



## Recommendations from the 14th meeting of the PPHSN Coordinating Body (CB), Noumea, April 2008

### Acronyms

CDC:	Centers for Disease Control and Prevention (USA)
ESR:	Institute of Environmental Science & Research (NZ)
IHR:	International Health Regulations
IPNC	Institut Pasteur de Nouvelle-Calédonie
MOH:	Ministry/Department of Health
NCD:	non-communicable disease
PICTs:	Pacific Island countries and territories
POLHN:	Pacific Open Learning Health Net
PPE:	personal protective equipment
PPHSN:	Pacific Public Health Surveillance Network
PPHSN-CB:	Pacific Public Health Surveillance Network Coordinating Body
PPTC:	Pacific Paramedical Training Centre
SPC:	Secretariat of the Pacific Community
TOR:	terms of reference
TOT:	training of trainers
WHO:	World Health Organization

RECOMMENDATIONS	RESPONSIBILITY
<b>Surveillance</b>	
<p><i>Interagency harmonisation for information requirements</i></p> <ul style="list-style-type: none"> <li>Agencies need to harmonise their information requirements and reporting forms as PICTs spend a lot of time filling in the different forms. This issue was already being seen as critical at the 'Inter-Agency Meeting on Health Information Requirements in the South Pacific' held in 1995, one year before the foundation of PPHSN.</li> <li>There is obviously a need to maintain awareness of interagency and inter-programme harmonisation on data and information requirements.</li> </ul>	<p>Agencies Advocacy by PPHSN members, incl. PPHSN-CB</p>
<p><i>EpiSurv7 system</i></p> <ul style="list-style-type: none"> <li>The trial with the EpiSurv7 system proposed by NZ's ESR should go ahead; after the issues raised at the last CB meeting have been solved, a modified version that fits PICT needs should be set up in a couple of PICT pilot sites. ESR and SPC will continue to seek funding to make this happen.</li> </ul>	<p>ESR, SPC &amp; other interested agencies with pilot PICTs</p>
<p><i>Standardisation</i></p> <ul style="list-style-type: none"> <li>There should be a monitoring and evaluation framework for in-country surveillance activities, with a standard set of indicators.</li> </ul>	<p>PICT MOHs with regional agencies</p>
<p><i>Notifiable diseases</i></p> <ul style="list-style-type: none"> <li>There should be a standardised core list across the region, with extensions that reflect local disease patterns and priorities, and with the involvement of both clinicians and laboratories.</li> </ul>	

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<ul style="list-style-type: none"> <li>This core list should be based on WHO guidelines and include standard case definitions (WHO, CDC).</li> <li>Criteria for lab confirmation need to cover the existing range of local capacities.</li> </ul>	
<p><b>Resources for response</b></p>	
<p><i>National/territorial EpiNet (or equivalent response) teams</i></p> <ul style="list-style-type: none"> <li>A letter should be sent to PICTs regarding the composition of EpiNet (or equivalent response) teams and the proposed terms of reference.</li> <li>EpiNet (or equivalent response) teams should be represented in the national International Health Regulations (IHR) focal point.</li> </ul>	<p>PPHSN-CB: SPC to draft in consultation with PPHSN-CB &amp; PPHSN-CB chairperson to sign</p> <p>PICT MOHs</p>
<p><i>Other resources for response</i></p> <p>In addition to human resource availability:</p> <ul style="list-style-type: none"> <li>There is a need to have a clearly identified budget for national/territorial as well as regional response activities.</li> <li>Kits to take lab specimens should be set, together with shipping containers and clear procedures, and they should be pre-positioned with ad hoc stock management practice (e.g. annual). Innovative ways to preserve samples should be envisaged if deterioration during shipment is likely to occur (e.g. ethanol-fixed or dried venous blood spot on filter paper).</li> <li>PPE (for infection control) should be available and pre-positioned. PPE supplies would be best managed through a central warehouse for the Pacific Islands, which would link with suppliers and have more affordable prices.</li> </ul>	<p>PICT MOHs (national/territorial) PPHSN-CB to coordinate with PPHSN allied members (esp. WHO &amp; SPC) (regional)</p> <p>PICT MOHs with WHO, SPC &amp; other PPHSN partners' support</p> <p>PICT MOHs with WHO, SPC &amp; other PPHSN partners' support</p>
<p><b>LabNet</b></p>	
<ul style="list-style-type: none"> <li>The Technical Working Body (IPNC, PPTC, SPC and WHO) should be reactivated to address the issue of support to L2 laboratory development and other LabNet-related issues as discussed at the last meeting, in consultation with L1 laboratories.</li> </ul>	<p>IPNC, PPTC, SPC and WHO</p>
<ul style="list-style-type: none"> <li>Partnerships should be further explored:             <ul style="list-style-type: none"> <li>with Fiji School of Medicine for running PCR and other testing, and for training students; and</li> <li>to fund consultants and trainers and make experts available in the region.</li> </ul> </li> </ul>	<p>LabNet Technical Working Body</p>
<ul style="list-style-type: none"> <li>Rapid test kits for typhoid fever (<i>Salmonella typhi</i>) should be evaluated in order to allow the use of a test to conduct community or rural investigations of typhoid outbreaks.</li> </ul>	
<ul style="list-style-type: none"> <li>A set of basic lab quality assurance (QA) standards should be developed and provided to PICTs, with a user-friendly audit on a regular cycle.</li> </ul>	

