

**REPORT OF MEETING**



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**WHO — SPC PACIFIC ISLANDS MEETING ON  
PUBLIC HEALTH SURVEILLANCE**

(Noumea, New Caledonia, 11 – 14 December, 1996)

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Secretariat of the Pacific Community  
Noumea, New Caledonia  
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**'Pacific Community'** is the new name of the South Pacific Commission (SPC). The new name became official on 6 February 1998 in commemoration of the 51<sup>st</sup> anniversary of the 1947 Canberra Agreement which originally established the SPC.

**'Pacific Community'** applies to the total organisation, i.e. the member governments, the Conference, the CRGA and the Secretariat **'Secretariat of the Pacific Community (SPC)'** refers to those who deliver the work programmes to members of the Community.

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## AGENDA

### Wednesday 11 December

#### **Pre-meeting session : Background & PacPHSWG-3—Facilitator : Jane Paterson**

- 8:00 a.m. Registration
- 8:30 a.m. From IAMHIR to PacPHSWG-3 : foundations and development strategies of a Public health surveillance network for the Pacific Islands (“PacSurv”)  
*Yvan Souares—Information Paper 3*  
 Debriefing on the 3<sup>rd</sup> meeting of the PacPHSWG (“PacGroup-3”)  
*Mike O’Leary*
- 10:00 a.m. *Coffee break*
- 10:20 p.m. Regional and global situation of emerging and re-emerging communicable diseases  
*K. Morita—Working Paper 6*  
 Issues in surveillance for priority diseases in Pacific Islands countries  
*Mike O’Leary—Information Paper 11*  
 Public health surveillance in poliomyelitis eradication  
*Mike O’Leary— Information Paper 9*  
 Summary, and links with the objectives of the Pacific Islands Meeting on Public Health Surveillance  
*Facilitator*
- 12:30 p.m. *Lunch break*

#### **Opening ceremony—Master of ceremony : Jimmie Rodgers**

- 2:00 p.m. Welcoming address to the participants  
*Dr. R. Dun, Director General SPC*  
 Official opening  
*Dr. S. T. Han, Regional Director, WHO Western Pacific*  
 Participants self-introduction  
 Appointment of officers : Chairperson, Vice-Chairperson, Rapporteurs
- 3:00 p.m. *Tea break and Group photo*
- 3:45 p.m. Drafting Committee appointment

#### **Harmonisation of data requirements—Facilitator : Jane Paterson**

- 3:45 p.m. Introduction to a method for selecting priority indicators (“PacSel” Method)  
*Mike O’Leary—Information Paper 4*  
 PICs case studies  
*B. P. Ram (Fiji) - Information Paper 5; Amato Elymore (FSM) - Information Paper 7; Tipasa Me (Western Samoa)—Information Paper 10; Michel Germain (NC)-Information Paper 12;*  
 Summary of pros & cons of PacSel Method  
*Tom Kiedrzyński—Working Paper 2*
- 5:30 p.m. Work session ends

**Thursday 12th December****Harmonisation (cont.)—Facilitator : Jane Paterson**

- 7:45 a.m. United States national notifiable disease surveillance system  
*Denise Koo—Information Paper 1*  
 Development of a consensus proposal for Pacific regional surveillance systems : general disease surveillance and an early warning system  
*David Morens—Information Paper 8*  
 Proposed plan of action for harmonisation of data requirements : summary  
*Chairperson*
- 10:00 a.m. *Coffee break*

**Training in surveillance and field epidemiology— Facilitator : Mahomed Patel**

- 10:20 a.m. Field epidemiology training programme  
*Tom Kiedrzyński—Working Paper 3*  
 Proposed alternative schemes : the PICs and the rim of the Pacific (networking Universities)  
*Yvan Souares—Working Paper 8*
- 12:30 p.m. *Lunch break*
- 2:00 p.m. Feasibility of alternative schemes : work-group thematic discussions  
*Group 1 & 2 - PICs (training needs)*  
*Group 3 - Training institutions and selected observers (flexibility and opportunities)*  
*Group 4 - Technical and funding agencies (support and sustainability)*
- 3:00 p.m. Group presentations and thematic summary
- 3:30 p.m. *Tea break*
- 3:45 p.m. Outlines of possible plans of action for the Pacific : work-groups' comprehensive discussions  
*4 groups (mixed)*
- 4:30 p.m. Proposed plan of action for training in surveillance and field epidemiology : group presentations and comprehensive summary - plenary session  
*Chairperson*
- 5:30 p.m. Work session ends

**Friday 13th December****Publication — Facilitator : Auckland University, Community Medicine Department, or David Morens**

- 7:45 a.m. Monograph on public health surveillance in the Pacific  
*David Morens—Information Paper 6*  
 Public health surveillance bulletin and early warning messages  
*Tom Kiedrzyński—Working Paper 4*  
 Directory of Pacific resources in public health surveillance  
*Mike O'Leary—Working Paper 7*  
 Proposed plan of action for publication : summary  
*Chairperson*
- 10:00 a.m. *Coffee break*

**Network extension — Facilitator: Stephen Blount**

- 10:20 a.m. The Internet, World Wide Web, Networking decentralised databases, and e-mail links  
*Phill Hardstaff, Dominique Boudierlique and Al Blake*  
 Registration of new clients in the Pacific PHS network, linking surveillance databases,  
*Phill Hardstaff, Dominique Boudierlique, Al Blake, Mike O'Leary and Denis Coulombier*  
 Connecting with existing surveillance networks  
*Communicable Diseases Network – Australia/New-Zealand, CAREC, UN DHA, CDC, RNSP*  
 Proposed plan of action on network extension : summary  
*Chairperson*
- 12:30 p.m. *Lunch break*

**Computer applications — Facilitator : Denise Koo**

- 2:00 p.m. Planning for a computer-assisted surveillance system : the earlier the better  
*Denis Coulombier – Working Paper 5*  
 An existing cheap and simple alternative: EPI INFO version 6  
*Denis Coulombier – Information Paper 2*  
 Other existing systems in the PICs, and compatibility : open to plenary discussions  
*Chairperson*
- 3:30 p.m. *Tea break*
- 3:45 p.m. Demonstrations of various computer-assisted surveillance systems, based on EPI 6  
*Denis Coulombier*  
 Proposed plan of action for surveillance systems related computer applications : summary  
*Chairperson*
- 5:30 p.m. Work session ends

