MEETING REPORT



Pacific Public Health Surveillance Network (PPHSN) – Regional Meeting

Tanoa International, Nadi, Fiji, 25–27October 2022

'PPHSN: 25 years of networking and innovation towards health security in the Pacific'

Co-Hosted by: Pacific Community (SPC), Fiji National University (FNU)

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AFD	Agence Française de Développement (French Development Agency)
AMR	Antimicrobial Resistance
APSED	Asia Pacific Strategy for Emerging Diseases
СВ	Coordinating Body
CDC	(United States) Centers for Disease Control and Prevention
CNMI	Commonwealth of the Northern Mariana Islands
COVID-19	Coronavirus disease
DDM	Data for Decision-Making
DFAT	(Australian Government) Department of Foreign Affairs and Trade
EpiNet	Epidemiology Network
EU	European Union
EWARS	Early Warning, Alert and Response System
FCDC	Fiji Centre for Disease Control
FETP	Field Epidemiology Training Program
FNU	Fiji National University
FSM	Federated States of Micronesia
HAI	Healthcare-Associated Infection
HIS	Health Information System
ΙΑΤΑ	International Airline Transportation Association
IHR	International Health Regulation
IPC	Infection Prevention and Control
IPNC	Institut Pasteur de Nouvelle Calédonie
JCU	James Cook University
JEE	Joint External Evaluation
JIMT	Joint Incident Management Teams
LabNet	Laboratory Network
LQMS	Laboratory Quality Management System
MFAT	(New Zealand) Ministry of Foreign Affairs and Trade
МОН	Ministry of Health
MRO	Multi-resistant organisms
NCD	Non-communicable disease
PacNet	Pacific Network
PacMOSSI	Pacific Mosquito Surveillance Strengthening for Impact
PCR	Polymerase Chain Reaction
PICNet	Pacific Infection Prevention and Control Network
PICTs	Pacific Island Countries and Territories
PIHOA	Pacific Island Health Officers Association
PGCFE	Postgraduate Certificate in Field Epidemiology
PGDAE	Postgraduate Diploma in Applied Epidemiology

PHD	Public Health Division
PNG	Papua New Guinea
PN-VCR	Pacific Network for Vector Control Response
PPHSN	Pacific Public Health Surveillance Network
PPTC	Pacific Paramedical Training Centre
PSC	Project Steering Committee
PSSS	Pacific Syndromic Surveillance System (PSSS)
RCCE	Risk communication and community engagement
RMI	Republic of the Marshall Islands
SHIP-DDM	Strengthening Health Interventions in the Pacific - Data for Decision-Making
SLIPTA	Stepwise Laboratory Quality Improvement Process towards Accreditation
SLMTA	Strengthening Laboratory Management Toward Accreditation
SPC	Pacific Community
SPRP	Surveillance, Preparedness and Response Programme
SSI	Surgical Site Infection
SurvNet	Surveillance Network
ТВ	Tuberculosis
TWG	Technical Working Group
USAID	United States Agency for International Development
USAPI	United States Affiliated Pacific Islands
WHO	World Health Organization

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PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK – REGIONAL MEETING 25–27 October 2022, Nadi, Fiji



Welcome

1. The Chair, **Dr Reynold 'Ofanoa**, Chief Medical Officer, Ministry of Health (MoH), Tonga, welcomed everyone and Saimone Vameau, Federated States of Micronesia (FSM), said the prayer. (The list of participants is in Annex 3.)

Opening remarks

- 2. Dr James Fong, Permanent Secretary, Fiji Ministry of Health and Medical Services (MHMS), congratulated PPHSN on its 25th anniversary, saying surveillance systems enable dissemination of information quickly to those who need to know and act. COVID-19 has created a new norm for the health sector and will reshape planning, practice, and analysis and use of data. One issue is that all surveillance systems are health based 'We wait for people to come to us. But we need multi-source surveillance'. Dr Fong urged the health sector to stay aware of changes to international public health approaches and ensure the Pacific voice is heard. He thanked contributors to PPHSN and to SPC's Public Health Division (PHD).
- 3. Dr Erja Askola, Deputy Head of the European Union (EU) Delegation for the Pacific, said PPHSN's 25th anniversary was an opportunity to reflect on its achievements and the future priorities. EU is pleased to work with SPC and has provided EUR 3 million to the project 'Scale up of Pacific Public Health Surveillance Network services', which aims to enhance universal health care. The project was expanded due to COVID-19 to include lab strengthening, infection prevention and control and risk communication. EU's support complements that of Australia's Department of Foreign Affairs and Trade (DFAT), New Zealand's Ministry of Foreign Affairs and Trade (MFAT), the US Department of State, and l'Agence Française de Développement (AFD).

SPC PHD programmes and the regional health architecture

4. **Sunia Soakai**, Deputy Director of PHD, gave an overview of SPC and its divisional structure, which largely mirrors the structure of member countries' public service sectors. He outlined the regional health architecture, noting the system is guided by the Pacific Ministers of Health Meeting (PHMM), which meets every two years. (For a comprehensive overview of PPHSN and PHD programmes and events, go to https://www.pphsn.net and <a href="https://www.pphsn

Discussion

5. **Dr Berlin Kafoa**, Director of PHD, SPC, acknowledged the introductory speakers and thanked all development partners for their COVID-19-related and project support.

PPHSN reflections

Report from the PPHSN Coordinating Body Meeting

6. **Dr Daoni Esorom**, PPHSN-CB Co-Chair, Papua New Guinea (PNG), presented the recommendations of the Coordinating Body (CB) meeting (see Annex 2), including a suggestion to change the name of PPHSN.

Discussion

7. **Dr Berlin Kafoa** said changing the name of PPHSN to "Pacific Public Health Security Network" was suggested at the previous PPHSN meeting. Any change will be the decision of PICTs and will be discussed later in the current meeting.

Dr Berlin Kafoa encouraged participants to visit the Pacific Data Hub at <u>https://pacificdata.org.</u> PHD publishes relevant information on the hub, e.g., COVID-19 statistics, which was the most frequently visited page during the pandemic.

