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SECRETARIAT OF THE PACIFIC COMMUNITY

12th MEETING OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN) COORDINATING BODY (CB)

IRD, Noumea - Tuesday 4 (starting 1:30 pm) to Friday July 7, 2006

MINUTES

Words of Welcome - Dr Thierry Jubeau
Chairperson: Dr George Malefoasi

1. Adoption of agenda & timetable

The agenda and timetable were accepted without modification.

2. Updates: PPHSN 'standard' presentation for CB members' use and reference

Joint presentation by Tom Kiedrzynski and Narendra Singh.

CB members agreed that the proposed presentation could be used as it is, especially the first part detailing the structure and organisation of the network. There were just a few comments: the Samoa Commitment part is a bit long and it might be worth including examples of PPHSN actions to show how the network works in the countries. In fact, the present presentation can be modified/changed according to the different needs and situations. It's up to the CB members to add information if they want/need to.

3. PPHSN allied membership and PPHSN-CB renewal

Tom Kiedrzynski presented the PPHSN-CB TORs, explained the renewal process and raised the following two issues:

1) Papua New Guinea membership "possible" replacement: According to PPHSN-CB TORS, "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" – this is the case for Papua New Guinea, as they could not attend the last CB meeting due to the short notice of the meeting and they were not able to make it this time again because of the whooping cough outbreak. All CB members agreed that the second excuse was valid and that PNG should remain in the CB.
2) Same renewal process for all sub-regions: Representatives from two sub-regions, the Melanesian sub-region and the Polynesian sub-region, have already proposed and accepted that the countries and territories from these respective sub-regions will be represented on a rotational basis. Though this process is actually followed by the other two sub-regions (Micronesia and French-speaking countries), it has not been officially approved by all the representatives from these sub-regions. The issue should be considered by CB members.

During the discussion, Kabwea Tiban raised another issue: What is the role of a sub-regional representative? Shall he/she disseminate the information to the other countries of the same sub-region? It's not clear. He mentioned that Kiribati had never received any communication from the Micronesian sub-region representatives in the past. CB members agreed that this was a valid point that needed to be further considered. Finally, a group including Kabwea Tiban, Justus Benzler and Seini Kupu, agreed to look at ways of improving/changing this situation. Two options were proposed : 1) to engage/involve further people at the sub-regional level, and 2) to stop talking about sub-regional representatives. The group presented its propositions at the end of the meeting on Friday.

4. Review of progress since 11th PPHSN-CB

a) Recent meetings

Jean-Paul Grangeon participated in the-EPI/PIPS Meeting held in Fiji in May 2006.

Sean Tobin participated in various CDNA meetings – Concerns about measles in the Region and in Europe – AusAID is supporting an EID (Emerging Infectious Diseases) project with ASEAN and the PPHSN was mentioned as an example of coordination that might be copied.

Ngapoko Short participated in the COP Meeting re-Tobacco in February 2006 – The Cook Islands are developing CD protocols with assistance from WHO, Dr Asaua. Some more work needs to be done to complete the manual.

Andrew Peteru mentioned that one member of the Samoa team went to Kiribati to a TB meeting – Avian Flu meeting in Samoa.

Kabwea Tiban reported that Kiribati was fortunate to benefit from Jacob Kool assistance to develop their national Pandemic Influenza Preparedness Plan. Kiribati is also working with SPC TB Team to do TB molecular epidemiology. HCW management and Infection Control are also issues that Kiribati tries to address.

George Malefoasi participated in the 59th World Health Assembly where IHR were discussed. He also mentioned that Solomon Islands have created a second Pandemic Influenza Preparedness Task Force. The Task Force realised that two plans were being developed, one by the Ministry of Health and one by the Ministry of Agriculture. The Task Force is now looking at reinforcing the linkage between the two Ministries.

Jan Pryor was involved in three more STEPS (NCDs) training workshop in Solomon Islands, Tuvalu and Chuuk (Federated States of Micronesia). He also mentioned a Regional Diabetes Physical Activity Meeting, where surveillance of NCDs was discussed. He also participated in a number of teleconferences on surveillance of foodborne diseases. Finally, he participated in a meeting in Beijing on Climate Change and Health, re. a surveillance project involving Fiji and looking at infectious diseases early warning system.

Seini Kupu reported that she came back from Cook Islands and Tonga, where she and Melissa Pontré started to implement the CDC Lab-based surveillance system for ILI. The two trips were successful. The next one will be to Fiji. She also thanked ESR for accepting to train laboratory people under this project.

Tom Kiedrzynski participated in the GOARN Meeting, which is a voluntary network hosted by WHO. The participation to this network is with "institutions through individuals" rather than the opposite. The network promotes a number of activities (training capacity building, follow-up of outbreak, long-term training like FETP, training in leadership which could be used for training of trainers, a new software FIMS for contact tracing, etc.). He also participated in a WHO Meeting in Lyon on IHR (refer to the document in the folder for more information).

Justus Benzler went to Guam and Palau recently with Albert Gurusamy to participate in the implementation of the CDC Lab-based surveillance system for ILI and familiarise himself with these countries' CD surveillance systems. He also had the opportunity of participating in Pandemic Influenza Preparedness meetings and exercises.

Narendra Singh participated in the EPI/PIPS Meeting in Fiji, like Jean-Paul Grangeon. On this regard, he mentioned that it was proposed at this meeting to possibly expand HBAS to ILI surveillance. Narendra Singh was also involved in SPC Meeting on DHS to give his feedback on the questionnaire.

