

SECRETARIAT OF THE PACIFIC COMMUNITY

8th MEETING OF THE COORDINATING BODY (CB)
Of THE PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN)
24 — 26 July 2002, Noumea, New Caledonia

Minutes

Words of Welcome — Dr Mark Jacobs

Chairperson: Dr Dennie Iniakwala

1. Review of progress since 7th PPHSN-CB meeting

- **Overview of the meeting's agenda**
Tom presented the agenda that has been accepted without modification.
- **Debriefing on 2002 meetings (global, regional, national) and initiatives.**

APEC meeting (Mary/Yvan) - Initiative of this meeting: Network of networks

The meeting was organised by the University of Washington, which has a lot of expertise in network building.

Since there is already a lot of networks, the question was: Is a new network necessary?

Among the core members of the PPHSN only one country (PNG) is also a member of APEC. Though Australia and New Zealand also are APEC members, only Australia was represented at the meeting. SPC in its capacity of PPHSN-CB Focal Point was not invited as APEC member but to represent a good functioning network model in the Asia-Pacific region. Mary Deeble (representing NCEPH/Australia) and Yvan Soares (SPC) were the two CB members attending the meeting.

Does APEC represent an opening for the PPHSN? Not really, except for sharing of epidemiological information and, provided new development occurs, some hypothetical funding opportunities.

What's the relevance for the PPHSN to share information with APEC? Obviously for information exchange on epidemic diseases and early warning on epidemics occurring on the Pacific Rim countries. However, should the PPHSN provide information to APEC, it should be also expect to receive something in return from the APEC Emerging Infection Network (APEC-EINet).

Taiwan is very interested in exchanging information with the PPHSN. Some Taiwan field epidemiologists are already registered on PACNET and SPC receives reports from CDC Taiwan. The Focal Point decided not to post this information on PACNET yet, as there could a need for seeking PPHSN core members' agreement beforehand. SPC still can browse through that information and use it to alert PACNET members whenever necessary.

APHA (Mike/Tom/Jan/Arnold) - 2002 Pacific Regional Public Health Conference

The meeting was held at the initiative of the Hawaii Public Health Association. The Pacific Islands were well represented with a good number of PICTs' representatives, including several CB members, attending the meeting.

Mike made a presentation of the PPHSN. Tom made a presentation on dengue and on the PPHSN training activities and projects. Jan made presentations on NCD surveillance and telehealth. Arnold and Lepani made a presentation on Hepatitis immunization project.

It was a good meeting but far too short and the outcome is still unclear. The HPHA launched the idea that such meeting could be held regularly in the Pacific. A similar Public Health Conference should then be organised in and for the PICTs in the next couple of years.

The CB members do agree that new attempts should be made in order to the possibility to associate Hawaii more closely to the PPHSN activities and/or membership.

PHRC meeting (Dennie/Jan) - 3 days meeting

The first 2 days were dedicated to the structure & organisation of the PHRC. It was established 3 years ago, but it was waiting for funds. The Executive Committee has just been renewed. PHRC focus is on health research development and capacity building. A full-time secretariat for the PHRC has been established at the FSM through support from NZAID.

The 3rd day was dedicated to the Wellcome Trust health research initiative for the Asia-Pacific, which focus is on research development in that big region. There are possibilities of funding for some PPHSN projects. CB members agree that they could put a request for training projects (LabNet & EpiNet) and to strengthen applied research regarding the dengue diagnostic test kits for example.

2. Renewal of the PPHSN-CB membership

- **Update on the procedure and feedback as at the start of CB 8 (Tom)**

For the next round only, the PPHSN has selected at random who among the 4 Sub-regional (SR) & 3 At large (AL) members, will respectively remain 2 years (2 SR & 1 AL) and 3 years (2 SR & 2 AL). Here is the result:

- **Melanesia**
- **Polynesia**
- * Micronesia
- * French speaking countries

- * At large #1
- * At large #2
- **At large #3**

- * 3 year-term
- **2 year-term**

Subsequently, all members will serve a 3 year-term.

3. PPHSN plan of action : outcome of the sub-regional EpiNet meetings (see Annex 1)

- **Debriefing from the LabNet Technical Working Body Meeting, Noumea, 23 July 2002 (Yvan - see Annex 2)**

Following Yvan's debriefing, a few issues were discussed:

The CB members agreed that the development of LabNet should be a PPHSN-CB priority for the next 2 to 3 years.

Definition of a L1 lab: TWB members suggested, and CB members further agreed, that any existing laboratory in the Pacific Islands that provides public services may be considered a LabNet L1 lab. However, when considering official network communication and coordination, laboratory-designated members of the EpiNet National Teams will be considered the L1 National Focal Points. All LabNet official communications (e.g., regarding especially LabNet operations such as placing requests for L2 further testing, ordering rapid diagnostic kits and/or other lab supplies) should be channeled through these L1 National Focal Points.