Value of PPHSN

8. Christelle Lepers, Surveillance Information and Communication Officer, SPC, introduced a video on the value of PPHSN, including interviews with PICT representatives and technical staff from CDC, SPC and WHO. The video covered PPHSN services, PICT responses to outbreaks and experiences in collecting, analysing and reporting data, and the benefits of the Strengthening Health Interventions in the Pacific - Data for Decision-Making (SHIP-DDM)¹ programme. https://www.youtube.com/watch?v=2g-41traM5U&ab_channel=PacificCommunity

Discussion

- 9. PICT representatives
 - asked whether a One Health approach will be included in the new PPHSN framework;
 - acknowledged the benefits of SHIP-DDM and the value of data for decision-making, notably during the pandemic.

SHIP-DDM support for Vanuatu's health system

Wendy Williams, National Surveillance, Research & Emergency Response Unit, MoH, Vanuatu

- 10. Vanuatu's first cohort of 23 DDM students began the programme in 2016. Two participants completed a Masters in Applied Epidemiology in 2020 and 2021, and Vanuatu's first Postgraduate Diploma in Applied Epidemiology (PGDAE) programme started in 2022. Vanuatu aims to have at least one epidemiologist in each of Vanuatu's six provinces.
- 11. The first DDM cohort's support for MoH included:
 - developing a tuberculosis (TB) guideline and management in Bislama;
 - Teachers Manual on Public Health Surveillance;
 - update of Vanuatu Nursing School curriculum to include public health;
 - taking part in outbreak response team during Pacific Mini Games 2017 (Van2017);
 - expanding use of EWARS² to provincial level;
 - leading surveillance operations during COVID-19.

¹ Strengthening Health Interventions in the Pacific – Data for Decision Making (SHIP-DDM) programme.

² WHO's Early Warning, Alert and Response System.

- 12. Current SHIP-DDM projects include:
 - a notifiable disease surveillance system in-country;
 - Non-communicable disease (NCD) data management currently, Vanuatu does not have a centralised system;
 - emergency preparedness and response coordination in rural areas.

Discussion

13. PICT representatives asked about plans for delivering SHIP-DDM in countries (Samoa noted its last course was in 2016).

Kiribati proposed a network to link in-country facilitators with each other. **Guam** aims to develop in-country epidemiological capacity.

- 14. **Dr Berlin Kafoa**, SPC, asked countries to make a request to PHD for a SHIP-DDM course, noting that PHD is currently completing courses that were interrupted by COVID-19 measures. PHD is also developing 'training of trainers' so countries will have their own capacity to provide SHIP-DDM courses and to capture their own data. He acknowledged the role of PIHOA and CDC in delivering SHIP-DDM courses.
- 15. In response to a question from **Dr Donald Wilson**, FNU, on whether PICTs are employing and remunerating DDM graduates appropriately, Wendy Williams replied that positions have been set up in Vanuatu and are being recruited.
- 16. **DFAT** asked if countries plan to include animal health specialists in SHIP-DDM.
- 17. **Dr Mark Durand**, PIHOA said PIHOA's aim is to have one epidemiologist in each province in the United States Affiliated Pacific Islands (USAPI) plus epidemiological technicians in the district health services.

Panel Discussion 1 – Key aspects of successful responses to outbreaks and pandemics Moderator: Dr Eric Rafai, Fiji

Panellists: Dr Nuha Mahmoud, WHO; Dr Sala Saketa, SPC; Dr Janet Camacho, PIHOA; Dr Thane Hancock, CDC; Dr Donald Wilson, FNU

- 18. All panellists emphasised the critical need to communicate accurate and consistent information in countries' own languages, and to maintain cross-sectoral collaboration in responding to a pandemic.
- 19. Dr Sala Saketa, SPC: WHO's review of the H1N1 response outlined six essential areas for successful pandemic planning: communication; coordination; capacity; adaptability/flexibility; leadership; and mutual support. In 2018, a WHO report showed many gaps in PICTs' core capacity to respond to a pandemic. However, PPHSN meant PICTs were not totally unprepared to respond to COVID-19, with its components providing the necessary building blocks, including communication and alerts.

The next step is to review the Pacific response to the pandemic, including PPHSN services, and apply lessons learned, such as exploring appropriate tools, enhancing community engagement, preparing to mobilise resources, e.g. stockpiling supplies, and further developing the services provided by PPHSN, e.g. communication and data sharing through PacNet.

20. **Dr Thane Hancock**, CDC, commended PICTs on their response to the pandemic and, noting that PPHSN is a vital link between PICTs and sources of technical expertise, made the following suggestions to enhance PICTs' pandemic preparedness:

- 1. Strengthen infectious disease control and laboratory surveillance for emerging or reemerging infectious diseases.
- 2. Use practical exercises and drills to help maintain preparedness and efficiency.
- 3. Maintain cross-sectoral collaboration.
- 4. Maintain a dedicated communications unit to provide consistent information.
- 5. In the event of a major outbreak, set up a crisis management unit.
- 6. Review current legislation and quarantine measures.
- 21. In responding to the COVID-19 pandemic, USAPIs networked with each other, and each country provided lessons, e.g. the Guam Public Health Laboratory expanded to perform 1,000 tests per day; the Commonwealth of the Northern Mariana Islands (CNMI) was one of the first places to use COVID-19 therapeutics.
- 22. **Dr Janet Camacho**, PIHOA, stated PIHOA's action included updates on case numbers, and weekly meetings with agencies to coordinate services. Labs were supported under the WHO Pan-Pacific programme. Lab strengthening included reinstating Strengthening Laboratory Management Toward Accreditation (SLMTA)³, ongoing International Airline Transportation Association (IATA) training, and launching the AMR project. SPC provided guidance on testing and pool sampling. PIHOA has been implementing SHIP-DDM since 2014. Current projects include implementing early warning against dengue based on climate change, and vector training.
- 23. **Dr Donald Wilson**, FNU, said SHIP-DDM was aimed at building local capacity and adapting the requirements of the Field Epidemiology Training Programme (FETP) to PICT situations. FNU is trying to establish a Pacific Health Observatory. Not all project research is published, and the Observatory will collect data and research outcomes, e.g. juice testing at markets, to provide information for policy-making.

In March 2021, Fiji started a COVID-19 vaccination programme. To overcome vaccine hesitancy, FNU brought together experts to talk about the evidence for the benefit of vaccination and let people make up their own minds. Messaging was locally adapted and culturally sensitive. The campaign reached thousands of people, including through Zoom and social media. During the containment phase, the health system also had to sustain normal medical services.