***Saturday 14th December*****PacGroup : 1997 Work programme, role of the Secretariat — Facilitator : Clement Malau**

- 7:45 a.m. Proposed role for the Secretariat of the Pacific Public Health Surveillance Network : co-ordination and facilitation  
*Yvan Souares–Working Paper 1*  
 Review of the role, structure, membership and financing of the PacGroup : Plenary session
- 10:00 a.m. *Coffee break*
- 10:20 a.m. Proposed PacGroup 1997 work programme and role of the Secretariat : summary  
*Chairperson*
- 12:00 a.m. *Meeting is adjourned*

**Adoption of the meeting's report & closure — Chairperson**

- 2:30 p.m. Adoption of the meeting's report: Plenary session
- 4:00 p.m. Closing addresses  
*Jimmie Rodgers, Deputy Director-General, SPC*  
*S. Omi, Director Communicable Diseases Prevention and Control, WHO*

## SUMMARY OF PROCEEDINGS

### PRE-MEETING SESSION: BACKGROUND & PACPHSWG-3

1. The pre-meeting session was opened with a short address by Dr Clement Malau, Health Manager of the South Pacific Commission (SPC), who welcomed the participants and introduced the facilitator for the morning, Ms Jane Paterson of United Nation Children's Funds (UNICEF), Suva. The facilitator then thanked the World Health Organization (WHO) and SPC for their efforts in the establishment of the beginnings of Public Health Surveillance in the Pacific. Dr Tinielu of Tokelau delivered an opening prayer.

### **From IAMHIR to PacPHSWG-3: foundations and development strategies of a Public health surveillance network for the Pacific Islands ('PacSurv')**

2. Dr Yvan Souares outlined what has been accomplished over the past 12 months, between the holding of the Inter-Agency Meeting on Regional Health Information Requirements in December 1995 and the Meeting which was about to begin.

3. The Pacific Public Health Surveillance Working Group (PacPHSWG) was established in response to:

- a) a feeling of frustration shared by Pacific Island countries about the health information available;
- b) the increasing demand for health information from international and Pacific regional agencies;
- c) a lack of integration and co-ordination in public health surveillance activities.

4. The relevance, quality and timely dissemination of health information may be improved, reducing the pressure on data-providers and producers (in particular field workers, health centres), in integrating health information requirements.

5. Action taken:

- a) holding an Inter-Agency Meeting on Health Information Requirements in the South Pacific; and
- b) proposing a methodology for selection of health indicators.

6. Dr Souares stressed the need for a flexible selection method.

7. The ultimate objective of PacPHSWG is to establish a framework for the development of a Public Health Surveillance Network covering five strategic areas (see Information Paper 3) which are: harmonisation of surveillance data requirements, development of computer-assisted applications, training, network extension, and publication.

8. This Inter-Country Pacific-Wide Meeting is the end-product of recommendation 5 of the Inter-Agency Meeting. It will need to decide on the future of the Pacific regional Working Group.



### **Debriefing on the 3rd meeting of the PacPHSWG**

9. Michael O'Leary, Medical Officer/Epidemiologist, WHO, welcomed those new to Noumea then went on to the debriefing of the 3rd PacPHSWG meeting which took place prior to this meeting. He presented the list of chairpersons and members of the working group then emphasised the major concerns of the agenda, previously mentioned by Dr Yvan Souares. He then stated that the future of the Pacific Health Surveillance network depends on the final decision of the participants of this meeting.
10. The task of the working group was to prepare for this meeting. Specific points raised were:
- a) a hope to evolve Pacific health surveillance, information sharing and support networks,
  - b) the need for a common language,
  - c) the need for consensus on issues on common concerns,
  - d) the development of plans of action, and
  - e) to continue the process of selecting health indicators.

### **Regional and global situation of emerging and re-emerging communicable diseases**

11. Dr K. Morita of WHO presented Working Paper 6 on emerging and re-emerging communicable diseases. He informed the conference that public health programmes include both communicable and non-communicable diseases. He referred the conference to a WHO booklet for further information on these subjects. New and emerging communicable diseases are those showing an increase in the incidence of disease in the past 20 years or those that has a potential to do so in the future. These include new diseases such as AIDS; and re-emerging diseases such as the plague or cholera, which have reappeared recently.
12. Examples of emerging diseases were given to show that diseases are not only problems in specific areas but occur globally.
13. New pathogens appear continuously and become threats to society. For both emerging and re-emerging diseases outbreaks have occurred, and some of the reasons for these are :
- a) demographic changes such as movements of people especially in international travel;
  - b) ecological change; and
  - c) breakdowns in health service delivery for whatever reason.
14. An example of the surveillance of Creutzfeldt-Jacobson Disease in the UK was given to illustrate the effectiveness of surveillance systems in Europe.

### **Issues in surveillance for priority diseases in Pacific Island countries**

15. Dr Michael O'Leary presented Information Paper 11 concerning the issues in surveillance for priority diseases in Pacific island countries. He pointed out the issues of main concern to achieve an effective communicable-disease surveillance system:
- a) the system should be widely understood and appreciated (aspects of collection, reporting and public health action);
  - b) agreement on definitions and standards (suspected or confirmed cases);
  - c) regular complete reports from reporting sites (to be consistent);

- d) timely information (will facilitate appropriate actions);
- e) good data flow from source to site of action; and
- f) effective public health response.

16. In the Pacific, many key features are lacking or inadequate, the data is often inaccurate, late or undervalued, and therefore the entire system may be disregarded by the people reporting (surveillance cycle).

17. What is needed:

- a) clarity on definitions, procedures and responsibilities;
- b) knowledgeable staff, therefore training;
- c) individual commitment (from staff and countries);
- d) show that the system has good and useful output to encourage national support; and
- e) national and regional co-operation and co-ordination.

