SECRETARIAT OF THE PACIFIC COMMUNITY

11th MEETING OF THE COORDINATING BODY (CB)
OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN)
(29th and 31st October 2005, Suva, Fiji Islands)

MINUTES

Words of Welcome - Dr Tom Kiedrzynski

Chairperson for day 1: Nobody
for day 2: Ms Natalie Ngapoko Short (Cook Islands)

List of participants for day 1 and day 2 (see Annexes 4 and 5)

1. Adoption of agenda & timetable

Tom presented the agenda and timetable that were accepted without modification. The agenda is not too intensive, focusing on a few matters only, because the next CB meeting will be organised within a few months (at the beginning of next year 2006).

2. Brief presentation of the PPHSN, Samoa commitment & introduction to the Plan of Action 2004-2006

Joint presentation: Tom Kiedrzynski and Narendra Singh

No comments.

3. PPHSN-CB: TORs & renewal

Few changes have been made to the document (on pages 2, 5 and 6) according to the result of the last CB membership renewal (2004). (see Annex 1 – changes are highlighted in blue)

Membership renewal in 2005:
The process needs to start soon to ensure new members are on board for 2006 (as was done in 2004 for 2005). This time, two sub-regional seats (Micronesia, currently occupied by Palau, and French-speaking countries/territories currently occupied by Wallis and Futuna), two at-large seats (Fiji Islands and Solomon Islands) and one allied member seat are up for renewal.

4. PPHSN allied membership

Jan mentioned that he's representing the FSMed, MHRC, PHRC and PBMA for PPHSN matters.

Tom reported that a letter of invitation (for joining the PPHSN) was sent this year to CDC and that no answer had been received so far. The CB members agreed that it would be good to formalise the relationship between CDC and PPHSN.

The PPHSN-CB focal point received a letter of interest (dated of 9 November 2004) to become an allied member of the network from Marc Shaw, Worldwise travellers health and Vaccination Centre, New Zealand. Copies of this letter were distributed during the meeting for consideration. After discussion, the CB members expressed their concern regarding the rather commercial nature of this institution and they agreed that more information regarding the reason of this request was needed before a final decision can be made. Tom will contact Marc and ask him to provide the CB members with more detailed information on the reason of his

request and the services/assistance that Worldwise could bring to the PPHSN as a PPHSN allied member, in addition to the fact that the institution is already part of the PPHSN as a PacNet member.

While considering Worldwise's request, the CB members realised that there were no written criteria for appointing allied memberships. A list of criteria was developed by Jan before the second day of the meeting and presented to the group for consideration and endorsement (see Annex 2).

After examining the list of allied members, some CB members asked why some partners, such as the Pacific Paramedical Training Centre (PPTC), were not included on the list. It was suggested that a letter of invitation be sent to the PPTC and also that other institutions be approached, such as the Hawaii Institute for Tropical Diseases, UNAIDS (in relation to the inclusion of HIV to the list of PPHSN target diseases) and aid donors.

Regarding the involvement and contribution of aid donors to the network, the CB focal point said that a discussion list called "Flu-aid4pi", which includes a number of donors, had been created recently to ensure coordination between aid donors and agencies in supporting influenza pandemic preparedness in Pacific Island countries and territories (PICTs).

5. Debriefing from meetings, workshops and conferences held since the 10th PPHSN meeting (June 2004)

Narendra

- Surveillance Consultation, Guam, May 2005, organised by Michael O'Leary (CDC/PIHOA). The purpose of the meeting was to look at the progress made in the surveillance area since the establishment of PPHSN. Key issues discussed: training in surveillance, ICT aspect of surveillance, surveillance systems used by the countries, surveillance system database (HIS) softwares available for free and the others. There are a lot of different softwares used at the moment. A working group was assigned to look at and evaluate all the softwares offered /used in the region, including those promoted by commercial companies, and to give recommendations to PIHOA. Another working group was setup to look at surveillance issues and made recommendations to PIHOA. This group was headed by Mark Durand. The third important recommendation from this meeting was that PIHOA recruit an Epidemiologist to replace out-going regional Epidemiologist from CDC/PIHOA. The Epidemiologist should be especially tasked to help AAPI to improve data surveillance, analysis, interpretation and actions. This initiative will be complemented by a PIHOA database project.
- Pacific Island Environmental Conference, Guam, June 2005. Key issues discussed related to PPHSN: dengue and leptospirosis. Narendra presented data and PPHSN activities in relation to these 2 diseases. EPA expressed willingness to collaborate with PPHSN. (For more information, see article in Inform'ACTION 21).
- PIHOA Meetings. The 38th PIHOA meeting in Yap looked at human resource development (training, etc.). During this meeting, PIHOA endorsed its strategic framework as well. PPHSN activities were presented and appreciated by PIHOA members. The 39th meeting took place in Chuuk, 2005. Narendra was not involved in most part of this meeting. He presented the ICT4PHS project and the regional database. Health ministers expressed their interest in health information systems (softwares, forms…).
- WHO POLHNet meeting in Fiji, 2004. This initiative increases ICT capacities and use in the PICTs. WHO provides computer facilities in PICTs. It allows PICTs to access to training activities from their work place. The purpose of the meeting was to look at the future of this initiative. A new coordinator, Steven Baxendall, is now looking after this project from Suva Office. Jan mentioned that they have difficulties with accreditation of the courses offered through POLHNet as well.

Toru

- Fiji National Natural Disaster Management Meeting, 2 weeks ago (2 weeks training), organised by Fiji Ministry of Health (MoH) and WHO. The purpose of this meeting was the preparation for natural disasters and the finalization of the National Influenza Pandemic Preparedness Plan. Fiji MoH will present the document to the Cabinet. WHO recommended a multisectoral approach for the development of the Preparedness Plan.
- The first meeting of Fiji National Avian Influenza Task Force took place 3 weeks ago. The next meeting should take place in 2/3 weeks.
- WHO workshop on the IHR (2005) and Pandemic Influenza Preparedness in the Pacific, next week in Nadi, 2-5 November 2005. This will be an important meeting where the role of PPHSN/EpiNet teams will be clarified with regards to the implementation of the IHR.

Jacob

- Trip to Nauru in August. The purpose of the trip was the development of Nauru Influenza Pandemic Preparedness Plan. The plan will be presented by Dr Godfrey Waidubu the following week during WHO workshop. PPHSN data and information were used as examples in the development of the Plan.

Ngapoko

- PIPS meeting organised by WHO and UNICEF at SPC Noumea, May 2005. Key issues discussed: surveillance of AFP, AFR and NT, WHO/PPHSN Hospital Based Active Surveillance system (monthly reports). The elimination of measles by 2012.
- Filariasis meeting in August 2005.
- Visit for Tom and Maria Concepcion Roces (Conchy) in August. Key issues addressed: useful support and capacity building for CDs, Influenza Pandemic Preparedness Plan (updated according to new WHO phases). The plan will be presented to the Cabinet in 2 weeks time, the week after WHO workshop. Ngapoko mentioned that the animal health professionals were involved in the development of the plan. All the other sectors will also be involved. The Cook Islands appreciated the training in surveillance and outbreak investigation provided on the trip.