- 24. **Dr Nuha Mahmoud**, WHO, said there were three areas to look at in preparing for and responding to a pandemic:
 - 1. Preparedness plans and adaptation of plans need to test plans based on countries' actual capacity, and to revise plans. Intra-action reviews are important.
 - 2. Decision-making based on the information available. Multi-sector coordination is essential.
 - 3. Strategic communication need to understand communities. Social media is used to circulate misinformation but should also be used to counter misinformation.

Discussion

- 25. **Cook Islands** used influential people and organisations (faith-based, sport-based, etc.) to promote vaccination and reached 98% of the population.
- 26. **Tonga** faced the onset of COVID-19 soon after a huge volcanic eruption and tsunami. To overcome public negativity about vaccines, teams visited villages and asked people to get vaccinated. COVID-19 is still occurring in Tonga, but risk communication has been effective.

³ Strengthening Laboratory Management Toward Accreditation (developed by CDC in collaboration with WHO, Clinton Health Access Initiative, and American Society for Clinical Pathology).

Tonga is interested in PIHOA's early warning vector control system, given the increase in vectorborne diseases.

- 27. **Solomon Islands** recommended that a standardised tool be used to assess PICT preparedness and requested a list of suitable tools that have been used by other PICTs. Solomon Islands also suggested that PICTs should update their national preparedness plans.
- 28. **Dr Sala Saketa**, SPC, said it was important to have consensus on the tools to use. PICTs could use the recently developed epidemic emergency assessment index, although it still needs to be aligned with international requirements.
- 29. **Dr Nuha Mahmoud**, WHO, said PICTs need to develop their national plans for health security. The Joint External Evaluation (JEE), which assesses core capacity in terms of the International Health Regulations (IHR), has been updated and now includes an electronic format. Next year, WHO will support a JEE for several countries. Another tool being piloted is the Health Universal Preparedness Review, which is a whole-of-government review. A COVID-19 intra-action review is a 'quick fix' for countries that have already done their review.
- 30. **Dr Berlin Kafoa**, SPC, said countries must be able to adapt tools to their own context. External agencies will recommend tools that enable comparison between PICTs.

PPHSN Services – PacNet and communication

Launch of new PPHSN website

Christelle Lepers, Surveillance Communications Officer, SPC

31. The new PPHSN website (<u>www.pphsn.net</u>) includes content from the previous site and links to the separate PPHSN networks, PPHSN publications, meeting reports, and success stories. A page dedicated to all core members allows sharing of information and stories, and links to relevant websites and official Facebook pages. There is also a page for each allied member. A French version of the site is being developed.

PPHSN members are encouraged to visit the site and to inform SPC about information they want to share, including links, training and other events.

PacNet membership and utilisation **Elise Benyon**, Data Processing Officer, SPC

32. PacNet was created in 1997 and now has over 1230 subscribers including international subscribers from beyond the Pacific. PICTS are encouraged to add situation updates to PacNet. Guidelines are available in the Pacific Outbreak manual: https://www.pphsn.net/resources/outbreak-manual/.

To subscribe to PacNet, send an email to <u>FocalpointPPHSN-CB@spc.int</u> requesting to be subscribed.

Risk communication and community engagement

Lieke Visser, Technical Officer for Risk Communication, WHO

- 33. PPHSN members contribute to or implement Risk communication and community engagement (RCCE) through PPHSN various services including PacNet and PICNet. Since 2020, the Joint Incident Management Team RCCE working group has provided pandemic support to PICTs. Lessons learned include:
 - the need for a common platform for coordination of the partners involved, to avoid duplicating effort;
 - the need to provide clear information to the public, including using media, rapid assessments to explore perceptions, and social listening to monitor the information being circulated;
 - the importance of transparency;
 - the value of collecting data, e.g. on vaccine acceptance, to enable misinformation to be addressed. High-impact content was developed including adaptable tools and materials for different audiences in their own language. The materials developed will be archived as a resource.
 - liaising with key groups to strengthen community engagement. In Fiji, toll-free helplines with trained responders were available to answer questions;
 - integration of RCCE in other training, e.g. IPC, use of Personal protective equipment, contact tracing, etc.
- 34. The next step is to ensure that RCCE continues to be integrated in the health security agenda. Opportunities to enhance RCCE at regional and national levels include further collaboration, maintaining the network that was developed during the COVID-19 response, and enhancing healthcare workers' RCCE capacity.

<u>https://www.who.int/publications/i/item/risk-communication-and-community-engagement-(rcce)-action-plan-guidance</u>

Discussion

- 35. **Christelle Lepers**, SPC, noted that SHIP has a component on risk communication. It is important that leaders, such as directors, know the principles of risk communication.
- 36. **Dr Donald Wilson**, FNU, asked how the team addressed the issue of health professionals refusing vaccination.
- 37. Jojo Merilles, SPC, noted that people have varying perceptions of risks and asked what strategies are used when risk is high, but perception of risk is low.
- 38. Lieke Visser, WHO, responded that:
 - more research, possibly a rapid study, is needed to understand health professionals' reasons for vaccine hesitancy in order to tailor effective communication, including oneon-one conversations;
 - understanding risk perception is key to devising the right response. Building trust is important to people's acceptance of information.

Panel Discussion 2 – PacNet as an integral part of the surveillance and outbreak management cycle

Moderator: Dr Tom Kierdrzynski, MoH, New Zealand

Panellists: Tmong Udui, Palau; Clement Couteaux, Wallis and Futuna; Dr Thane Hancock, CDC

- 39. Dr Tom Kierdrzynski asked the panellists to respond to three questions:
 - i. How do you use/contribute to PacNet?
 - ii. What improvements would you suggest for PacNet content and e-tools?
 - iii. What is the role of regional organisations with PacNet?
- 40. **Dr Thane Hancock**, CDC: We use the info shared by PacNet to develop risk assessments. My use evolved during the pandemic. It's an important aspect of the network that as we transition from COVID-19, we focus on other diseases again.

PacNet information is reliable and transparent for the receiver. Email delivery of information is simple and the information is largely curated. COVID-19 augmented the sharing of information. There is also 'restricted PacNet'.

Regional organisations have an important role in providing guidance and encouraging posting to alert other PICTs.

41. **Tmong Udui**, Palau: We share reports on PacNet, e.g. on dengue outbreaks, which allows neighbouring PICTs to prepare and also promotes camaraderie. We use PacNet for weekly meetings on risk assessment and preparedness, and to alert managers.