18. The floor was opened for discussion on the two previous topics as they were interrelated. Partnership in surveillance was stressed as one of the very important steps in the development of a surveillance system. This would include laboratories, policy makers and other surveillance centres within the Pacific region and also outside the region. An important issue raised by several participants was the response mechanism to outbreaks of disease. Examples of responses were given to illustrate the importance of prompt action within the Pacific. It was the general consensus that response to diseases outbreaks was a very important part of surveillance and that its capacity has to be built slowly and carefully in partnership within the Pacific region and also from outside the region.

### **Public health surveillance in poliomyelitis eradication**

19. Information on the above subject was shared by Dr O'Leary of WHO presenting Information Paper 9.

20. The presentation was then open for discussion. It was then heard that, while polio is not a priority problem in the Pacific, the issue of certification of eradication is very important. External support and resources would likely be limited to the specific, limited but real needs of the certification process. It was also confirmed that the goal is to eventually eliminate all requirements with regard to polio, including immunisation, but not until eradication is certified.

### **Summary and links with the objectives of the Pacific Islands Meeting on Public Health Surveillance**

21. The morning session was then summarised by the Facilitator, Jane Paterson. The objectives for the current meeting appear as Annex 1.

### **OPENING CEREMONY**

22. The official opening ceremony was held on Wednesday afternoon the 11 December. The Secretary-General of the South Pacific Commission, Dr R. Dun gave the welcoming address to the participants. He welcomed the participants from the Pacific Island countries and territories to Noumea and the SPC headquarters. He also welcomed Dr Han to SPC and indicated that he looked forward to the signing of an MOU between WHO and SPC to working together more effectively and efficiently in the Pacific region.

23. Dr S.T. Han, the Regional Director of the World Health Organization, delivered the official opening address. He also welcomed the delegates to New Caledonia. He spoke of the further strengthening of collaborative work with SPC. He also said that the epidemiological element was a major contributor combating the spread of communicable and non-communicable diseases. However, for a public health surveillance system to function smoothly, partnership and collaboration between agencies, countries and non-government organisations needed to be harmonised. He wished the conference well in their discussions and then officially opened the meeting.

24. The Regional Director (WHO) stressed that not only are lifestyle diseases emerging as a problem but the communicable diseases of the past are still a major health issue as well as re-emerging communicable diseases.

25. Following the opening, the participants then introduced briefly themselves to the conference.

26. The appointment of officers followed, with the following elected:

Chairperson	Dr Michel Germain of New Caledonia
Vice-Chairperson	Dr T. Ruberu of Papua New Guinea
Drafting Committee	
Rapporteur (French)	Mrs Yvannah Taga of Vanuatu
Rapporteurs (English)	Dr Sunia Foliaki of Tonga Mr Amato Elymore of FSM Dr Michael O'Leary (WHO)
Rapporteur (French & English)	Dr Tom Kiedrzyński (SPC)

## **HARMONISATION OF DATA REQUIREMENTS**

### **Introduction to a method for selecting priority indicators ('PacSel method')**

27. The demand for data can seem overwhelming to countries and health professionals. To avoid data overload, duplication must be eliminated, and priorities must be considered. Dr Michael O'Leary presented two methods for prioritising health indicators which involve an objective scoring system. In both examples shown, indicators and diseases are scored based on such factors as availability, accuracy, and other potential public health impact. The score and the priority depends on the setting: national, regional, district, local. Thus the scoring and ranking process must consider the context.

28. Furthermore, importantly, the process may be more important than the score or the priority rank of the indicator, by causing those participating to consider, in a structured and objective way, both what information is being gathered, and why. Only then can it be clearly defined who is responsible for each step in the data management process, i.e. collection of data, tabulation, interpretation, reporting and action.

29. Questions were raised regarding the development of indicators. Dr Omi of WHO informed the participants that WHO had been mandated by the 1996 WHO Regional Committee to develop New Horizons in Health indicators in conjunction with the individual countries, and suggested to the participants that these indicators provide a framework for further discussion to identify priority health indicators for each country. The participants supported Dr Omi's suggestion.

30. The presentations by the PICs and territories were briefly presented. Important points included:
- a) involvement of different states in the development of the surveillance system in FSM;
  - b) in Western Samoa, the use of the PacSel method provides workers with the opportunity to have a serious and objective look at the criteria for the health information system, and a focus for a broader look at the system;
  - c) the presentation from New Caledonia highlighted the need to recognise the power of the media, politicians and legal issues; and
  - d) the presentations showed the challenge in the development and management of the public health services provision.
31. With regards to the PacSel method, the use of the objectives in the method highlighted certain issues, especially in the scoring and ranking of criteria.
32. The conference was then reminded to concentrate on the continuation of harmonisation and the strengthening of the public health surveillance system and possibly the development of early warning systems.
33. The discussions opened with a question by the facilitator who asked if any country would like to be involved in the trial of Public Health Surveillance as the previous four countries had.
34. Comments were made by the Representative of CNMI, who first commended the work done in FSM, but emphasised the importance of the commitment of the “top level” personnel in that country. The speaker also complimented WHO and SPC on the work done in FSM for the commitment shown by the regional agencies. He also indicated that the health departments of the Northern Pacific could work together with the freely-associated states to develop a model for public health surveillance for the Northern Pacific. He said that CNMI would like to be included in the Pacific Health Surveillance Network and would like to enlist the aid of SPC but was unsure about how to be a member of the working group.
35. The response from FSM was very positive concerning the possibility of working together with the other island countries and territories of the Northern Pacific. The delegate from FSM noted that a lot of programme activities occurring in the countries are similar. Local capacity needed to be developed and improved. Very limited available resources have not been cost effective or have been misused, and wasted because of 'expert consultants' who have their own agendas not fully in keeping with the countries' needs or priorities. Field workers are challenged by the amount of work given to them by national, regional and international agencies, which may be uncoordinated in their requirements.
36. Information was given to the Northern Pacific and the meeting that a Medical Epidemiologist and a Public Health Adviser will soon arrive in Pohnpei where they will work in a co-ordinated fashion with the six northern groups of islands. Agency and working group commitment was also given towards the facilitation of a public health network in the Pacific, and that issue would be further expanded on in the later session.
37. Solomon Islands indicated that they would like to be part of the programme.

