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SECRETARIAT OF THE PACIFIC COMMUNITY

17th MEETING OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN) COORDINATING BODY (CB)

Suva, Fiji Islands, 1–4 November 2010

MINUTES

1. Registration

Joint sessions between the 17th meeting of the PPHSN-CB and LabNet 2010 workshop

2. Opening ceremony

Welcome speeches were given by Mrs Fekitamoeloa Utoikamanu from the Secretariat of the Pacific Community (SPC), Prof. Ian Rouse from the Fiji School of Medicine (FSMed) and Dr Jacob Kool from the World Health Organization (WHO).

3. Meeting context

The provisional agendas and timetables presented by Dr Tom Kiedrzynski and Ms Salanieta Elbourne were adopted by all participants (see annex 1 for PPHSN-CB agenda).

Separated sessions of 17th meeting of the PPHSN-CB

7. Election of Chairperson of the 17th PPHSN-CB meeting

Chairperson: Mrs Lourdes Duguies, Guam
Vice chairperson: Mr Manila Nosa, Niue

CB members agreed that the vice chairperson becomes the chairperson as a common process for the next meetings.

8. Feedback from Pacific Island Countries and Territories (PICTs)

Recommendation from the 16th CB meeting: CB members requested that SPC, as PPHSN-CB focal point, facilitate communication among members of the triad groups before future CB meetings.

As requested at the last CB meeting (see above recommendation), SPC sent a message to countries not represented in the CB asking them to send comments or feedback in relation to the agenda of the present meeting to the CB core member (country representative) of their triad group.

There was no feedback received from countries, except New Caledonia, following this process, most probably because this was new to countries and the communication was initiated a bit late.

Dr Tom Kiedrzynski mentioned that SPC had not received any feedback from the CB members themselves prior to the meeting (though they received the agenda quite early).

Way forward: CB members agreed that the new communication process should be reapplied for the next meeting, with SPC initiating communication earlier. CB core members will follow-up directly with the countries of their triad group if they don't get any feedback. It was also suggested that CB core members communicate the results of the present meeting to the other countries of their triad group**.**

9. PPHSN-CB briefing session 2 – PPHSN-CB TOR, incl. PPHSN-CB renewal & proposed new allied members

PPHSN-CB TORs

CB members agreed that the CB should be more proactive. They thought that the PPHSN-CB TORs needed to be reviewed to better clarify its role and functions (to highlight its advocacy and overseeing role).

They also agreed that a practical action plan of CB current and future activities should be developed. This would allow the monitoring and evaluation of the CB activities. The action plan will have to be in place before any monitoring and evaluation role is justified.

The PPHSN-CB TORs were reviewed (see annex 3) during the meeting in light of the discussions regarding the review of the PPHSN Strategic Framework (agenda item 11).

It was mentioned that PPHSN-CB focal point's role/position is ¾ sustainable through SPC programmes and ¼ not.

Renewal of one allied member

The seat of Pasteur Institute of New Caledonia (IPNC) was up for renewal this year.

SPC launched the renewal process and two applications were received for this seat: one official request from IPNC Director and one unofficial request from the U.S. Centers for Disease Control and Prevention (CDC).

Decision: After deliberations, CB members agreed that IPNC application that is official should be accepted.

CDC can still send another official application next year when the Institute of Environmental Science and Research (ESR) seat will be up for renewal.

Mr Marcus Samo asked if there are any criteria for the renewal/selection of allied members (non permanent members) to the Coordinating Body. Dr Tom Kiedrzynski responded that there are no specific criteria. The renewal was based on discussions among the CB members up to now (based on the information provided by the candidates).

Recommendation: CB members requested that SPC work on draft criteria for the selection/renewal of allied members within the CB by the next CB meeting.

Proposed new allied members

Dr Tom Kiedrzynski mentioned that several institutions/networks sent letters of interest to become PPHSN allied members. Then, he presented draft criteria for PPHSN Allied Membership that needed to be finalised (annex 4). A copy of this draft was provided to each CB member and they were asked to provide feedback to the group the next day in order to make decision on the potential new allied members.

The discussion continued the next day and it was highlighted that the idea behind being an allied member is their interest in providing assistance in various forms to the PICTs through PPHSN.

The list of past allied members was shared with the group and discussed, as well as the list of potential and interested institutions which includes Epidemiological Surveillance and Early Warning Management Network (SEGA) in the Indian Ocean, French Institute of Public Health Surveillance (InVS), Association of Southeast Asian Nations (ASEAN) and the European CDC (ECDC). Additionally, the University of Papua New Guinea and L3 laboratories, as well as the Asia-Pacific Academic Consortium for Public Health (APACPH) and other public health associations, should perhaps be considered for the allied membership too.

Way forward: CB members suggested that PPHSN-CB focal point (SPC) contacts the past and potential allied members to explore their interest to be an allied member of the PPHSN with clear explanation of the conditions.

10. Review of progress since 16th PPHSN-CB meeting

Communication issues

Recommendation from the 16th CB meeting: CB members requested that SPC, as PPHSN-CB focal point, facilitate communication among members of the triad groups before future CB meetings.

CB members agreed that this recommendation should be pursued (see agenda item 8).

Action from the 16th CB meeting: Dr Eric Rafai requested SPC to provide CB members with copies of PPHSN posters in order to present and promote the network during meetings, workshops or other events.

Dr Eric Rafai was provided with copies of PPHSN poster and the other CB members could get copies from the publications booth in the LabNet meeting room.

PacSurv system trial in Cook Islands

Action from the 16th CB meeting: The report has not been endorsed yet, but SPC will follow up this matter with the new director.

Recommendation from the 16th CB meeting: CB members requested that the report regarding the trial in the Cook Islands be shared with PPHSN members as soon as it will be endorsed.

Way forward: Country representatives are still interested in the result of the PacSurv system trial and they asked that SPC continue to follow-up with the new Cook Islands Director in order to check if the report has been/could be endorsed. If/when the report will be endorsed; it should be shared with CB members.

The group also asked ESR to provide them with further information on the system itself.

Standardisation

Recommendation from the 16th CB meeting: CB members expressed their support for standardisation of surveillance and regional information sharing.

Progress: Dr Jacob Kool and Dr Tom Kiedrzynski mentioned that a major step had been reached in terms of standardisation of surveillance with the standard syndromic surveillance system that has been endorsed by all PICTs in March 2010.

Prof. Ian Rouse stressed that syndromic surveillance would only address part of the issue and that the harmonisation of information requests from agencies still remain a critical issue.

Resources for response

Recommendation from the 16th CB meeting: PPHSN members should approach donors and ask them to facilitate integrated and flexible specimen shipping mechanisms that are not pathogen-specific.

Way forward: This recommendation specifically applies to Global Fund and Dr Stephen Homasi mentioned that countries will continue to advocate in this direction.

LabNet

WHO's Asia Pacific Strategy for strengthening laboratory services has been developed and endorsed recently.

Action from the 16th CB meeting: This regional lab strategy paper will then be shared with PPHSN members at the coming regional LabNet meeting.