There is a wide range of information shared on PacNet, but the audience is quite small. PacNet could be promoted by suggesting content that PICTs could share. The pandemic provided many lessons on tools for sharing information, including the importance of keeping to key points. Several communities of practice began during the pandemic – using websites, portals, etc. rather than email. PacNet could look at using these types of tools.

Palau appreciates the work of the SPC team, which encourages and facilitates sharing of information, and would also like more guidance from regional organisations.

42. **Clement Couteaux**, Wallis and Futuna: We started posting on PacNet in 2000, e.g. on dengue, which was our main public health threat at the time. We try to produce and share situation reports every two weeks.

The list server email format suits Wallis and Futuna. We are a small organisation and do not have Facebook. On improvements – we would like investigation reports rather than sitreps. As for the tool, the current system suits us.

Discussion

- 43. **Dr Berlin Kafoa**, SPC, asked countries to share data as soon as it is available, noting the requirement that countries consent to the release of data and that subscribers are vetted.
- 44. Dr Eric Rafai, Fiji, said Fiji is looking at data sharing agreements, which must be decided at a higher level.

PPHSN Services – LabNet

PPHSN LabNet Technical Working Group **Tebuka Toatu**, PPHSN LabNet Coordinator SPC

- 45. The LabNet Technical Working Group (TWG) was created in 2000 to facilitate the development of the network. The original members were l'Institut Pasteur de Nouvelle-Calédonie (IPNC), SPC and WHO. They were later joined by the Pacific Paramedical Training Centre (PPTC), National Serology Reference Laboratory for HIV/STI (Australia), FNU, Fiji Centre for Diseases Control, PIHOA and CDC. SPC provides the secretariat. The group usually meets twice a year.
- 46. The terms of reference for the LabNet TWG are not yet finalised. There are no PICT representatives on the TWG, but this has been discussed and will be decided on at an upcoming LabNet meeting.
- 47. The role of the TWG includes lab strengthening, advocacy, coordination/collaboration, and training. Its strengths, which were demonstrated during the COVID-19 pandemic, include collaboration on providing consumables and testing equipment, technical guidance, and facilitation of communication.
- 48. Ways forward for the TWG include:
 - country representation, with the Chair rotated every one to two years between Melanesia, Micronesia and Polynesia;
 - more virtual meetings, with one in-person meeting per year;
 - one onsite visit per year to a selected laboratory by the Chair and a TWG member;
 - engaging other training institutes and reference laboratories as TWG members to ensure support is equally available to the South and North Pacific.

Update on laboratory quality management system and lab standards **Dr Eka Buadromo**, Team Leader - Laboratory Strengthening Programme, SPC

- 49. The IHR require countries to have the core capacities to detect, assess and respond to potential public health emergencies of international concern. Focus Area 3 of the Asia Pacific Strategy for Emerging Diseases (APSED) provides a framework for developing the required lab capacity. Because most PICTs do not have the capability to implement the requirements, WHO developed the LQMS framework, which aims to achieve an efficient laboratory service that produces accurate test results and supports delivery of high-quality clinical services and public health responses. PPTC, PIHOA and SPC have been conducting LQMS training in countries and assessment using the Stepwise Laboratory Quality Improvement Process towards Accreditation (SLIPTA)⁴ audit tool. SLIPTA and WHO assessment scores for PICTs are discussed with countries' MOHs and in regional health sector meetings. SPC also provides SLIPTA audit training for Laboratory Quality Managers.
- 50. If countries can manage the 12 components of laboratory quality management system (LQMS) well, including organisation, equipment, documentation, and process control, they will have a good lab system. Countries that reach a sufficient standard are recommended to apply for ISO accreditation (ISO 15189).

⁴ Stepwise Laboratory Quality Improvement Process towards Accreditation.

51. COVID-19 highlighted the critical role of labs in health systems and the importance of allocating sufficient resources to maintain and develop their capacity and facilities.

Discussion

- 52. **Kiribati** fully supported appointing PICT representatives to the LabNet TWG. Kiribati also requested support for further capacity building as it seeks to improve the status of its lab with SPC assistance.
- 53. Samoa asked what steps labs need to take to be upgraded.
 PNG noted it has a central health lab, 22 hospital labs, the Institute of Medical Research and private labs and would like more interaction with LabNet.
- 54. Dr Eka Buadromo, SPC, said assessors decide on the steps labs need to take to be upgraded. One of the main requirements is good documentation. PNG is part of LabNet and SPC will be happy to work with its labs to assess their needs.
- 55. **Dr Berlin Kafoa**, SPC, thanked Kiribati for its comments. He noted that SPC's Laboratory Team is not a public health lab team it works across all health sectors and does not differentiate between public and private labs.

Update on laboratory strengthening in USAPI – LQMS and SLMTA initiatives **Dr Vasiti Uluiviti**, Regional Laboratory Coordinator, PIHOA

- 56. There are 11 labs in the PIHOA lab network and 131 lab staff. Most labs do not have a pathologist but have a director or manager. PIHOA's efforts to strengthen labs began in 2010, using WHO assessment followed by LQMS training with SPC support. PIHOA drafted lab manuals and, with CDC funding, hired a lab quality specialist to work with labs on SLMTA. SLIPTA audits were assisted by the SLMTA training tool. There have been delays in completing SLMPTA due to COVID-19, staff shortages, etc. CLIA⁵ labs were also assessed, using the WHO assessment tool.
- 57. PIHOA facilitates acceptance of the SLMTA initiative by USAPI labs by gaining the endorsement of the jurisdictional health leadership, confirming the administration's commitment to SLMTA.

Discussion

- 58. Samoa requested support for lab accreditation.
- 59. **Dr Thane Hancock**, CDC, said labs went through growth during the pandemic and asked if this was a positive or negative for accreditation.
- 60. **Dr Vasiti Uluiviti**, PIHOA, said the pandemic showed the labs were prepared. It also showed that quality is essential for testing. The labs already had GeneXpert machines COVID-19 testing was extra.
- 61. **PNG** built its capacity to diagnose COVID-19, including ensuring there was GeneXpert capacity in hospitals. It has around 58 GeneXpert machines and needs to maintain the capacity required to use them.

⁵ Clinical Laboratory Improvement Amendments of 1988 (a federal US programme).

62. **Dr Eka Buadromo**, SPC, commended the substantial advances in PICT capacity during the pandemic and thanked partners for their support. It is important to retain and further develop this capacity into the future, despite funding uncertainty.

