2018.

93. The Pacific Island Vector Management Council (PIVMC) was created to formalize mechanisms for information exchange between USAPIs. It sets priorities, standards and protocols, identifies needs, and shares information. Members include Vector Management Supervisors for each USAPI and partners who meet monthly (virtually). Activities include sending kits of vector surveillance and control equipment to each USAPI. Because all the PICTS use the same type of surveillance equipment and protocols for vector trapping, all data is comparable across the region and training programmes are standardised.

94. A regional hub – the Pacific Island Regional Vector Laboratory (PIRVeL) – is located in the Guam Environmental Public Health Laboratory and provides regional services such as vector identification, detecting viruses and other pathogens in mosquitoes, training, communications, emergency response teams, and more.

95. FSM, RMI, Palau, and PIHOA, with support from the U.S. Department of State, are implementing early warning systems using climate-based models. The objective is to give countries time to prepare for outbreaks, train the workforce, reduce mosquito sources, test insecticide resistance, and perform outbreak-ready maintenance or procurement of vector control equipment and materials. PIHOA and CDC are investigating suppression of *Aedes aegypti* populations using the Sterile Insect Technique (SIT) in RMI.

96. USAPI have progressed in addressing vector-borne outbreaks and would benefit from exchanges with other PICTs. PIHOA, from support from CDC, is committed to supporting PN-VCR activities, which may include an annual network meeting to identify priorities, multi-country workshops on best practices, and improving novel Aedes control tools.

Proposed Pacific Network for Vector Control Response (PN-VCR)

97. Dr Amanda Murphy (WHO Division of Pacific Technical Support) said the concept of the network arose during discussions between WHO and SPC on the vector control manual. The network would include vector control and environmental health officers from all PICTs, and partners with vector control expertise from institutions such as Institut Louis Malardé, IPNC, PNG Institute of Medical Research, World Mosquito Program, SPC, PIHOA, Public Health Laboratory (Guam), and WHO. Most of these partners are members of PPHSN.

98. The network's priorities would be identified at an initial launch meeting in early 2023. Activities may include:

- strengthening regional coordination and collaboration, information/resource sharing and peer support;
- convening meetings to share regional experience and identify specific challenges;
- conducting or facilitating training or technical support for MoH staff.

99. WHO and PIHOA would provide technical support and coordination for the network, which would be governed by PPHSN. The network would be owned and sustained by country members, with support from WHO, PIHOA and SPC.

100. It was hoped the proposal could be taken to PHOH in August 2022.

101. Wendy Williams (Acting Manager of Surveillance, Vanuatu) described Vanuatu's dengue and malaria status and current efforts to control vector-borne diseases. Proactive prevention has been hampered by the pandemic and also by limited resources. Vector control is slow outside of Port Vila due to delays in deploying staff and equipment.

102. There is a critical need for a simple vector surveillance and response plan with prioritised actions for national and provincial teams, together with awareness and capacity building.

103. Vanuatu supports the establishment of the PN-VCR as a new PPHSN service and would welcome its support for information sharing, training and collaboration

Comments

104. Dr Kafoa acknowledged the work done and the proposal to include the PN-VCR in PPHSN. He requested that SPC's contribution be recognised, and also FNU's, along with that of PIHOA and WHO. He agreed that SPC can collaborate on establishing the network. However, it may not need another regional meeting – one or two days could be added to an existing meeting, given the expense of convening these meetings.

105. Dr Kafoa also commended the training conducted up north and the work of JCU and asked if the entomology training was available to other PICTs. He also asked how graduates of these programmes could be connected to other formal training to provide a pool of entomologists in the region.

106. The Vice-Chair concurred with Dr Kafoa's comments.

107. Dr Hancock (CDC) said that from his own perspective, the pandemic exposed the uniqueness of the Pacific region, especially for arboviruses. This proposal was an important initiative for sharing knowledge and developing approaches. It also fitted well with regional and PPHSN objectives.

108. Dr Murphy thanked SPC and CDC for their comments and agreed that SPC should be included. With regards to training, it would move from online to face-to-face, funding permitting.

109. Jojo Merilles (SPC), in relation to the creation of the PN-VCR, noted the recommendations made during the 2019 Regional PPHSN Meeting for the creation of a One Health network within PPHSN. In considering dengue control needs, and with the background context of COVID-19 and One Health, the meeting should be mindful of the value of creating a meta-network as an additional service within PPHSN that encompasses animal, environment and human health.

