

Samoa Commitment supports PPHSN development

The *Samoa Commitment: Achieving Healthy Islands* was agreed on at the Sixth Meeting of Ministers of Health for Pacific Island Countries and Territories (PICTs), jointly organised by WHO and SPC and hosted by the Government of Samoa from 14 to 17 March 2005.

Like its five predecessors, the *Yanuca Declaration* released in 1995, the *Rarotonga Agreement: Towards Healthy Islands* in 1997, the *Palau Action Statement on Healthy Islands* in 1999, the *Madang Commitment: Towards Healthy Islands* in 2001 and the *Tonga Commitment: To Promote Healthy Lifestyles and a Supportive Environment* in 2003, the *Samoa Commitment* provides clear statements and recommendations meant to guide countries, regional organisations and the actions of partners for the next two years.

This year again, the Ministers of Health supported the development of PPHSN and its initiatives. The recommendations relating to/or mentioning PPHSN are reproduced below, separated into five categories.

Surveillance and outbreak response (Page 16)

Recommendations

- The Regional EpiNet Team (RET) should be established by creating a pool of experts and professionals among the countries and areas in the Pacific in order to support national and territorial responses to outbreaks and to build capacity.
- The establishment of a regional outbreak and emergency response fund should be explored.
- PPHSN mechanisms should be utilised for International Health Regulation (IHR) implementation such as notification, verification and capacity strengthening wherever possible.
- The Strategic Framework of PPHSN should include surveillance and response capacity assessment and development for the Pacific.
- Capacity building should be enhanced at the peripheral level in Pacific Island countries and areas for good surveillance and response.
- The IHR focal point should be a member of the national EpiNet team or an equivalent communicable disease response team or taskforce at the national level, and where possible that person should be the chair of the team.
- PPHSN, including WHO, SPC and other partners, should continue to provide technical support to assist countries and territories to develop and implement national pandemic preparedness plans. At the national level, a multisectoral task force, including civil society, should be established to develop a national pandemic preparedness plan. Where possible there should be involvement of the national disease preparedness group and linkage with the national disaster preparedness plan. Community participation and mobilisation should be ensured. The development of the pandemic preparedness plan should be multisectoral, be led or coordinated by the Ministry of Health, and should be developed based on existing plans and mechanisms.
- The PPHSN should expand its scope to include functions of noncommunicable disease surveillance as networked surveillance and data pooling mechanisms.

Dengue (Page 17)

Recommendations

- Countries and areas should join together through PPHSN in a Pacific initiative to improve national capacities to prevent and control epidemic dengue.

- Community-based vector control should be a key component of all national dengue control programmes. It is no longer sufficient to simply educate and provide information about dengue; programmes should aim at key behavioural changes that result in reduced dengue transmission.

HIV/AIDS and STI (Page 15)

Recommendation

- Strengthen HIV and STI surveillance.

Expanded programme on immunisation (EPI) (Page 18)

Recommendation

- To sustain polio-free status, Pacific Island countries and areas should ensure that key programme functions such as acute flaccid paralysis (AFP) surveillance and routine immunisation coverage are maintained at the high levels required. Preparedness plans should be available and coordinated by the EpiNet team for response to the importation of wild poliovirus and circulating vaccine-derived poliovirus.

Healthy lifestyles and supportive environments (Page 11–12)

Recommendation

- Establish a regional policy and coordinated mechanism for sharing of NCD surveillance data between countries and areas. This would: ...link to and coordinate with PPHSN mechanisms in order to extend rather than duplicate mechanisms.

The *Samoa Commitment* will be available soon in PDF on the WHO/WPRO website:
<http://www.wpro.who.int/>