Ruth

- Ruth mentioned a few ESR projects:
  - NZ National Centre for Biosecurity and Infectious Diseases (joint project with Ministry of Agriculture).
  - Surveillance infrastructures being built.
  - Research programme and Envirogenomic, microbio and chemical forensic.
- ESR is using early aberration reporting system (EARS) to identify outbreaks in notifiable diseases.
- Assessment in terms of new vaccines for meningococcal diseases is ongoing.

Jan

- Foodborne disease surveillance in the region: progress has been made. A technical working group has been created and teleconferences are regularly organised. Training activities at the regional level are being discussed and should be organised soon. A process to build capacity in foodborne disease surveillance for Fiji is under development. Gains made in Fiji need to be consolidated and spread to the region.
- Training activities on ethics are carried out with the University of Philipines. (pilot in Vanuatu)
- The PHRC: progress in 15 countries (Fiji, 3 days meeting) – research methods and bioethics teaching are ongoing or near complete.
- Laboratory technician training for HIV and AIDS testing through Global Fund document has been prepared and presented. The training is to be undertaken by FSMed.
- FSMed is progressing in the NCD surveillance area and is willing to contribute into the regional database.

Tom

- Asia Pacific Forum, held in Cairns at the James Cook University - Key issues discussed: CD sessions, 1 session on dengue: John Askov mentioned that the genetic analysis of DEN-1 viruses showed multiple introduction of DEN-1 in the region. Tom mentioned that PanBio Rapid tests for dengue need some improvement. IPNC assessed another test for dengue in Yap. The report will be published soon.
- ICT4PHS Workshop, Pohnpei, August 2004 – Purpose: interface to have data available at national level (information flow, database, etc). For more information, see article in Inform'ACTION 19
- Trip to the Cook Islands in September 2004. Visit with Dr Seini Kupu to take over her activities.
- First Pacific Health Summit for Sustainable Disaster Risk Management co-organised by the University of Hawaii and CDC/PIHOA in Hawaii, June 2004. The outcome of this meeting was a regional declaration/plan of Pacific strategies for sustainable disaster risk management, as related to public health and medical issues. (For more information, see article in Inform'ACTION 18).
- Second Pacific Health Summit for Sustainable Disaster Risk Management, organised by CDC/PEHI, Fiji, June 2005. The summit brought Pacific Island health ministers, national planners and donors together. Its objectives were to prepare concept proposals to address most important issues according to the 10-year regional plan for emergency response developed during the 1st summit. The concept proposals will be published by CDC/PEHI. (For more information, see article in Inform'ACTION 21).

- Micronesian Legislative Conference, September-October 2005. Participated to this meeting with Dr Michael O'Leary.
- Millennium Development Goal (MDG) meeting in Tuvalu, February 2005. Multisectorial meeting with different people working in the development area. Some of the MDG indicators are directly related to health, therefore generated by public health surveillance.
- Meeting of the Ministers of Health in Samoa, March 2005. Already discussed.
- Meeting in Wallis and Futuna, April 2005. Purpose: to review their health services and systems. A session was made to set-up a public health unit.
- Statistics and Planning Officers Conference organised by SPC. Contribution on the use of modelling for planning the preparedness to outbreaks.
- WHO Asia Pacific Strategy for Emerging Diseases, June 2005. The strategy has been presented and endorsed at WHO Regional Committee Meeting (RCM) in September.
- Trip to the Cook Islands, August 2005, with Maria Concepcion Roces (Conchy). To emphasize on the first country visit last year. The first week focused on IHR and the second week on other CDs, including Pandemic Preparedness Plan.
- Participated to the development of a draft Influenza Pandemic Preparedness Plan for New Caledonia. The draft plan was presented during the health workshop held in parallel to WHO RCM.

6. Training developments and achievements

Narendra described progress on the series of training courses on Data for Decision Making (DDM) delivered this year in Guam and the Northern Mariana Islands (PowerPoint presentation). More information and comments from the group are available in the Plan of Action (annex 3 – under recommendation 6).

The issue of accreditation of these courses by the Fiji School of Medicine (FSMed) was again raised. Jan promised to look at the problem and to make a submission to the FSMed Academic Board in January 2006. The recognition of this training by an institution like FSMed would certainly help in developing epidemiological capacity, retention and career progression for health professionals in PICTs.

Tom mentioned that training sessions on leptospirosis for PICTs will be organised in April 2006 by the Pasteur Institute of New Caledonia and SPC. The courses will include laboratory practice and surveillance sessions.

The lack of field activities supervisors for FSMed students (in Field Epidemiology) was brought up. To help fill the gap, Jan suggested the possibility of involving "future" members of the Regional EpiNet Team in this area. The group agreed with the suggestion. CB members also agreed that the DDM like courses should continue to build up field supervisors.

7. How do we further strengthen national EpiNet (surveillance and response) teams?

CB members made several suggestions including the following:

- DDM training courses could focus on EpiNet teams from now on
- Link with IHR core capacity assessments (good opportunity for capacity building)
- Training analysis should be conducted through IHR assessments, e.g. by adapting WHO/IHR assessment instruments
- A Pacific Epidemic Intelligence Service (EIS) could be created to provide assistance to National EpiNet teams
- EpiNet teams could meet annually, which would also provide an opportunity for training
- EpiNet teams could report on their activities annually
- EpiNet teams could carry out drills, which could form part of a continuing accredited education process

Addressing this issue through IHR core capacity assessments was unanimously recognized as a good idea and CB members decided to discuss it further during the following WHO meeting. The assessment tool was taken by Narendra and Jan to check how much it could be used for training assessment.

It was also suggested that the Regional EpiNet Team will provide a great opportunity for training activities, once it is established. For example, when members of the team investigate an outbreak, they could invite health professionals or students to join them and learn from this experience (More information available in Annex 3 – recommendation 6).

8. CB members' involvement in PPHSN development

CB members considered the following question: how can we increase CB members' involvement in PPHSN development?
Ngapoko asked if there was a presentation on the PPHSN that CB members could use to promote the network. She also mentioned the PPHSN leaflet as a good promotion tool. All this should be made available on the website. Other CB members shared the same view and it was suggested that these promotion tools be included in the directory of PPHSN resources.
Jean-Paul suggested that each CB member, able to do so, could help one neighbouring country (e.g. New Caledonia could provide assistance to Vanuatu).

9. Communication issues

The CB members looked at ways of increasing communication among the group. They agreed that a possible option could be to regularly look at the work plan and report on progress made. The PPHSN-CB discussion list was mentioned as a possible means of communication, but some of the members thought that this might not work because they receive too many emails every day. They were more in favour of teleconferences as discussed during the last CB meeting. It was agreed that there should be one or two teleconferences in addition to the CB meeting. It was also mentioned that Skype or calls generated from overseas countries could be used if cost was an issue.

10. PPHSN publications: briefing and discussion

Christelle presented the PPHSN publications, especially Inform'ACTION and the draft of the directory of PPHSN resources, and two websites (PPHSN and Distance Education in Health for Pacific Islands).

Inform'ACTION
All CB members, except those who have joined the network recently, Kubo Toru and Jacob Kool from WHO, and Ruth Pirie from ESR, confirmed that they receive Inform'ACTION. The new members will be included to the list of distribution. Ngapoko mentioned that Inform'ACTION was appreciated in the Cook Islands and that her office had recently mailed photocopies of the bulletin to outer islands. Christelle thanked Ngapoko for the positive feedback and invited her as well as all the other CB members to contact SPC's PHS&CDC Section whenever they need more copies of Inform'ACTION or other PPHSN publications.