38. During the discussions, a question was raised as to whether the focus of the surveillance was to be infectious diseases or public health surveillance. This was clarified by the facilitator who confirmed that the PHS was set up for all priority diseases but that the initial focus happened to be on communicable diseases, as these were a major problem for the South Pacific.

39. Dr Souares clarified the point raised by the representative from Tonga, confirming that this meeting was indeed concerned with public health surveillance, not only with surveillance of infectious diseases. He explained that the suggested methodology was designed to filter the great demand for data and to sort out indicators so as to obtain a priority set at the national level which would support efforts at the Pacific regional and international level. This would enable countries and territories to work more effectively and to provide good data.

40. Other comments indicated the need for commitment from the top level authorities for the implementation of the system. The level of indicators needed to include those that were actually prevented proactively.

41. Dr Germain rounded off the discussion by observing that these outside resource people should not work for their own interests but in the interests of the countries and territories they serve. He further stressed that it was important not to lose sight of the surveillance cycle (previously described by Dr O'Leary from WHO), and to bear in mind from the start that, at the end of the cycle, one had to be capable of taking action for the benefit of the population.

#### **US National notifiable disease surveillance system**

42. Dr Denise Koo of the Epidemiology Program Office, CDC presented an information paper on the above subject.

43. Dr Koo replied to a question about the voluntary cooperation of States with the CDC by saying that the States report surveillance information to the CDC because they benefit from the sharing of information and strategies available from other States. Dr Blount added that the States not only enjoy the benefits from the use of data but also seek to meet the standard of public health practice provided by CDC.

#### **Development of a consensus proposal for Pacific regional surveillance systems : general disease surveillance and early warning system**

44. Dr Morens presented a paper on the above subject and this was briefly clarified.

#### **Proposed plan of action for the harmonisation of data requirements**

45. The proposed plan of action for the harmonisation of data requirements was discussed and feedback awaited from the participant later during the meeting. A tentative timetable is attached to this report (see Annex 2B).

## **TRAINING IN SURVEILLANCE AND FIELD EPIDEMIOLOGY – FETP**

46. Dr Kiedrzynski of SPC presented Working Paper 3 informing the conference of the progress in the development of the field epidemiology training programme. Question was raised as to the cost effectiveness i.e training just one high level candidate instead of more lower level ones. The answer to this was that it was hoped that the candidate would be able to train others and that any form of university training is expensive and should be further discussed.

47. The facilitator for the session, Dr Mahomed Patel added that the FETP was modeled on the Epidemic Intelligence Service. The FETP is widely used by many countries in the world and the programme is based on a learning -by -doing -approach and is conducted in the field.

### **Proposed alternative schemes : the PICs and the rim of the Pacific (networking universities)**

48. Dr Yvan Souares presented Working Paper 8 on this subject.

### **Feasibility of alternative schemes**

49. Four working groups were set up to discuss the proposal given by Dr Souares, concerning training needs of the PICs and territories, the training opportunities offered by the Institutions and the funding possibilities from the Technical Agencies.

50. In the course of the plenary discussion that followed, it was the general consensus that each country and territory should decide its training needs and decide on the level of training required. The category of workers that need training most was felt to be the field workers who collect data. Basic training is needed on case definitions, filling forms and how to notify diseases, in order to improve the quality of data collection and the value of reporting. Other types of training needs include health workers who deal with the information for graphing, mapping, age–sex analysis etc. Middle-level management training should cover basic epidemiology and preventive action. At the national level, there was a need for training in epidemiology, biostatistics, etc., to provide a supervisory role in the co-ordination of the whole process. The opportunity of training the trainers in-country should be taken to ensure the sustainability of the programme.

51. It was felt very strongly that the location of training was to be in-country for capacity building for low-level staff. Higher level workers may be in outside institutions although it was felt that on-the-job training is crucial for the Pacific.

52. Integration with other planned training activities such as ARI, CDD, EPI and diploma courses should also be encouraged. Health education is also important at all levels from decision-makers to the community.

53. In determining the training opportunities it was felt that any training options must be eventually sustainable locally. The duration and level of training would be dependent on the type of training required and the time the countries can afford to give.

54. Existing training programmes needed to be looked at for their appropriateness and modified if necessary. Otherwise new programmes might need to be developed depending on country requirements. It was felt that a combination of classroom and field work would be the most suitable type of course. The courses provided would need to look at marketability of the individual's training and whether it could be recognised regionally and internationally. There would also need to be training of the trainers so that the whole programme would be sustainable at country level. Distance education modules could be developed or modified. A point to consider was that participants at workshops and conferences geared towards education and sharing of experiences could be awarded credit points toward certification.

55. The possibilities of funding or co-funding in public health surveillance were discussed and the following support was suggested:

56. SPC has strong commitment for following this process through and has support from AusAID and the French government for FETP. Further funding from AusAID may be possible if identified as a need. Funds are also planned to be allocated for:

- a) two meetings of the working group and another Pacific regional meeting in 1998 for follow-up on Public Health Surveillance;
- b) a sub-regional pilot training in the use of data in the areas of population and health which is planned for 1997; and
- c) From 1998 to 2000, workshops in 20 countries on general population and quality of life indicators.

57. The Demography Section is to prepare a teaching and training component in FETP and under the Vector-Borne Disease Control Project, yet to be identified activities in strengthening health information systems may focus on surveillance in response to malaria and dengue fever.

58. UNICEF could possibly sponsor or co-sponsor a bi-annual regional meeting for 13 countries. Because of UNICEF's advocacy role, their work with the media could be highlighted, if identified. Regional Immunisation Workshops (in collaboration with WHO) could provide an emphasis on surveillance. On a national level, workshops on the Expanded Programme on Immunisation could go together with national workshops on selecting indicators if identified by the country. UNICEF may provide support for National Immunisation Surveys if needed.

59. WHO-planned activities include:

- a) Pacific regional workshops on STDs in 1997;
- b) fellowship components of every country budget for short- and long-term training, including the possibility of FETP available in Philippines;
- c) ARI and other training workshops at national level.

60. The Peace Corps provides, as request, in-country training for trainees who are studying for Master of Public Health, for eleven countries.

61. Enquiries should be made regarding new funding from EU (for which the current main area of concern is human resource development in health and education), and possible scholarships in epidemiology/public health surveillance.