Projects supporting PPHSN services

110. Amy Simpson, SPC, briefly summarised the following projects and funding from development partners and acknowledged their support:

- AFD – Strengthening the capacities of PPHSN (AFD-PPHSN).
- AFD – SPC RECOUP (also known as emergency top-up) – SPC response to COVID-19.
- AFD-EU PPHSN – Supporting the Pacific to close digital divides in response to COVID-19 (SPCDDR-COVID-19).
- EU – Scaling up public health surveillance network services to strengthen health security in the Pacific.
- DFAT – Pacific evidence-informed policies and programmes (Pac-EVIPP) – developed by SPC, ANU, FNU and PIHOA.
- U.S. State Department – Improving health security towards resiliency in the Pacific.
- MFAT
- CDC

111. Emi Chutaro (PIHOA), in relation to the health security assessment, said that just before COVID-19, several partners (including the World Bank, SPC, PIHOA and others) formed a new group called Pacific Health Security Coordination (PaHSeC). The group was facilitated by WHO (Dr Angela Merianos). The issues discussed included supporting PICTs' IHR compliance and roll-out of the APSED strategy for emerging diseases. One of the main issues was supporting health security and preparedness, and the use of multidisciplinary teams for onsite assessments. Some PICTs had completed the JEE process. These assessments and other evaluations have generated an immense amount of information and resources. She asked how we could start bringing this information together and recalled that when working at SPC several years ago, there was discussion of the potential for SPC to be an archiving centre for such information.

112. Dr Mahmoud (WHO) said three countries had completed a JEE (Palau, RMI and FSM). There was a need to look at supporting countries that had not done a JEE and also to support their formulation of NAPHS and identification of gaps. The APSED III TAG meeting will discuss the issue in August. The issue is also relevant to the proposed change of PPHSN's name.

113. Jojo Merilles (SPC) said the partnership with ANU in the Pac-EVIPP project includes assessment of targeted country needs. The assessment takes into consideration JEE and State Party Self-Assessment Annual Reporting (SPAR).

In relation to information archival, Jojo said that FNU, through the partnership established as part of Pac-EVIPP, is planning to launch a data repository, which will house reports and research papers that will be used for the development of policy briefs.

Pacific Outbreak Manual Revision

114. Dr Jocelyn Flores-Cabarles (Epidemiologist – Project Coordinator, Surveillance, Preparedness and Response Programme, SPC) described the process for revising the Pacific Outbreak Manual, which has three sections – general information, core syndromic conditions under surveillance in the region, and specific guidelines for 16 diseases commonly affecting the Pacific. The manual was previously revised in 2013 and 2016. COVID-19 showed the need to further revise the manual.

115. Challenges for the revision include that the current Surveillance Technical Working Group (TWG) is ad hoc. Only one member country was present at the 2019 meeting and further consultation and discussion will be required to complete the revision.

116. It was recommended that the CB review the concept paper on the Surveillance TWG and support its establishment.

117. The meeting was also asked to recommend to PHOH that it:

- support the revision of the Pacific Outbreak Manual and nominate the members of the Surveillance TWG;
- ensure country representatives actively participate in consultation meetings;
- support the provisions stipulated in the manual, including data sharing and reporting, and declaration of outbreaks.

Comments

118. Dr Kafoa said the recommendations for the Pacific Outbreak Manual could be approved by PPHSN-CB.

119. The Vice-Chair noted there were no objections to Dr Kafoa's intervention.

120. The meeting agreed it was an excellent time to revise the manual, given the many lessons from the pandemic.

Day 4

PPHSN assessment

121. Dr Jocelyn Flores-Cabarles (SPC) said the decision to conduct an assessment of PPHSN was made at the 23rd PPHSN meeting. The first round of bidding for a consultant was unsuccessful. Then the process was interrupted by COVID.

122. The pandemic highlighted the strengths and vulnerabilities of PPHSN in supporting PICTs in relation to preparedness for heath emergencies; diagnostic capacity; points of entry and border control measures; contact tracing and setting up quarantine and isolation facilities; infection prevention and control; and risk communication.

123. Challenges for the assessment include engaging an appropriate consultancy team; identifying country PPHSN focal points and informants; and the willingness of PICTs to share national policies or data.

Comments

124. Dr Hancock (CDC) noted it was an opportune time for a full assessment of PPHSN, given the lessons learned from the pandemic, and asked if there was sufficient funding for the assessment.

125. Dr Flores-Cabarles, in relation to funding, said some consultancy bids had exceeded the initial funding and some did not meet the expertise requirements. Funds for the assessment are now available from the U.S. State Department.

126. The meeting agreed that PHOH should be asked to support the PPHSN assessment by ensuring the availability and cooperation of national focal persons and key informants for each service network.

127. In addition, development partners should be requested to share documents relevant to the assessment and to review and provide technical input to the assessment report.