A *LabNet Participatory Agreement*, as drafted by Mike, should be finalised for the L2 Labs (see Annex 3).

Stockpiling of diagnostic kits and lab supplies:

- (i) The CB members agreed that, considering diagnostic kits these should NOT be stocked in different locations in the region, in order to avoid all stock management problems, especially those related to the expiring validity of the kits. In addition, it was suggested by TWB and further agreed by CB members that the diagnostic kits should remain with the suppliers, which always maintain "fresh" stocks and have good distribution networks in the PPHSN Core member countries. PPHSN-CB should, through the TWB, establish a proper agreement with the suppliers, allowing for last minute orders and urgent delivery to L1 National Focal Points and/or laboratories, if appropriate.
- (ii) Laboratory supplies — such as vials, sampling tubes, transport media and materials, etc. — will be stocked in WHO offices throughout the region and at the Guam PHL. These are the most strategic locations regarding easy and rapid dispatching in PICTs and — relatively simple — stock management issues.

A draft copy of a letter to commercial airlines — asking for clarification regarding their understanding of the air shipment of biological samples in the case of the PPHSN operations — was circulated by Tom and Mike for further consideration by CB members. Feedback comments will be gathered by email and incorporated in the letter before dispatching it as appropriate (see *Annex 4*).

The CB members agreed, in principles, that a PPHSN revolving fund should be established for Regional assistance in providing rapid response to outbreaks.

This revolving fund will comprise of contributions from the PPHSN core member countries and from other PPHSN partners.

The process could start with an initial capitalization for one year.

The use of the funds will be, at least, revised annually.

A CB subcommittee, in consultation with all CB members, should work on further details such as the potential options for funds capitalization and replenishment and the modalities of the overall funds access, usage and management. A draft proposal should then be submitted to the EpiNet National Team members attending a planned EpiNet regional meeting, for their scrutiny and endorsement. Should this meeting not be held in time (i.e., before February 2003), the revolving funds proposal should be circulated to all EpiNet National Focal Points for their consideration, endorsement and advocacy at the highest level within their ministries. Ultimately a final version of the proposal should be presented to the next WHO/SPC Meeting of Ministers and Directors of Health for the PICTs, to be held in Tonga in March 2003.

Tom, Arnold, Nu'ualofa and Alain have agreed to be members of the sub-committee and to take up this task.

Regarding LabNet-related projects, two projects were considered:

- (i) Pasteur Institute (IPNC) has already started a practical and small-scale evaluation of existing rapid diagnostic kits for leptospirosis and dengue. The project has been discussed within the framework of the LabNet Technical Working Body and is equally co-funded by IPNC, WHO and SPC. For the sake of further comparison and better understanding of all kinds of tests possibly used by PPHSN members, it was agreed that IPNC will contact the Guam Public Health Laboratory to endeavour including the FDA approved tests used in US territories into this evaluation process.
- (ii) A general LabNet Meeting should be organised before the end of 2002. This meeting will gather national L1 labs Focal Points — members of the EpiNet National Teams — together with the representatives of the L2 and L3 laboratories. CB members agreed that this meeting should focus on technical and operational matters — i.e., avoid discussing administrative and policy matters.

The CB members agreed that Institut Pasteur should take the technical leadership of the TWB. They also agreed that a TWB meeting should precede every CB meeting and that the Institut Pasteur representative should be invited to each CB Meeting as facilitator of the TWB. However, as it is the case for all other Allied members of the PPHSN-CB, all expenses related to IPNC's attendance to CB meetings will not be supported by the CB and should be at IPNC's own costs — whenever relevant.

- **The PPHSN Outbreak Surveillance and Response Guidelines (Clement Malau)**

Following Clement's presentation, the process for the further development of the guidelines has been discussed. It was agreed that the PPHSN should concentrate its efforts on the regional aspects and level of application of the guidelines. The PICTs will then adjust them to their national situation, as appropriate.

It was agreed that the guidelines needed to be circulated widely to all the EpiNet members to give a chance to everyone to give their comments — as already committed during the EpiNet sub-regional workshops. A group of few EpiNet members need to be identified to put all feedback comments together and for preparing the next draft version to be finalised by a planned regional EpiNet Meeting to be held sometime early 2003. A final draft version of the guidelines (hopefully *in press* at the time) should be ready for being tabled at the next WHO/SPC PICTs Ministers and Directors of Health Meeting, which is due to take place in Tonga, in March 2003.

After initial field piloting, the guidelines will also be used for training purposes.

- **How should PPHSN Plan of action fit in the Health reform agenda? (Nu'ualofa)**

Nu'ualofa's presentation and papers have been very well received and commended by CB members. It was agreed that the paper focussing on the role of PPHSN in the implementation of the Health Reform in Samoa will be published in Inform'ACTION.