PPHSN Services – PICNet

Framework for strengthening infection prevention and control: Using the multimodal approach for hand hygiene

Margaret Leong, IPC Adviser, SPC; Bertha Tarileo, Technical Support - National Infection Prevention

& Control (IPC) Program, MoH, Vanuatu

- 63. The IPC (infection prevention and control) roadmap is based on WHO's recommendations on core IPC components, including a functional national and healthcare facility level IPC programme, national guidelines, education and training, healthcare-associated infection (HAI) surveillance and multimodal strategies.
- 64. The Doherty Institute, Melbourne University, was engaged to provide technical support to PICTS to strengthen hand hygiene programmes and HAI surveillance. Good hand hygiene prevents up to 50% of healthcare infections but, although simple, it is poorly practised in many settings, including in high-income countries, with compliance ranging from 70% to 9%. Facilities such as hand basins and clean water are essential, but one in four Pacific health centres do not have a good water supply.
- 65. The programme worked in collaboration with the Peter Doherty Institute, Melbourne, to implement WHO's '5 moments for hand hygiene':
 - 1. Before touching a patient
 - 2. Before clean/aseptic procedures
 - 3. After body fluid exposure/risk
 - 4. After touching a patient
 - 5. After touching patient surroundings
- 66. Thirty-four focal points from PICTs were trained as hand hygiene auditors by the Hand Hygiene Australia programme. Following training, Vanuatu's Vila Central hospital was selected as the pilot site for hand hygiene auditing.
- 67. **Bertha Tarileo**, MoH, Vanuatu, described the pilot, which began with providing information for wards and getting management to provide facilities such as hand basins and sanitiser. Five trained auditors carried out audits in three hospital wards. They observed over 500 moments, using tools provided by SPC, and entered the results in Excel. The best performing ward, NICU, reached 34% compliance.
- 68. Moments 1, 4 and 5 scored lowest. Feedback was provided to wards and a repeat audit was scheduled for November 2022. An action plan was developed based on the multimodal strategy, including procuring the necessary supplies and equipment. The aim is that staff will eventually lead the hand hygiene process.

Discussion

69. Guam is just starting to implement hand hygiene processes and asked how to address resistance from clinics and hospitals. Cook Islands enquired about whether this was the first audit in Vanuatu and what is being done

Cook Islands enquired about whether this was the first audit in Vanuatu and what is being done to improve standards.

- 70. **Margaret Leong**, SPC, said the programme has not met resistance in the countries it has worked with. It is a new programme and the IPC focal points in PICTs are also new. Once hand hygiene plans are implemented, the next audit should show improved practice, providing there is support for basic infrastructure. Hand hygiene compliance could be adopted as an indicator for IPC programmes and patient safety.
- 71. **Bertha Tarileo**, Vanuatu, said that this was the first hand hygiene audit in Vanuatu. Education was provided on the wards and an IPC committee has been formed at the Vila Central Hospital. A lack of infrastructure was for hand hygiene was noted.

Pilot testing of surgical site infection surveillance tools and methodologies, including an audit tool

Donna Cameron, Infection Control Consultant, The Peter Doherty Institute for Infection and Immunity, Melbourne

- 72. There has been little information about the actual burden of HAIs in the Pacific because of the lack of standardised national and facility-level HAI surveillance systems.
- 73. In 2021, SPC contracted the Peter Doherty Institute to develop a targeted HAI surveillance programme for surgical site infection (SSI) for post-operative caesarean sections to be implemented at a national level in Fiji, Kiribati, Tonga, Samoa, Solomon Islands and Vanuatu.
- 74. A WHO protocol for SSI surveillance with CDC definitions was used and a protocol was developed and approved by an expert working party. VICNISS (Melbourne) kindly allowed the project to use its forms. The data recorded included patient details, the procedure involved, post-discharge surveillance, and details of surgical antimicrobial prophylaxis. A simple reporting template was used with visual representation of data.
- 75. The training package included a lesson plan, reading material, discussion points, and data analysis. After piloting the training and SSI data collection at Lautoka Hospital, Fiji, minor changes were made to both the SSI protocol and training programme before they were rolled out to the other project countries. With minor adaptation, the protocol, tools and training can be used for other SSI surveillance, not just post-caesarean section surveillance.

Discussion

- 76. **Solomon Islands** stressed that countries need to improve infrastructure such as water supply, and suggested integrating IPC with other providers/programmes, e.g. WASH (water, sanitation and hygiene).
- 77. **Samoa** asked about surveillance tools for IPC and whether there was resistance to providing information.
- 78. **Margaret Leong**, SPC, said the PHD Director wrote to PICTs asking permission for their involvement. It was made clear that the data belongs to the countries and is not shared.
- 79. Jojo Merilles, SPC, noted that most guidelines are for clinical settings and asked PICTs if they should also be looking at Ports of Entry.
- 80. **PNG** said an overarching country policy was needed before identifying guidelines for each entry point.

81. **Dr Berlin Kafoa**, SPC, acknowledged PPTC NZ's provision of training over several years and the Doherty Institute's service as a reference lab.

SSI pilot report

Yvette Samisoni, Infection Control Leader, Lautoka Hospital, Fiji

- 82. Implementation of the SSI pilot included collaboration with clinical and ward staff, and liaison with new mothers. Staff explained good hygiene practices to the mothers and collected details of their experiences. Compliance with SSI protocols improved after communication with healthcare workers. Challenges included documentation of antibiotic prophylaxis, wound classification and data collection.
- 83. Findings:
 - PICTS need support with setting up a database for SSI surveillance.
 - They also need support with other areas of HAI surveillance, e.g. bloodstream infection, and catheter-associated urinary tract infection.
 - A regional meeting of IPC focal points should be organised.

Discussion

- 84. **PNG** noted that Fiji has a guideline for SSI and asked for advice for countries that do not have guidelines and microbiology support.
- 85. **Dr Eka Buadromo**, SPC, said SPC supports AMR measures. It is important to have microbiology support. The main challenge is supplies for testing and identification of microorganisms. She asked PICTs to equip their labs for testing, noting their lab staff have the knowledge and skills. Many labs are using manual processes, e.g. Excel. However, an automated Excel-based process is now being developed.