From health surveillance to health security – Change of PPHSN's name to Pacific Public Health Security Network

128. Jojo Merilles (SPC) presented the reasons for changing the name of the Pacific Public Health Surveillance Network to the Pacific Public Health Security Network. (The abbreviation, PPHSN, remains the same.) The Cook Islands representative, Dr Tereapii Uka, suggested the name change at the 2019 Regional PPHSN Meeting in Nadi, Fiji, to better reflect the scope of PPHSN's work.

129. Jojo referred to PPHSN's six support service networks and two decisions on the network's structure made by the 2019 regional meeting:

- The syndromic surveillance system to become **SurvNet**, a multisource surveillance system harmonising syndromic, event-based, hospital-based, lab-based and AMR surveillance, disease surveillance, vector surveillance, and the epidemic and emerging disease alerts that SPC produces each week.

- A consolidated platform or network to be set up within SPC for engagement and collaboration of One Health players in the Pacific.

130. SPC acknowledged the second decision but considered that the consolidated platform, or meta-platform, would be best situated within the PPHSN as another support service.

131. During the pandemic, PPHSN's networks took a broad role in strengthening Pacific health security, including adapting their services to meet the different needs of each PICT. The PPHSN operating environment has evolved and changed in response to new health threats and emergencies.

132. A task force could be established to look at the impact of changing the name of PPHSN, including its governance, membership, the TOR of working bodies, support provision and access to services, and to prepare an information paper with a working definition of the newly named PPHSN and a framework for developing its strategic direction and plan.

133. The meeting agreed to recommend:
- that the Pacific Public Health Surveillance Network is renamed the Pacific Public Health SECURITY Network to align with the new scope of the PPHSN.

Comments
134. Dr Kafoa (SPC) said Directors of Public Health will make the final decision on the name.

135. Dr Hancock (CDC) supported the name change.

136. Virginia Hunt (ESR) observed that the term 'security' provides a useful wider remit that encompasses the broader aspects of disease prevention and control. At this time, with a number of emerging infectious diseases, the name change seems particularly appropriate.

Upcoming events

2022 PPHSN Regional Meeting

137. The proposed dates for the meeting are Monday 17 October to Friday 21 October 2022
- Location: Fiji, venue TBC
- Theme: PPHSN: 25 years of networking and innovation towards health security in the Pacific
- Audience: Directors of Public Health from 22 PICTs, allied members and other partners
- Objectives:
    a. Discuss way forward – PPHSN assessment, strategic framework and transition plan
    b. Celebrate 25th anniversary of PPHSN
    c. Guided by discussions from 24th CB meeting

138. **Recommendation**: Partners and members support resource mobilisation to coordinate and host the meeting.

25th PPHSN-CB meeting

139. Dates to be discussed – February/March 2023?

- Consideration – Next Pacific Health Ministers Meeting (PHMM) tentatively set for August 2023 in Tonga
- Location: to be determined

140. **Recommendation**: PICTs and allied members support the organisation and secretariat functions for the meetings.

Comments

141. Dr Kafoa (SPC) requested partner support and offers to co-host meetings. He noted Tonga had put up its hand to hold the PHMM and the offer had been accepted.

142. CDC and PIHOA both noted the PIHOA Executive Board Meeting is scheduled to be held during the same week as the PPHSN Regional Meeting. The following week is the 72nd session of the WHO Regional Committee for the Western Pacific.

143. Emi Chutaro (PIHOA) said PIHOA is willing to support the meetings where it can. However, because its funding comes mainly from CDC and federal US funds, PIHOA can only support USAPI activities. If there are ways to leverage that support, or to co-chair or co-host meetings, PIHOA is happy to do that.

144. ESR preferred a different date for the meeting but would try to work with what suits the majority of attendees.

145. Dr Mahmoud (WHO) said the October date is fine for WHO.

146. Dr Kafoa noted the comments and said the secretariat will look at the dates and get back to participants. He thanked PIHOA for its offer of support.

147. Dr Kafoa also stressed that SPC is happy to provide resources as required for a CB meeting but would like to rotate responsibility for the meeting around PPHSN partners, including WHO and FNU.

148. Dr Mahmoud said WHO supported the meeting and suggested a follow-up discussion on its organisation and resourcing.

Key decision points

149. The Vice-Chair asked the meeting to consider the draft recommendations, with Dr Kafoa to lead the discussion. He said comments will be accepted and incorporated and the revised recommendations will be sent to participants for final feedback before being presented to the next regional meeting.

150. The Regional PPHSN Meeting will decide which decisions can be taken at its level and which should be forwarded to PHOH.