Jacob Kool went to Kiribati recently to assist them developing their Pandemic Influenza Preparedness Plan (see Kabwea Tiban comments above). He also participated in WHO/SPC meeting(s) on PIPP.

Bruce Adlam mentioned a cross sectorial exercise in Singapore. Key message was that if using flexible Pandemic Plan, communications need to be excellent. Also a recent table top exercise with WHO's FIMS contact tracing system which shows promise and should be available in two months.

Graham MacBride-Stewart participated in the GOARN Meeting like Tom. He stated that very few people understand the Pacific context. He enumerated a number of initiatives carried out in New Zealand such as the new National Centre for Biosecurity and Infectious Disease, which involves Research/Training and Surveillance, influenza surveillance system based on GPs' Patient Management Systems with direct downloading of data. He also mentioned areas that need to be improved such as the hospital surveillance system for influenza.

b) Global, regional & national initiatives: PICT surveillance developments

PICT surveillance developments

Ngapoko Short reported that a New Minister of Health was appointed in October 2005. The Cook Islands revised and updated their Pandemic Influenza Preparedness Plan and presented the new version to all stakeholders. The visit from Seini Kupu in June was very appropriate. Seini Kupu made good recommendations. The training provided by Seini Kupu and Melissa Pontré on lab-based surveillance for ILI was appreciated. The Cook Islands have completed a booklet for avian flu and Pandemic Influenza Preparedness Plan; with health messages both in English and Maori being distributed to the public at large. The Cook Islands have requested resource materials re. Home Care, Border Control, Hotel information, Airport and incoming passengers, etc. Training course will be organised for Border Control Agencies. Cook Islands do not have funding to conduct the mock exercise. The HBAS system is working well in the Cook Islands. The software for inpatient at hospital still has the same flexibility and adequacy problem.

Andrew Peteru reported that Samoa Ministry of Health (MoH) is recovering from the Doctors'strike. The Ministry still needs to sort out a lot of things. The help provided by Seini Kupu on PIPP was appreciated. Samoa has a PIPP which needs to be reviewed. The MoH is working collaboratively with the Ministry of Agriculture on their respective plans. The next step will be to update the PIPP and start strengthening the various sector plans. The Cabinet allocated 1.7 million for PIPP and they were able to order drugs.

George Malefoasi presented the surveillance system in place in the Solomon Islands (PowerPoint presentation).

Kabwea Tiban reported that Kiribati does not have a robust surveillance system in place. The MoH is trying to establish guidelines for CDs surveillance and control. Kiribati does not have rapid tests for testing of CDs. The lab people send specimen overseas for influenza, measles or leptospirosis, for example. Kabwea Tiban is requesting the assistance of the PPHSN on this regard. Kiribati experienced a difficult time recently re-possible case of avian flu among birds. They realised how important communication is during this time and they found out the challenges generated by avian flu and/or pandemic influenza threats. The experience highlighted the lack of awareness among Agriculture colleagues, who were not able to take samples from birds. Kabwea Tiban took the samples and they sent the specimen overseas for testing. Kabwea Tiban thanked WHO and SPC (Animal Health staff) who provided assistance during the event. The experience demonstrated also that Kiribati's surveillance system needs to be strengthened and the assistance of PPHSN on this issue would be appreciated by the country. Kabwea Tiban was wondering if PPHSN partners could also provide Kiribati with rapid tests for avian influenza.

In response to the last question, Jacob Kool mentioned that WHO purchased recently a number of Quickvue rapid test kits for influenza screening in isolated countries, and that they could send some to Kiribati.

There was extensive discussion on these rapid tests. They can be used for rapid testing to rule out influenza A and B, but countries must still ship specimens to a L3 Reference laboratory for confirmation, particularly for avian influenza. There is still on going extensive evaluation of commercial kits that can be used to screen for avian influenza in humans and animals. SPC and WHO will work together to obtain this information and make recommendations to all PICTs appropriately.

Martine Noel presented the progress of New Caledonia's Pandemic Influenza Preparedness Plan (PowerPoint presentation).
New Caledonia bought a thermal camera last year. The Department of Health tested the camera during a few months (in relation to the risk of importation of Chikungunya) at Tontouta Airport. No acute case of the disease was detected at the border or in the community during this period.

Jacob Kool mentioned an article published in Emerging Infectious Diseases where the ineffectiveness of thermal cameras was demonstrated (the reference to this article has already been sent on PacNet).

Sean Tobin mentioned that WHO Collaborating Centre for Influenza based in Melbourne will be moving to VIDRL. This won't happen before next year. The Australian Public Health Laboratory Network may be able to further assist capacity building in the Pacific. The revised Australian Health Management Plan for Pandemic Influenza was published in June 2006. It's available on Australia Department of Health Website: http://www.health.gov.au/.
The contents of the new plan has been reduced (technical guidelines, such as IC, were put in the annexes).
An Exercise entitled "ELEUSIS" on an avian HPAI outbreak was carried out last year. This year, an APEC exercise on pandemic communications was conducted in June 2006. The results/lessons learned are being analysed and they should be ready by the end of this month. Sean Tobin proposed to share them with PPHSN members. A 4-day Australian health pandemic exercise called "CUMPSTON" is planned this year in October. Graham MacBride-Stewart asked whether NZ could be invited to this exercise as an observer. Sean Tobin mentioned that there will be a program for international observers which will include representatives from the Pacific and WHO.

IHR

Jacob Kool made a presentation on IHR (PowerPoint presentation). He highlighted the urgent requirements for the implementation of the IHR. On this regard, he stated that he had not received any contact details for IHR focal points from the PICTs so far.