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<ul style="list-style-type: none"> <li>• Technical training/attachments should be put in place with LabNet partners.</li> </ul>	
<b>PacNet</b>	
<ul style="list-style-type: none"> <li>• Reporting on PacNet should be regarded as a positive action by PICTs. A country reporting/providing information on outbreaks shows that its surveillance system is working.</li> </ul>	PICT MOHs Advocacy from PPHSN-CB:
<ul style="list-style-type: none"> <li>• The use of PacNet is an advantage for PICTs as it allows them to prepare for outbreaks. Governments must therefore be made aware of this with regard to clearance for information sharing.</li> </ul>	SPC to draft letter with PPHSN-CB's input & chairperson to sign
<ul style="list-style-type: none"> <li>• In order to stimulate reporting from PICTs on PacNet and enhance PacNet usefulness, the following is recommended:                             <ul style="list-style-type: none"> <li>○ PacNet members should be reminded how to use PacNet (including the PacNet archives).</li> <li>○ Information on the composition (members) of PacNet should be posted on the list on a regular basis.</li> <li>○ Awareness of the usefulness of PacNet should be raised at national high decision-making/political level.</li> <li>○ All PPHSN members, PICTs, allied members and partners should promote PacNet in order to change conservative behaviours. In particular, WHO should promote PacNet and other PPHSN services in conjunction with the IHR (e.g. when WHO receives an outbreak-related report from a PICT through the IHR focal point, it should encourage the PICT to post the information on PacNet too for the benefit of other PICTs).</li> <li>○ National/territorial EpiNet (or equivalent response) team members should promote PacNet and other PPHSN services within their country (e.g. during EpiNet team meetings) as well as outside (e.g. when they attend external meetings).</li> <li>○ SPC should send annual summaries to PICTs of all outbreak-related messages/reports posted on PacNet. As well as providing information, this should also help PICTs to realise the usefulness of PacNet and hopefully encourage them to contribute to it.</li> <li>○ The importance of sending 'early warning' messages on PacNet should be clearly stated in EpiNet teams' TOR. Whenever possible, clearance of PacNet messages should be facilitated by EpiNet (or equivalent response) teams.</li> </ul> </li> </ul>	SPC  SPC  PPHSN-CB & EpiNet (or equivalent response) team   All PPHSN members   National/territorial EpiNet (or equivalent response) team  SPC  SPC to review TORs with PPHSN-CB's input
<b>Inform'ACTION</b>	
<ul style="list-style-type: none"> <li>• A 'chat room' should be created to discuss <i>Inform'ACTION</i> articles. This may encourage more PPHSN members to read and contribute to <i>Inform'ACTION</i>.</li> </ul>	SPC
<b>PICNet</b>	
<ul style="list-style-type: none"> <li>• SPC and WHO should further collaborate on infection control.</li> </ul>	SPC and WHO
<ul style="list-style-type: none"> <li>• PICTs should try to include infection control officers in their</li> </ul>	PICT MOHs

