

SECRETARIAT OF THE PACIFIC COMMUNITY  
WORLD HEALTH ORGANIZATION

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

Nadi, Fiji, 28-29 May 2012

**DECISIONS AND ACTION POINTS**

**Chairperson: Dr Nese Ituaso-Conway, Tuvalu**

**DAY 1**

**1. Allied membership to the PPHSN**

- Institutions/organisations applying to PPHSN for allied membership should fill in an application form developed by the PPHSN-CB Focal Point (including details about institutional mission, core business and motivation).
- The PPHSN-CB Focal Point will then circulate the applications to all CB members for their consideration and endorsement.
- CB members should reply with their decision within 2 weeks.
- Membership will be successful if 50% +1 of the respondents endorse the application.

**2. Renewal of PPHSN-CB Allied members**

When one seat of CB allied membership is due for renewal:

- Allied members applying will be required to submit an application indicating in which area of PPHSN Strategic Framework and/or workplan (to be developed) they will be able to commit resources, especially funding and expertise/human resources.
- This criteria will allow CB members to compare and select the most appropriate applications for CB allied membership.
- Consultation will take place by email (or other means of communications if possible), and successful applications will require a 50% + 1 of the existing CB members.

**3. Communication between/with PPHSN Core members**

Prior to CB meetings, all PPHSN core members should have the opportunity to bring up issues and or items to be placed on the agenda.

To allow for that opportunity, CB members agreed that:

- The PICT triads should remain the process used for the renewal of CB core membership.
- Communication between PPHSN core members before CB meetings, recommended in the 16<sup>th</sup> PPHSN-CB meeting, should be dissociated of the PICT triads grouping.
- PPHSN core members may choose to communicate either directly with PICTs seating in the CB or with the PPHSN-CB Focal Point.
- The Focal Point will initiate this communication process ahead of CB meetings.

**4. Proactive leadership in ad hoc Technical Working Groups**

- CB members confirmed that they should be more proactive in initiating and driving the work of the PPHSN.
- Technical working groups (TWG) should be formed under the leadership of a volunteer CB member when opportunities or areas for development are identified.
- Clear objectives, expected outputs and timeline will be decided upon by the CB members.
- The leader will select members of the TWG and report on the work progress to the other CB members according to the identified timeline.

**5. Frequency of PPHSN-CB Meetings**

- CB members agreed that the Coordinating Body should meet at least once a year, as mentioned in the CB TORs, unless opportunities and/or needs call for additional meetings.
- As much as possible the CB Meeting(s) will be planned with consideration to six-monthly PIHOA Meetings to allow USAPI countries to consult on PPHSN matters.

**6. Developing HIV/AIDS/STIs Regional Governance and Strategy implementation Plan (PRSIP) through the Pacific Public Health Surveillance Network: A proposed role for the PPHSN-CB**

Pending approval by Dr Stephen Homasi, Tuvalu Director of Health and Chair of the Pacific Islands Regional Multi-country Coordinating Mechanism (PIRMCCM, Global Fund)

- In view of the ending support of the regional funding bodies (GF and RF CB members), CB members agreed that Dr Stephen Homasi and Dr Nese Ituaso-Conway (member of the Pacific Response Fund Committee) will advocate that a governing body be established to oversee and facilitate the implementation of the Pacific Regional Strategy Implementation Plan (PRSIP) on HIV & other STIs.
- They will liaise with Dr Dennie Iniakwala, SPC HIV/AIDS/STIs also coordinating implementation of PRSIP and if appropriate and/or feasible they will form a Working Group to address this issue.
- They will ensure that their advocacy/work will link with the PRSIP mid-term review team and keep CB members informed of the progress of their initiatives.
- One CB member highlighted that such initiative should keep focus on facilitating the development of public health surveillance and response related to HIV/AIDS and other STIs

**7. PPHSN communication tools (besides PacNet)**

CB members agreed that:

- Publication of Inform'Action should be continued.
- Inform'Action is a useful platform for exchanging public health experiences within the PPHSN.

- The Focal Point will explicitly communicate to PPHSN members that Inform'Action is not a peer-reviewed journal, and that it doesn't preclude publication of its content/articles in peer-reviewed journals but, in the contrary, should be considered as a potential spring board for further scientific publication.
- The Editorial Committee should be enlarged to voluntary members of the CB and PPHSN at large. Dr Boris Pavlin from WHO volunteered to help and Pr. Ian Rouse committed CMNHS (FNU) to actively contribute in this regard.
- PPHSN website will be updated and improved, especially regarding the availability of an appropriate search engine, an extended use of mapping (provided data is available) and the possibility to develop a text-only version for easier downloading.
- The possibility to create/host country pages will be explored upon demand, in particular for small Island Countries and Territories.
- The Directory of PPHSN resources should be continued and updated at least once a year and when new contacts or information is made available from PPHSN members.
- Contacts and information on areas of expertise of PacNet/PacNet-restricted members should be incorporated.
- The publication of the Directory should be continued in electronic format.