PPHSN services – EpiNet

Guam's response to the SARS-CoV-2/COVID-19 pandemic and beyond

Dr Ann Pobutsky, Territorial Epidemiologist, **Estelle Ada**, Communicable Disease Control Coordinator III, Supervisor and **Vince Aguon**, Communicable Disease Control Coordinator II, Department of Public Health and Social Services (DPHSS), Guam

- 86. Thirty-seven per cent of Guam's population were infected with COVID-19. The lab increased testing to 2000 tests per day, with funding from CDC. Guam moved from manual reporting methods to automated electronic reporting after 6 months. Staff from other health sectors helped with contact tracing, etc.
- 87. Guam achieved good vaccination coverage. Those who died from COVID-19 frequently had other conditions including diabetes. More Chuukese died in comparison to other population groups. (Vaccination rates and deaths are available at https://covid19.who.int/region/wpro/country/gu)
- 88. Challenges included learning how to deal with a novel virus in patients with existing conditions, and staff turnover. Partners supported local capacity.

89. A health disparities survey was carried out using low technology to gather data from villages. More than 3000 people were surveyed, showing that some were living in very poor conditions, e.g. camping out or sharing overcrowded houses. A report will be available next year. Discussion

90. The meeting agreed that EpiNet teams should be able to recruit specialist ad hoc members to strengthen their ability to respond to various situations.

How an EpiNet team responded to the COVID-19 pandemic – lessons from the field **Dr Sylvie Laumond**, Head of Public Health, Department of Health and Social Affairs, New Caledonia

- 91. As at 25 October New Caledonia had more than 70,000 COVID-19 cases and 314 deaths, especially among the unvaccinated. The vaccination rate was low at first, then increased in September 2021 when community transmission was identified. 'Hopitels' were set up for those who did not need hospital care.
- 92. The EpiNet team worked with government entities with a role in emergencies and took part in all crisis activities planned by the government, including surveillance, setting up controls at the border to prevent COVID-19 entry and developing health protocols. PCR testing was performed by the reference lab.
- 93. The EpiNet team includes a range of skills, from a veterinarian to a microbiologist and emergency planning specialist. In addition to its local work, the team was also able to establish links with other countries. As part of its One Health approach, the team is now developing new strategies.

Discussion

- 94. **Dr Thane Hancock**, CDC, was interested in New Caledonia's ability to eliminate the virus. This also occurred in other PICTs and seems unique to the Pacific region.
- 95. **Dr Sylvie Laumond**, New Caledonia, responded that as long as the government controlled the people coming in, the virus was controlled. However, these controls were challenged by lawyers and some people were able to leave quarantine early, which contributed to the spread of COVID-19.

Panel Discussion 3 – EpiNet: Re-thinking outbreak response through multisectoral partnership

Moderator: Dr Thane Hancock, CDC.

Panellists: Karen Ngamata, Cook Islands, Eretii Timeon, Kiribati, Tmong Udui, Palau, Wendy Williams, Vanuatu

- 96. Each PICT has an EpiNet team with the structure varying across the region.
- 97. **Tmong Udui**, Palau: Palau's EpiNet team includes skills in ICT and IPC. When an outbreak occurs, the team uses the Federal Emergency Management Agency's incident command system (ICS). Palau has experienced drought to dengue to leptospirosis to COVID-19 outbreaks and used the same ICS each time. The JEE was interrupted by COVID-19, with the result that Palau did not complete its plan. It now needs to do this, especially given an increase in leptospirosis cases. The team is keen to move on from response mode and use the lessons from the pandemic in planning and training.
- 98. **Karen Ngamata**, Cook Islands: Cook Islands' EpiNet team includes clinical leaders, and specialists from public health, event surveillance, and health management. The team engages with local non-health organisations, e.g. the private sector was engaged to look after COVID-19

patients. As the pandemic continued, the pandemic plan changed. A multi-sector approach was essential.

- 99. Wendy Williams, Vanuatu: Vanuatu has a national team and five provincial teams. The composition of the teams can be amended depending on the nature of a disaster. PICT teams could support each other through holding combined workshops. They could discuss approaches to various diseases, share expertise, including on One Health issues, and assist in preparation plans.
- 100. **Eretii Timeon**, Kiribati: Kiribati's EpiNet team includes specialists in communicable disease, public health, hospital management, pharmacy, laboratory, environmental health, ICT and media. The team is using a One Health approach it is working with biosecurity and animal health, and also looking for legal support. There are nine sentinel sites on the main island and two on the outer islands.
- 101. **Dr Thane Hancock**, CDC, said that before the pandemic, Guam started a regular Zoom meeting with other USAPIs. The meetings have just restarted post-COVID-19 and are very useful. They could be extended to other PICTs outside USAPI.
- 102. **Dr Berlin Kafoa**, SPC, noted SPC has added a biomedical technician to its Epi response team. In a critical situation, biomedical skills can be essential.

PPHSN Services – SHIP-DDM

Project presentation – Improving health-promoting workplace interventions in Tonga using an NCD data dashboard

Tinalasa Vunipola, Senior Health Promotion Officer, Health Promotion Unit, MOH, Tonga

- 103. In Tonga, workplaces are one of the major settings for health promotion activities. The Fiefia Sports have been held annually since 2007 to promote physical activity among workers. All participants are screened for NCD risk factor. Originally, the results were reported to individual workplaces through oral presentations. However, there was no follow-up action and no resources for a workplace health programme.
- 104. After completing the SHIP-DDM course, Postgraduate Certificate in Field Epidemiology (PGCFE), Tinalasa established a project to improve use of NCD risk data, including building a dashboard with data graphs to enable information to be seen at a glance. The data is now also incorporated in Tonga's new Health Information System.
- 105. Workplace interventions based on the NCD information include the design of a wellness programme, use of the data to seek funding for intervention programmes, and formation of a Workplace Wellness Committee to oversee health programmes. Future plans include building the capacity of focal points in data collection, and analysis and interpretation of risk factor results.

Discussion

106. **Jojo Merilles**, SPC, said discussions have started on setting up a network of DDM graduates. One aim is to document their stories and share them with the Pacific. Project presentation – Development of Health Information Systems and DDM: Marshall Islands case study

Francyne Wase-Jacklick, Deputy Secretary, and **Edlen Anzures**, Health Informatics Department Director, Office of Health Planning, Policy, Preparedness & Epidemiology, RMI; **Dr Mark Durand**, Lead Instructor, SHIP Program, PIHOA

- 107. **Dr Durand** said SHIP-DDM is dual purpose, providing training in data literacy and also health information systems.
- 108. Edlen Anzures discussed how SHIP-DDM enhances capacity.
- 109. **Francyne Wase-Jacklick** said Marshall Islands only recently started using performance-based budgeting, with KPIs used for budget planning, to show progress, and as a platform for sharing information with general staff, which enabled staff to contribute to planning.