Directory of PPHSN resources
CB members generally approved the draft of the directory of PPHSN resources. Jacob mentioned that it was important to reduce the size of the documents included in the directory to the minimum in order to allow the PICTs to open and use them easily with their IT equipment. Christelle assured that the accessibility issue was taken into account for the development of all PPHSN information tools. The directory will be finalised very soon and published on-line on the PPHSN website. A printable version of the complete document will be included on the CD-ROM. Once it is finalised, copies of the complete set (CD-ROM including the printable version) will be distributed to all PPHSN members.

Websites
No special comments were made on the websites, except the fact that most members did not know the secure "outbreak monitoring" pages on the PPHSN website.

11. Plan of action 2004-2006 – Progress and issues to address

The CB members went through the Plan of Action and discussed each of the activities. The progress and ideas to address issues are summarised in Annex 3.

12. Pandemic Influenza Preparedness & PPHSN: briefing discussion

See details in annex 3, under recommendations 2 and 3.

The PPHSN-CB focal point summarized the activities of PPHSN partners since the 1st Regional EpiNet Workshop in September 2003:

- Creation of an influenza specialist group (ISG).
- Proposal developed and funding received from ADB through the SARS 'RETA' project with the recruitment of a consultant working specifically on influenza (Dr Seini Kupu), who undertook seven visits to PICTs on awareness raising and influenza pandemic preparedness, and also developed the PPHSN guidelines for influenza in consultation with the ISG.
- Publication of PPHSN influenza guidelines.
- WHO new documents (influenza pandemic preparedness checklist and global influenza preparedness plan with a new pandemic phase classification)
- Pandemic Preparedness issues discussed in Samoa during the Ministers of Health meeting and also during the WHO Regional Committee Meeting (RCM).
- Various proposals sent to aid donors with positive feedback received so far: CDC approved the Project on Increasing Influenza Surveillance (details in annex 3 under recommendations 2 and 3) and New Zealand endorsed the proposal entitled "Strengthened National Influenza Preparedness (SNIP)".
- Creation of the list "Flu-aid4pi" for aid donors (see section 4).
- Statement from Prime Minister John Howard that Australia will give AUD8 million for pandemic preparedness in the Pacific Island region.
- Willingness of New Zealand to share their experience during drills/exercises to test their new influenza pandemic plan (they have invited New Caledonia to participate in the exercise).

CB members also listed briefly common issues that needed to be addressed during the following WHO meeting. These included travel limitations, access to antivirals and vaccines, and stockpiles for PICTs.

13. IHR & PPHSN: briefing discussion

The presentation proposed by Tom was well received by the CB members. However, they all agreed that the diagram illustrating the possible involvement of the PPHSN in the IHR implementation needed some improvement. Some members thought that WHO should be notified before PPHSN, others thought that they should be notified in the same time. Jacob reminded the group that WHO was part of PPHSN anyway.
All CB members agreed that it was very important to remember the conclusions and recommendations of the Samoa Commitment established during the WHO meeting.

14. Other matters, including next CB meeting

Other matters brought up by CB members included:

- Information on risk communication (from Ngapoko); there are materials from a WHO workshop held recently in Singapore.
- The possible utilisation of PPHSN facilities by outside people. This question was asked during the filariasis meeting (from Ngapoko).
- The ongoing good information (such as the ones circulated during the SARS period) circulated through PPHSN communication tools is appreciated by the Cook Islands and Ngapoko is expecting that the same kind of information will continue to be circulated.
- The CD regional database: although some progress has been achieved in-country, the regional database is in fact a project by itself, and requires quite a significant input. Jan expressed his concern regarding the regional database project mentioned by Narendra and Tom. Apparently, a number of CD database projects would be initiated by different organisations/institutions and this could generate confusion. Tom replied that the PPHSN regional database project had already been discussed and that WHO agreed that the database depository should be at SPC. The project has already started through ICT4PHS project. A lot of progress in relation to the second generation surveillance for STI has already been made by Tim Sladden (HIV, AIDS, STI Surveillance Specialist at SPC). STI databases are already in place in some PICTs. The regional database could be built on those achievements. The problem is that, actually, nobody has the time to work on the regional database. Tom mentioned that ideas on how to progress in this area are very welcome. A few ideas came out of the discussions: e.g. get someone to work full-time during a short period/or part-time during a longer period on this issue, it could be a project for a postgraduate Public Health student.
- PPHSN structure could be used for NCD information, but someone has to work on it.

The next CB meeting is tentatively planned in February/March 2006 in conjunction with the infection control workshop.

During the closing session, Mahomed wanted to pay a tribute to all PPHSN members for the impressive advances and achievements made since the creation of the network in 1996. He believes that PPHSN is an excellent example of collaboration where organisations and partners work closely together without competition. Jacob also mentioned that he was impressed by the enormous activities and work carried out by the PPHSN.

LIST OF ANNEXES

Annex 1: PPHSN-CB Terms of Reference (with changes highlighted)
Annex 2: PPHSN Allied Membership – Draft version 2
Annex 3: Plan of Action 2004-2006 – including progress as on the 11th CB meeting
Annex 4: List of Participants – Day 1
Annex 5: List of Participants – Day 2

LIST OF ACRONYMS

AAPI	American-affiliated Pacific Islands
AFP	Acute Flaccid Paralysis
AFR	Acute Fever and Rash
CB	Coordinating Body
CDC	Centers for Disease Control and Prevention
CDs	Communicable Diseases
CSR	Communicable Disease Surveillance & Response (WHO)
EPA	Environmental Protection Agency
FAO	Food and Agriculture Organization
FSMed	Fiji School of Medicine
HIS	Health Information System
ICT4PHS	Building ICT capacities for Public Health Surveillance project
IHR	International Health Regulations
IPNC	Institut Pasteur de Nouvelle-Calédonie
MDG	Millennium Development Goals
MHRC	Micronesian Human ResourceS Development Centre
MoH	Ministry of Health
NCDs	Non Communicable Diseases
NT	Neonatal Tetanus
PBMA	Pacific Basin Medical Association
PEHI	Pacific Emergency Health Initiative (CDC)
PHRC	Pacific Health Research Council
PICTs	Pacific Island Countries & Territories
PIHOA	Pacific Island Health Officers Association
PIPS	Pacific Immunization Programme Strengthening
POLHNet	Pacific Open Learning Health Net
PPHSN	Pacific Public Health Surveillance Network
PPTC	Pacific Paramedical Training Centre
SPC	Secretariat of the Pacific Community
WHO	World Health Organization

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[1]. 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 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 to support the activities and functioning of the PPHSN by:

1) developing 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;
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.

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[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. 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. In March 2001, it was again 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. 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. 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.

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).

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.

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

Three factors are considered for PICTs representation in the CB:

- **geographical and linguistic representation** (taking into account both French and English-speaking PICTs),
- **continuity** within the CB, and
- the **level of development of public health surveillance** within the PICTs.

The geographical and linguistic (French/English) representation by sub-region is to be continued. At least one member should represent each of the following sub-regions:
- Micronesia (CNMI, FSM, Guam, Kiribati, Marshall Islands, Nauru & Palau),
- Melanesia (Fiji, PNG, Solomon Islands & Vanuatu),
- Polynesia (American Samoa, Cook Islands, Niue, Pitcairn, Samoa, Tokelau, Tonga & Tuvalu),
- francophone PICTs (French Polynesia, New Caledonia, Vanuatu[2] & Wallis & Futuna).