The strategy was presented to CB and LabNet members on Wednesday 3 November during a joint session of the 17th meeting of the PPHSN-CB and LabNet 2010 workshop (agenda item 22).

Recommendations from the 16th CB meeting: CB members believe that a regional LabNet meeting should be organised soon to address strategic laboratory development.
They also agreed that a LabNet Technical Working Body should be re-established (including WHO, SPC, ESR, IPNC, and other reference labs) to look at laboratory issues for the region.

Progress: The LabNet meeting took place in the same time as the 17th PPHSN-CB meeting and a LabNet Technical Working Body has also been re-established.

Training

Recommendations from the 16th CB meeting: CB members proposed that a technical working group (including FSMed, WHO and SPC) be re-established to look at training programmes for the Pacific.
They also agreed that in-country training should be strengthened in the following fields:

- Field epidemiology (DDM training for instance)
- Entomology
- Infection Control for Nurses.

Finally, they recommended that long-term funding should be committed (for at least 3 years) for accredited modular training programmes (such as FETP, DDM).

Progress of these recommendations is presented under agenda item 19.

Future meeting

Recommendation from the 16th CB meeting: CB members agreed that the next CB meeting shall be held in Fiji in November 2010, in conjunction with a LabNet meeting, funds permitting.
Fiji College of Medicine, Nursing and Health Sciences offered to host these meetings.

Progress: This recommendation has also been addressed.

11. Review of PPHSN Strategic Framework 2003-2006 and key additional recommendations; how do we go about it?

A group of CB members worked on an update of the strategic framework (Mr Marcus Samo, Mrs Sharmain Mageo, Mr François Fao, Dr Tom Kiedrzynski, Dr Jeffrey Partridge and Dr Graham Mackereth) which was then presented to the group and approved (Annex 5).

13. Last PRIPPP updates and post-project follow-up

In the introductory remarks, Dr Tom Kiedrzynski reminded the group that PPHSN-CB has a role in monitoring the Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP) since its inception in 2006. PRIPPP is ending in June 2011 and the CB members can provide further advice on the way forward for and after the project (i.e. recommendations from the PAPITaF meeting 2010).

Ms Radha Etheridge presented **PRIPPP updates** under 5 topics:

- Independent Completion Review (ICR) Report
- Recommendations from the 3rd Pacific Avian and Pandemic Influenza Taskforce (PAPITaF) Meeting, May 2010
- PRIPPP extension workplan
- Infection control impact review
- Future direction for PRIPPP

ICR Report: The ICR team was funded by the project donors to conduct an external evaluation of PRIPPP. Some areas of the ICR methodology were problematic in that there was not enough time allocated to conduct proper country visits (visits were undertaken to Solomon Islands, Fiji, Samoa, New Caledonia) and teleconferences (which were held with Tonga, Kiribati, Federated States of Micronesia national level & Papua New Guinea) did not provide the communication platform to extract in-depth information. In addition, PRIPPP was advised not to complete the project Activity Completion Report before the review. The purpose of the Activity Completion Report is to compile project evaluation data, and as a result project impact data was not fully available to the ICR team.

Positive conclusions in the report included:

- Pacific national influenza preparedness plans have been developed/endorsed.
- Pandemic H1N1 event made the PICTs test their preparedness plans.
- PRIPPP complied with other regional platform/frameworks, e.g., APSED, IHR.
- Essential supplies (PPE, Rapid Tests Kits) were mobilised in a timely manner – however future replenishment needs to be addressed.
- PRIPPP made a significant contribution by developing guidelines to assess PICT legal frameworks for IHR compliance. Ongoing capacity building required.

Lessons learned included

- With regards to regional coordination, a regional emergency response plan was challenging to develop. Principles have been set first with roles between WHO and SPC to be further communicated to countries. Country specificities and requirements must also be considered and incorporated into any regional response plan.
- It was challenging to maintain momentum on the narrow disease focus of avian influenza. A more pragmatic approach, and one which is aligned to the needs of PICTs, would be support for novel zoonoses and emerging infection diseases generally.

Recommendations from the 3rd PAPITaF meeting in May 2010 included:

- Specific recommendations were made for the PRIPPP extension period. (These have been included in the PRIPPP extension workplan and refer to the notes below)
- The concept of a regional EpiNet team was endorsed.
- Consideration be given to development of a revolving response fund to support a regional EpiNet response.
- Veterinary expertise be included in regional EpiNet arrangements.
- A higher level training course in animal health be developed and implemented. The course should lead to a recognised tertiary qualification.
- Continued emphasis on animal disease surveillance and rapid reporting be maintained with a possible successor programme to strengthen community-based training in surveillance.
- Continued emphasis on strengthening capacity in data management (collection, analysis and archiving) be maintained.
- Mechanisms for ongoing training in field epidemiology for animal and human health sectors be explored.
- Technical and development partners continue efforts to coordinate specimen shipping and logistics (animal and human health) and to provide cost support.
- Further collaboration and cooperation in laboratory functions for the animal and human health sectors be pursued.
- The regional disease outbreak response mechanisms from SPC and WHO be endorsed and circulated to PICTs.
- Clarification of the roles and responsibilities of the tri-agency communication initiative for access to information, education and communication templates and materials be provided to PICTs.
- The One World/One Health approach be strengthened at national and regional levels through incorporating human and animal health policies in relevant sectors for improved health outcomes.

The PRIPPP Extension Workplan was presented. PRIPPP was to finish in June 2010. During 2009/2010 project funding was not guaranteed. Uncertainty impacted heavily on project implementation. Initially an extension to December 2010 was proposed. However, to allow project activities to be fully completed, implement PAPITaF recommendations and use remaining funds, the extension is now to June 2011.

Key activities for the extention period include:

- Finalise the Field Epidemiology Data for Decision Making course in Fiji, and commencing the initial sessions for Vanuatu
- Finalise Paravet courses in Papua New Guinea, Solomon Islands and the Federated States of Micronesia
- Standard operating procedures for animal health laboratory bio-security and bio-safety
- Audit of PICT stockpile management processes
- Training in animal health disease surveillance and disease reporting in selected PICTs
- Research activity on the economic effects of pandemic influenza in selected PICTs
- Research activity on gender equality in pandemic preparedness

This extension period will have a focus on monitoring and evaluation, with activities including:

- Finalise reports back from Small Grants Scheme activities undertaken
- Map regional animal health capacity gaps and key competencies required for the development of animal health expertise in PICTS
- Conduct and report on an evaluation of the training conducted by the PRIPPP
- Complete the project Activity Completion Report

A review of **the impact of PRIPPP Infection control activities** was presented. This review took place in 3 countries, and looked at the impact of sustained training in infection control principles for health and other first line responders to influenza (e.g. animal health, customs, and quarantine officers). The workshops and advice provided by were acknowledged. Posters developed by PRIPPP on hand washing and PPE were widely used and during the H1N1 outbreak infection control supplies were rapidly distributed to hospitals.

It was found that separate Infection Control committees are not practical in smaller populations where there is a smaller pool of health staff. There is a need to look at how to provide support and training for infection control officers and some key ideas included: a POLHN module on infection control; regional support from a network of advisors (by phone and internet); clinical attachments with experts in the field; and ongoing training and support of general health workers in infection control.