Comments

151. Emi Chutaro (PIHOA) said PIHOA is committed to the PPHSN and its principles. The recommendations provide a good platform though many will require more discussion. She commented on three issues:

- Data repository for PPHSN work – Many documents result from shared effort. Whatever PIHOA has contributed to, it wants to be sure that its information is appropriate and incorporated in the larger body. A format for reporting would enable everyone to provide data at the appropriate frequency, etc. and would also ensure data was comparable.
- MOA with FNU – Not all students complete the SHIP–DDM course they enrol in. Is there a mechanism for refunding some of the course fees?
- This year, PIHOA received funding for an EpiNet/LabNet meeting for USAPI.

152. Dr Kafoa noted PIHOA's comments on the MOA and said the issue could be discussed with FNU. He thanked PIHOA for its offer of meeting support.

153. CDC and ESR both concurred with the recommendations and expressed support for their implementation. CDC is honoured to be part of PPHSN and has additional staff in the Pacific who may be able to support PPHSN's efforts.

154. Dr Mahmoud (WHO) supported the recommendations and reaffirmed WHO's commitment to PPHSN. WHO will continue its support, including for the revision of the outbreak manual.

155. Dr Uka (Cook Islands) commented but could not be heard.

Closing

156. The Vice-Chair said it was an eye opener to hear of all the work being done by PPHSN and its members. Despite difficulties and high costs, PPHSN has shown leadership in public health and during the pandemic. PNG is large but shares the problems of other PICTs. Dr Daoni will be the focal point for now but will discuss the next steps with colleagues, including updating PNG's reporting, and will advise PPHSN of the outcome. The Vice-Chair thanked participants and all allied members for their support, saying 'I've listened, learned and observed. All Pacific people can benefit from your programmes.'

157. Dr Kafoa was pleased to hear that PNG will share its information and suggested they may also wish to share it with JIMT.

158. Dr Kafoa thanked the Vice-Chair for his remarks and acknowledged the Chair for her contribution to the earlier part of the meeting. He thanked PICT members of PPHSN, and allied members and partners for their support, including AFD, EU, DFAT, MFAT and ESR among others.

Online evaluation

Participants were asked to complete a brief evaluation of the meeting.

The key decision points and list of participants are attached in Annexes 1 and 2

ANNEX 1

Outcomes and recommendations of the 24th meeting of PPHSN-CB

20–23 June 2022 (virtual meeting)

The meeting:

Item 2 – PPHSN-CB membership and governance

- noted that SPC remains the PPHSN-CB focal point
- noted that during situations when there is a long delay between CB-meetings (such as the delay caused by COVID-19), sitting members will continue until such time as a meeting is convened in the interim to facilitate transition and continuity.

Recommendations

i. CB allied members prepare a concept paper outlining the approach for the continuity and transition of PPHSN-CB and circulate via email by end July. (The paper will then be presented as an information paper at the 2022 regional meeting)
ii. Invitations to future PPHSN meetings to be sent to the official representatives, that is, the Directors of Public Health

Item 3 – Review of previous meetings

- noted the progress made since the 23rd PPHSN-CB meeting

Item 4 – PPHSN 25th anniversary

- noted the activities planned for the PPHSN 25th anniversary
- noted that the focal point is developing an updated PPHSN website which will be launched at the 2022 regional meeting.

Recommendations

i. PICTs and allied partners provide materials and photos related to PPHSN activities to be shared as part of the 25th anniversary and on the updated PPHSN website
ii. PICTs share an agreed standard set of surveillance information to be shared with the focal point for inclusion on the PPHSN website

Item 5 – Pacific health security

- noted the updates from WHO on Pacific health security
- noted the importance of an all-of-government and all-of-society approach towards health security for the region
- noted the updates on JIMT activities during COVID-19

Recommendation

i. PICTs update their national action plans for health security (NAPHS)

Item 6.1 – PacNet

- noted there is an increasing number of subscribers and posts on PacNet, resulting in an increase in traffic

Recommendations

i. Focal points determine a mechanism to highlight critical information for action on PacNet
ii. Allied members explore different platforms for disseminating PPHSN information

Item 6.2 – Epidemic Intelligence / Pacific Data Hub

- noted the value of the Pacific Data Hub in collating and disseminating health surveillance information, including COVID-19 data

Recommendation

i. PICTs share multisource surveillance data with PPHSN for dissemination through the Pacific Data Hub on a case-by-case basis

Item 6.3 – Pacific Syndromic Surveillance Systems (PSSS)

- noted the need for additional training for an expanded PSSS

Recommendations

i. PSSS be expanded to form a multisource surveillance system (noting the review by WHO)
ii. Allied partners prepare a concept paper to map out various sources of health information, including PSSS, and its connection to the Pacific Data Hub

Item 6.4 – PicNet

- noted the updating of the Regional IPC Guidelines
- noted the need to include IPC stock management and forecasting in IPC training

Recommendations

i. The roadmap for strengthening IPC in the Pacific is adopted
ii. A multi-modal approach is used for IPC (including, for example, to prevent Healthcare Associated Infections)

Item 6.5 – EpiNet

- noted that a multi-stakeholder approach is necessary to manage and mitigate health events in the future, with consideration to be given to including military, civil society, animal health and communication experts in the EpiNet teams' list of focal points
- noted the value of, and need for EpiNet's involvement in taking pre-emptive steps as part of its role in country preparedness and response, including anticipating and planning for a broader range of threats and crises.