Continuity over time should be maintained 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***.

[2] In the case of Vanuatu, the French speaking nature of part of the population will have to be addressed through the country's representation in either the Melanesian group or the francophone group, but they would not be able to maintain membership through renewal by switching their representation from one group to another.

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 of the 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.

ANNEX 1

Pacific Public Health Surveillance Network
Coordinating Body

– TERMS OF REFERENCE –

CORE MEMBERS

Cook Islands

Fiji Islands

New Caledonia

Palau

Papua New Guinea

Solomon Islands

Wallis and Futuna

ALLIED MEMBERS

Secretariat of the Pacific Community **(permanent member)**

World Health Organization **(permanent member)**

Fiji School of Medicine **(permanent member)**

Communicable Diseases Network Australia / New Zealand &
National Centre for Epidemiology and Population Health

Institute of Environmental Science and Research

ANNEX 2

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

Note: as the renewal procedure hasn't been started in 2001 as expected, but in 2002, all the dates (years) mentioned in this annex were changed accordingly, ie. delayed by one year (2001 became 2002 etc).

Initial renewal of CB membership (in 2002)

Renewal of the Core CB members (country health representatives)

There will be seven Core (country) CB members, as follows:

- Four **subregional seats** are selected following direct nomination and selection by countries (one for each of four subregions[1]).

  This should occur following a call for nominations addressed to all heads of health, and posted on PACNET. Each of 4 subregions should nominate (*see methods* [2]) at least 2 persons (*see criteria* [3]).

- Three **at-large seats** are selected following nomination by countries and selection by the sitting CB members.

The sitting members will provisionally select these 3 additional country CB members from among the nominations not selected above. The CB will consider such factors as a balanced representation of surveillance system development, geographical representation, and continuity.

Should there be fewer than 7 nominations, the PPHSN CB will nominate additional Core CB members, applying the selection criteria for at-large members, above. The countries of tentatively selected nominees will be contacted for consultation and approval.

All 7 selections will then be circulated to all PPHSN country members for information, comments, and endorsement.

Renewal of allied CB members

Beginning in 2004, health professionals interested in CB allied membership will be asked to communicate their expression of interest to their institution. The institution's leadership will nominate the interested individual, and provide a statement of willingness to fully participate in the CB.

Allied CB members will be chosen from among nominees by the sitting CB for a 3-year term.

Subsequent renewal of CB membership (2004 and thereafter):

Two subregional seats*, one at-large seat*, and one allied member seat* will be subject to renewal again in 2004, and every 3 years thereafter, according to procedures described above.

Two subregional seats, two at-large seats, and one allied member seat** will be subject to renewal again in 2005, and every 3 years thereafter, according to procedures described above (see figure 1, next page).

* Incumbents selected at random for replacement
** Excluding WHO, SPC and the Fiji School of Medicine who are permanent members

[1] **Subregions**

Melanesia: PNG, Solomon Islands, Vanuatu, Fiji
Micronesia: FSM, Marshall Islands, Palau, Guam, Northern Mariana Islands, Kiribati, Nauru
Polynesia: Tuvalu, Samoa, American Samoa, Tonga, Niue, Tokelau, Cook Islands, Pitcairn
French-speaking: New Caledonia, French Polynesia, Wallis and Futuna, Vanuatu

[2] **Methods**

The following methods may be considered for subregional nomination:

- Consensus among heads of health of the countries of a subregion regarding the first choice nomination and an alternate, achieved through:
  - Direct discussion;
  - Joint decision during a subregional or Pacific islands meeting; or
  - Restricted electronic discussion group (through PACNET-restricted, for example)

  Heads of health may use any criteria they wish for consensus on subregional nominations, e.g. alphabetical rotation by country; nomination of several candidates and selection by voting, etc.

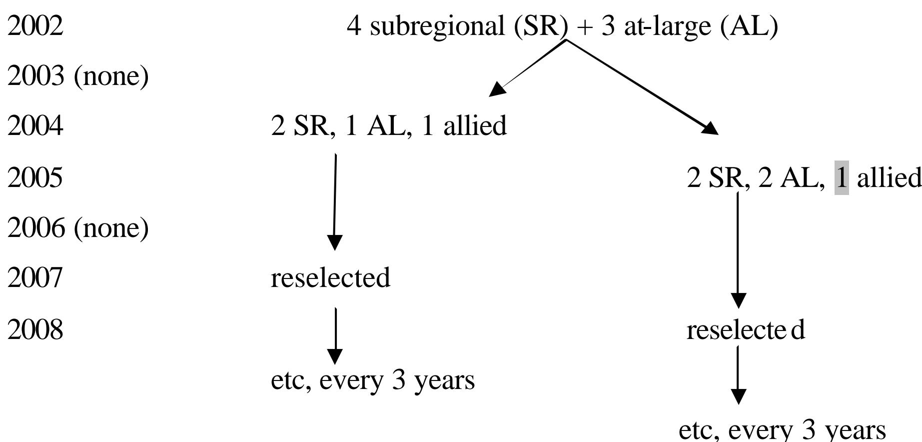
- Should discussion and consensus not be practical, any country so wishing may nominate a person to the CB by forwarding the name to the CB focal point (SPC). Nominations from a subregion will be consolidated and recirculated to all subregional country members for voting to determine subregional representatives.

[3] **Criteria**

Some suggested criteria:

- be primarily engaged in public health work,
- have interest in regional work,
- have some experience in public health surveillance, and
- be willing and able to commit time to the work of the CB and to actively discuss and disseminate information in their subregion.
- be a member of the national surveillance and response team

Figure 1.
CB members selected, by year of selection (according to "renewal of membership" methods)



PPHSN Allied Membership
(*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 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 PacNet, 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. 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>
Dr Narendra Singh <narendras@spc.int>
Mr Tim Sladden <tims@spc.int>
Ms Christelle Lepers <christellel@spc.int>
Mrs Elise Benyon <eliseb@spc.int>
Mrs Jennifer Corigliano <jenniferc@spc.int>