While talking about the **future direction for PRIPPP**, Ms Etheridge mentioned that all the above issues will be taken into consideration and she highlighted that a possible successor program should be designed under the organizing principles of APSED & IHR and maintain the collaboration between human and animal health sectors. Such a program should also:

- Maintain preparedness testing for pandemics and emerging infectious diseases of a public health importance
- Consistent technical support for Infection Control. Further development of PICNet
- DDM likely to have a major impact on surveillance and response. Further expansion of the course
- Risk communication work to continue and build upon the work of the tri-agency (UNICEF, SPC, WHO) initiative

FSM and Tuvalu representatives asked what was requested from the CB members at this stage. The response was that they should look at potential areas for continuation of relevance to their respective countries and the region.

14. Collaboration with animal health

Dr Ken Cokanasiga made a presentation entitled "**One Health**" concept. The emphasis of the presentation rested with various concepts, guidelines and policies put forward, recommended and supported by OIE, FAO, WHO and other working partners for adoption/implementation by the Global communities.

He mentioned that PRIPPP, which is addressing both animal health (AH) and human health (HH), is one example of One World One Health concept in practice.

Issues raised and discussed after the presentation included:

- Mr François Fao asked about the achievements of PRIPPP AH over years and what "One Health" would concretely mean for the PICTs.
  Dr Cokanasiga responded that there are lots of achievements in AH during the life of PRIPPP (e.g. HPAI preparedness plans, ParaVet training (200 AH professionals trained in total to date), Response plans, SOPs, Lab diagnostic capacities/Network and so forth), unfortunately, the specific achievements were not part of the presentation to this forum. There is still a lot to do as the level of AH services in most PICTs is very basic, and requires quite a substantial development.

- Mr Marcus Samo asked why PRIPPP rendered the support to AH lab-set up in Guam while HH lab in some parts, especially remote parts of North Pacific, is at a much lower standard and should be supported?
  The response was that AH lab capacities are built on existing infrastructure (e.g. in the South Pacific: Koronivia, Fiji, Papua New Guinea and New Caledonia) that have been identified, but in the North there was none identified, so the plan was to improve diagnostic capacity in Guam for the Northern Pacific region. The regional role of Guam PH lab required high-level commitment which finally came quite recently. PIHOA in collaboration with SPC have been supporting this move.

- Other question: Does PRIPPP AH address referral lab issue?
  The response was that Paravet training addresses many related capacities including rapid diagnostic testing capabilities; development of very basic laboratory capabilities/logistics; IATA training; establishment of referral systems; shipping issues especially with airlines in relation for shipping of AH specimens.

- Mr Manila Nosa asked about the status of AH as of now till end of PRIPPP? What then after PRIPPP? For Small Grants Schemes (SGS), is it still possible to apply for?
  SPC responded that assistance provided to PICTs will continue after PRIPPP through various programs within the Public Health Division and Land Resource Division.

Other related issues discussed:

- "One Health" concept is good as it has gone through various processes to get to current situation BUT specificity of getting it practiced/how to implement it is still missing or rather weak.
- MOU with Airlines to carry animal diagnostic specimens should be explored (maybe).
- IATA biannual training should continue.

15. PICTs: interim report on syndromic surveillance system

Dr Jacob Kool presented a report on the progress of syndromic surveillance in the region. He reminded the background of this report: it is following a recommendation from the "Meeting for the Pacific IHR National Focal Points and PPHSN-EpiNet Representatives on Syndromic Surveillance" organised in Auckland, New Zealand, in March 2010 by WHO and SPC. PICTS agreed to implement the proposed Pacific syndromic surveillance system within 12 months following the meeting.

12 PICTs have implemented or modified or updated their communicable diseases (CD) syndromic surveillance systems in line with the Pacific CD syndromic surveillance, 8 countries provided no updates but 3 are planned for a visit from WHO and possible joint-mission with SPC.

Countries update presentations:

- Mrs Lourdes Duguies from Guam: The Territory uses logbook and data are manually entered then EpiInfo is used to analyse the data. Weekly reports are sent to SPC & WHO. A routine CD Newsletter is produced and information on AH (Zoonosis) has been included in the newsletter. The great efforts and continuous commitment of Dr Haddock, despite being a retiree now, is very much commended.

- Mrs Sharmain Mageo from American Samoa: Syndromic surveillance started at Emergency Room (ER). Now ER triaging nurse fills in the syndromic data, and later a surveillance nurse collects data and analyses them using Excel spreadsheet. A weekly report is sent to WHO, especially on ILI, with other CD syndromes to follow. A newsletter and quarterly report are sent to ER. A Public health laboratory is in process of establishing.

- Dr Stephen Homasi from Tuvalu: The recommendations from Auckland 2010 meeting were presented to Tuvalu Minister of Health. Health promotion officer is designated to surveillance responsibility. The old surveillance system has been reviewed and the Pacific CD syndromic surveillance system has been adopted. Reporting started in September 2010. Tuvalu would adopt American Samoa reporting form.

- Mr Manila Nosa from Niue: Syndromic surveillance was initiated in 2008 in the country following a visit of WHO & SPC. A newsletter was then produced and distributed regularly. The triage nurse left the country and the system collapsed. Niue needs assistance to put it back to 'the road'.

- Mr Marcus Samoa from FSM: reported on national and state levels. The National WHO officer placed at Pohnpei State Hospital collects, collates, analyses and shares data with the National Office and States. Chuuk has a surveillance focal person but Yap and Kosrae need to follow. An electronic Network that links up Hospital in different states and the National Office has been established. This enables the follow-up on pertinent issues that challenges the safety of the nation.

- Mr François Fao from Wallis & Futuna: A surveillance system is not yet in place but there is a good laboratory capacity in-country. The Health Agency considers having a software to kick start this, but discussion that followed with the group encouraged Wallis and Futuna to learn from other simpler systems already in place.

- Dr Eric Rafai from Fiji: The report from Auckland meeting was presented to Fiji Secretary of Health. A trial of using mobile phone for syndromic surveillance is currently underway since July 2010. To date: shorter time for reporting; data dissemination; clarification; data transfer. This increased feedback reporting from about 66% to about 89%. This also enhances the rationale that regular and timely reporting enforces EWAR. Incentives include: provision of mobile phone and funds for recharge cards; regular visit from manager from central office for surveillance (not yet implemented but planned).

Other related issues discussed:

- Analysis of syndromic reporting form: According to a resolution in the Auckland meeting, PICTs will analyse their data before sharing it with WHO. WHO/SPC will analyse forms and share it with PICTs every quarter. WHO have not received much as of now. If an outbreak is suspected, WHO/SPC will inform PICTs immediately as required.

- The use of crude numbers when reports are shared with PICTs via PacNet may be misleading to some. It was suggested to use rates (incidence) and countries should calculate them before posting on PacNet: nevertheless this would not be relevant at this stage as syndromic surveillance is sentinel and the population coverage is not always defined. The use of crude numbers to produce graphs and then sharing them through the PPHSN website would be best, to allow seeing trends. There should be a note explaining the limitations of such a system. An important aspect is to get the information on outbreaks that the system is expected to detect: though any suspected outbreak should be posted on PacNet—which remains the primary tool for information dissemination—it would be good to have access to graphs that allow its monitoring: the information produced on detected outbreaks is actually key as this is an early warning system.