Pandemic Influenza Preparedness

Jacob Kool made a presentation on Pandemic Influenza Preparedness (PowerPoint presentation).
During the presentation, CB members asked a lot of questions and raised a number of issues and ideas that need to be analysed and considered:

- Airlines shouldn't charge travellers who miss/don't take the planes when they are sick, to reduce the risks of contamination,
- What are we going to do with dead bodies? - Should talk about this issue with the population in advance (cultural issues…)
- Be careful with estimation(s) of the impact of a pandemic (figures not realistic sometimes)
- Recommend community-based care
- Keep people sick at home (without forgetting to put in place a system to provide them with food)
- Determine isolation places (shipping containers can be used for isolation)
- Stockpiling
- Provide guidelines on mask use for the community and health workers (an IC Specialist/Consultant who worked at SPC recently developed some guidelines on how to use local material. The guidelines will be shared with all the PICTs very soon)
- Preparedness plans for private sector should be initiated (discussion already started in Fiji)
- Preparedness plans for institutions should also be initiated. Seini Kupu will prepare one for SPC that she'll share with PPHSN members. Bruce Adlam mentioned that NZ has included a checklist for the private sector in its Pandemic Influenza Plan. Graham MacBride-Stewart stated that NZ Pandemic Plan is easy to manage and can be used as an example by other PICTs. It's available on NZ Ministry of Health website at: http://www.moh.govt.nz/nhep. US have this type of guidelines or checklist in short format too.

Presentation on the state of Pandemic Preparedness by Seini Kupu
The current state is given by country and by element of the plan.

There was strong general interest in a draft questionnaire presented by Seini Kupu. She was asked to distribute a printed version for comments.
Kabwea Tiban: Developing an Influenza plan is a good opportunity for developing a national general disaster plan. IHR need to be integrated.
Sean Tobin: We (in Australia) have compared on the national level the different plans of the 6 states and 2 territories, which was a very interesting exercise.
Seini Kupu: Outside moderation of the inter-sectorial plan development process proved very helpful.
Jacob Kool: Are countries happy to share their plan with others? Seini Kupu: Yes.
Then the discussion turned around stockpiles (PPE, antivirals etc). Tom Kiedrzynski highlighted the need for a pacific regional stockpile in addition to national stockpiles, especially for phases 4 and 5. SPC will give assistance (i.e. advice) to regional stockpile planning.
Jacob Kool: WHO foresees 4 stockpiles globally, in Singapore, Japan, US, Europe.
Ngapoko Short: Cook Islands MoH put in a budget for 1.5 million for Pandemic Plan of Action. Cabinet advised fund for Pandemic Influenza will come from the Contingency Fund. Ngapoko Short requested information regarding Pandemic Influenza to the business sector. Cook Islands will need technical assistance and resource to conduct training courses for Boarder Control Agencies, etc. Regarding stockpiling, the population is demanding Tamiflu to be available. Limited supply must be considered for essential services.

PICNet
Presentation by Seini Kupu

Jan Pryor expressed concerns about PICNet being presented as a 4th PPHSN core network, as there has not been a formal decision by CB, nor an endorsement by member countries' governments. Is such a network really a priority? Should Infection control (IC) be elevated from an activity to a 4th network? Then there could also be many other specific networks.
Graham MacBride-Stewart: Right. Shouldn't there be an NCDNet for non-communicable diseases?
Tom Kiedrzynski, Seini Kupu: It was our understanding from earlier meetings that there was a consensus for creating PICNet. But there should of course be a more formal decision, initially by this CB meeting.
Albert Gurusamy: What are the alternatives?
George Malefoasi: It needs a linkage with PPHSN.
Sean Tobin: What is the function of the steering committee? Just editing the guidelines?
Albert Gurusamy: It is more a working group and professional resource than a steering committee.
Bruce Adlam supports the guideline working group view.
Jan Pryor suggests to elevate the issue of IC to an operational objective and to create PacNet-IC.
Narendra Singh: IC is anyway exactly what we are doing; it cuts across hospitals and communities.
Justus Benzler: To me the scope of IC - as it is seen by this group - is not yet clearly defined? Does it just deal with nosocomial infections or does it indeed include all IC activities in health facilities and in the community? Is for instance vector control part of it?
There is no clear answer to this, but most think that vector control is not part of it.
Tom Kiedrzynski: Part of the problem is about the concept of IC; it is broader in English than in French.
Sean Tobin: What's the integration with Health Service/Sector Development?
George Malefoasi suggests agreeing with the creation of PICNet and submitting the issue to governments for further endorsement.
Jan Pryor: IC experts should be part of EpiNet team.
Andrew Peturu: So is IC crosscutting all 3 areas? All: Yes.
PICNet could be graphically presented crosscutting under the other three networks. This needs yet to be further discussed.

LabNet
Presentation by Albert Gurusamy

Discussion: Does Quality Assurance (QA) refer to national or international procedures? Albert Gurusamy elaborates on the process of external QA, which for now is mainly done by PPTC (a training centre in NZ, run by John Elliot). It is a free service to SPC countries, but it does not cover all relevant aspects; thus there have been plans that SPC may additionally subscribe to an Australian system (which has to be paid for).
Re. methods: Formerly the choice of any one of several alternative lab methods recommended by WHO had been to the discretion of the individual countries; now the preferred approach is to introduce - after

appropriate validation - the same one out of these alternative methods everywhere; this makes support, troubleshooting and comparison easier.
Sean Tobin: Validation results will also be available soon from a research study by consortium of 3 Australian labs led by VIDRL.
Further issues: All pacific countries are desperately searching for rapid test kits for avian flu (bird samples). Shipping regulations (carrier variations) for specimens are a big issue. Albert Gurusamy explains that the final decision about transport lies with the individual airplane captain.
Also, links to GF-ATM supported lab activities have been discussed. Albert Gurusamy: TB and Malaria are not so much an issue in LabNet. For HIV testing algorithms are used as suggested by Australian NRL. L3 partners offer a lot of assistance.
Tom Kiedzynski asked Jacob Kool to inform participants re. the WHO twinning initiative. The plan stems from WHO Lyon office. Mataika House in Fiji expressed interest (with Melbourne and possibly NC).
Andrew Peteru: Is this initiative confined to L2 labs? Albert Gurusamy: No, it is open to everybody.