PLAN OF ACTION 2004-2006 – Progress as on the 11th CB meeting

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame	Progress as on the 11th CB meeting
1. To establish and maintain strong collaboration between human and animal health services both in country and at regional level. **Comment: This recommendation is linked to the specific objective 3 (SO3) of the PPHSN Strategic Framework**					
Representatives from the Veterinary/animal health services are members in the National influenza pandemic taskforces/ CDCC or similar bodies.	Representatives from veterinarians or animal health services in the National influenza pandemic or national health taskforces or CDCC	Reports and attendance from minutes of meetings	National/Regional EpiNet focal points/Animal Health focal points, MOH, Animal health services	By August 04	This is usually achieved
Investigate outbreaks of disease/deaths in animals, even if based on rumours only, and report to human health or EpiNet teams and communicate risks to the general public.	Number of investigations carried out based on rumours. Number of confirmed outbreaks of animal/avian influenza or other disease	Report and documentations	Animal health services, MOH (incl. National EpiNet teams), PPHSN working partners	Whenever an outbreak is suspected and investigated	The brucellosis outbreak in Wallis and Futuna was stated as a good example where public health and animal health specialists worked together (check Inform'ACTION 18 supplement for more information)
Regional/sub regional meetings of representatives from animal and human health to address human diseases of zoonotic origin	Meetings as indicated by events in the region or globally, or proactively biannually, where both parties attended	Meeting reports	As above plus FAO, OIE, Regional Animal Health services	Whenever indicated or biennially	No collaboration so far, apart from the last regional EpiNet workshop, where animal health experts were invited
Dual postings of interest to animal and human health in PacNet and PacVet	Number of postings and/or cross postings per month	Report of postings on PacNet and PacVet	National EpiNet team and focal points for animal health, PPHSN-CB focal point and working partners	First posting by August 04 and ongoing	Reports from PacVet of relevance to public health are systematically posted on PacNet
Ideas to improve the collaboration between the public health and animal health experts: • Mahomed mentioned Malaysia as a good model where the Ministry of Health (MoH) and the Ministry of Agriculture (MoA) work together. Jean-Paul mentioned that this model could not be reproduced in New Caledonia because the MoH and MoA experts don't share anything. They have their own laboratories for instance and they are always in competition. • Tom said that the collaboration started in fact through Influenza Pandemic Preparedness Plan activities. • It was mentioned that the collaboration works in entomology and that it might be worth trying to expand from this experience. • Mahomed also suggested that a veterinary could be included in each EpiNet team.					

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame	Progress as on the 11th CB meeting
2. To develop and strengthen capacity on influenza surveillance in PICTs to facilitate swift detection of an outbreak, and to undertake responsibility of preparedness to influenza pandemic threat or occurrence. **Comment: This recommendation should be updated with the outcomes of the following WHO workshop on IHR and Pandemic Influenza Preparedness.**					
2a. To strengthen early warning systems and surveillance for influenza covering both inter-pandemic and pandemic periods					
Proactive investigations, and early reporting of clusters based on rumours, of acute fever and respiratory symptoms e.g. acute fever and cough; OR large number of animals sick or died of unknown causes.	Number of clusters identified and investigated	Reports of investigated clusters.	MOH (EpiNet teams/CDCC) and Animal health focal person(s), with PPHSN working partners	Whenever an outbreak is suspected and investigated	-
Regular feedback and risk communication from central level to those reporting from the fields.	Number of information feedback from Central to those reporting from fields and vice versa. Number of postings to PacNet.	Number of feedback reports and reports on postings from PacNet archive	MOH (EpiNet teams/CDCC), PPHSN-CB focal point, WHO, and other working partners	Ongoing	Tom mentioned that Christelle was regularly checking the medias, seeking information regarding outbreaks of CDs in the PICTs and that the reports found were posted on PacNet-restricted with a request for information.
2b. To improve and strengthen Influenza- like illness (ILI) surveillance using PPHSN Influenza preparedness guidelines as references.					
To standardize and harmonise clinical case definition (as in PPHSN Influenza Preparedness Guidelines and that of countries)	Technical assistance provided through country visits to at least five of the PICTs	Technical assistant's country-visit reports.	MOH (EpiNet teams/CDCC), PPHSN-CB focal point, WHO and other working partners	By December 2005	These activities were carried out last year by Dr Seini Kupu as ADB consultant for PPHSN.
To support analysis and interpretation of surveillance data on ILI or similar data.	Analysis and interpretation of ILI or similar data for at least five countries.	Technical assistant's country visit reports.	MOH (EpiNet teams/CDCC), PPHSN-CB focal point, WHO and other working partners	By December 2005	These activities were carried out last year by Dr Seini Kupu as ADB consultant for PPHSN.
Refer also to Section 3					

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame	Progress as on the 11th CB meeting
2c. Countries to undertake Influenza Pandemic Preparedness Plan using PPHSN influenza Pandemic preparedness guidelines and WHO Checklist as references.					
PPHSN influenza pandemic preparedness guidelines are compiled in close consultation with ISG and completed.	The guidelines are completed for distribution.	Copy of the guidelines	PPHSN-CB focal point with ISG	End of July 04	This activity was carried out last year by Dr Seini Kupu as ADB consultant for PPHSN in consultation with PPHSN ISG.
PPHSN influenza pandemic preparedness guidelines are distributed to EpiNet teams(/CDCC) and DOH before Ministers of Health meeting in Samoa, 2005.	PPHSN influenza pandemic preparedness guidelines distributed to EpiNet teams and DOH	Distribution list	PPHSN-CB focal point	By August 2004	Same as above. Tom mentioned that the PPHSN guidelines need to be updated in accordance with WHO's new pandemic phases. In the meantime, a page including the table comparing WHO phases published in 1999 with the new ones published in 2005 has been included in the document.
National influenza pandemic preparedness Plan to be completed within the timeline set by country representatives during, and after the EpiNet meeting	National influenza pandemic preparedness Plan is completed within timeline, using the PPHSN influenza pandemic preparedness guidelines as well as WHO Checklist as references.	Completed document available	MOH (+EpiNet team/CDCC, Taskforces) with Animal health services.	By January 05 (latest by countries)	Tom reported that half of the PICTs have started the pandemic process and that half of these countries (around 5) have compiled draft pandemic preparedness plan.
To share national influenza pandemic preparedness plan with community and other stakeholders.	Number of community meetings; multimedia awareness programs; short survey on scope of community awareness and knowledge of pandemic implications.	Reports on activities.	As above	Started in January 2005	See above.

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame	Progress as on the 11th CB meeting
The PPHSN influenza pandemic preparedness guidelines is to be itemized in the agenda for Ministers of Health's meeting in Samoa, 2005	This document is included in the agenda for Health Ministers' meeting, Samoa 2005	Agenda for the Ministers of Health meeting. Report of the meeting.	MOH, PPHSN-CB focal point, WHO and PPHSN partners	By August 04 (itemised in Agenda) By Jan 05 (document distributed to Ministers)	Achieved.
An animal influenza component is to be part of the PPHSN influenza pandemic preparedness guideline	The animal influenza section is incorporated in the PPHSN influenza pandemic preparedness guideline	The PPHSN influenza pandemic preparedness guideline	SPC Vet, Regional Vet services, PPHSN-CB focal point and working partners	By July/August 04	Recommendations on the PPHSN website only.
2d. National advocacy for influenza pandemic preparedness to be scaled up accordingly.					
To scale up advocacy via health promotion activities encouraging community participation in the pandemic preparedness plan and activities	Number of related activities and publications produced and implemented	Record of implemented activities and publications	MOH, Animal health services, national EpiNet teams.	Started August 04 and ongoing	Ongoing.
To link with national disaster preparedness plan and Bio-terrorism preparedness plan	Channels of communications have been identified, established and operationalised	Inventory of established channels and reports on activities	MOH (EpiNet teams/CDCC), and other relevant Ministries, Animal health services	By mid 2005	?
To advocate for highest political commitment at national, regional and international levels, through Ministers of Health meeting in Samoa, 2005	Required relevant documents are prepared for the Health Ministerial meeting in Samoa, 2005	Meeting agenda Report of the Ministers of Health, Samoa 2005	As above	By January 2005	Achieved.