- The Data for Decision Making (DDM) training programme has assisted people from local areas, as in subdivisions in Fiji, to implement outbreak investigation and response. Thus there was a request for continuous provision of this training module. More was discussed on this issue (see agenda item 19).

- It was suggested that PICTs could report number of outbreaks to regional agencies and not just cases. Could this be included in the report form? This would bring in the issue of how to define an outbreak and was found at this stage unpractical for regional reporting (but could be done at country level as the country is the first responder, and collected information needs to be useful at country level first).

***Suggestion*:** It was suggested that PICTs and agencies do an annual evaluation of outbreaks (number and other related issues).

16. Additional business

During this session, CB members discussed about the updates of the PPHSN Strategic Framework, the PPHSN-CB TORs (see agenda items 9 and 11).

One issue highlighted during the meeting: PPHSN-CB through PPHSN-focal point should encourage countries to write up their experience for possible publication (e.g. vaccination campaign).

17. Debriefing from recent meetings related to surveillance and response, and global, regional and national initiatives

CB members shared information on recent meetings related to surveillance and response.

- Mr Marcus Samo reported on a turtle-meat poisoning outbreak that occurred in Chuuk and an outbreak of mumps in people completely vaccinated against the disease [this happens in well-vaccinated populations as mumps vaccine is not 100% effective]. He also talked about IHR on-line training. Dr Eric Rafai requested if FSM could share experience/benefit from this IHR training upon completion of the course.

- Dr Eric Rafai participated in the medical/health team managing the Mini games in the Cook Islands in Oct-Nov 2009. SPC was requested by Cook Islands MOH to assist in the preparedness planning for the mini-games as it occurred in the midst of the pandemic influenza. The IHR-NFP from other countries was also used to provide extra Human Resources during the event. This was part of the Mini Games Preparedness Plan and funded by WHO.

- Mrs Sharmain Mageo mentioned the recent PanFlu Summit for the two Samoas. SPC cofunded this activity with CDC. She also mentioned that the flu vaccination campaign went very well and she thanked CDC for the supply.

- Dr Stephen Homasi attended the World Health Assembly (WHA) where PICTs figured prominently with their pandemic H1N1 preparedness and response.

- Dr Graham Mackereth shared information on ESR training modules: 3 with two components each.

- Dr Tom Kiedrzynski, as well as Narendra Singh and Seini Kupu, reported the following:
  - ✓ Attended the Asia Pacific Dengue Prevention Board. It addressed issues like dengue vaccine development and the need of disease burden assessment, as well as risk communication. The outcomes were presented as a web-conference accessible to the public.
  - ✓ SOPAC merging with SPC by 2011, and that could provide stronger support towards the regional disaster management planning. To note that an EU funding proposal is developed for the next 5 years for the region.
  - ✓ SPC's Public Health Division restructuring which may cause some changes to titles of some of the people that PPHSN-CB members are familiar with. Services will be similar in many ways but more coordinated and based on country needs.
  - ✓ SPC participated in the typhoid outbreak response in Fiji.
  - ✓ SPC participated in the 5th Technical Advisory Group for APSED meeting in Manila. PRIPPP implementation was aligned with APSED strategies. There are now 8 key areas to APSED instead of 5 (with regional response, preparedness and M&E as additions). SPC also participated in a forum for the UN-partner-agencies, and participants were reminded that gender and maternal-child health are very important issues that need to be considered in emergency preparedness planning.

19. Training/EpiNet team capacity building. Technical Working Group on Training

Dr Narendra Singh made a presentation on the Data for Decision Making (DDM) Training, a Pacific model of Field Epidemiology Training Program (FETP). He talked about the background, history, target audience, structure, components, challenges, successes and future issues and opportunities re. the continuity of this training, which has already been conducted in the Northern Mariana Islands, Guam, Solomon Islands and Fiji Islands (with success, participants passed and received a post-graduate certificate in field epidemiology). He said that the aim of the training is to make health professionals use surveillance data.

Prof. Ian Rouse supported this training course and mentioned that the biggest challenge for this type of training is to have supervisors in the field (in-country) to support and supervise the students. Other CB members agreed that support during field work is essential.

Dr Jacob Kool mentioned that the DDM training courses included too much of very advanced statistics which are not often used in epidemiology.

Prof. Ian Rouse made a presentation on the current various educational programs available at the Fiji School of Medicine. He mentioned that there are some programs with sustainable interest and some with limited interest. There is good Regional Coverage in Medical Science, Health Science and Oral Science but poor regional coverage in Public Health and some other key programs. FSMed has now the capacity to expand in all programs and develop more flexible means of delivery. He would therefore be very happy to receive feedback and direction from PICTs on this regard.

Mr Marcus Samo asked if FSMed had any quota for country students. Prof. Rouse replied that there was no quota as long as the students meet the criteria (the most important is to make sure that the students will graduate).

Dr Jacob Kool made a presentation on the current field epidemiology training courses available online through the Pacific Open Learning Health Net (POLHN): Introduction to Disease Surveillance & Outbreak Investigation (WHO), Applied Epidemiology (FSMed) and Biostatistics (FSMed). He mentioned that the WHO course, which is quite popular (good level of interest from PICTs), can also be delivered in-country. Running an online course is a lot of work.

Some country representatives were in favour of basic courses (e.g. WHO course on-line) and others of advanced courses (e.g. DDM courses)—which are both complementary. The CB members therefore thought that the different proposed courses may be needed and that they could complement each other. The WHO POLHN course could be useful to preselect potential candidates for the DDM course for instance.

Way forward: CB members agreed to form a Training Technical Working Group (TWG) composed of representatives from FSMed, WHO, SPC and country representatives (Dr Stephen Homasi from Tuvalu and Mr Marcus Samo from FSM). The group was tasked to look at issues related to training courses in field epidemiology currently available through PPHSN , including the following specific tasks:

- Conduct an evaluation of current courses in field epidemiology,
- Review the content of these courses in light of the results of the evaluation,
- Consult with the PICTs, especially re. DDM training,
- Explore possibilities to obtain sustainable funding mechanisms,
- Review the concept paper developed by SPC[1], circulate it and obtain feedback from PICTs.

SPC will organise the meeting(s) of the TWG. The group will present the results of its activities to the CB members by the end of March 2011.

Regarding funding mechanisms, Dr Jeffrey Partridge said that in other regions where the CDC FETP is conducted, the countries have to find their own funding for the training (for better commitment and sustainable purposes).
Scholarships were mentioned as another option to explore regarding funding opportunities.

26. Regional EpiNet Team (RET): summary of previous discussions and next steps?

Dr Tom Kiedrzynski briefed the CB members on the previous discussions regarding the Regional EpiNet Team (RET). He highlighted the fact that the idea of establishing a RET came from the PPHSN-CB and that this was approved/recommended by Ministers of Health at WHO/SPC Regional Ministerial Meeting in Samoa in 2005. The Ministers also made recommendations related to the use of PPHSN mechanisms for capacity building at their meeting in Vanuatu in 2007 and at the last meeting in Madang in 2009.