62. New Zealand who is especially interested in Polynesian countries could be approached for assistance. They will be also supporting the establishment of the Public Health Post-graduate programme of the Fiji School of Medicine.

63. AusAID, as well as supporting some of the above activities, is also reviewing the Solomon Islands School of Nursing curriculum to help promote greater sustainability.

### **Outlines of possible plans of action for the Pacific**

64. The working groups reconvened to discuss possible plans of action.

65. Discussion was then resumed in plenary session and the general consensus was that building the local capacity be taken as the primary objective of this effort, starting from field level upwards. The important thing is to identify what resources are available in each country and territory, and to group and share these resources within the Pacific region to build local capacity and provide service such as outbreak investigation.

66. Training courses at the field level should cover quality of data collection, understanding of indicators, diagnosis and case definition, and appropriate health response. Ideally, this training should be provided by in-country or regional experts.

67. Training for the middle level in disease surveillance and response should be carried out at university or by senior staff in the country. The development of training modules should be flexible to cover all levels and could be adapted from existing training modules.

68. For higher-level workers, an apprenticeship or local counter-part system could be used for training of epidemiologists.

## **PUBLICATION**

### **Monograph on Public Health Surveillance in the Pacific**

69. The papers to be included in the monograph were briefly introduced by Dr Morens who presented Information Paper 6.

### **Public health surveillance bulletin and early warning messages**

70. Dr Kiedrzynski presented Working Paper 4 which concerned a circular on early warning messages (Pac Mew or PacNew) and a regular disease/public health surveillance bulletin (PacBull) and their possible contents.

### **Directory of Pacific resources in public health surveillance.**

71. The proposal for a directory of Pacific resources in public health surveillance was presented by Dr M. O'Leary. He began by explaining the objectives of the directory which were :

- a) to be a tangible evidence of a Pacific network;
- b) to be an information source on Pacific regional support; and
- c) to encourage links amongst people with related interest.



72. The discussions that followed centred mainly on the public health bulletin (PacBull) and the early warning message (PacMEW). Clarification was first given on PacBull. Examples on how to use the information received from PacMEW was given. It was stressed that the information given, however, has to be clearly presented in such a way that the intended action is taken by the recipient of the message. Examples of similar bulletins were also shared.

73. The diseases to be included in PacMEW were briefly discussed and there was a suggestion for the inclusion of a febrile illness surveillance to compensate for delays in definitive diagnoses. This would encourage the investigation to be started before a definite diagnosis is made.

74. Harmonisation of information was again stressed as essential within the network and all were encouraged to share in these developments. In this regard, the involvement of the media in disseminating information to the public has to be borne in mind especially in the early warning messages.

75. Cost of the production of the PacBull was raised and assurance was given that this was minimal and would be borne by SPC's Community Health Programme.

76. The Chairperson stressed the importance of circulating and sharing information among members of the network. Six means of doing this were proposed :

- a) the monograph ;
- b) the periodical bulletin, listing the diseases under surveillance ;
- c) the early warning messages on four proposed diseases (but which may include other syndromes), with instructions and recommendations for appropriate action on these warnings ;
- d) the directory ;
- e) publication in existing journals, inside or outside the Pacific region, of articles describing experiences recorded in Pacific countries and territories ;
- f) publication of other monographs.

77. The Chairperson invited participants to submit their comments on these proposals to the Secretariat, list them in order of priority, and suggest a timetable starting in 1997.

## **NETWORK EXTENSION**

### **The Internet, World Wide Web, networking decentralised databases, and e-mail links**

78. Mr Alasdair Blake, Computer Systems Supervisor of SPC, made a presentation on the latest electronic communication facilities and their applicability to the network, as summarised in Information Paper 13.

### **Connecting with existing surveillance networks**

79. Dr Patel of the Communicable Diseases Network – Australia/New Zealand presented Information Paper 14.

80. Stephen Blount of CAREC made a presentation on the possibilities of connecting with existing surveillance networks by sharing his experience from the Caribbean. He highlighted the lessons learnt by the Caribbean EPI, the reasons for connecting to other networks and what the existing or potential networks are. He emphasised that the most useful connections between people require partnership, leadership, public health action and appropriate technology.

81. Dr Paul Fisher from the University of Victoria (Canada) provided information on the Health Information Science programme of this University.

82. The main concern was that use of sophisticated electronic communication was incompatible with existing set-ups in Pacific island locations.

83. The meeting was reminded that the issue of telecommunication had already been discussed at length at the IAMHIR meeting in December 1995, and that this was a matter of updating the audience on progress.

84. Dr Morita of WHO informed the participants that his organisation is in the process of establishing a mechanism to respond quickly to the outbreak of emerging and re-emerging diseases and suggested collaboration in this area.

85. To conclude the session, the Chairperson proposed the following action plan:

- a) draw up a list of e-mail addresses of network members as soon as possible;
- b) take stock of the telecommunication facilities existing within each country and territory of the Pacific region, in terms of staff and equipment, from the lowest level to the national level;
- c) plan the development, in terms of facilities and resources, of electronic communication in the Pacific region;
- d) extend e-mail links by facilitating health departments' access;
- e) on the part of the surveillance network secretariat, monitor efforts to extend e-mail access to health department and to reduce user costs;
- f) set up a web site, or determine where and when this can be done;
- g) connect with existing networks which could have a substantial impact on the Pacific region and would contribute to the early warning system.

## **COMPUTER APPLICATIONS.**

### **Planning for a computer assisted surveillance system : the earlier the better**

86. The planning of a computer-assisted surveillance system was presented by Dr D. Coulombier (Working paper 5). It was emphasised that the planning of any surveillance system must consider computer assistance since the beginning with establishing the need for it.

### **An existing cheap and simple alternative : Epi Info 6**

87. The history, development, and application of EPI INFO 6 was presented by Dr Coulombier (Information Paper 2) including some real-life examples (TB surveillance in Botswana, surveillance during the Olympics). The use and application of Epi Map 2 was also presented.

88. Brief discussions followed and it was confirmed that Epi Info 6 was compatible with many other commercial database softwares, for example Dbase. A request was then made from the floor for copies of Epi Info 6 and Epi Map 2 for the participants to take home with them. This was to be arranged by the Secretariat.