Recommendation

i. Requested that PHOH and PHMM consider resolutions relevant to the points listed below.

For governments

1. Countries to create playbooks for a great number of differentiated crises, and consider conducting table-top exercises, facilitate scenario planning and practical exercises using scenarios in field-like conditions, conduct stakeholder mapping and other planning activities to have appreciation of the scope of potential threats and their individual roles in managing these threats.
2. Plan for the secondary crisis, cognisant that one crisis can set off other crises, including disruption of vital supply chains, an influx of displaced population into a neighbouring locality, displacement of people from one area to another within a single country, and a surge in domestic violence and other crime. PICTs should anticipate these possibilities and take a whole-of-government approach (not simply a whole-of-health approach).

For development partners

Members of the PPHSN-CB to:

1. task development partners with developing a concept paper outlining a roadmap to national self-sufficiency of EpiNet teams
2. task the focal point with approaching Pacific Heads of Health at their next meeting to ask for outstanding information on EpiNet teams
3. task the focal point with updating the EpiNet teams list, with the inclusion of additional national focal points in other sectors, e.g. the military, civil society, animal health, and communication
4. task allied members and technical assistance providers with developing a workbook of simulation exercises that can be used by PICTs as they prepare for various types of crises. The WHO Simulation Exercise Manual can serve as the starting point for the development of a Pacific-specific exercise manual
5. task development partners with ensuring the availability of financial support for preparedness and response, and funds for fellowship and attachments of EpiNet team members for further training, noting this may require co-development of funding proposals.

Item 7.1–7.3 – SHIP-DDM

- noted the updates on SHIP-DDM course delivery during the COVID-19 pandemic, including adjustment to a hybrid model of delivery
- noted the development of the PGDAE course, including an online component, and the resulting prolonging of the course timeline
- noted the Memorandum of Agreement with FNU is being updated to include full three-tier SHIP-DDM training.
- noted that PIHOA will be included in an MOA with FNU.
- noted that FNU is undergoing a programme review of the PGDAE, MAE and PGDHR courses.
- noted that FNU is seeking TEPHINET accreditation of the PGDAE and MAE programmes

Recommendation

i. PICTs and allied members continue supporting SHIP-DDM training, including participant fees

Item 7.4 – LabNet

- noted the LabNet updates, including laboratory strengthening
- noted the request to consider involving the private sector on a case-by-case basis in laboratory improvement (training)

Recommendations

i. PICTs provide requested information for LabNet catalogue updating
ii. PICTs adopt the SLIPTA assessment tool for laboratory standards

Item 8 – One Health

- noted the update on One Health activities

Item 9 – Vector control

Item 9.1 (SPC)

- noted the updates on activities for vector surveillance

Item 9.2 JCU - PacMOSSI

- noted the updates on the PacMOSSI programme

Recommendation

i. PICTs inform health workers of the availability of the PacMOSSI online course

Item 9.3 PIHOA

- noted the updates on the USAPI Regional Vector Management Improvement Plan, the Pacific Island Vector Management Council (PIVMC), PACSURV and the Northern Pacific Environmental Health Association (NPEHA)

Item 10 – Pacific Network for Vector Control Response (PN-VCR)

- noted updates on Vanuatu's vector-borne disease situation and support for a PN-VCR

Recommendations

i. PPHSN-CB approve the PNVCR as a new initiative under PPHSN
ii. The PNVCR initiative be presented to Pacific Heads of Health for endorsement
iii. WHO, PIHOA and SPC provide the coordinating function and technical assistance for PNVCR

Item 11 – Projects supporting PPHSN

- noted the progress of projects implemented by SPC to support PPHSN services
- noted the need for a sustainable central repository of PPHSN data

Item 12 – Pacific Outbreak Manual

- noted the need to update the Pacific Outbreak Manual

Recommendation

ii. Allied members form a technical working group to update the Pacific Outbreak Manual for presentation to the next PPHSN Regional Meeting

Item 13 – PPHSN assessment

Recommendations

i. The CB requests PHOH to endorse the PPHSN assessment and provide support by ensuring the availability and cooperation of national focal persons and key informants for each service network
ii. PICTs and allied members collaborate and share documents relevant to the assessment
iii. PICTs and allied members review and provide technical input to the assessment report