DengueNet
Tom Kiedrzynski presents DengueNet. They have a website and they are interested in us contributing to data collection, but unfortunately there is not so much information on it.
Jan Pryor: We are compelled by the Samoa Agreement to do something on Dengue.
Tom Kiedrzynski: We'll come back to this issue on Thursday.
Sean Tobin: How will dengue data be shared?
Tom Kiedrzynski: As usual, through PacNet and Inform'ACTION. There is also an upcoming SPC initiative to establish an Information and Knowledge Management Group. This will also be presented on Thursday.

5. Pacific Regional Influenza Pandemic Preparedness Project (presentation, role of the PPHSN-CB & ISG: discussion)

Joint presentation by Tom Kiedrzynski & Narendra Singh

Tamiflu was extensively discussed during the presentation. The following question was asked: Is there any money allocated for supplying Tamiflu to the PICTs in the PRIPP project? This has not been included in the project at this stage. It was clearly not recommended to be a priority during the IHR/PIP meeting organised in November 2005. The effectiveness of this antiviral drug is not yet conclusive. Some conclusions based on the utilization of this drug suggest that it should be initiated earlier in the illness rather than later. The cost of this drug and the long length of the prophylaxis (around 30 days) is another factor to be taken into account. The expiry date is 2 years if the drug is kept at room temperature and 4 years if it is kept in a refrigerated place. In reality, it might be as long as 5 and 10 years respectively. Stockpiling facilities and criteria is another issue that need to be considered before placing orders for this drug. PICTs would appreciate more advice and recommendations on the effectiveness of this drug and on the best way to evaluate the number of doses that they should order (need to plan budget…). The PICTs' decision to place order depends on evidence-based information. SPC and WHO should consider this question more deeply, further gather all the information available (releases or fact sheets) on this drug and share it with the PICTs and also provide PICTs with advices/recommendations.

Samoa has already placed an order for Tamiflu (Cabinet gave 2 millions on this regard. The decision came from the Cabinet, recommended by the pharmacists). Cooks Islands have discussed the possibility of purchasing doses for 30 % of the population, but no decision has been taken yet. Australia has a stockpile already to cover 40 % of its population and New Zealand has a stockpile for 25 % of its population.

While considering Tamiflu, PICTs should not forget to concentrate on the other important public health measures that need to be implemented.

The CB is rather in favour of recommending prophylaxis to PICTs for key essential services only. Vaccines raised also a number of concerns among the group. The PRIPPP plans to have vaccines available to PICTs as soon as they are produced/available. Unfortunately, there won't be enough for everybody. It was suggested that WHO could "may be" decide to which countrie(s) the vaccines should be delivered first. Australia and NZ Governments have a contract with manufacturers to make sure they will be among the first one to be served. If a pandemic arises, there will be a lot of pressure from all the countries to get vaccines. It might be

a good idea for PPHSN to negotiate with manufacturers in advance. The argument for the PICTs could be the fact that they had the higher mortality in the past pandemics, so they should be the first served.

Risk-communication is another area where PICTs should concentrate their efforts too. It is very important to agree on messages in advance. There is some material that can be used as examples.

Regarding PPE, there are already 2 kits available for PPHSN/PICTs. They are based in NZ and they can be used in case of emergency—e.g. pre-pandemic clusters of cases due to an evolving avian influenza virus. This small stockpile was organised through the IC/ADB project. More PPE should be bought through the PRIPP project.

Most PICTs do not have a proper lab for animal health, they use human health facilities to test animal samples. According to WHO guidelines, they should be done in 2 different labs. The Animal Health colleagues in the PRIPPP would like to create a lab network, but it might be a difficult task. The PRIPP project will try to address this issue and develop animal health lab capacity in the PICTs.

The PRIPPP organisation chart needs some improvements to reflect all the links between the groups, but it is somehow difficult to represent all links and organisation charts have therefore limitations.

The composition of the Influenza Specialist Group (ISG) needs to be updated and ISG membership should be reviewed to include 1 person from animal health from SPC, 1 animal health person from the PICTs, Peter Daniel, Deputy Director of the Australian Animal Health Laboratory (AAHL in Geelong) (suggested by Sean Tobin), 1 functional person from the PICTs who can report to others. The ISG should remain a technical group, but the Influenza Task Force should include health professionals from the EpiNet teams of all the PICTs.

Budget
All CB members agreed that a higher percentage of the budget should go to PICTs (e.g. drug stockpiling, PPE stockpiling and training/capacity building activities, etc). A way of reducing the costs might be to use existing mechanisms, resource persons at SPC and in the PICTs. For example, local lawyer(s) could be used and work in collaboration with the Legal Adviser instead of recruiting a legal officer. The Purchase Officer position might be recruited for a shorter period (6 months) just to give advice to PICTs and ensure that the purchase systems are in the place. IC could be taken on board by the other project staff instead of recruiting long term IC Specialists. The PPHSN-CB focal point took note of the suggestions/comments and promised to try to further cut down the positions to increase the money allocated to PICTs. Another idea is to have a budget allocated by countries and ask the countries to decide, but it might be difficult to address afterwards. The project is not final; it can still be modified, adapted to the needs, especially through annual planning and at the mid-term review. PPHSN-CB focal point will discuss further with PICTs to check which areas need to be addressed first according to them.