The group recognised that the experience of Samoa in this area is remarkable and would like to invite other PPHSN countries exposed to the Health Reform process to also produce such papers to advocate for PPHSN advantages at national level.

4. Training

- **Where are we at regarding the PPHSN Field Epidemiology Training Programme? (Jan/Tom)**

FSM progress: the arrival, last year, of a new Head in the School of Public Health (Dr Sitaleki Finau) boosted the development of a new academic framework, including Under-Graduate & Post-graduate qualifications comprising certificates, diplomas and degrees in Epidemiology. Provided this framework will be approved by the Academic Board, FSM should start implementing it as from next academic year. PPHSN training could well fit into the new framework, especially regarding the Master (and undergraduate diploma and certificate) in applied epidemiology. Field supervision of the students should not, ultimately, be an impossible matter to solve.

The issue of cross-crediting was discussed regarding the 2 training modules already developed at SPC and the third one ready to be implemented. As already agreed by both PPHSN partners, defining specific learning objectives and assessment methods would allow for cross-crediting.

The accreditation issue (of a PPHSN FETP) was also discussed: it was noted that TEPHINET intends to define minimum standards for FETPs that should be considered and that FSM and PPHSN should join TEPHINET in the future.

PPHSN-CB members acknowledge the development of the higher levels of education in Epidemiology but would like to, nevertheless, stress that PPHSN (SPC and others) must also continue to provide basic courses across the public health workforce.

The CB members are in favour of soon organising a regional meeting of key providers and institutional partners on public health surveillance training as part of the PPHSN Training development strategy.

As training instruments, the use of Pacific-based case studies should be encouraged.

5. PPHSN and NCDs

- **Potential prospects, operational feasibility and envisaged resources: exchange of views**

As always thought it ultimately should, NCDs surveillance should, in principles, be included into the PPHSN framework in the near future. CB members though would need to look carefully at the resources issues that such an expansion of the PPHSN's scope of activities would trigger.

An AusAID initiative, including Fiji School of Medicine and WHO (STEPS) was launched last year regarding NCDs, which includes 4 PICTs so far: Fiji, Samoa, Federated States of Micronesia and Marshall Islands.

The CB members agree to consider the inclusion of NCDs in the PPHSN framework by requesting that WHO and Fiji School of Medicine draft a discussion paper on the "Pros and Cons" and the options for widening PPHSN activities, and circulate it to all CB members for further consideration. This discussion paper will expand on the paper presented to the CB by Nu'uualofa. Further discussions could follow a related presentation made at the next CB meeting, for planning subsequent action.

6. PICTs communicable diseases database at SPC - plan of action

- **Overview of the SPC regional database project (Statistics Office – Garth Parry)**

Following Garth Parry's presentation, the CB members agreed, in principles, to work in close collaboration with the PRISM project — *Pacific Regional Information System*. Further details on this issue will be considered and circulated by a database committee.

Jan, Nu'uualofa, Sala, Tom and Jean-Paul have agreed to be part of this committee. Tom and Yvan will draft the committee's terms of reference (see *Annex 5*).

7. PPHSN Web site and logo

- **Presentation of the draft templates designed at the SPC (Christelle)**

The CB members agreed that the web site was a good information and PPHSN promotion tool and that it should be published as soon as possible after incorporating a few minor modifications.

The PPHSN logo proposed by Christelle was unanimously well received. There was, however, a consensus to add the representation of human beings. Three silhouettes should soon be included in the logo as it is¹, before it will be sent to the Core members for their comments. In the meantime the logo will be used to identify PPHSN communications and publications — including on-line materials.

- **The encrypted LabNet related web site: where are we at?**

In the light of the newly agreed collaboration with the PRISM project, and following the feedback flowing from the LabNet TWB meeting, it was agreed that this issue will be deferred to the LabNet Meeting, which is tentatively scheduled for February 2003.

8. International Health Regulations

- **The WHO IHR revision and the Global Outbreak Alert and Response Network/GOARN (Mike)**

Mike gave a summary presentation emphasising on the links between the various components of the broader work, i.e.: the GOARN, outbreak verification, revision of the IHR and national capacity building.

¹ As an ultimate comment by CB members, the decision on the final layout of the logo is left with the Focal Point, after consultation with the SPC graphic artist.

- **PPHSN development and the IHR: PACNET, LabNet, EpiNet and the new IHR paradigm: Should PPHSN be involved in a trial of the new IHR instruments and framework?**

CB members agreed that the Focal Point will contact the WHO Headquarters, through the CSR Focal point in WPRO (Hitoshi Oshitani), to inform the relevant people of PPHSN interest in pre-testing the new IHR instruments and framework, in PPHSN countries — further operational details should be worked out later on, in consultation with PPHSN core members. These preliminary discussions should encompass the main financial implications of implementing such trial and the need for appropriate support.