Discussion

- 110. Dr Mohamed Patel, ANU, commented that it is unusual to use KPIs for a budget.
- 111. **Francyne Wase-Jacklick**, Marshall Islands, responded that there are 36 KPIs and 6 that are focused on health, including for infectious diseases, NCDs and maternal and child health. Parliamentarians were provided with data to make sure that the limited funding available went to the right areas, such as TB and NCD.
- 112. **Dr Berlin Kafoa**, SPC, asked if SHIP-DDM could be delivered online or did it have to be face-to-face, noting that he was asking from a regional perspective.
- 113. **Francyne Wase-Jacklick**, Marshall Islands, said the first level of the DDM course was delivered face-to-face. The second level was online, with low Wi-Fi interrupting learning. Face-to-face was preferable.

Panel Discussion 4 – Strengthening the capacity of the health work force for surveillance and epidemiology

Moderator: Dr Mahomed Patel, ANU

Panellists: Dr Daoni Esorom, PNG, Cynthia Joshua, Solomon Islands, Dr Ramneek Goundar, FNU, Dr Mark Durand, PIHOA, Dr Berlin Kafoa, SPC, and Jojo Merilles, SPC

- 114. **Dr Mahomed Patel**, ANU: SHIP-DDM is based on the FETP, which is a full-time two-year programme. Dr Durand championed the idea of developing SHIP.
- 115. **Dr Daoni Esorom**, PNG: The FETP began in 2013 in PNG. Under the strategic plan, the goal is to build a cadre of skilled epidemiologists at all levels of the PNG health system to strengthen disease surveillance and early detection and response. There are three levels of study (beginner, intermediate, senior) with the third level done abroad. Outcomes so far include FETP graduates investigating 55 outbreaks, including identifying a measles outbreak in 2013 and polio in 2018. Currently, there are discussions on providing the third level through the University of PNG.
- 116. **Cynthia Joshua**, Solomon Islands: Solomon Islands had a limited number of staff trained in surveillance and outbreak response. To increase capacity, the Ministry of Health and Medical

Services reached out to PNG, which enabled two Solomon Island students to attend PNG's FETP. Solomon Islands now has two FETP graduates and two cohorts engaged in the SHIP-DDM programme as well as a Ministry-owned FETP. Early outcomes include strengthened surveillance; outbreak investigation; and detection of the first community transmission of COVID-19 on a remote island. Next steps include coordinating SHIP-DDM and FETP training and ensuring the funding required to sustain the programmes.

- 117. **Dr Ramneek Goundar**, FNU, listed SHIP-DDM achievements, graduate numbers and grade point averages, and outlined the process for the Tier 2 PGDAE.
- 118. **Dr Mark Durand**, PIHOA, explained where SHIP-DDM fits into PPHSN, noting that PIHOA decided to partner with local institutes to provide training so that graduates did not have to go overseas.
- 119. Jojo Merilles, SPC, said SHIP-DDM is a transformative process that strengthens health systems, including through a mentorship approach.

Discussion

- 120. Dr Eric Rafai, Fiji, agreed with Solomon Islands on the importance of sustainability, noting that funding is needed for new cohorts.
- 121. **Dr Berlin Kafoa**, SPC, said SPC will continue to support the course. At some stage, PICTs will have enough graduates to teach the course themselves and include the resources in their own budgets.
- 122. **Dr Mahomed Patel**, ANU, noted that DFAT has been a funder. Other partners include AFD, EU, CDC and FNU.
- 123. **DFAT** commented that it is unable to confirm funding at this stage, but based on the benefits described by PICTs, the current support is unlikely to change. At present, DFAT is still at the planning stage for strengthening Health Security.
- 124. Dr Donald Wilson, FNU, acknowledged partners, especially SPC and PIHOA.

PPHSN Services – Surveillance systems

Pacific Syndromic Surveillance System – current practices, data collected and challenges Shakila Naidu, Influenza Surveillance Officer, Fiji Centre for Communicable Disease Control/WHO

- 125. WHO and SPC created the Pacific Syndromic Surveillance System (PSSS) in 2010. It is linked with WHO's web-based Early Warning, Alert and Response System (EWARS). The programme provides technical support and is a simple tool with syndromic indicators plus event-based indicators. Developments between 2010 and 2022 include:
 - appointment of a surveillance officer by each PICT as the PSSS focal point, and a central coordinator in the WHO Representative Office in the South Pacific, Suva;
 - expansion of the syndromic indicator infectious diseases to include respiratory infections, pneumonia and COVID-19;
 - laboratory testing in country and/or improved access to reference laboratories.
- 126. When a focal point receives an alert, they must act according to a set flowchart. Typical causes of morbidity reported in EWARS were influenza-like illnesses, averaging 95,817 notifications annually; acute diarrhoea, 40,954 notifications annually; and dengue, 8,932 notifications

annually. Figures for completeness and timeliness of reporting by PICTs indicate that not all countries use the system consistently and not all alerts are investigated properly.

127. Suggestions

- 1. Update the PSSS/EWARS guidelines.
- 2. Review case definitions for select syndromes to continue to improve the sensitivity of the system.
- 3. Each country to allocate a separate technical officer for PSSS monitoring.
- 4. WHO to have a specialist to provide expertise and training. All involved personnel to be familiar with case definitions, monitoring and reporting and utilising data.
- 5. More PICTs to initiate the PSSS.
- 6. Continue to expand connections to laboratory surveillance.
- 7. Strengthen contact tracing mechanisms.
- 8. Require verification of every alert received.
- 9. Assess capacity and allocate budget for outbreak investigation.
- 10. Partner with other data sources to use the system, e.g. the livestock industry.
- 11. Ensure stakeholders are well-informed motivated to use syndromic surveillance.
- 12. Report unusual events immediately.
- 13. Provide regular feedback to ensure the success of syndromic surveillance.

Epidemic and emerging disease alerts in the Pacific region **Christelle Lepers**, Surveillance Information and Communication Officer, SPC

- 128. Epidemic and emerging disease alert reports have been provided since 2014. The alert map raises awareness of regional public health threats and diseases that are circulating. The map, which is in PDF format, is based on several sources of information including indicator- and event-based surveillance and PICTs' official Facebook sites. Information is verified before it is published. The first annual report will be available soon.
- 129. Challenges for the alert system include lack of exhaustive information, timeliness, outbreak thresholds, and declaration and closing of outbreaks by PICTs.
- 130. A survey on the utility of the alert system showed high numbers of respondents found it useful and used it often. There were suggestions to add more detail, such as data on population distribution.
- 131. The Pacific Data Hub, which is run by SPC, provides health data that is updated weekly and gives a visual overview of the regional situation.