[1] All CB members were provided with a copy of the concept paper (prepared by SPC) re. A Pacific Model for Data for Decision Making (DDM) Training.

In 2007, there was a request from WPRO CSR to take into account GOARN decentralisation and to avoid duplication, so the concept of establishing a RET fell down. However, this came back on the agenda of the PPHSN-CB meeting in 2008 with the following recommendation:

"A regional, interagency/intergovernmental group of trainers as well as regional resources for outbreak investigation should be identified using available information (e.g. Directory of PPHSN Resources). This group would also help support outbreak investigations and response training, and serve as the 'Regional EpiNet Team'. "

All CB members agreed with this recommendation, highlighting that the RET should have a specific focus on training. It was also mentioned that the RET should primarily train National EpiNet Teams and additional health professionals from the region if possible, with the approval from the concerned country. CB members also thought that some countries may not want to have too many people in-country during outbreak investigations or other events. The issue of visas for people to travel quickly from one country to another was also raised during the discussion.

Recommendation: In light of all the issues highlighted during the discussion, CB members requested that SPC develop a framework for the establishment of a Regional EpiNet Team (RET), including operating procedures and protocols that respect PICTs' sovereignty.
The document will be shared with the rest of the CB members by the end of the year. The framework should highlight the fact that a RET will increase/optimise training opportunities for Pacific health professionals and therefore contribute to PICTs' outbreak investigation capacity-building.

CB members also agreed with the concept, role and objective of a RET as presented below:

Concept of a RET

- Regional group of experts
- That could be mobilised
  - to support outbreak investigation and response activities of country response (EpiNet) team
  - train PI health professionals during this situation

  Outbreak investigation and response is an excellent opportunity to train PI health professionals

1. Objective of creating the capacity for a Regional EpiNet Team
   - To have a group of regional experts in relevant areas of public health (PH) who can rapidly mobilize as appropriate in response to a public health emergency in a PICT
2. Role of a Regional EpiNet Team
   - To strengthen the appropriate response to acute PH events by National EpiNet Teams who retain primary responsibility in the response to such events.

27. Next meeting

Dr Tom Kiedrzynski said that a syndromic surveillance meeting may be organised in the second semester of 2011 and that it would be worthwhile (cost-effective) to link the next PPHSN-CB meeting with this meeting or another one if at all possible. It was also mentioned that the next Ministers of Health Meeting will take place in Honiara around the end of June/beginning of July 2011.

Recommendation: CB members agreed that the next PPHSN-CB meeting should be organised before the Ministers of Health meeting and once the Training Technical Working Group will have finalised the review of the training concept paper (i.e. between April and June 2011).

Mrs Lourdes Duguies, Chairperson, mentioned that Guam will consider the possibility of hosting the next meeting. She will confirm this option at a later date to all CB members.

List of ANNEXES

Annex 1: Annotated agenda
Annex 2: List of participants
Annex 3: PPHSN Coordinating Body Terms of Reference (revised version – with changes in blue)
Annex 4: PPHSN Allied Membership (with changes in blue)
Annex 5: PPHSN Strategic Framework (updated version – first page)

List of ACRONYMS

AH	Animal Health
APSED	Asia-Pacific Strategy for Emerging Diseases
CD	Communicable Diseases
CDC	Centers for Disease Control and Prevention (U.S.)
DDM	Data for Decision Making
FAO	Food and Agriculture Organization
FETP	Field Epidemiology Training Programme
ER	Emergency Room
EU	European Union
ESR	Institute of Environmental Science and Research
FSM	Federated States of Micronesia
FSMed	Fiji School of Medicine
GOARN	Global Outbreak Alert and Response Network
HH	Human Health
HPAI	Highly pathogenic avian influenza
IHR	International Health Regulations
IHR-NFP	International Health Regulations National Focal Point
ICR	Independent Completion Report
ILI	Influenza Like Illness
IPNC	Pasteur Institute of New Caledonia (*Institut Pasteur de Nouvelle-Calédonie*)
OIE	World Organisation for Animal Health
PAPITaF	Pacific Avian and Pandemic Influenza Taskforce
PICTs	Pacific Island Countries and Territories (PICTs)
PPE	Personal Protective Equipment
PPHSN-CB	Pacific Public Health Surveillance Network Coordinating Body
PRIPPP	Pacific Regional Influenza Pandemic Preparedness Project
RET	Regional EpiNet Team
SGS	Small Grants Schemes
SOPAC	Pacific Islands Applied Goescience Commission
SPC	Secretariat of the Pacific Community
TORs	Terms of Reference
UN	United Nations
UNICEF	United Nations Children's Fund
WHA	World Health Assembly
WHO	World Health Organization

ANNEX 1

SECRETARIAT OF THE PACIFIC COMMUNITY

17th MEETING OF THE COORDINATING BODY (CB)
OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN)
Suva, Fiji Islands, 1–4 November 2010

ANNOTATED AGENDA

DAY 1 Monday 1st November 2010

Joint session between the 17th meeting of the PPHSN-CB and LabNet 2010 workshop

1. Registration
   Responsibility – Elise Benyon / Maria Karalo
   Duration – 30'

2. Joint opening session with PPHSN-CB & 4th LabNet meeting
   - Prayer
   - Welcome speech by FSMed, SPC,WHO, Fiji MOH
   - Self introduction

   Responsibility – MC
   Duration – 60'

3. Meetings' context & agendas and timetables
   Election of chairperson(s) for joint sessions
   Responsibility – Sala Elbourne & Tom Kiedrzynski
   Duration – 20'

4. PPHSN & LabNet – Historical overview and key issues
   Responsibility – Tom Kiedrzynski
   Duration – 30' (incl. discussion)
   Expected output: Participants in the meeting and LabNet workshop updated on PPHSN and LabNet background and development issues

5. Updates on IHR and APSED
   Responsibility – Jacob Kool
   Support documents: IHR (2005) and APSED summary
   Expected duration: 30' (incl. discussion)
   Expected output: Participants in the meeting and LabNet workshop updated on IHR and APSED

6. Syndromic Surveillance update
   Responsibility – Jacob Kool
   Support documents "A practical guide for implementing syndromic surveillance in Pacific islands Countries and Territories 2010" & "Pacific Outbreak Manual – Version 1", available on request
   Duration – 30' (incl. discussions)
   Expected output: Participants in LabNet workshop briefed about syndromic surveillance

Separated session of the 17th meeting of the PPHSN-CB

7. Election of a Chairperson for the 17th CB meeting.
   Responsibility: Tom Kiedrzynski & all.
   Expected duration: 10'
8. Feedback from PICTs

Responsibility: Tom Kiedrzynski & all.
Expected duration: 20'
Expected output: areas for discussion raised by PICTs not directly represented in the PPHSN-CB taken into account