Amato highlighted the need for accessing better documentation on existing national legislative and regulatory models regarding CDs notification.

9. Bioterrorism initiative and other funding possibilities

- **Update on PPHSN's project proposal, via the PIHOA, to the US administration (Mike & Tom)**

The bioterrorism project was first discussed at the last PIHOA meeting that took place in Majuro in March 2002. The idea was to submit a joint proposal — by the U.S. Affiliated Countries & Territories and regional organisations/institutions — to the US government, which proposal would focus on the regional level of surveillance and response, in relation with potential bioterrorism activities.

It looks like a good opportunity for some PPHSN countries to get substantial funding for covering activities taking place, primarily in the northern Pacific Islands, but not only. This will allow other PPHSN resources to be used elsewhere in the region. The amount of money was not clearly defined, between 3 and 6 \$US millions altogether... including both national and regional levels. Within the PPHSN proposal, Mike prepared the part dealing with LabNet development and Tom prepared the sections on surveillance and response enhancing, in general, plus training.

The final allocation of the funds available will be discussed at the next PIHOA meeting, which is due to take place in Kosrae in September 2002.

10. PPHSN-CB Focal Point's role : resources adequacy at stake

- **Brief review of the FP's roles and functions as envisaged in the PPHN-CB TORs (Tom)**

Tom gave a brief recap, based on the minutes from CB-6.

- **Current downsizing of SPC PHS&CDC Section's resources (Tom/Yvan)**

WHO's support and input into the PPHSN-CB especially may be reduced for a while with Mike's departure to Guam on assignment to CDC/PIHOA. The current downsizing of SPC PHS&CDC resources — budget reduced by 50% compared to 2 years ago and staffing reduced from 5 to 3 in the next six months — will also obviously impact on the CB Focal Point work capacity.

After discussing these issues, the CB members expressed their unanimous concern regarding the sustainability of the work achieved so far and therefore agreed on a series of urgent measures to be considered:

The CB Focal Point workload should be shared between the CB members more than it has been the case in the past.

A proper strategic plan should be developed in order to seek funding from all sorts of possible sources.

Health ministers should be lobbied through the EpiNet National Teams and appropriate PPHSN-CB members should use the channel of the CROP Health Working Group to also initiate lobbying initiatives with Heads of Governments represented in the Pacific Islands Forum.

PPHSN should, through CB proposals, also seek funding by itself, independently from SPC or WHO's own fund raising activities.

Additional human resources can be sought through the establishment of attached training positions for PPHSN EpiNet team members at regional level (i.e. at SPC, WHO, and other PPHSN member institutions).

The CB Focal Point will explore the interest of the US Centers for Disease Control and Prevention (CDC) in becoming a PPHSN Allied member, and therefore possibly contribute to PPHSN resources — in addition to the funding already provided to the US Affiliated PICTs through PIHOA and the Pacific Emergency Health Initiative (PEHI).

A letter of support should be written by the CB members to the attention of SPC executive. This letter will be signed by Dr Dennie Iniakwala, Chair of CB-8. Jan and Sala will prepare the letter (see *Annex 6*).

Following Mary's suggestion, it was agreed that the CB members should explore the possibility for collaboration with the National Public Health Partnership of Australia. A letter of invitation should be sent to this institution for collaborating with the PPHSN (see *Annex 7*). Mary agreed also to address them an independent letter of explanation.

11. AOB

- **Extending PPHSN Allied membership**

Remarks from Mike regarding the PPHSN allied members: some institutions such as PIHOA, ESR, PHRC and James Cook University have expressed the interest to become allied members of the PPHSN. The CB members considered this issue and it was agreed that the PPHSN-CB Focal Point (SPC) should send letters of invitation to these institutions for joining the PPHSN. It was also agreed that, when required, the CB Focal Point should submit a list of the institutions that have expressed an interest in becoming PPHSN Allied members to all CB members for preliminary endorsement, before sending letters of invitation.

- **Departing CB members**

In his closing remarks, Dennie acknowledged Mike's and Yvan's respective contributions to the PPHSN as both are now about to sail towards new professional horizons.

LIST OF ANNEXES

- Annex 1* : PPHSN 12 months Plan of Action
 - Annex 2* : Agenda of the First LabNet TWB Meeting
 - Annex 3* : Draft *LabNet Participatory Agreement* for L2 laboratories
 - Annex 4* : Draft *Letter to commercial airlines*
 - Annex 5* : Terms of reference (ToRs) for the PPHSN-CB database committee
 - Annex 6* : Letter to the SPC Director General
 - Annex 7* : Letter to the NPHP Chief Executive Officer
 - Annex 8* : List of CB-8 meeting participants
-