RECOMMENDATIONS	RESPONSIBILITY
EpiNet teams.	
<b>Training (surveillance and response)</b>	
<ul style="list-style-type: none"> <li>• A Training Working Group composed of representatives from Fiji School of Medicine, SPC and WHO should work on training issues in surveillance and response.</li> </ul>	Fiji School of Medicine, SPC and WHO
<ul style="list-style-type: none"> <li>• Whenever practical, in-country training is preferable as it allows more field-level health professionals (e.g. paramedical professionals) to be trained. International workshops are not always attended by the most appropriate people, and the skills learned there often are not disseminated to other staff.</li> </ul>	Training institutions/agencies
<ul style="list-style-type: none"> <li>• The possibility of sending one health professional from a particular PICT (e.g. an EpiNet or equivalent response team member) with a group of experts in the field to practise epidemiology during an outbreak investigation in another PICT is an important and unique opportunity to train key staff.</li> </ul>	Training Working Group
<ul style="list-style-type: none"> <li>• On the other hand, it is better to train a few selected motivated people as ‘specialists’ rather than a large number of people who may not have a real interest in, and may not make use of, more advanced epidemiology.</li> </ul>	PICT MOHs
<ul style="list-style-type: none"> <li>• In general, training in surveillance and response should:               <ul style="list-style-type: none"> <li>○ teach how to look at and act on the data, as surveillance makes sense only if people act on the data;</li> <li>○ shape response systems decentralised towards operational levels close to the field;</li> <li>○ be done at all levels of the health system and include frontline workers in particular, as well as lab-specimen-taking procedures;</li> <li>○ be carried out in-country;</li> <li>○ be practical/field based in the country context and refer to an existing early warning system;</li> <li>○ include an in-country project (e.g. ‘research’ in surveillance and response);</li> <li>○ include attachments for key staff during outbreak situations, as such attachments offer excellent opportunities for training;</li> <li>○ always have clear objectives and evaluation built in;</li> <li>○ include professionals from higher levels of the health system to train staff from more peripheral levels (TOT, or as facilitators);</li> <li>○ include training in PPE use; and</li> <li>○ have some training continuity built in as a follow-up (e.g. as continuing education).</li> </ul> </li> </ul>	PICT MOHs with Training Working Group & training institutions
<ul style="list-style-type: none"> <li>• A regional, interagency/intergovernmental group of trainers as well as regional resources for outbreak investigation should be identified using available information (e.g. Directory of PPHSN Resources). This group would also help support outbreak investigations and response training, and serve as the ‘Regional EpiNet Team’.</li> </ul>	Training Working Group members

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<ul style="list-style-type: none"> <li>In order to facilitate the selection of appropriate and motivated people for advance training in field epidemiology, for instance, it is relevant to put generic training courses in public health/epidemiology online using WHO's POLHN system. Some field epidemiology training courses are already available on POLHN. People who have a general interest in epidemiology, including nurses at the district level and below, can access these courses. After completion of the courses, they can then participate in more advanced training courses.</li> </ul>	<p>Training Working Group to advertise</p>
<b>PPHSN-CB TORs</b>	
<ul style="list-style-type: none"> <li>The latest version of the TOR was endorsed with the following addition: PPHSN should support IHR implementation, because PPHSN activities are in line with IHR core capacities.</li> </ul>	<p>SPC to add in TORs and make available</p>
<ul style="list-style-type: none"> <li>Risk communication is not clearly stated in PPHSN services. This issue should be further considered as it is an area that needs to be strengthened in the Pacific Island region.</li> </ul>	<p>PPHSN members</p>
<b>Collaboration among PPHSN partners</b>	
<ul style="list-style-type: none"> <li>There is a need for improving collaboration among PPHSN partners, especially SPC and WHO, through sharing of workplans and duty travel plans. This should be started between SPC and WHO as soon as possible.</li> </ul>	<p>SPC, WHO &amp; other PPHSN partners</p>
<b>Regional coordination strategy for avian and pandemic influenza</b>	
<ul style="list-style-type: none"> <li>Rather than trying to identify the agencies' responsibilities, it might be better to develop guiding principles for interagency collaboration.</li> </ul>	<p>SPC &amp; WHO</p>
<ul style="list-style-type: none"> <li>Rather than SPC developing a proposal, organising a meeting of key regional players and writing the final document, it would be better if the agencies, including WHO and SPC, first met to draft a joint proposal.</li> </ul>	<p>SPC &amp; WHO</p>
<b>Regional project to support vector surveillance and control activities against dengue</b>	
<ul style="list-style-type: none"> <li>The presentation of the regional project as reviewed by experts was much appreciated and the project was supported by the CB members.</li> </ul>	<p>SPC and IPNC to finalise project, and implement it in collaboration with PPHSN partners</p>
<b>NCDs and PPHSN</b>	
<ul style="list-style-type: none"> <li>The possible inclusion of NCDs within the planning and operations of PPHSN was raised again. All CB members agreed that it would be better to develop a separate network/mechanisms or approach similar to PPHSN for NCDs, rather than adding NCDs to the current PPHSN priority diseases (CDs).</li> </ul>	<p>NCD key regional players (incl. SPC &amp; WHO)</p>

RECOMMENDATIONS	RESPONSIBILITY
<p><b>PPHSN regional meeting</b></p>	
<ul style="list-style-type: none"> <li>• CB members agreed that a regional meeting including two members of the national EpiNet team from each of the 22 PICTs should be organised during the first semester of 2009. This should help maintain relationships between members and also stimulate some functions of the network that may not be well known by EpiNet members.</li> </ul>	<p>WHO &amp; SPC, possibly with other allied members</p>
<ul style="list-style-type: none"> <li>• WHO is planning to organise an IHR meeting around October 2008. The EpiNet meeting could be organised back to back with this meeting. If needed, the WHO meeting could be postponed to early 2009 to accommodate this arrangement. SPC and WHO will try to identify funds to organise the regional EpiNet meeting.</li> </ul>	<p>WHO &amp; SPC</p>