Item 14 – PPHSN name change

- noted the suggestion by Cook Islands at the 2019 PPHSN meeting to change the name of the PPHSN to the Pacific Public Health SECURITY Network
- noted that the PPHSN operating environment has evolved and changed together with the increase in health threats and emergencies
- noted the importance of transforming the name of the network to the Pacific Public Health SECURITY Network (from Pacific Public Health Surveillance Network) to align with PPHSN's new scope

Recommendation

i. PICTs and allied members create a task force to look into the impact of transforming the name of PPHSN, including but not limited to the governance of PPHSN, membership composition, TOR of working bodies, implications for support provision and access to services, etc., and to prepare an information paper with a working definition of the newly named PPHSN as well as a framework for developing its strategic direction and plan

Item 15 – Upcoming PPHSN events

Recommendations

i. Partners and members support resource mobilisation to coordinate and host the 2022 regional meeting
ii. PICTs and allied members support organisational and secretariat functions for PPHSN-CB meetings

ANNEX 2

LIST OF PARTICIPANTS

CORE MEMBER REPRESENTATIVES
REPRÉSENTANTS DES MEMBRES STATURAIRES

American Samoa
Samoa américaines
Not represented

Cook Islands
Îles Cook
Dr Tereapii Uka
Director of Community Health Services
Cook Islands Ministry of Health
Avarua, Rarotonga
Telephone: (682) 29110
Facsimile: (682) 29100
Email: Tereapii.uka@cookislands.gov.ck

Federated States of Micronesia
États fédérés de Micronésie
Not represented

Nauru
Not represented

Nouvelle-Calédonie
New Caledonia
Dr Sylvie LAUMOND
Directrice de santé publique
Médecin épidémiologiste
Direction des affaires sanitaires & sociales de NC
BP N4, 98851
Nouméa Cedex
Telephone: +687 243 715
Mél: sylvie.laumond@gouv.nc

Palau
Dr Tmong Udui
Epidemiologist
Palau Ministry of Health and Human Services
P.O. Box 6027
Koror, Palau 96940
Telephone: +680 488-4772 ext. 234
Email: tmong.udui@palauhealth.org or tmongudui@gmail.com

Papua New Guinea
Papouasie Nouvelle-Guinée
Dr Daoni Esorom
Deputy Controller
Papua New Guinea COVID-19 National Pandemic Response
National Coordination Centre
Morauta House, Fourth Floor
National Capital District

WAIGANI, Papua New guinea
Telephone: +675-301 3703
Mobile: +675-7231 3983
Fax: +675-325 1825
Email: Esorom_Daoni@health.gov.pg
daoniesorom@gmail.com

TongaNot represented

Tuvalu Not represented

Vanuatu

Ms Wendy Williams
Acting Surveillance Manager
Department of Health
Private Mail Bag 9009
Port Vila, Vanuatu
Telephone: +678 7736758
Email: wwilliams@vanuatu.gov.vu

GUEST SPEAKERS / INTERVENANTS INVITÉS

Australia / *Australie*
James Cook University

Dr Tanya Russell
Senior Research Fellow
Mosquito-Borne Diseases Group
Australian Institute of Tropical Health and Medicine
James Cook University
Telephone: +61 (0)402 110 108
Mobile: +61 (0)478 261 873
Email: tanya.russell@jcu.edu.au

Fiji / *Fidji*

Pacific Community
Communauté du Pacifique

Dr Eka Buadromo
Senior Laboratory Adviser
Laboratory Programme
Public Health Division
SPC Suva Regional Office
Private Mail Bag
Suva, Fiji
Telephone: (679) 337 0733 EXT 35377
Facsimile: (679) 337 0021
Telephone:
Email: ekab@spc.int

Dr Jocelyn (Gigi) Cabarles
Epidemiologist - Project Coordinator
Surveillance, Preparedness and Response Programme
Public Health Division
B.P. D5 98848
Nouméa Cedex
Telephone: +679 2601143
Email: jocelync@spc.int

Dr Louise Fonua
Epidemiologist
Public Health Division
SPC Suva Regional Office
Private Mail Bag
Suva, Fiji
Telephone: (679) 337 0733 EXT 35331
Facsimile: (679) 337 0021
Telephone:
Email: louisef@spc.int

Ms Margaret Leong
Infection, Prevention and Control Adviser
Public Health Division
SPC Suva Regional Office
Private Mail Bag
Suva, Fiji
Telephone: (679) 337 0733 EXT 35252
Facsimile: (679) 337 0021
Email: margaretm@spc.int

Mr Sunia Soakai
Deputy Director
Public Health Division
PC Suva Regional Office
Private Mail Bag
Suva, Fiji
Telephone: (679) 337 0733 EXT 35331
Facsimile: (679) 337 0021
Email: sunias@spc.int