9. PPHSN-CB briefing session 2 – PPHSN-CB TOR, incl. PPHSN-CB renewal and proposed new allied members: InVS, SEGA (IOC). Regional representation.
Responsibility: Tom Kiedrzynski
Support documents: PPHSN TORs, information on InVS, ECDC, SEGA (IOC)
Expected duration: 40' (incl. discussion)
Expected output: PPHSN-CB TORs reviewed and endorsed and decision made on potential new allied members

10. Review of progress since 16th PPHSN-CB meeting
Responsibility: Christelle Lepers
Support documents: minutes from 16th PPHSN-CB meeting
Expected duration: 30'
Expected output: Progress reviewed since the last PPHSN-CB meeting, with decision on pending recommendations and further steps

11. Review of PPHSN framework 2003-2006 and key additional recommendations: how do we go about it?
Responsibility: Tom Kiedrzynski
Support documents: PPHSN Strategic Framework 2003-2006 & Recommendations from the 14th meeting of the PPHSN Coordinating Body
Expected duration: 30' (incl. discussion)
Expected output: Decision on how to update the PPHSN framework

DAY 2 Tuesday 2nd November 2010

12. Brief summary of day 1 (key points)
Responsibility : chairperson
Expected duration: 10'

13. Last PRIPPP updates and post-project follow-up
Responsibility: Radha Etheridge
Support documents: summary of ICR findings, recommendations of 3rd PAPITaF meeting, PRIPPP extension plan, report on review of the impact of PRIPPP infection control activities
Expected duration: 1h20' (incl. discussion)
Expected output: Advice as well as feedback on the planning, implementation and monitoring of the PRIPPP provided to SPC

14. Collaboration with Animal Health ("One Health")
Responsibility: Ken Cokanasiga / PHOVAPS
Support documents: PHOVAPS, "One Health" concept
Expected duration: 40' (incl. discussion)
Expected output: Agreement on systematic approach to collaboration with Animal Health at the regional level

15. PICTs: interim report on implementation progress, and review of experience with the syndromic surveillance system.
Responsibility: Jacob Kool
Support document: Conclusions from the Meeting for Pacific IHR National Focal Points and PPHSN-EpiNet Representatives on Syndromic Surveillance from the 14th meeting of the PPHSN Coordinating Body.
Expected duration: 2h 20' (20' incl. 5' discussion by PICT)
Expected output: interim progress review of the implementation of Syndromic Surveillance by PICTs seating in the PPHSN-CB carried out by the CB

16. Additional business
Expected duration: 1 hour
Expected output: "buffer time" for the discussion for any additional business identified at the beginning of the meeting

17. Debriefing from:
a. recent meetings related to surveillance and response, and
b. global, regional and national initiatives
Responsibility: all CB members
Support documents: as found appropriate by CB members
Expected duration: 2h
Expected output: PPHSN-CB members briefed on recent meeting related to surveillance and response and on similar global, regional and national initiatives

DAY 3 – Wednesday 3rd November 2010

18. Brief summary of day 2 (key points)
Responsibility: chairperson
Expected duration: 10'

19. Training/EpiNet team capacity building. Technical Working Group on Training (especially in Surveillance and Intervention Epidemiology)
Responsibility: Ian Rouse, Jacob Kool & Narendra Singh
Support documents: DDM training, FSM training programme, WHO training plans
Expected duration: 3 hours (incl. discussion)
Expected output: Technical working group on training in surveillance and intervention epidemiology established, with outlines of work plan in identified areas

Joint session (PPHSN-CB & LabNet)

20. Strengthening Lab-based surveillance
Responsibility – Jacob Kool / Tom Kiedrzynski
Duration – 30' (incl. discussion)
Expected output: Principles of laboratory-based surveillance discussed with the participants in the meeting and LabNet workshop and decision about the next steps

21. WHO's 'Asia Pacific Strategy for Strengthening Health Laboratory Services (2010-2015)'
Responsibility: Gayatri Ghadiok
Support documents: "Asia Pacific Strategy for Strengthening Health Laboratory Services (2010-2015)", Report from the Regional Workshop on the Implementation of the 'Asia Pacific Strategy for Strengthening Health Laboratory Services (2010-2015)' in the Pacific Island Countries (if available).
Expected duration: 60' (incl. discussion)
Expected output: Participants in the meeting and LabNet workshop briefed on the Asia-Pacific Strategy for strengthening laboratory services

22. World Café (PICTs) & Working Group (partner agencies and reference labs)
Responsibility – Christelle Lepers, Sala Elbourne & Elva Borja
Duration – 60'
World Café - Discussion to include 4 areas: 1) lab trainings 2) Shipping logistics 3) Inventory systems 4) Maintenance of equipment
Working group – Discussion about lab twinning initiative
Expected output: Discussion and decisions or recommendations about 1) lab trainings 2) Shipping logistics 3) Inventory systems 4) Maintenance of equipment and 5) lab twinning initiative

23. Report back of World Café and Working Group
Responsibility – chairpersons for each discussion group
Expected duration – 60'
Expected output: as 22.

DAY 4 – Thursday 4th November 2010

Separated session of the 17th meeting of the PPHSN-CB

24. Brief summary of day 3 (key points)
Responsibility: chairperson
Expected duration: 10'

25. Regional EpiNet Team (RET): summary of previous discussions and next steps?
[This subject was previously put on hold given GOARN decentralisation but CB members decided to progress with it again given capacity building/training concerns within the Pacific Island region]
Responsibility: Tom Kiedrzynski
Support documents: Proposed RET TORs, Directory of PPHSN resources
Expected duration: 60' (incl. discussion)
Expected output: Briefing of the participants on the previous discussions regarding the Regional EpiNet Team and decisions about the next steps

26. Way forward, incl. next meeting
Responsibility: chairperson
Expected duration: 60' (each CB member give its opinion)
Expected output: Decision about next meeting and confirmation of the way forward in areas found important by the current meeting

Joint session (PPHSN-CB & LabNet)

27. Role of regional agencies/institutions, incl. in Lab Strengthening
Responsibility: Sala Elbourne
Expected duration: 2 hours (incl. discussion) (approx. 20' each)
- PIHOA – Mrs Vasiti Uluiviti
- CDC – Mrs Theresa Turski
- FSM – Mrs Aruna Devi
- WHO – Dr Jeffrey Patridge
- PPTC – Mr Phil Wakem
- SPC – Dr Seini Kupu

Expected output: Participants in the meeting and LabNet workshop briefed on the potential role of the regional agencies or institutions in areas related to the Asia-Pacific Strategy for strengthening laboratory services

28. LabNet 2010 resolutions
Responsibility: LabNet TWB
Expected duration: 60' (incl. discussion)
Expected output: Knowledge of and contribution to LabNet 2010 resolutions

29. Closure
Responsibility: Tom Kiedrzynski & Sala Elbourne

ANNEX 2

SECRETARIAT OF THE PACIFIC COMMUNITY

17th MEETING OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN) COORDINATING BODY (CB)
Suva, Fiji Islands, 1–4 November 2010

LIST OF PARTICIPANTS
LISTE DES PARTICIPANTS

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ANNEX 3

Pacific Public Health Surveillance Network Coordinating Body

– TERMS OF REFERENCE –

(1) GENERAL ORGANIZATION

The **Pacific Public Health Surveillance Network** (PPHSN) is a voluntary network of countries and organizations dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the region[2] in order to improve the health of Pacific Island people. The **core members** of the PPHSN are the Departments and Ministries of Health of the Pacific Island countries and territories (PICTs) who serve as the **Governing Body** of the PPHSN; the **allied members** of the PPHSN comprise regional training institutions, agencies, laboratories, and other organizations or networks with an interest in public health surveillance in the region, who chose to be a PPHSN member. The PPHSN should support the implementation of the 2005 International Health Regulations (IHR) as PPHSN activities are in line with IHR core capacities.

