

Pandemic influenza preparedness discussed at the seventh meeting of Ministers of Health for the Pacific Island Countries

The seventh meeting of Ministers of Health for the Pacific Island Countries took place this year in Port Vila, Vanuatu, from 12–15 March. Twenty-one Pacific Island countries and territories (PICTs) were represented at the biannual meeting, which is jointly organised by WHO and SPC.

The Honourable Ham Lini Vanuaroroa, Prime Minister of Vanuatu, stated in his opening address his hope 'that the work and discussion during the meeting will effectively contribute to the process committed to since 1995 and marked by the important Declarations and Commitments [made in] Yanuca, Rarotonga, Palau, Madang, Tonga and Samoa.'

The Vanuatu meeting addressed several important issues (detailed below), and the draft recommendations and conclusions of the meeting were adopted unanimously as the 'Vanuatu Commitment'.

High on the meeting's agenda was the threat of an influenza pandemic caused by the highly pathogenic H5N1 avian influenza virus that is circulating in a number of countries around the world, including in Asia. Discussions on this subject focused on WHO's Asia Pacific Strategy for Emerging Diseases (APSED), the new (2005) International Health Regulations (IHRs), the Pacific Regional Influenza Pandemic Preparedness project (PRIPPP), and the Pacific Public Health Surveillance Network (PPHSN).

The paper, which was jointly prepared by WHO and SPC for the occasion — and entitled 'The Asia Pacific Strategy for Emerging Diseases, including international health regulations (2005) and Pandemic Preparedness' — was well received by the ministers.

In brief, it explained that APSED, which was jointly developed by WHO's Western Pacific and South-East Asia regional offices in 2005, is designed to facilitate the implementation of the 2005 IHRs, which comprise a legally binding international instrument for protecting public health. The purpose of the IHRs, adopted by the World Health Assembly in May 2005, is to prevent and respond to the international spread of diseases while avoiding unnecessary interference with international traffic and trade. The IHRs are scheduled to be implemented in June of this year, and set out many new requirements and core obligations for PICTs concerning the notification, verification and assessment of public health events of international concern. APSED will help PICTs meet the core surveillance and response capacity requirements of the 2005 IHRs.

PRIPPP was initiated by SPC in collaboration with WHO in 2006 under the framework of PPHSN, and aims to further improve the capacity of PICTs to effectively and efficiently respond to emerging diseases, in particular highly pathogenic avian influenza (HPAI) and pandemic influenza. It involves animal health and human health services and has been developed in response to PICTs' needs, as expressed at the 2005 meeting of Ministers of Health for the Pacific Island Countries, which was held in Apia. PRIPPP will facilitate implementation of the APSED strategy and the 2005 IHR through the assistance it provides PICTs in preparing for avian influenza and the next influenza pandemic.



The meeting is in keeping with the Yanuca Declaration, made by ministers of health in Fiji in 1995, to advance the concept of 'Healthy Islands' as a unifying theme for health promotion and protection in the Pacific. Five follow-up meetings of PICT ministers of health (held in Cook Islands in 1997, Palau in 1999, Papua New Guinea in 2001, Tonga in 2003 and Samoa in 2005) have resulted in a vision of health in the Pacific Islands, and commitments for action to address priority health areas in the Pacific.

PPHSN's structures and networks were also discussed in the paper. These important instruments and mechanisms can help strengthen core surveillance and response capacity, including laboratory support, for PICTs. At the Apia meeting, ministers of health recommended that PPHSN should be utilised to facilitate IHR implementation whenever possible.

Health ministers expressed appreciation for the assistance provided by WHO, SPC and other partner agencies in these areas, noted the need for integration of activities related to IHRs, APSED, and pandemic preparedness at the country level, and encouraged SPC and WHO to continue their collaborative approach, especially within the PPHSN framework.

Dengue fever is also an issue of particular interest to PPHSN members, and was further considered by the ministers as a follow-up to the Samoa Commitment. They expressed concern about the regional dengue initiative, which was proposed at the last meeting but has not yet materialised.

Other issues discussed at the meeting included:

- a health strategy for the Pacific;
- the Pacific Health Fund;
- follow-up actions to the Samoa and Tonga Commitments;
- the prevention and control of non-communicable diseases;
- the midterm review of the Regional Strategy on HIV and its implementation, coordinated by SPC;
- a review by UNAIDS of the progress towards universal access to prevention, treatment, care and support in the Pacific;
- the migration of health personnel, which has led to the development of a Pacific code of practice for the recruitment of health workers in the Pacific Region and the 2006–2015 Regional Strategy on Human Resources for Health; and
- food fortification in the Pacific.

The meeting also saw the launch of the Pacific Islands Mental Health Network (PIMHnet) and the Oceania Society for Sexual Health and HIV Medicine (OSSHHM).

The final recommendations and conclusions of the meeting that are of direct interest to PPHSN will be published in the next issue of Inform'ACTION.

All working documents of the meeting are accessible from WHO's WPRO website at:
<http://www.wpro.who.int/sites/pic/en/documents/>