#### **Other existing systems in the Pacific Island countries and territories, and compatibility**

89. Country and territory representatives were invited to inform the meeting as to the existing type surveillance system they use. Many countries and territories use a computer-assisted system, whilst others use a manual system. Computer-assisted systems were said to be used in FSM, Fiji, Palau, Western Samoa, PNG, Kiribati, Vanuatu and Solomons Islands. However, the operations of the systems are not without problems. Cook Islands currently uses a card system, while the other countries did not comment.

90. The major concerns were centred mostly on the cost of the equipment, maintenance and possible problems associated with the operating of the system. The general consensus, however, was that the trend towards computerisation cannot be halted, but that there should be a harmonisation of data collection and processing so that information can be used and exchanged freely within the Pacific region at all levels.

91. The chairman closed the session by pointing out that a network should concern all the countries and territories in the Pacific and encourage the sharing of public health information. As a plan of action he proposed the following:

- a) to set up Epi Info 6 in the countries and territories who wish to start making use of this system, and increase the number of sites as time goes by and lessons are drawn from the use of this system;
- b) take stock of the countries' and territories' needs in terms of computer systems and compatibility, and to make improvements with the aim of using the same language throughout the Pacific region.

92. The outcome of this proposal should be re-assessed in a year's time.

#### **PACGROUP : 1997 WORK PROGRAMME, ROLE OF THE SECRETARIAT**

93. The session opened with a brief look at the provision of continuity in networking the public health surveillance system and making linkages within the countries and territories and with agencies in the Pacific region. There was also a slight change in the agenda to address issues of concern raised during the meeting.

#### **Proposed role for the secretariat of the Public Health Surveillance Network : co-ordination and facilitation.**

94. A paper was presented by Dr Soares on the above subject (Working Paper 1).

95. Discussions led to the consensus that there is a need for a co-ordinating body and an administrative focal point to gather and disseminate information within the countries and territories. This body is not a governing body but a body to serve the PICTs.

96. SPC currently fulfils that role and support is given by UNICEF and WHO. It was emphasised that the most important parties would be the countries and territories themselves, and the goal was to exchange information.

97. The Representative of France confirmed his country's continued financial support of the development of the Public Health Surveillance Network through the SPC. He stated that the French Government had allocated US\$ 85 000 for this effect.

98. The participants split into two groups. The first group considered the action plan that was proposed by the Chairperson at the end of discussions on network extension (point 85) and came up item-by-item with the following recommendations:

- a) This point has already been dealt with since the participants have completed questionnaires with their current e-mail addresses.
- b) Most PITCs have modern communication systems; however, though e-mail may be available, some countries and territories do not have easy access to it and some e-mail networks are not Internet accessible.
- c) Take inventory of the materials and expertise of each country and territory network member, in order to assess resource and training needs; co-ordination to be done at SPC.
- d) This point has already been covered.
- e) This point has already been covered.
- f) Technical and cost implications of connection to WWW probably rule it out in most PITCs; the Secretariat, however, should continue development for developed countries to access information about the Pacific and later for the PICTs to do so themselves.
- g) Connect with existing networks such as the European one, the CDN–Australia/New Zealand and CDC Network, with a list of recipients and a moderator to assist with filtering relevant material to reduce costs; moderator assistance again requested from SPC.

99. The second group considered the plan of action presented at the end of discussions on harmonisation of data and came up with the following:

- a) The countries indicated that clarification on the availability of funding and technical assistance needs to be given. The need for national workshops was dependent on the size of the countries and their phase of development in public health surveillance. To this point, Niue would like to be included in the Western Samoa workshop; Nauru with Fiji and Saipan with FSM. CNMI also has its own plans in the development of its surveillance system. Cook Islands and Tonga would like their own workshops, but cannot give an indication of the time as yet (refer to tentative timetable Annex 2-B).
- b) Through workshops, and primarily by using the PacSel method, each country will decide on their public health priorities. The minimum set of indicators for 'New Horizons in Health' should be taken into account during these workshops.
- c) A specific point was made on the requirements of UNFPA, which was unable to be represented at the IAMHIR meeting. The UNICEF delegate informed the meeting that they, with the help of WHO, have tried to keep the communication channels open with UNFPA.

100. Both groups also considered the plan of action concerning the Secretariat. It was re-emphasised that the Secretariat should be a coordinating body and not a governing body.

## CONCLUSION

101. The Meeting, in recognition of the need to continue the work of the Pacific Public Health Surveillance Working Group, proposes that:

- a) governments and international partner agencies be requested to organise a follow-up meeting of all Pacific Island countries and territories in 1998 in order to strengthen public health surveillance in the Pacific;
- b) the co-ordinating body be facilitating in nature; the meeting accepted the offer by SPC to facilitate the network process by becoming the initial network focal point;
- c) the co-ordinating body, in consultation with Pacific Island countries and territories, further discuss the details of action to strengthen and clarify the functions of the network, for the purpose of facilitating its development. The co-ordination body will pay special attention to its role and membership, the following aspects in particular:
  - i) the inclusion of two additional members, thus increasing the number of countries represented in the group from five to seven and the total number of members from ten to twelve;
  - ii) the replacement of some members;
  - iii) the introduction of three possible different categories of new member country or territory, for the purpose of i) and ii) above:
    - new country or territories joining the group immediately.
    - new countries or territories joining the group at the end of the initial two-years term,
    - countries or territories that are prepared to withdraw from the group at the end of the first term.
  - iv) all the above proposals be approved under the consultation process devised with the Pacific Island countries and territories.
- d) the co-ordinating body be comprised of the present Pacific Public Health Surveillance Working Group; the tenure of the co-ordinating group will be two years; the current co-ordinating body will be extended for a further year till December 1997.