The **PPHSN Coordinating Body** (CB) serves the PPHSN and its roles and membership are outlined below. The PPHSN-CB functions with the support of a **PPHSN-CB Focal Point** whose roles and responsibilities are outlined below.

(2) MAJOR ROLE AND FUNCTIONS

The PPHSN and the PPHSN-CB are intended to function in perpetuity in the promotion of public health surveillance and response throughout the region.

The major roles and responsibilities of the PPHSN-CB ~~is~~ are to support the activities and functioning of the PPHSN by:

1) ~~developing~~ advocating for efficient and effective models for surveillance and response with an initial focus on priority diseases and conditions as reflected in the PPHSN Strategic Framework, including new emerging and re-emerging diseases;
2) developing and facilitating the implementation of a dynamic action plan for the PPHSN (the action plan will address issues including, but not limited to, public health surveillance and response, relevant training, and operational research);
3) organizing, coordinating and integrating PPHSN activities (this will include, but not be limited to, regional response to outbreaks, liaising with other organizations, and securing adequate resources for PPHSN activities);
4) monitoring and evaluating PPHSN activities, including PPHSN action plan;
5) communicating the status of PPHSN activities to its membership and outside entities;
6) providing leadership in the identification and control of public health problems in the region;
7) advocating the development and use of evidence-based practices in public health surveillance and response; and
8) facilitating preparedness for dealing with outbreak-prone diseases in the region, including new emerging and re-emerging diseases.

Through coordination from the PPHSN-CB, core and allied members may undertake the roles and functions of the PPHSN-CB either individually or collectively, with regional support consistently provided by the Secretariat of the Pacific Community (SPC), ~~and~~ the World Health Organization (WHO) and the Fiji School of Medicine.

[2] See Annex 3

SPC will serve as the PPHSN-CB Focal Point until otherwise decided by the PPHSN core members. The major roles and responsibilities of the PPHSN-CB Focal Point are to support the functions of the PPHSN-CB by:

1) providing a Secretariat function for the PPHSN-CB,
2) organizing PPHSN-related meetings,
3) transmitting the results of PPHSN-related meetings to the membership and other appropriate entities, ~~and~~
4) representing the PPHSN at conferences and meetings, and
5) making sure minimum resources are available to at least support secretariat functions and information dissemination, which includes PacNet and Inform'ACTION publication,

Other CB members might also undertake these roles from time to time.

(3) STRUCTURE AND MEMBERSHIP OF PPHSN-CB

General Composition of the PPHSN-CB

The PPHSN-CB has 12 members, 7 core members from the PICTs, and 5 allied members. The current membership of the PPHSN-CB is detailed in ***Annex 1***.

Core Membership of the PPHSN-CB

Two factors are currently considered for PICTs representation in the CB:

- **geographical and linguistic representation** (taking into account both French and English-speaking PICTs), and
- **continuity** within the CB (not all of the members should be renewed at once).

Allied Membership of the PPHSN-CB

Of the five allied members of the CB, three are permanent key members – WHO, SPC and the Fiji School of Medicine. The remaining two positions will be chosen from among the PPHSN allied membership.

Selection and Renewal of PPHSN-CB Membership

Details regarding the selection and renewal of core and allied members of the PPHSN-CB are outlined in ***Annex 2***.

Frequency of PPHSN-CB Meetings

The PPHSN-CB will hold at least one meeting each year.

Attendance and Participation of CB Members at Meetings of the PPHSN-CB

The institutions that are allied CB members will be required to bear the costs of their representative's attendance at all meetings of the PPHSN-CB.

If an individual CB member (either core or allied) is unable to attend a given meeting of the CB, their institution, upon consultation with the CB member, may send a replacement representative for that meeting only.

If a core or allied CB member fails to attend 2 consecutive meetings of the CB, that institution may be subject to replacement upon the consensus of the CB membership.

Attendance at CB meetings could be either expanded or restricted upon agreement from the CB membership.

Pacific Public Health Surveillance Network Coordinating Body

– TERMS OF REFERENCE –

2010 MEMBERSHIP

CORE MEMBERS

American Samoa (2010 -2012)

Fiji (2008-2010)

Federated States of Micronesia (2010 -2012)

Guam (2009-2011)

Niue (2009-2011)

Tuvalu (2010 – 2012)

Wallis & Futuna (2009-2011)

ALLIED MEMBERS

Secretariat of the Pacific Community (permanent member)

World Health Organization (permanent member)

Fiji School of Medicine (permanent member)

Institute of Environmental Science and Research (2008-2010)

Pasteur Institute of New Caledonia (2005-2008)

Membership in the Coordinating Body (CB) of the Pacific Public Health Surveillance Network (PPHSN)

Current Renewal of CB membership (2007 and thereafter):

At the 12th and 13th PPHSN-CB meetings in 2006 and 2007, given the complexity of the previous renewal process, discussions resulted in a new process which emphasized simplicity, equity and ownership by PICTs and was agreed on by all CB members. Subsequently, this was approved by the PICTs.

Under this proposed new arrangement, the 21 core members (the Pacific Island Countries and Territories) are divided into seven groups of three. The three countries of each group take it in turns to occupy a seat for a three-year period. The renewal cycle will therefore be repeated every nine years unless changes in core membership occur.

According to this proposal the seven core member seats are assigned to PICTs in a rotating and predictable manner for 3-year periods. Each seat is shared between three PICTs replacing each other, so that the renewal cycle repeats itself every nine years, unless changes in membership occur.

Allied membership renewal procedure remains as before.

Figure 2: PPHSN-CB core member seat allocation effective from 2008, as discussed during the 13th PPHSN Coordinating Body meeting, and agreed by PICTs.

Year	PICT seat in the PPHSN CB						
	1	2	3	4	5	6	7
2007	FP	KIR	SAM	SI	CNMI*	RMI*	TOK*
2008				FJ			
2009	WF	GUAM*	NIUE*				
2010					FSM	AMSAM*	TUV*
2011				PNG			
2012	NC	NAURU*	CI				
2013					VAN	ROP	TON
2014				SI			
2015	FP	KIR	SAM				
2016					CNMI	RMI	TOK
2017				FJ			
2018	WF	GUAM	NIUE				
2019					FSM	AMSAM	TUV
2020				PNG			
2021	NC	NAURU	CI				
2022					VAN	ROP	TON
2023				SI			
2024	FP	KIR	SAM				
2025					CNMI	RMI	TOK
2026				FJ			
2027	WF	GUAM	NIUE				
2028					FSM	AMSAM	TUV
2029				PNG			
2030	NC	NAURU	CI				
2031					VAN	ROP	TON
2032				SI			
2033	FP	KIR	SAM				
2034					Etc.	Etc.	Etc.
2035				Etc.			
2036	Etc.	Etc.	Etc.				