It was reminded that sustainability and core capacity building should be kept in mind in the development of this project. PRIPPP should develop PICTs capacities in the long term process.

Role of the PPHSN Coordinating Body in the PRIPPP: The CB remains the key element to follow-up the activities of the project, with technical input from the Influenza Specialist Group (ISG). The ISG will report to the CB which will be validating the work of the ISG.

6. Training/EpiNet team capacity building (Workforce, short course)

Narendra Singh presented the progress of the last series of training courses on Data for Decision Making (DDM) delivered by SPC, WHO, CDC, PIHOA and FSMed (Fiji School of Medicine) under PPHSN framework, the present approach and perspectives for future training courses (PowerPoint presentation).

Jan Pryor mentioned that the accreditation of PPHSN short-term courses (and PPTC courses) by the FSMed, which has been discussed since a long time, is approaching some solution.

The lack of technical expertise (such as epidemiologists) and the migration of skilled health personnel is still a difficult issue to address in the Pacific. Human Resource Development in Health must be promoted in the PICTs. FSMed, SPC and other PPHSN partners should assist the countries in this regard.

Jan Pryor reported that a new five-year proposal of 7 million $ has been finalised recently to further develop activities around open learning (extension of WHO/POLHNet).

A large project or programme (along the line of EIS or FETP), involving a number of key training institutions and organisations such as USP, FSMed, WHO and SPC, as discussed since a number of years, would be very useful to increase Human Resource Development. The time is very appropriate to develop this kind of project considering the fact that aid donors are very receptive these days to CDs (PIP).

Resolution on the Development of Human Resources in Health (HRH):
That the PPHSN CB:

- promote the implementation of inclusive regional mechanisms for HRH development;
- task a newly-established PPHSN HRH Working Group (HRH-WG) to:
  - provide advice to PICTs as requested on HRH development issues to complement country efforts and reform activities;
  - review key HRH development issues and current HRH status in PICTs; and
  - devise a draft proposal to develop a model regional education/service program in support of capacity strengthening linked to core PPHSN services.

7. IHR and PPHSN – Role of PPHSN mechanisms in IHR implementation.

Presentations by Jacob Kool and Tom Kierzynski (+ article in the folder).

Jacob Kool stressed that WHO wants the PICTs to report all events that may constitute a public health emergency of international concern to WHO first. The PICTs can send a message on PacNet-restricted just after or in the same time also. It's very important to inform the neighbouring countries for preparedness, etc. This does not prevent them from contacting their usual and personal contacts too.

PacNet-restricted role and membership
CB members agreed that the list should include members from the EpiNet teams, IHR focal points, WHO, SPC and the CB.
The inclusion of allied members was suggested. This must be further discussed with PICTs.

The little utilisation of PacNet-restricted by the PICTs to report outbreaks was raised by the group. It was suggested that a report including the list of members with their names, email addresses and positions, be sent on the list once a month. This might reassure PICTs to know that only a few persons are on the list and encourage them to send messages.

8. PPHSN Publications

Presentation by Christelle Lepers (+ Inform'ACTION 23 in the folder + Directory of PPHSN Resources & PPHSN leaflet)

CB members appreciated the presentation and agreed that the Directory of PPHSN resources was useful.

9. Specific projects

a) Influenza lab-based surveillance project

Presentations by Seini Kupu and Melissa Pontré.
Seini Kupu and Melissa Pontré presented the project and talked about their recent trips to Cook Islands and Tonga. Albert Gurusamy and Justus Benzler went to Guam and Palau.
It was reminded that the six countries included in the project (Cook Islands, Fiji Islands, Guam, Palau, Tonga and Wallis and Futuna) were not selected "out of the blue". Before the project was developed, the project

coordinators (SPC & IPNC) sent a questionnaire to all the PICTs. The six countries above-mentioned are those selected according to the replies received and further discussions.
The project coordinators are now trying to expand the project in order to include other PICTs.

b) Leptospirosis surveillance project report
Presentation by Alain Berlioz-Arthaud on study design and results
Presentation by Naren Singh on lessons learned in the course of the study

Discussion:
Need for continuous technical support for the L1 labs.
Tom Kiedrzynski: There is already Vasiti Uluiviti doing this in the Northern Pacific (funded with PIHOA).
What do we know about exposure to leptospirosis?
Seini Kupu: People have lots of pigs in the Southern Pacific
Are Ethic Committees (ECs) involved, where they exist? How about territories? Do ECs exist there? And if not, what's the right way to go to get ethical approval?
There is certainly a problem with sustainability of introducing new lab techniques. Many laboratories simply run out of test kits, then the application of the newly acquired competence is ended.
Jan Pryor reports a change in clinical symptoms of leptospirosis cases in Fiji. Recently they seem to present more severely.
SPC will continue to provide technical support and rapid test kits on request to PICTs. Leptospirosis surveillance, as during the project, should be part of "normal" surveillance activities.

c) Dengue-related initiatives
Presentation by Narendra Singh
PEAP Project (PEAP = Pacific Entomological Assessment Project) – The name of the project will change.
IPNC since validated another Dengue Rapid Test (commercialised by Pentax)
We expect to have more news from WHO regional dengue initiative. The next epidemic might come soon.