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame	Progress as on the 11th CB meeting
3. To explore and develop feasible options for the assessment of the burden of influenza in PICTs.					
To undertake a retrospective 3 year-data analysis in country level for ILI or similar data; evaluate surveillance systems, and prospectively set-up ILI surveillance.	Reports of ILI or similar data analysis and interpretation from at least 3 of the PICTs per year. Contracted technical assistant.	Surveillance and Evaluation reports.	MOH (EpiNet teams/CDCC), Animal health services, PPHSN and working partners (SPC, WHO, FSMed)	By end of 2005	Not achieved yet. Comments: > George mentioned that their current surveillance system in Solomon Islands was mainly focusing malaria (based on fever symptoms). > Mahomed was wondering if a retrospective analysis was feasible and valuable (disadvantages/problems: very expensive, could pick-up false positives, would be focused on hospitals data and might be difficult to get an idea of the impact on the community level). > Tom introduced the project entitled "Increasing Influenza Surveillance in the Pacific Island Region" funded by CDC and expected to start very soon. > Richard was wondering if ILI surveillance could not be linked to HBAS system already in place. The system could be expanded and include surveillance of acute fever and cough for instance. It would be a good opportunity to consolidate what already exists. Some members mentioned the problem of target people which was different for HBAS and ILI. The collaboration at the laboratory level was also

					mentioned as a possible option (ILI laboratory reporting could be linked to EPI laboratory system), but some members were sceptical about this option because of the long delay to have the tests confirmed for ILI (several weeks).
Assess impact of confirmed influenza outbreaks	Data on outbreaks are collected, collated, analysed, interpreted and disseminated.	Activity reports PacNet	As above	As an outbreak is confirmed	Done by New Caledonia.
Link to 2b					

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame	Progress as on the 11th CB meeting
4. To develop and strengthen laboratory capacities to facilitate efficient surveillance especially influenza and dengue virologic surveillance in PICTs.					
4a. .L1 labs to have access to rapid test kits for influenza & dengue (outbreaks)					
Identify and prioritise national L1 labs to gain access to test supply for confirming outbreaks of influenza.	List of national priority laboratories in (L1) for supply of necessary test kits	Prioritised L1 lab list List of labs supplied tests	LabNet technical working body (TWB) and working partners, National laboratories/ LabNet focal points	By mid 2005	Part of Influenza surveillance project above-mentioned.
Develop and maintain procurement channels for dengue rapid test kits.	Supply procured upon request from countries.	List of tests supplied to labs	As above	Ongoing	Already done through SPC or WHO.
4b. L2 labs to have Immunofluroscent microscopy capacity at least for influenza					
Identify funding and procure supply and equipments to identified L2 labs	Funds available. Procurements of supplies for identified L2 laboratories	Activity report including expenditure and supplies.	LabNet TWB and working partners.	By end 2006	Part of Influenza surveillance project above-mentioned.

4c. L2 labs to have ELISA testing for dengue					
Identify funding and procure supply and equipments upon L2 requests.	Funds available. Procurements of supplies for L2 labs	Activity report including expenditure and supplies.	LabNet TWB and working partners.	By mid 2005	Guam Public Health Laboratory and Mataika House in Fiji now also have the capacity to perform ELISA testing for dengue.
4d. Countries with L2 labs to establish or continue sentinel ILI and virologic surveillance					
Training of human resource to use test kits/equipments and for maintenance purposes	At least two trainings conducted within time frame of this recommendation/ Action Plan	Activity reports: number of training s done; and number of people trained.	Institute Pasteur, LTWG and working partners (PPTC, WHO Coll. Lab.)	By end of 2006	Not initiated yet. This activity will be carried next year by the PPHSN Laboratory Specialist funded by ADB, who will arrive in February 2006.
Ensure total quality management system (TQMS); quality assurance (QA), quality control (QC) and quality improvement (QI) including safety procedures are in place.	At least two lab assessments and training sessions are carried out for L2, and at least one for L1, within the set time frame Biosafety provisions and protocols in place.	Training report List of labs with protocols and bio-security provisions	LabNet TWB especially WHO with PPTC, WHO coll. labs, and other working partners	By end of 2006	Same as above.

Activity	**Mesurable Indicators**	**Means of verification**	**Leading Agency/group**	**Time frame**	**Progress as on the 11th CB meeting**
5. To further develop and improve surveillance systems in the PICTs by optimising use of scarce resources for PPHSN expanded list of priority diseases.					
5a. Dengue Fever					
To integrate findings based on best practice for surveillance and research (vector/clinical/laboratory) into the PPHSN framework and guidelines.	Best practices identified Contextually appropriate evidence integrated into national dengue control programs of at least 3 PICTs	Reports or publications on best practice Reports on number of countries integrating best evidence	National EpiNet teams, MOH, PPHSN-CB focal point & WHO, working partners	Ongoing	Ongoing

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame	Progress as on the 11th CB meeting
To continue vigilance in awareness program, and enforce public health interventions on dengue fever control programs in view of DEN-3 threat to PICTs.	Frequency of relevant messages on PacNet and risks communication to PH and EpiNet teams	PacNet: number of messages & relevance of content Inform' ACTION	MOH, PPHSN working partners	Ongoing	Ongoing
PPHSN Dengue Fever Guideline completed peer reviewed, published and distributed to PICTs.	PPHSN Guideline on Dengue Fever finalized, published and distributed	Guidelines Distribution List	WHO & PPHSN -CB focal point (and working partners).	By end of 2004	Tom mentioned that the PPHSN Guidelines for dengue are actually under review and that they could be ready soon if time allows. He also informed the group on the status of the other guidelines under development/or that need to be developed (AFR almost ready for publication – dengue, typhoid fever under review – influenza and SARS published – cholera, leptospirosis and laboratory guidelines need to be developed). On this regard, Toru said that he was going to check the status of WHO APWs issued for the guidelines. In light of the long delay in completing these tasks, Tom was wondering if some of this work could be shared among the CB members, because the PPHSN CB focal point was not able to do everything for the CB.
Dengue Fever Guidelines adapted and implemented at national level	National Guideline in 5 PICTs	Copies of guidelines	MOH (EpiNet teams/CDCC)	End of 2006	–

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame	Progress as on the 11th CB meeting
Seek and identify funding for regional and national dengue fever programs	Funding Proposal Accepted Prioritise 2 national dengue control programs for funding assistance	Report on funding and prioritised countries	MOH, WHO & PPHSN working partners.	Ongoing	Ongoing. Naren mentioned a project on entomology and dengue surveillance that has been developed in collaboration with IPNC, including two components: training and vector surveillance, and that will be shared with other PPHSN members very soon. On this regard, he also mentioned that a training workshop on identification and vector mosquitoes has already been delivered in Guam in July 2005 (For more information, check Inform'ACTION 21).
5b. Acute flaccid paralysis (AFP) and acute fever and rash (AFR) surveillance is to be supported within the framework of PPHSN					
Develop procedures and trial runs for email communication for hospital based active surveillance.	Procedures and trial runs documents	Copy of document & Reports	WHO (EPI), UNICEF, MOH (EpiNet teams/ CDCC), PPHSN-CB focal point and working partners.	By end of 2005	This activity was carried out. Copies of email reports have been posted on PacNet-restricted every month (before the 10th of each month) since the beginning of the trial. A progress report was also published in Inform'ACTION 19 and another one will be published in the PHD issue on Public Health Surveillance in the Pacific issue coordinated by the PPHSN CB focal point (SPC) and due to be published very soon. The email reporting system has now been expanded to other PICTs. The HBAS has also been developed