World Health Organization
Organisation mondiale de la santé

Dr Amanda Murphy
Vector Surveillance and Control Specialist
Pacific Health Security & Communicable Diseases (PSC)
Division of Pacific Technical Support (DPS)
World Health Organization
Suva, Fiji
Mobile: +61 466 693 178
Email: amurphy@who.int |

Guam
Pacific Islands Health Officers Association (PIHOA)

Ms Hélène Le Mouellic
Regional Public Health Advisor
Pacific Guardian Center,
733 Bishop Street, Makai Tower, Suite 1820,
Honolulu, HI 96813
Téléphone :
Email: helenel@pihoa.org

Dr. Limb Hapairai
Regional Medical Entomologist
Pacific Guardian Center,
733 Bishop Street, Makai Tower, Suite 1820,
Honolulu, HI 96813
Téléphone :
Email: limbh@pihoa.org

New Caledonia / *Nouvelle-Calédonie*

Pacific Community
Communauté du Pacifique

Mr Phil Bright
GIS, Innovation and Dissemination Lead
Statistics and Demography Dvision
B.P. D5 98848
Nouméa Cedex
Telephone : +687 262000 Ext 31226
Email : pbright@spc.int

Vanuatu

Mrs Bertha Tarileo
Department of Health
Private Mail Bag 9009
Port Vila, Vanuatu
Telephone: +678 7736758
Email: btarileo@vanuatu.gov.vu

Mr Mathias Agnes
Department of Health
Private Mail Bag 9009
Port Vila, Vanuatu
Telephone: +678 7736758
Email: magnes@vanuatu.gov.vu

Hawaii / *Hawaï*

Pacific Islands Health Officer Association (PIHOA)

Dr Mark Durand
Executive Director
Regional Coordinator for Health Information Management
Systems and Quality and Performance Management
345 Queen Street, Suite 604,
Honolulu HI 96813
Hawaii, USA
Telephone: (1) 808 537 3131
Mobile: (1) 808 687 0285
Facsimile: (1) 808 537 6858
Email:durand@pihoa.org

OBSERVERS / OBSERVATEURS

Centers for Disease Control and Prevention

CAPT Michael Kinzer, MD, MPH, USPHS
Quarantine Medical Officer
Honolulu Airport Quarantine Station
US Centers for Disease Control and Prevention (CDC)
Telephobne: +1 808-861-8530
Mobile: +1 808-419-5908
Email: mkinzer@cdc.gov

Institute of Environmental Science and Research Limited (ESR)

Dr Andrea McNeill
Team Leader, Health Intelligence
Institute of Environmental Science and Research Limited (ESR)
Kenepuru Science Centre: 34 Kenepuru Drive,
Kenepuru, Porirua 5022
PO Box 50348, Porirua 5240, New Zealand
M**obile:** +64 27 242 4940
Email**:** andrea.mcneill@esr.cri.nz

Pacific Island Health Officers Association (PIHOA)

Guam

Mrs Janet Camacho,
Pacific Guardian Center,
733 Bishop Street, Makai Tower,
Suite 1820,
Honolulu, HI 96813
Téléphone :
Email:

Dr. Vasiti Uluiviti
LabNet representative to PPHSN
Pacific Guardian Center,
733 Bishop Street, Makai Tower, Suite 1820,
Honolulu, HI 96813
Téléphone :
Email:

Hawaii

Dr. Haley Cash,
PIHOA REU/EpiNet team to PPHSN
Regional Communicable Disease
Epidemiologist
733 Bishop Street, Suite 1820,
Honolulu, Hawaii 96813
Telephone: +1 808
Email: haleyc@pihoa.org

Dr Stephenie Kern-Allely
Regional Communicable Disease
Epidemiologist
733 Bishop Street, Suite 1820,
Honolulu, Hawaii 96813
Telephone: +1 808
Email: stephanieka@pihoa.org

PPHSN ALLIED MEMBERS REPRESENTATIVES
REPRÉSENTANTS DES MEMBRES ASSOCIÉS DU ROSSP

Centers for Disease Control and Prevention

Dr W. Thane Hancock
LCDR U.S. Public Health Service
Medical Epidemiologist
Career Epidemiology Field Officer:
U.S.-affiliated Pacific Is.
Field Services Branch
Division of State and Local Readiness
Office of Public Health Preparedness
and Response
Centers for Disease Control and Prevention
GCIC Building Ste 800
14 W. Soledad Ave., Hagatna, GU 96910 Guam
Telephone: (671)-735-3339
Email : vie1@cdc.gov

