

**20th MEETING OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE
NETWORK (PPHSN) COORDINATING BODY (CB)**

Nadi, Fiji, 23 – 24 July 2015

Outcomes

Day 1: Thursday 23rd July 2015

RiEpiNet Team terms of reference, and the APSED review and consultations:

1. The PPHSN–CB kindly requests WHO Western Pacific Regional Office to inform PPHSN of the results of the recent APSED (2010) assessment and include PPHSN in the consultation process for the next regional strategy for emerging diseases, to ensure the specific context of the Pacific islands needs are addressed. The Focal Point will send an official letter of request on behalf of PPHSN-CB via South Pacific Regional Office rep.

External review of the coordination and governance of PPHSN

2. Members request the Focal Point to formulate a concept paper outlining the reestablishment of a PPHSN governing body. Core members will take the concept paper to their Heads of Health representatives in country for consultation. Following that consultation the concept will be tabled for PPHSN-CB agreement, and then taken to Heads of Health as a recommendation. The proposal should include:
 - 2.1. The suggested authority level of the governing body;
 - 2.2. The mandate of the governing body to include all public health issues or specifically relate to PPHSN;
 - 2.3. Status/inclusion of PPHSN allied members.

Follow-up on syndromic surveillance evaluation

3. Advocacy

At the national level, PPHSN members are requested to advocate the importance of surveillance and ensure the establishment of a strong operational system to complement regional activities.

4. Establishment of the Surveillance TWG

Members request the Focal Point to:

- 4.1. Develop a concept paper outlining a proposed structure and TORs for the surveillance TWG; Once established, the TWG is requested to:
- 4.2. Arrange a regional multidisciplinary forum on electronic health information systems to bring together ICT and public health work force with partner agencies. Turn-key, developmental and other potential

technology solutions can be shared across a broad stakeholder group to maintain the strength of the Surveillance network.

- 4.3. The Surveillance TWG will create the epidemiological criteria (exposure, incidence, prevalence population flows etc.) under which the PPSHN make decisions on how to prioritize diseases; Provide recommendations to the PPHSN-CB for any diseases being tabled for inclusion on the list by CB members; Update and maintain the PPHSN priority disease list on behalf of the CB.

SHIP (Strengthening Health Interventions in the Pacific)

5. Members request the Focal Point to provide a concept paper outlining the proposed location, structure and functions of a SHIP Steering Committee. It is expected that this will include but not be limited to FNU, SPC, WHO as permanent members (and possibly other Allied Members and/or bodies) of the PPHSN-CB and NCD representation.
6. Members request the Pacific Heads of Health to ensure there are national mechanisms to formally recognise new skills and qualifications acquired in accordance with salary grades or create posts for qualified staff coming out of the SHIP program.
7. Members respectfully request FNU assistance as a PPHSN permanent member, to expedite accreditation: 1) for successful students to date; 2) to allow for continued delivery of credited DDM courses without interruption; and 3) to address application for accreditation of the revised DDM/SHIP with a minimum of delay. The letter of request to be agreed by the PPHSN-CB members and sent to the Vice Chancellor of the FNU.
8. Members proposed that the SHIP capacity building structure be formally created as a sixth service of the PPHSN, and that SPC continue to lead driving forward this program in collaboration with other SHIP partners till the establishment of the steering and academic committee.

PPHSN Membership

9. Members accept the Hunter New England Health application to become a PPHSN Allied member.