d) Water testing
Presentation by Narendra Singh
Andrew Peteru: Correspondence re. project planning and implementation should go to the CEO and reply should come back from the CEO.
Naren Singh: The second part is not really in our hand.
Andrew Peteru raises again the question of sustainability: What, if the initially installed equipment breaks down? How can it be replaced?
Update on the situation in Fiji: Mataika House is now a laboratory with public health functions; concern about staff capability.

e) HIV surveillance (incl. ADB)
Presentation by Tom Kiedrzynski (overview by risk group, country and funding)

Pacific Regional Strategy on HIV/AIDS (and related specific projects)
Presentation by Dennie Iniakwala (Head, SPC HIV and STI Section)
Narendra Singh, Jan Pryor: look on compatibility with existing information systems.
Sean Tobin: MSM (men having sex with men) not mentioned as a risk group that needs to be studied and better understood.
There is a general problem to identify vulnerable groups.
Bruce Adlam: self-applied testing kits could be made available, where you can't reach risk groups.
Counseling is not an issue here.
Sean Tobin: Should there be universal antenatal testing?
Yes. Different avenues are followed.

f) Health-related surveys
Presentation by Justus Benzler
Ngapoko Short: There are quite sensitive questions, esp. those about partners.
Justus Benzler agreed and asked Graeme Brown (Manager, SPC Statistics and Demography Programme) to give some background on the consultation process that has taken place so far. These questions have already

been subject to lots of discussions. Agencies like UNFPA (UN Population Fund) etc think that they are useful. The agreement is that they will be tested in the mini pretest and if there is lot of rejection then they will be removed.
George Malefoasi indicated that some women from particular regions would probably answer the questions, but others will not. While the information would definitely be needed, the risk of biased response is high.
Andrew Peteru asked, why there are no nutrition questions beyond infant feeding. Graeme Brown answered that the questionnaire will otherwise become very big.
Questions were also asked, whether study is rather qualitative or quantitative? Justus Benzler replied that it is clearly quantitative.
Why no qualitative questions? It would need much more intense training.
Andrew Peteru suggested we should go further on the qualitative side nevertheless. The consensus was that interesting DHS results should - if possible - be followed up with additional studies.
Andrew Peteru asked about sampling. Justus Benzler answered that 215 "households" out of 1.170 will be sampled. He didn't know how this will be done in detail.

Andrew Peteru suggested that further country-relevant questions should be included.
Jan Pryor raised concern about informed consent and ethical clearance. Justus Benzler explained that the procedure for informed consent is quite elaborate. Graeme Brown answered that the questionnaires were widely tested and submitted to ethical committee clearance previously.
Justus Benzler informed about areas of overlap between DHS and STEPS, and suggested that the questions concerned should be compared. It was confirmed that STEPS was an internationally accepted standard.
Graeme Brown replied that in this case DHS does not need to compare its questions.
Sean Tobin suggested including some questions about animals looking into zoonosis (e.g. where they are kept, who looks after them).
Jan Pryor asked about the length of the questionnaire, i.e. how many hours. For the household questionnaire this obviously depends on the size of the household. In the case of the woman's questionnaire it depends on the number of pregnancies and births. In any case interviews can easily last longer than one hour.
Who has property rights to raw data? As George Malefoasi stated, clarifying this is required by their ethics committee. They need to know who will have the data.

g) MDG framework, Pacific Plan and Pacific Health Fund
Two presentations by Thierry Jubeau

Discussion on both presentations:
Sean Tobin: What's the contribution of this to Pandemic Influenza Preparedness?
Thierry Jubeau: Existing funds will be more easily accessible and more flexible to manage. It must also be seen in relation to the SWAp (sector-wide approach) concept.
Andrew Peteru: Look at the involvement of communities and NGOs.
Jan Pryor is concerned about local capacity building in fund management, if all money is centrally managed.

h) Information database @ SPC
Presentation by Justus Benzler

CB members agreed that the database should be developed in consultation and parallel with the PICTs. Tom Kiedrzynski reminded that the database project had already been discussed with PICTs during previous meetings, and therefore that the collaboration with the PICTs was and is an important element of the project.
Some CB members thought that a number of areas and activities could be covered or linked to the database development:

- NCDs; SPC should contact WHO Manila (Contact person: Gordon Galea) re. A possible NCD database located at SPC for the PI region in order to make this information more accessible..
- Training information could be included in the database (e.g. description and dates of training provided to PICTs).
- Assessment of research; there is a need to create a kind of clearing house to assess Pacific research activities initiated in the Pacific.
- Reports and information from UN Agencies should be included in the database.
- Surveys carried out in the PICTs; links to survey reports or contacts could be included in the database.

Tom Kiedrzynski mentioned that the vision of the database is to have information available/accessible to everyone (published reports, articles) and also to have some type of data/ information (e.g. data not published yet by the PICTs) restricted to a few persons/health professionals only.
Andrew Peteru and Kabwea Tiban stressed the fact that knowledge and capacities at country level should be developed first (to ensure data quality and core capacity building). On this regard, SPC should approach the Health Metrics Network, which can provide funds to improve HIS in the less developed countries. This network will organise a meeting in August this year at SPC (a good opportunity to get in touch with the organiser). Tom Kiedrzynski stated that SPC –and WHO– will also continue to support health information systems development in the PICTs.

i) Others
ESR activities
NZ Pandemic Preparedness Plan
Presentation by Graham MacBride-Stewart
Presented the preparation by the NZ Government, MoH and ESR on behalf of the MoH. An important aspect of this is surveillance and the detection at the earliest possible point of pandemic cases. Because 85% of General Practitioners (GPs) in NZ have the same Patient Management System, it is theoretically possible to extract data on influenza like illness in very close to real time. Hospital ICU or EDs are likely to be the places that detect the first cases. The usefulness of media surveillance, nationally and internationally was also discussed.
The usefulness of including Hospital Staff Absenteeism as one component of surveillance was discussed. Experience with classic influenza shows that it reflects the underlying population curve well and even amplifies it.
Discussion:
There is a unique identifier (ID) for NZ citizens, but for now many duplicates exist.
Pros & Cons of Gideon, a software system for finding a diagnosis from symptoms & signs, are discussed.
Tom Kiedrzynski: Risk Quantification is an interesting approach; in NC they do it for dengue. It also very much depends on the availability of information about dengue from other countries.