					with the introduction of dried venous blood spots for testing and laboratory capacities have been strengthened. The packaging issue for the sending and transportation of tests was brought up during the discussions. Richard mentioned that the problem had been sorted out in the North Pacific but not in the South. Airlines have all different requirements and this issue will be difficult to address. Jacob was wondering if a person was certified to provide training on packaging in the region. Tom said that the laboratory specialist, who will arrive next year, will be working on this area and that he's a certified trainer. Richard added also that new guidelines on packaging were being developed by WHO and that they should be published very soon.
Select pilot countries for the trial run and train appropriate health workers	Training document Clinicians, nurses and relevant health care workers (HCW) trained in at least 3 countries.	Report on training Communica-tion with health workers	WHO (EPI), UNICEF, MOH, EpiNet teams, PPHSN focal point and working partners.	By mid 2005	Done. See details above-mentioned.
Implemented trial results fed back to PPHSN for wider application.	Number of reports. Cases and suspected cases of AFP&AFR identified, diagnosed, reported	Reporting system	As above	By mid 2005	Done. See details above-mentioned.

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame	Progress as on the 11th CB meeting
5c. To support HIV /STI Surveillance under the PPHSN framework					
To integrate current HIV/STI surveillance research in the region into the activities of the PPHSN EpiNet (and LabNet) teams in order to optimise scarce resources for surveillance programs	Number of HIV surveillance teams, which directly involve EpiNet (and LabNet) team members in-country in both routine surveillance and surveys.	Surveillance and survey reports	MOH (& EpiNet teams/CDCC), SPC HIV/STI surveillance team, Pacific STI/HIV Strategic group, WHO, GFATM, PPHSN and working partners	By 2006	This activity is progressing well. Second Generation Surveillance for HIV has started in the PICTs covered by the Global Fund and it has been expanded to other PICTs.
To increase capacity of PICTs to undertake HIV surveillance.	Number of new HIV/STI projects developed and or implemented by PICTs and involving Pacific health professionals and PHTI.	Project and surveillance reports	As above	As above	Same as above.
5d. To develop appropriate linkages with food safety and improve surveillance for foodborne diseases under the PPHSN framework.					
Activate and operationalise foodborne disease surveillance working group (FBDSWG)	FBDWG active and functional/ No. of meetings/ teleconferences/frequency of email exchange	Meeting reports/messa-ges	Working group (FBDSWG)	End of 2004	Achieved. The foodborne disease surveillance working group (FBDSWG) has been set-up and teleconferences have started. Narendra mentioned that the group was now trying to identify funds to provide training in this area through Salmonella surveillance.
Develop appropriate linkages with and between groups interested in food safety	Linkages established at national and regional levels with other groups/ agencies interested in food safety e.g. Codex committee, Animal health services, and other interested parties.	Reports/ Organisational charts	FBDSWG (including SPC, FAO, WHO) MOH & other national ministries	By 2006	Not achieved yet.

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame	Progress as on the 11th CB meeting
Assess capacity (clinical, laboratory, flexibility of surveillance system etc) existing within countries to undertake food borne disease surveillance	Country capacity for FBD surveillance report available for at least 3 pilot countries (clinical, lab, and Flexibility of the surveillance system	Reports	FBDSWG with Health training Institutions (FSMed)	End of 2005	Under progress. Narendra mentioned that a questionnaire had been sent to all PICTs and that 9 countries had sent a reply so far.
Facilitate conduct of foodborne burden of illness study and also undertake aetiological study.	Report of studies conducted for at least 3 countries and evidence of surveillance system available to review.	Reports	As above	End of 2006	Not achieved yet.
General comments regarding this recommendation: Mahomed was wondering if this was worth improving foodborne disease surveillance in comparison to other priorities arising in the Pacific Island region. Jacob also thought that diarrhoeal disease surveillance might be more realistic and useful. Tom mentioned that foodborne disease surveillance was considered anyway a second aspect of PPHSN activities. He also said that some of the foodborne disease activities could be linked easily with training activities. Jan stated the lab-based surveillance project for salmonella in Fiji as a good example also. This project involved public health and animal health experts. Finally, CB members agreed that foodborne disease surveillance was valuable and useful in the context of food safety.					

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame	Progress as on the 11th CB meeting
6. To undertake training in Epidemiology to facilitate the improvement in surveillance and response to communicable disease threats and events in the Pacific Region.					
Workforce plans are in line with the implementation of the new IHR, in terms of adequate and appropriate local capacity to respond to epidemics (EpiNet or CDC teams) including those epidemics which are of international significance.	Training needs Analysis (TNA) and Workforce plan as related to new IHR implementation and Field epidemiology in PICTs-surveillance & outbreak investigation . EpiNet teams training requirements outlined Curriculum discussions, reviews & communications	TNA Document Workforce planning document Reports on communications	MOH with PHTI (FSMed), NHTI, WHO, PPHSN-CB focal point and other working partners,	By end of 2006	Not achieved yet.

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame	Progress as on the 11th CB meeting
Explore inclusion of applied epidemiology training in curriculum for training of pre-service and in-service health/field workers through dialogue with Pacific regional and national health training institutions.	No. of institutions visited for consultation/or to discuss the details of the issues.	Reports	PHTI, NHTI, PPHSN-CB focal point, WHO.	By end of 2005.	Done with FSMed.
To deliver accredited short training especially short courses in addition to exploring other flexible learning possibilities	No. of short course delivered, and number of courses accredited.	Training and Accreditation report	PHTI, NHTI, PPHSN-CB focal point, WHO (with POLHN)	Ongoing	Ongoing
To facilitate development and delivery of Data for Decision Making (DDM) training	Sessions of teaching and numbers of DDM cohorts or students commenced /completed training.	Reports	PPHSN CB focal point, FSMed, CDC, PIHOA	Ongoing	Ongoing. This year DDM courses have been delivered in CNMI and Guam.
To facilitate linkages for specialist epidemiology training in the region through Pacific Institutions	At least two Pacific trainees on the program of FSMed, Funding & attachment at SPC-PH, Specialist centre e.g. WHO collaborating centre	Training report	Training institutions and PPHSN partners and donors	End of 2005	Not achieved yet.
General comments and ideas regarding this recommendation: CB members agreed that DDM in-country training sessions/workshops are more valuable than regional training workshops as they allow health professionals to work on real problems at their workplace and help them change or improve existing systems. It was also suggested that the Regional EpiNet Team will provide a great opportunity for training activities, once established. For example, when members of the team will investigate an outbreak, they could invite health professionals or students to join them and learn from this experience. Mahomed mentioned that this type of exchange had already been done in Asia where countries invite their neighbours when they assess their surveillance systems, and that this was very successful. This strengthens linkages between peers. Other ideas were also brought out on the first day of the meeting such as the opportunity to use the IHR and core capacity assessment to build capacities of the EpiNet teams (see section 6).					