## DAY 2

### 8. Training Technical Working Group

- CMNHS, WHO and SPC have a wealth of technical expertise in field epidemiology training and practice, but the challenge is how to combine these into a workable model for FETP.
- Members of the Training TWG shared the concept paper that they developed and presented to PICTs' Ministers of Health at the last meeting (held in Solomon Islands in 2011) with the other CB members.
- The resolutions of the Ministers of Health Meeting acknowledge the need for capacity building in epidemiology at different competency levels, however detailed information regarding the TWG paper/initiative are not spelled out in the report: *"The first step is to address the lack of trained and experienced epidemiologists in the region. There is a need to ensure that data literacy be strengthened at all levels of the health system. This will require the development of comprehensive training programmes to develop core competencies in "data techs", "epi techs" and epidemiologists; regional development partners are anticipated to play a large role in advancing this training."*

### 9. Field Epidemiology Programme for the Pacific: further perspectives

- Dr Yvan Souarès from SPC shared information on a FETP model developed in 2010 by the Indian Ocean Commission for their public health surveillance and response network (SEGA) established on the model of PPHSN in 2007.
- This model which takes into consideration the shortage of supervisory capacity in the Indian Ocean Island Countries (also one of the identified challenges in the Pacific) is of particular

interest in relation to establishing a Pacific model of FETP based on the past and existing work developed within the PPHSN, especially amongst CMNHS, WHO and SPC.

- SPC indicated a potential donor interest in funding a feasibility study (around 50 000 €), to be confirmed after submission of appropriate TORs. The latter will be drafted by the Focal Point and circulated to all CB members for their comments, suggestions and endorsement.
- CB members agreed that SPC should move forward with this arrangement.

#### **10. Regional EpiNet Team**

- CB members agreed that Regional EpiNet Teams should ideally be composed of members of National EpiNet Teams and recognized regional experts and should also represent potential training opportunities and exchange of expertise between PICTs. They also stressed the obvious link with similar activities carried out within a proper FETP programme.
- An inventory of potential public health existing experts may be appropriately drawn from the Directory of PPHSN Resources. The Focal Point will send out a template form to request information for both potential public health experts and updating membership of the National EpiNet Teams.
- A roster of these experts would then be developed with their consent and approval from their supervisors allowing them to be available for field missions of 2 to 3 weeks.
- These Regional EpiNet Teams will be mobilized following an official request from PICTs, which will keep the flexibility to call on expertise outside of PPHSN.
- CB members also emphasized the current training needs for members of National EpiNet Teams. In this regard, several options and needs have been discussed:
  - In-country training sessions tailored to specific country needs,
  - Sub-regional training sessions addressing common PICTs' needs,
  - Short courses delivered at the CMNHS, and
  - Distance learning courses, e.g. through POLHN.
- Pr Ian Rouse confirmed that the instructional component of short courses delivered at CMNHS for members of National EpiNet Teams will be free of charge, except if accreditation for qualification is expected. CMNHS could also contribute to conduct national and sub-regional courses.

#### **11. PacNet: purpose and usage – constraints and restrictions perceived by PPHSN members**

- CB members recognized PacNet as a reference regional public health medium for both public health professionals and decision-makers. They want to encourage other health professionals to subscribe.
- They emphasized that PacNet should be a rapid sharing mechanism for epidemiological information and that for example pending causal diagnosis should not preclude timely posting to alert other PICTs' health professionals. They also stressed that an in-country system should be established to minimize delay in reporting to PacNet.
- Unverified or grossly described current public health events provide valuable information that can be securely shared on PacNet-restricted. Once confirmed and/or public health response in place, communication should appear on PacNet.

- Mr Marcus Samo from Federated States of Micronesia stressed that potential threats to the region published in other regional and global media (e.g. ProMed) should be revived. He also praised PacNet monitoring indicators and recommended that such material should be published.

<b>12. Update on PacSurv</b>
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- Dr Virginia Hope updated the CB members on PacSurv, an adaptation of the EpiSurv electronic notification system for clinical and laboratory cases of communicable diseases used in New Zealand, which is being trialed in the Cook Islands. She will send an overview of the project to the CB and update the members on the status of the evaluation of this project.
- Dr Virginia Hope also mentioned that ESR is also ready to support training for Pacific Island health professionals in epidemiology and laboratory diagnostic methods.

<b>13. ToRs of the PPHSN-CB and PPHSN strategic framework</b>
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- CB members agreed that PPHSN Strategic Framework and the newly discussion document *Strengthening Capacity for Emerging Diseases and Public Health Emergencies in the Pacific*, developed by WHO and SPC should be harmonized if endorsed by PPHSN core members during the meeting on IHR and PPHSN.
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