Fiji National University

Dr Donald Wilson
Dean
College of Medicine, Nursing & Health Sciences, FNU
Tamavua Campus
Kings Road, Nasinu, Suva
Telephone: (679) 339 4000
Facsimile: (679)
Email: donald.wilson@fnu.ac.fj

Institute of Environmental Science and Research

Dr Virginia Hope
Programme Leader,
Communicable Disease, Population and Environmental Health, and National Centre for Biosecurity and Infectious Disease
Institute of Environmental Science & Research
66 Ward St
PO Box 40158
Wallaceville , Upper Hutt
Telephone: +64 4 5290615 (Wallaceville) or +64 4 9140683 (Kenepuru)
Fax: +64 4 529 0601
Mobile: +64 (0)27 6535681
Email: Virginia.Hope@esr.cri.nz

Pacific Island Health Officers Association (PIHOA)

Mrs Emi Chutaro
Director
733 Bishop Street, Makai Tower, Suite 1820,
Honolulu, HI 96813
Téléphone :
Email: emic@pihoa.org

World Health Organization

Dr Nuha MAHMOUD,
Public Health Physician
Emerging Disease Surveillance & Response Unit
Division of Pacific Technical Support
World Health Organization
Level 4 Provident Plaza One,
Downtown Boulevard
33 Ellery Street, Suva, Fiji
Telephone: (679) 3 323 4100
Facsimile: (679) 3 323 4177
E-mail: hamidn@who.int

PPHSN FOCAL POINT & SECRETARIAT

The Pacific Community
La Communauté du Pacifique

Dr Berlin Kafoa
Director
SPC Public Health Division
BP D5, 98848
Noumea Cedex
Telephone: (687) 26 20 00
Facsimile: (687) 26 38 18
Email: berlink@spc.int

Ms Amy Sympson,
Team Leader
Surveillance, Preparedness and Response Programme
SPC Suva Regional Office
Private Mail Bag
Suva, Fiji
Telephone: (679) 337 0733 EXT 35562
Facsimile: (679) 337 0021
Email: amys@spc.int

Dr Salanieta Saketa
Senior Epidemiologist
Surveillance, Preparedness and Response Programme
SPC Suva Regional Office
Private Mail Bag
Suva, Fiji
Telephone: (679) 337 0733 EXT 35367
Facsimile: (679) 337 0021
Email: salanietas@spc.int

Mr Jojo Merilles
Epidemiologist - Project Coordinator
Surveillance, Preparedness and Response Programme
Public Health Division
B.P. D5 98848
Nouméa Cedex
Telephone: +679 262000 Ext 31462
Email: jojom@spc.int

Mr Shakti Gounder
Surveillance and Research Officer
Surveillance, Preparedness and Response Programme
Public Health Division
B.P. D5 98848
Nouméa Cedex
Telephone: +679 262000 Ext 31422
Email: shaktig@spc.int

Ms Christelle Lepers
Surveillance Information and
Communication Officer
Surveillance, Preparedness and Response
Programme
Public Health Division
B.P. D5 - 98848 Noumea CEDEX
New Caledonia
Telephone: (687) 262000
Facsimile: (687) 263818
E-mail: christellel@spc.int

Mrs Angela Templeton
Consultant Rapporteur
32 A Bryndwr Road
Christchurch, New Zealand
Tel.: (+64) 3 351 4104
Mobile (+64) 21 235 8411
Email: templetona@gmail.com

Ms Valérie Hassan
Interpreter
Interpretation – Translation section
B.P. D5 - 98848 Noumea CEDEX
New Caledonia
Telephone: (687) 26 20 00 Ext 31175
Facsimile: (687 263818
Email: valerieh@spc.int

Ms Christelle Petite
Interpreter
Interpretation – Translation section
B.P. D5 - 98848 Noumea CEDEX
New Caledonia
Telephone: (687) 26 20 00 Ext 31185
Facsimile: (687) 263818
Email: christelep@spc.int

Mr Roy Benyon
Ms Christelle Petite
Interpreter
Interpretation – Translation section
B.P. D5 - 98848 Noumea CEDEX
New Caledonia
Telephone: (687) 26 20 00 Ext 31129
Facsimile: (687) 263818
Email: christelep@spc.int

Ms Stephanie Sefeti
ICT Audio Visual Conference Specialist
B.P. D5 - 98848 Noumea CEDEX
New Caledonia
Telephone: (687) 26 20 00 Ext 31141
Facsimile: (687) 263818
Email : stephanies@spc.int

Mrs Elise Benyon
Data Processing Officer
Surveillance, Preparedness and Response Programme
Public Health Division
B.P. D5 - 98848 Noumea CEDEX
New Caledonia
Telephone: (687) 260164 (Direct) and 262000
Facsimile: (687) 263818
E-mail: eliseb@spc.int

____