10. Workplan 2004-2006, where are we at? Report and next steps

See Workplan annotated in Annex 1.

11. Way forward with the PPHSN Strategic Framework

The group didn't have time to look at the Strategic Framework during the meeting. All CB members agreed to look at the document in the coming weeks, especially how PICNet could be presented in the framework and to send their feedback to the CB focal point.

12. Others

Kabwea Tiban presented the results of the working group created the first day of the meeting and assigned to look at the role and responsibilities of sub-regional representatives (see presentation "Improving equity and functionality of the Focal Points.ppt").

Following the presentation, there was a discussion on the format and contents of the CB meetings. Some CB members thought that it might be worth increasing the number of PICTs representatives, because a number of issues discussed during these meetings interest all PPHSN PICTs. Regarding the contents of the agenda, most CB members thought that it was very crowded and didn't leave room for long discussions. Some CB members thought that it might be worth leaving some empty areas. It was also mentioned that the agenda should be sent to all CB members 1 or 2 months before the meeting to leave more time to all CB members to comment on the contents. Despite these comments, all CB members recognised that the meeting was very interesting and informative.

Tom Kiedrzynski reported that the possibility of organising teleconferences, proposed during the two previous CB meetings, had been explored by the PPHSN-CB Focal Point. Unfortunately, the facilities in New Caledonia do not allow organising teleconferences for more than three persons. Jan Pryor mentioned that they usually organise teleconferences from NZ. Graham MacBride-Stewart agreed to look at the

different facilities in place in NZ and to provide the information (costs, etc.) to the CB Focal Point in the near future.

The PPHSN-CB Focal Point is planning to organise the next CB meeting in December 2006 in conjunction with the 10th Anniversary of the network. Andrew Peteru proposed Samoa for the venue of the meeting.

LIST OF ANNEXES

Annex 1: PLAN OF ACTION 2004-2006 – Progress as on the 11th and 12th CB meetings
Annex 2: List of Participants

LIST OF ACRONYMS

APEC	Asia-Pacific Economic Cooperation
ASEAN	Association of Southeast Asian Nations
AusAID	Australian Government Overseas Aid Program
CDC	Centers for Disease Control and Prevention
CDs	Communicable Diseases
CDNA	Communicable Diseases Network Australia
CEO	Chief Executive Officer
COP	Conference of the Parties (to WHO Framework Convention on Tobacco)
DDM	Data for Decision Making
DHS	Demographic and Health Survey
FETP	Field Epidemiology Training Programme
EDs	Emergency Departments
EPI/PIPS	Expanded Programme on Immunization /Pacific Immunization Programme Strengthening
ESR	Institute of Environmental Science and Research
FSMed	Fiji School of Medicine
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GOARN	Global Outbreak Alert and Response Network
GPs	General Practitioners
HBAS	Hospital Based Active Surveillance
HCW	Health Care Workers
IC	Infection Control
ICU	Intensive Care Unit
ID	Identifier
IHR	International Health Regulations
ILI	Influenza Like Illness
ISG	Influenza Specialist Group
NCDs	Non Communicable Diseases
NRL	National Serology Reference Laboratory (Australia)
NZ	New Zealand
PIHOA	Pacific Island Health Officers Association
PIPP	Pandemic Influenza Preparedness Plan
PPE	Personal Protective Equipment
PPTC	Pacific Paramedical Training Centre
PRIPPP	Pacific Regional Influenza Pandemic Preparedness Project
QA	Quality Assurance
SPC	Secretariat of the Pacific Community
TB	Tuberculosis
TORs	Terms of Reference
US	United States
VIDRL	Victorian Infectious Disease Research Laboratory
WHO	World Health Organization

PLAN OF ACTION 2004-2006 – Progress as on the 11th and 12th CB meetings

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Tentative time frame	Progress as on the 11th CB meeting & 12th 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 Same as above.
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) This was done by Kiribati for HPAI suspected cases among birds, as well as by a couple of others.
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 Done by SPC through PRIPPP.
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 Same as above.
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. • Mahomed also suggested that a veterinary could be included in each EpiNet team.					