Activity	**Mesurable Indicators**	**Means of verification**	**Leading Agency/group**	**Time frame**	**Progress as on the 11th CB meeting**
7. To promote a good understanding of the new international health regulation (IHR) and related issues, and integrate IHR into the framework of the PPHSN. **Comment: this was not discussed because this was the purpose of WHO meeting planned just after this meeting.**					
7a: The implementation of the new IHR is to be incorporated under the PPHSN framework.					
The Working group identified by the CB should discuss further IHR implementation issues for PICTs	CB Working group carried out teleconference- meeting reports. Implementation strategy discussed	Reports and minutes	Technical working group of PPHSN-CB, MOH	August 2004 and ongoing.	
Communication channels and algorithms to enhance notification are established and endorsed by PICTs	Communication and notification channels established or mapped out	Reports or documents	Technical working group of PPHSN-CB, MOH	January 05 and ongoing	
Capacity development of Public Health laboratories in the region in conjunction with surveillance activities (L2)	Capacity needs identified and addressed in conjunction with L2 surveillance development strategy.	Development report	PPHSN and partners including donors, L2 lab managers and staff, MOH.	By end of 2005	
New IHR are endorsed by MOH.	Endorsement of new IHR by MOH	Endorsement doc./report.	WHO	Nov 2004 - March 2005	
Capacity building: - requirements identified per Country: *see section 6* - Training of EpiNet teams - Training of border control officers Establish and operationalised RET: *see section. 9*	- TNA & Training plan (or List of training) - (At least 10 members of EpiNet teams from different countries and 10 border control personnel undertake short training from PIC training institutions and PHTI) – one per year	Training plan and Training reports	WHO, PPHSN CB focal point and working partners, MOH, and IHR focal point), PHTI	Ongoing	

7b: To prepare a document on the implications of the new IHR and its requirements including the above issues (7a&7b,) to be presented and approved at the Ministers of Health's meeting in Samoa, 2005.					
Document written and shared as widely as possible (Revolving Funding issue is to be incorporated into document to Regional MOH's meeting in Samoa), Approved at MOH meeting in Samoa	The document is ready following reasonable feedback from PICTs for presentation at the MOH meeting Document presented and endorsed at Samoa MOH meeting	Document copy Communications with PICTs Samoa MOH meeting report	PPHSN-CB, WHO with MOH & IHR focal points.	By January 2005.	

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame	Progress as on the 11th CB meeting
8. To review and improve on the infection control measures in PICTs by establishing and formalising the Pacific regional infection control network under the umbrella of PPHSN.					
Formalise members and operationalise the Pacific regional infection control network (PICNet) under the umbrella of PPHSN	List of PICNet members is finalised & formalised. PICNet is operationalised under PPHSN umbrella. Funding is identified to support PICNET development PICNet members have teleconference meeting(s).	On PPHSN website: list of PICNet members, PICNet TOR Funding proposal/report Reports and number of teleconferences, and communications	PPHSN-CB, WHO (and working partners), EpiNet teams, other PICNet members	October 2004 and ongoing	An Infection Control Specialist/ADB Consultant for PPHSN, Ms Peta-Anne Zimmerman joined the PPHSN CB focal point (SPC) team in September 2005 to work on this issue. Her main activities include country visits to review existing infection control (IC) procedures and policies and make recommendations, perform a training needs analysis and propose surveillance mechanisms for IC in PICTs' hospitals. She is also setting up PICNet and she has developed IC web pages on the PPHSN website. An IC workshop will be organised in February/March 2006 in the same time of the next tentative CB meeting.

Assess capacity on infection control in PICTs, and identify training needs.	Capacity assessment and training needs identified in at least 5 PICTs completed	Reports	MOH, PICNet, PPHSN-CB focal point and working partners (WHO, FSMed?)	By end of 2005	See details above-mentioned.
In country and/or Regional training based on needs and findings.	Training conducted in at least 5 countries. Minimum standard for infection control in PICTs is set.	Reports on trainings, including minimum set for IC standards.	PPHSN-CB focal point and working partners, PICNet, FSMed, WHO	By mid 2006	See details above-mentioned.
Develop a PPHSN Infection Control Guideline	PPHSN Guideline on Infection control in place (APW or technical assistant to undertake)	Document ready and distributed to PICTs.	WHO, PPHSN-CB focal point and other working partners	June2005	See details above-mentioned. The planning of this activity will be discussed with Peta-Anne.

Activity	**Mesurable Indicators**	**Means of verification**	**Leading Agency/group**	**Time frame**	**Progress as on the 11th CB meeting**
9. To formalise and operationalise the Regional EpiNet team with its clear roles and functions, including funding implications, for endorsement from Health Ministers' meeting in Samoa, 2005.					
In close consultation with PICTs: - List of RET members including their roles, responsibilities and TOR. - document on RET including revolving funding issues for submission for endorsement by Regional Minister of Health's meeting in Samoa 2005.	RET members with its TORs finalised. The document is ready for submission to Ministers' meeting in Samoa, 2005.	RET list and TORs on PPHSN website Agenda of the Ministers of Health meeting, 2005.	PPHSN-CB, with MOH (EpiNet teams/CDCC)	By October 04 January 05 (for document for the Minister's meeting)	A document on the RET was presented and endorsed by the PICT Ministers of Health during the Samoa meeting in March 2005 (For more information, check Samoa Commitment). Some work to help identify suitable members of the RET has already been carried out through the development of the directory of PPHSN resources, but more work needs to be done, including creating of the RET, and development of funding proposals and operational guidelines. CB members agreed that this issue needed to be addressed urgently

					and a working group was formed and tasked to develop a work plan within the next 4 months to accelerate the process. Members of the RET working group are Tom Kiedrzynski, Jean-Paul Grangeon, Mahomed Patel, Jan Pryor and Jacob Kool. Jean-Paul brought out the following idea which can be linked to the RET: it would be good to have a permanency contact (telephone) for PPHSN and the new IHR in case of emergency.

ABBREVIATIONS:

CDCC	Communicable disease control and prevention committee
DOH	Director(s) of Health
DDM	Data for decision making
FAO	Food and Agriculture Organisation
FBDSWG	Foodborne disease surveillance working group
FSMed	Fiji School of Medicine
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
IHR	International Health Regulations
ILI	Influenza like illness
LabNet TWB	LabNet technical working body
MOH	Ministry(ies) of Health
NHTI	National Health training institution
OIE	World Animal Health Organisation
PHTI	Pacific Health Training Institute
PICTs	Pacific island countries and territories
PIHOA	Pacific Islands Health Officers Association
PICNet	Pacific Regional Infection Control Network
POLHN	Pacific Open Learning Health Net
PPHSN	Pacific Public Health Surveillance Network
PPHSN-CB	Pacific Public Health Surveillance Network Coordinating Body
PPTC	Pacific Paramedical Training Centre
RET	Regional EpiNet Team
SPC-PHP	Secretariat of the Pacific Community – Public Health Programme
STI/HIV	Sexually transmitted infections and Human Immunodeficiency Virus (infections)
TNA	Training Needs Analysis
TOR	Terms of reference
UNICEF	United Nation Children’s Fund
WHO	World Health Organization

SECRETARIAT OF THE PACIFIC COMMUNITY

SECRÉTARIAT GÉNÉRAL DE LA COMMUNAUTÉ DU PACIFIQUE

11th MEETING OF THE COORDINATING BODY (CB)
OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN)
29th and 31st October 2005, Suva, Fiji

11ème RÉUNION DU GROUPE DE COORDINATION (GC)
DU RÉSEAU OCÉANIEN DE SURVEILLANCE DE LA SANTÉ PUBLIQUE
29 et 31 octobre 2005, Suva, Fidji

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