## ADOPTION OF THE MEETING'S REPORT AND CLOSURE

102. The meeting's report was discussed in a plenary session and was adopted in its amended form. The meeting was brought to a close with addresses from Dr Jimmie Rodgers, Deputy Director-General of SPC, Dr S. Omi, Director Communicable Diseases Prevention and Control of WPRO, and Dr Michel Germain, Chairman of the meeting

## OBJECTIVES OF THE MEETING

The objectives of the meeting are:

- (1) To strengthen the foundations for the establishment of a public health surveillance network in the Pacific Island countries, as initiated at the December 1995 Inter-Agency Meeting on Health Information Requirements in the South Pacific, including electronic communication links.
- (2) To identify the health indicators which should be collected, analysed and disseminated, for the purpose of a harmonised regional public health surveillance system, and to identify those indicators of highest priority in the Pacific Islands\*.
- (3) To establish a framework for public health surveillance support for and by Pacific Island countries, including the development of an early warning system for epidemic diseases, and to ensure national response and international collaboration in outbreak situations.
- (4) To prepare a plan of action to address the needs of epidemiology training in the Pacific Islands.
- (5) To assign the Pacific Public Health Surveillance Working Group a new work plan for the next 12 months, and to redefine the role, structure, membership and financing of the Working Group.
- (6) To discuss the role of the Working Group Secretariat in the co-ordination and administration of the field projects to be implemented by the network's members.
- (7) To review current levels of surveillance and to strengthen disease surveillance with emphasis on priority communicable diseases in the Pacific Island countries and territories.

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\* As agreed amongst organisers prior to the meeting, this objective was introduced to the participants so as to have a focus on the methodology used for selecting priority health indicators, instead of effectively identifying these indicators.



## QUESTIONNAIRE ON IMPROVEMENT OF PUBLIC HEALTH SURVEILLANCE AND ON HARMONISATION OF DATA REQUIREMENTS

Following discussions on Wednesday and Thursday morning, we would like to collect suggestions for working towards improved Public Health Surveillance and also on Harmonisation of Data Requirements.

### 1. National level workshops

The National Workshop may consist of the following activities:

- List all communicable and non-communicable disease indicators collected at present;
- Sort these (according to a logical scoring system such as PacSel method) into national priorities;
- Identify the source and flow of these data/information;
- Use this process for further discussion.

Participants may include data providers (field level), data analysers (health statisticians) and decision-makers, e.g. physicians, senior nurses, policy-makers.

[There may be a need to have some discussion in-country to get commitment and understanding before such a workshop takes place].

Tentative timetable for workshops in 1997/1998

	1st Qtr 97	2nd Qtr 97	3rd Qtr 97	4th Qtr 97	1998
Fed. States of Micronesia	✓				
Western Samoa	✓				
New Caledonia	✓				
Fiji	✓				
Solomon Islands		✓			
Regional (US affiliated) in Saipan in collaboration with CDC & PEHOA				✓	
Other ideas					

[Also documentation of data definitions and procedures].



2. The working group to continue its attention to developing an Early Warning System (EWS) allowing for the detection of potential epidemics of four diseases (i.e. cholera, dengue, influenza and measles).

Comments:

3. The working group to continue its attention to developing a surveillance system, allowing for the monitoring of trends (morbidity and/or mortality) of highlighted diseases and conditions (cholera, dengue, influenza, measles, AIDS, HIV, diphtheria, tuberculosis, malaria, acute flaccid paralysis and diarrhoea) to be set up for implementation at country and regional levels.

Comments:

4. Collaboration at field level:

For example, the US Trust territories might take the opportunity to observe the FSM National workshop timetable for the first quarter of 1997?

For example, CDC liaison with the US Trust territories?

For example, Tokelau might observe Western Samoa's workshops on review of health information system?

Comments:

5. Surveys to be supported by external agencies if extra data are required, e.g. WHO and UNICEF could be approached for support of national immunisation surveys where data are presently inadequate.

Comments:

6. Joint workshops on demography and health data

A sub-regional workshop is planned in 1997, with the site yet to be selected.

Suggestions:



**QUESTIONS RELATED TO DATA HARMONISATION  
(TENTATIVE TIMETABLE)**

**1 - National Workshops**

CNMI:	As is (the idea of a US-affiliated regional workshop in the 4 <sup>th</sup> quarter of 1997 is found to be a good one) + 3 subregional workshops in 1998 ?
FSM:	1 <sup>st</sup> quarter 1997
Fiji:	1 <sup>st</sup> quarter 1997
French Polynesia:	4 <sup>th</sup> quarter of 1997, during the annual meeting of District Chief Medical Officers
New Caledonia:	1 <sup>st</sup> quarter 1997
Niue:	1 <sup>st</sup> quarter 1997
PNG:	A national workshop in the 3d quarter of 1997
SI:	2 <sup>nd</sup> quarter 1997
Western Samoa:	1 <sup>st</sup> quarter 1997

**2 - EWS on four priority epidemic diseases**

French Polynesia:	Acute Febril Syndrome surveillance network to start in the 1 <sup>st</sup> quarter of 1997 (Society Archipelago); results to be transmitted to SPC.
Niue:	Yes
PNG:	OK for the EWS
–	Yes
–	Febril illness surveillance

**3 - Surveillance system for the monitoring of 10 priority on diseases**

CNMI:	Add Hansen disease.
Niue:	Yes
PNG:	OK
–	Yes
–	OK

**4 - Collaboration at field level**

CNMI:	“US Trust territories” do not exist in Micronesia.
French Polynesia:	Exchanges ith New Caledonia would be interesting, because of similar public health surveillance problems.
Niue:	With Tokelau; small islands near WS to be included in HIS wshop –in Western Samoa.
PNG:	OK
–	Yes

**5 - Survey to be supported by external agencies if extra data required**

Niue: Yes  
PNG: OK  
– Yes

**6 - Joint workshops on demography and health data**

Niue: Yes, in WS  
PNG: OK  
– Yes: Health & Statistics to participate from each country

**COMMUNICABLE DISEASES UNDER REGIONAL SURVEILLANCE**

Please comment on the diseases proposed for regional surveillance

**1. EARLY WARNING MESSAGE**

<b>WARNING</b>		
<b>DISEASE</b>	<b>CASE DEFINITION EPIDEMIC OF</b>	<b>COMMENT</b>
CHOLERA	Watery diarrhoea? (with dehydration)?	
DENGUE	Acute febrile syndrome?	
MEASLES	Acute febrile syndrome?	
INFLUENZA	Acute febril syndrome?	
<u>OTHER</u>		