PICT triads – Ordering to match groups of PICT seats						
1	*2*	*3*	*4*	*5*	*6*	*7*
FP	GUAM*	CI	FJ	VAN	ROP	TOK*
NC	KIR	NIUE*	PNG	CNMI*	RMI*	TON
WF	NAURU*	SAM	SI	FSM	AMSAM*	TUV*

* = not previously on CB

Pacific Public Health Surveillance Network (PPHSN)
- Official milestones -

1. Upon recommendation from the SPC Fifteenth Regional Conference of Heads of Health Services (Noumea, New Caledonia, 11-15 March 1996), the PPHSN was created in December 1996, in Noumea, New Caledonia, by the SPC/WHO Pacific Islands Meeting in Public Health Surveillance.

2. In March 1999, the PPHSN work was subsequently acknowledged and further encouraged by both the SPC Sixteenth Regional Conference of Heads of Health Services (16 March) and the WHO Meeting of the Ministers & Directors of Health for the Pacific Island Countries (18-19 March), held back to back in Koror, Republic of Palau.

3. In March 2001, PPHSN achievements were recognized at the joint WHO/SPC meeting of Pacific Island Ministers and Directors of Health in Madang, PNG, and the draft strategic plan initiated by the PPHSN-CB was endorsed for further development. The setup of national EpiNet response teams was proposed by WHO and endorsed by the meeting.

4. At the joint WHO/SPC meeting of Pacific Island Ministers of Health in Nukualofa, Tonga, in March 2003, it was again acknowledged that the PPHSN continues to play an essential public health role in the region, and the importance of strengthening the capacity of the PPHSN-CB and the CB focal point at SPC has been recognized.

5. At a similar meeting held in Samoa in March 2005, surveillance and response was discussed in the framework of the PPHSN, especially regarding the role the network should play with regards to the implementation of the new International Health Regulations, pandemic influenza preparedness and dengue control.

6. At the Ministerial meeting held in Vanuatu in March 2007, PPHSN and its services were mentioned as existing and useful mechanisms for supplementing and strengthening surveillance and response capacities in the PICTs and building core capacities for IHR.

7. At the eighth biennial Meeting of Pacific Island Ministers held in Madang in July 2009, it was recognised that PPHSN continues to play an integral role in international collaboration and communication and thus strengthens the region's IHR capabilities. It was also mentioned that PacNet (together with PacNet-restricted) list played a crucial role in the dissemination of updates and guidance and discussion of response options and priorities as the new A (H1N1) pandemic developed.

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ANNEX 4

PPHSN Allied Membership

[Developed during the 11th Meeting of the Coordinating Body (CB)
of the Pacific Public Health Surveillance Network (PPHSN)
(29th and 31st October 2005, Suva, Fiji Islands)]
(***version 2 of draft***)

Overview

The network is supported by **allied members** - regional training institutions, agencies, laboratories, and other organisations or networks with an interest in public health surveillance in the region, who chose to be a PPHSN member.

Criteria for membership

Allied members should be:
- a regional institution, agency, organization, or network specifically involved in some aspect of public health surveillance in the Pacific;
- willing and able to contribute with specific efforts in support of the objectives, strategies, and activities of PPHSN's Strategic Framework.

Responsibilities and benefits

Allied members share the responsibility with other PPHSN core and allied members to promote and facilitate the objectives, strategies, and activities as outlined in the PPHSN Strategic Framework. This responsibility must be met while upholding the highest standards of professional conduct and ethical practice. ***Entities with commercial interests are obligated to ensure that unfair advantage not be gained through PPHSN allied membership, and that any relevant conflicts of interest be openly declared when appropriate.***

Benefits of allied membership include:
- access to all PPHSN documents and publications;
- access to other PPHSN resources including technical expertise;
- enrolment in PacACNet, the network's email (and fax) listserver; and
- the opportunity to be considered for membership in the PPHSN Coordinating Body.

Application procedures

Eligible entities interested in becoming a PPHSN allied member should correspond directly with the PPHSN Coordinating Body Focal Point through SPC's Public Health Surveillance & Communicable Disease Control Section. The correspondence should include relevant details regarding the entity's eligibility, specific interests, and areas in which they will specifically contribute to the objectives, strategies, and activities of PPHSN's Strategic Framework. All applications for PPHSN allied membership will be considered by the PPHSN-CB in a timely manner. The PPHSN-CB will give its advice about potential new allied members. This advice will need to be endorsed by the PPHSN core membership (PICTs). Contact details for the PPHSN-CB Focal Point are as follows:

Public Health Surveillance & Communicable Disease Control Section
Public Health Programme
Secretariat of the Pacific Community
BP D5
95 Promenade Roger Laroque
Anse Vata
98848 Noumea Cedex
New-Caledonia
Tél.: (687) 26 20 00
Fax: (687) 26 38 18
Email: phs.cdc@spc.int

Contact persons:
Dr Tom Kiedrzynski <tomk@spc.int>
Ms Christelle Lepers <christellel@spc.int>
Mrs Elise Benyon <eliseb@spc.int>

Healthy Islands

Healthy Islands

PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN)
STRATEGIC FRAMEWORK

Public Health Surveillance is a core public health function that contributes to making the Vision of Healthy Islands[3] a reality.

The Goal of PPHSN is to improve Public Health Surveillance and Response in the Pacific Islands, in a sustainable way.

The current focus of PPHSN is outbreak-prone communicable diseases (CDs). This will remain the priority focus until non-communicable disease (NCD) surveillance is better resourced.

PPHSN Strategies

- ✓ Harmonise surveillance data and develop appropriate surveillance systems (with priority given to outbreak surveillance and response)
- ✓ Publish/disseminate timely, accurate and relevant information in various forms
- ✓ Train in applied epidemiology, public health surveillance and related fields based on regional needs
- ✓ Adapt and promote new technologies to support network activities
- ✓ Develop effective partnerships to address to implement the above strategies

PPHSN services

Early Warning and Communication	PACNET	listserver for health professionals regional information dissemination
Identification and confirmation	LABNET	Laboratories : national/territorial **(L1)** L1 with reference capacity **(L2)** reference laboratories **(L3)**
Investigation and response	EPINET	national/territorial outbreak response teams
Infection control	PICNET	national/territorial infection control officers

PPHSN encourages preparedness and collaboration with animal health in support to surveillance and response.

PPHSN core members are the Pacific Island countries and territories. PPHSN allied members are various institutions and organisations supporting the network.

PPHSN has a Coordinated Body with 12 members (7 core and 5 allied) and a Focal Point.

[3] "Healthy Islands are places where children are nurtured in body and mind, environments invite learning and leisure, people work and age with dignity, the ecological balance is a source of pride, and the ocean is protected." – Madang Commitment, March 2001 (building on the Yanuca Declaration of 1995).