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Tentative time frame	Progress as on the 11th CB meeting & 12th 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	No reports, ILI activity was reported to be globally quite low.
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. It is continued through the lab-based influenza project.
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	Tentative time frame	Progress as on the 11th CB meeting & 12th 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. At this stage, nearly all PICTs have initiated Pandemic Influenza Preparedness planning.
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	Tentative time frame	Progress as on the 11th CB meeting & 12th 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	In some countries this has been done, but it needs to be systematically addressed.
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	Tentative time frame	**Progress as on the 11th CB meeting & 12th 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 negative slides (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). This is prospectively addressed through CDC project to increase influenza surveillance in the Pacific, except retrospective analysis (too difficult to realise based on existing information).
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**	**Tentative time frame**	**Progress as on the 11th CB meeting & 12th 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. WHO has a provision of rapid tests for influenza
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. This needs to be checked for Guam PHL.
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. Ongoing
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. Ongoing

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Tentative time frame	Progress as on the 11th CB meeting & 12th 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 A link to WHO Guidelines re. COMBI (Communication for Behavioural Impact) strategy should be included on PPHSN website.
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 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 allow. 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. The PPHSN dengue guidelines should be updated according to WHO Guidelines re. COMBI strategy. Jacob will check the status of the guidelines for which WHO issued APWs.
Dengue Fever Guidelines adapted and implemented at national level	National Guideline in 5 PICTs	Copies of guidelines	MOH (EpiNet teams/CDCC)	End of 2006	_
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. Narendra 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 had already been delivered in Guam in July 2005 (For more information, check Inform'ACTION 21). The dengue project above-mentioned and entitled Pacific

					Entomological Assessment Project (PEAP) was presented to CB. Its goal is to develop vector identification capacity and vector surveillance capacity to address dengue control. The title of the project will be changed to eliminate misunderstanding. The same kind of training conducted in Guam last year will take place in CNMI in August 2006 (in collaboration with IPNC).

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. Done through HBAS system.
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.
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	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. Done. See Tom's presentation.

programs					
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. Narendra reported that funds are now available and that the group has identified a resource person to work on the project. The project was developed at the regional level, but there is enough money to organise activities in the PICTs. Training courses should be organised in October with the assistance of the FSMed which will provide the facilities. More information on this project will be communicated soon to all PICTs.
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. Started. George mentioned that there is food chain surveillance in the Solomon Islands. Sean mentioned SAMSO (Joint FAO/WHO standards programme Codex)
Assess capacity (clinical, laboratory, flexibility of	Country capacity for FBD surveillance report available	Reports	FBDSWG with Health training Institutions	End of 2005	Under progress. Narendra mentioned that a questionnaire

surveillance system etc) existing within countries to undertake food borne disease surveillance	for at least 3 pilot countries (clinical, lab, and Flexibility of the surveillance system		(FSMed)		had been sent to all PICTs and that 9 countries had sent a reply so far. Still under progress.
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. Progress is expected in October.
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	Tentative time frame	Progress as on the 11th CB meeting & 12th 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. This is part of IHR assessment. Jacob mentioned that WHO WPRO Office should publish guidelines very soon on the implementation of IHR. WHO has money available also to send consultants in each PICTs. The consultants will assist PICTs in the implementation of the IHR.
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. Done in CNMI and Guam. Further DDM courses will be organised under PRIPPP.

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. Under discussion (Narendra & Jan)
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**	**Tentative time frame**	**Progress as on the 11th CB meeting & 12th CB meeting**
7. To promote a good understanding of the new international health regulations (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.	A working group would not be useful at this stage (see comments under section 6). Nevertheless, the CB should be kept informed by WHO on the progress of the IHR implementation.
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	See above
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	Capacity needs have been identified. Addressing capacity is still on-going for Guam Public Health lab and Mataika House

New IHR are endorsed by MOH.	Endorsement of new IHR by MOH	Endorsement doc./report.	WHO	Nov 2004 - March 2005	Done.
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	Not started yet.
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.	Done

Activity	**Mesurable Indicators**	**Means of verification**	**Leading Agency/group**	**Tentative time frame**	**Progress as on the 11th CB meeting & 12th 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	On PPHSN website: list of PICNet members, PICNet TOR Funding	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

	development PICNet members have teleconference meeting(s).	proposal/report Reports and number of teleconferences, and communications			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. Done
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. Under progress

Activity	**Mesurable Indicators**	**Means of verification**	**Leading Agency/group**	**Tentative time frame**	**Progress as on the 11th CB meeting & 12th 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	RET members with its TORs finalised.	RET list and TORs on PPHSN	PPHSN-CB, with MOH (EpiNet teams/CDCC)	By October 04	A document on the RET was presented and endorsed by the PICT Ministers of Health during

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.	The document is ready for submission to Ministers' meeting in Samoa, 2005.	website Agenda of the Ministers of Health meeting, 2005.		January 05 (for document for the Minister's meeting)	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, Jacob Kool and Narendra Singh. 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. The RET working group must work on this issue as above-mentioned in order to establish the RET by end 2006.

ABBREVIATIONS:

CDCC	Communicable disease control and prevention committee
DDM	Data for decision making
DHS	Demographic & Health Survey
DOH	Director(s) of Health
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
GOARN	Global Outbreak Alert and Response Network
IHR	International Health Regulations
ILI	Influenza like illness
LabNet TWB	LabNet technical working body
MOH	Ministry(ies) of Health
NCDs	Non-communicable diseases
NHTI	National Health training institution
OIE	World Animal Health Organisation
PHTI	Pacific Health Training Institute
PICNet	Pacific Regional Infection Control Network
PICTs	Pacific island countries and territories
PIHOA	Pacific Islands Health Officers Association
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

Annex 2

SECRETARIAT OF THE PACIFIC COMMUNITY
SECRÉTARIAT DE LA COMMUNAUTÉ DU PACIFIQUE

12th MEETING OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN) COORDINATING BODY (CB)
IRD, Noumea - Tuesday 4 (starting 1:30 pm) to Friday July 7, 2006

12ÈME RÉUNION DU GROUPE DE COORDINATION DU RÉSEAU OCÉANIEN DE SURVEILLANCE DE LA SANTÉ PUBLIQUE
IRD, 4 (à partir de 13h30) au 7 juillet 2006, Nouméa, Nouvelle-Calédonie

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