<b>CONFIRMATION</b>		
<b>DISEASE</b>	<b>ADDRESSES OF LABORATORIES</b>	<b>COMMENT</b>
CHOLERA		
DENGUE		
MEASLE		
INFLUENZA		
<u>OTHER</u>		

**2. QUATERLY MONITORING: PacBULL**  
(Pacific Public Health Surveillance Bulletin)

<b>DISEASE</b>	<b>COMMENT</b>
AFP	
AIDS	
CHOLERA	
DENGUE	
INFLUENZA	
DIARRHOEA	
HIV INFECTION	
DIPHTHERIA	
MALARIA	
TUBERCULOSIS	
MEASLES	

## COMMUNICABLE DISEASES UNDER REGIONAL SURVEILLANCE

## 1. EARLY WARNING MESSAGE

<b>CONFIRMATION</b>		
<b>ADDRESSES OF LABORATORIES</b>	<b>DISEASE</b>	<b>COMMENT</b>
CNMI: CLH/CNMI/Hono	CHOLERA, DENGUE, MEASLE, INFLUENZA	Clinical Set of Hawaii (?) = referral lab.
Cook Islands: NZ	CHOLERA, DENGUE, MEASLE, INFLUENZA	Funding problem.
French Polynesia: Institut Malardé, affilié au réseau Pasteur (Papeete)	CHOLERA, DENGUE, MEASLE, INFLUENZA	
Guam: PH Lab in Guam CDC Lab/Puerto Rico	CHOLERA DENGUE MEASLE, INFLUENZA	
New Caledonia: Institut Pasteur de Nouvelle -Calédonie	CHOLERA, DENGUE, MEASLE, INFLUENZA	
Niue: Auckland laboratory, Auckland Hospital, NZ		Confirmation if no debt with the lab!
Palau:		needs to be communicated; EWS via e-mail through SPC needed.
PNG: Institute of Medical research Goroka – EHP	DENGUE	Being set up now.
Vanuatu: abroad	CHOLERA, DENGUE	Sample for lab if on Vila & Santo.



**2. QUATERLY MONITORING: PacBULL**  
(Pacific Public Health Surveillance Bulletin)

<b>DISEASE</b>	<b>COMMENT</b>
AFP	Data collected from hospitals. Annual? Not yet collected everywhere. Feedback from WHO?
AIDS	Fr. Pol.: Only possible once a year, what difference between what is being done now?
CHOLERA	Confirmed?
DENGUE	Clinical – Link with VBDP
INFLUENZA	Clinical – Difficult
DIARRHOEA	Clinical – More specific? – Not collected everywhere. Population? Definition?
HIV INFECTION	What difference with what is being done now?
DIPHTHERIA	Data collected from hospitals – Difficult?
MALARIA	Clinical – Link with VBDP
TUBERCULOSIS	Clinical
MEASLES	Clinical

Moreover:

- Distinction should be made between suspect & confirmed cases.
- SPEHIS presentation with small historical overview/interpretation was quite useful.

**ELECTRONIC MAIL**

1. Do you have an e-mail address? YES NO  
If so, please give address:
  
2. If not, is e-mail connection possible with your Ministry or Department of Health? YES NO  
If so, please give address:
  
3. If not, are there e-mail connections elsewhere (other ministries, agencies, companies, etc.) YES NO  
If so, please give address:
  
4. If there is not yet any e-mail connection, is there a possibility of obtaining such a connection at reasonable cost through an interministerial agreement? YES NO
  
5. If you feel this is feasible, please explain how and when:



**E - MAIL**

CD ANZ: Mahomed Patel: msp868@nceph.anu.edu.au

Cook Islands: Possible through Telecom

CNMI: Yes

FSM: Possible but do not know where

Fiji: Dave Saunders: hltevida@itc.gov.fj  
 Unicef: unicef@is.com.fj Jane Paterson: jpaterson@unicef.ngo.fj  
 B.J.Rana: bardrana@unicef.ngo.fj

French Polynesia: Existing connection: Institut Malardé (Pasteur Overseas Network, MoH)  
 Possible connection: for the Epidemiology Office/ Health Direction

Guam: Cynthia Naval: clnaval@kuentos.guam.net  
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Hawaii: David Morens: morens@hawaii.edu

New Caledonia: Existing connections: SPC, Pasteur, ORSTOM  
 Suggestion: overequipped countries to give their equipment to the others.

Palau: Yes, Phal@palaunet.com

PNG: Possible connection through the Ministry of Health or the University of PNG

Solomon Islands: Possible (through FFA)

Tonga: Dr Sunia Foliaki: sunia@elele.peacesat.hawaii.edu;  
 otherwise: Education Department, Distant Education Unit (Peacesat project)

Vanuatu: Existing connections: WHO, SDN, Foundation of People

Western Samoa: Existing connections: UNDP, SPREP, USP.



**PUBLICATIONS**

Your name:

Your suggestions:

<b>TITLE</b>	<b>Priorities (to rank from 1 to 6) 1=high priority 6=low priority</b>	<b>Starting date</b>	<b>Your possible contribution &amp; date</b>	<b>Comments</b>
Actual Monograph				
PACNEW (Early warning system)				
PAC BULL (Public Health Surveillance Bulletin)				
Directory of resources				
Publication of various articles in PHD				
Other monograph items discussed during this workshop				



**PUBLICATIONS – Summary of main points:**

The publications were ranked as follows:

1. EWM (Early warning message - name yet to be chosen)
2. PacBull (Pacific Public Health Surveillance Bulletin)
3. Directory of resources
4. Monograph
5. Articles in PHD
6. Other Monograph

The suggestions to be kept in mind are:

- An article or a new Monograph on the use of data with useful examples for PICs.
  - EWM:
    - to be widely disseminated (more than now)
    - 1<sup>st</sup> issue explains objectives and possible actions
  - Bulletin: possible contributions from
    - CDN–ANZ (news as and when requested)
    - French Polynesia (summary of articles from their Bulletin)
    - New Caledonia
    - UNICEF: update on their activities, story on IDD, Hep B (etc)
  - Directory of Resources: all can contribute, especially CDN–ANZ, Fiji, French Polynesia, Guam, New Caledonia, Palau, UNICEF.
-





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