How best to develop and advance multi-source surveillance to inform response decisions **Dr Nuha Mahmoud**, Technical Coordinator for Health Security and Communicable Disease, and **Sara Demas**, Epidemiologist, Division of Pacific Technical Support, WHO

- 132. Multisource surveillance includes using several sources to give a wider perspective and a more complete picture of population health. Depending on the context and country, information from diverse sources (e.g. school absences, pharmacy purchases, radio death notices, and supply of oxygen to hospitals) may be used to supplement other information. Most surveillance data is publicly available.
- 133. PICTS were asked to respond to the following questions:

- What role do existing surveillance systems play in preparedness and/or response to public health emergencies?
- What indicators are important for multisource surveillance? What is the meaning of these indicators?
- What are the strengths and/or limitations of the identified indicators?
- How can this area be integrated into a systems approach to health security?
- **Cook Islands**: We provide some EWARS data, but it takes time to gather. We are interested in other countries' approaches.
- Fiji: We get data from clinical settings, e.g. ICU admissions, pharmacy prescriptions.
- **FSM** was unsure about the indicators used.
- Guam monitors hospitalisation, uses syndromic surveillance and mortality review, and is working with the Guam Memorial Hospital on electronic reporting. It has funding for increased surveillance.

Limitations include lack of complete data, ethnic data, and data on respiratory illness. Strengths include collaboration on isolating viruses from wastewater.

- Kiribati: On Tarawa, surveillance occurs three times a week, with data collected manually. Data is collected monthly from the outer islands using phone calls etc. Wi-Fi is used when possible. Like Cook Islands, Kiribati is interested in learning about other countries' multisource surveillance.
- **CNMI:** Surveillance sources include lab data, mortality data and medical data. Clinicians can enter data on notifiable diseases. CNMI reports to EWARS weekly.
- **Palau** has similar resources as Guam and CNMI. Palau wants to work more with private clinics on reporting infectious diseases and talks are taking place with the animal health sector.
- PNG uses event-based and indicator-based surveillance and has electronic reporting as well as other formats. FETP graduates do most of the reporting. There is considerable work to do to link systems.
- o Samoa has to first improve its existing surveillance system and has delayed reporting.
- Solomon Islands uses traditional surveillance methods. Data on dengue is collected weekly. During COVID-19, everyone was motivated, but when the outbreak declined, motivation did too. Data from different sectors is not well linked, e.g. vector surveillance data is held by the vector team. Before COVID-19, there was no Ports of Entry surveillance. Now there is a strong system, with all incoming people screened prior to arrival.
- Tonga: Mosquito surveillance indicates when mosquito-borne diseases will increase. With COVID-19, SHIP graduates helped collect data on patients, those who died, and incoming people. New Zealand's Institute of Environmental Science and Research (ESR) donated a lab that enables Tonga to test for water borne diseases and water quality etc..
- Wallis and Futuna combines syndromic surveillance and hospital surveillance. During outbreaks, hospital data is used. School absence, pharmacy prescriptions, etc. are also monitored.

Discussion

- 134. **Dr Reynold 'Ofanoa**, the Chair, noted the importance of strengthening existing surveillance systems and possibly linking them better.
- 135. Jojo Merilles, SPC: Multisource surveillance was discussed in 2019. PPHSN agreed that we would establish SurvNet to provide a clear framework for integrating existing systems. We could circulate a questionnaire to see what systems are available in PICTs.
- 136. **Dr Nuha Mahmoud**, WHO agreed on a formal questionnaire to PICTs to see what systems are in place. WHO can organise a session to discuss the questionnaire results as well as training on surveillance. Follow-up action can then be discussed.

Building resilience

One Health approach – Vector-borne diseases surveillance in Tonga Sela Fa'u, Chief Environmental Health Officer - Public Health Division, MoH, Tonga

- 137. As noted above, ESR provided lab equipment to Tonga that allows identification of mosquitoes. SPC supported the introduction of the One Health approach.
- 138. There are three vector-borne diseases in Tonga dengue, chikungunya and zika. Mosquito surveillance is carried out occasionally. The Environmental Health team is responsible for vector control. The lab confirms any outbreak and reports it to the Communicable Disease and Environmental Health teams. At present there is no surveillance at Ports of Entry and low resourcing.
- 139. The immediate outcomes of Tonga's One Health activity include more resources such as tablets, traps, and a taskforce; multi-sectoral collaboration, with local training and improved communication; and data sharing.

Long-term outcomes include fewer public health incidents with preventable causes, and resilience to environmental health threats.

The way forward includes establishing a taskforce to formulate SOPs, protocols, and policies; and introducing taskforce members to free online training (Pacific Mosquito Surveillance Strengthening for Impact - PacMOSSI).

Discussion

- 140. **Dr Eric Rafai**, Fiji supported the recommendation to appoint environmental health officers, noting there was scope for SPC to provide support.
- 141. **Samoa** shares Tonga's experience and also supports the recommendation. Samoa has an integrated control committee which includes MOH, MAF and other sectors. Human resources are an issue, which is where partners assist.
- 142. **Kiribati** is implementing the World Mosquito Programme, phase 3, with Monash University. Kiribati has limited environmental health staff and also wants to engage outer island health staff in the programme.
- 143. Chair: **Tonga** also has a mass rubbish collection once a year to minimise mosquito breeding sites.

Challenges in operationalising the One Health approach

Rolly Viga, Infection Control officer, Public Health Emergency / Surveillance Unit, Ministry of Health and Medical Services, Solomon Islands

- 144. There are many challenges to introducing a One Health policy, including harmonising separate sectors. There is no One Health policy or overarching authority, and there is a lack of government commitment, multi-disciplinary collaboration, community engagement and public awareness.
- 145. As a first step, Solomon Islands needs to implement a One Health policy that covers governance, responsibilities, data management, communication and action.

Discussion

- 146. **Dr Eric Rafai**, Fiji, said Fiji has a strong One Health programme that works with the agriculture and environmental sectors and also with ACIAR and CSIRO. Fiji can offer support to Solomon Islands.
- 147. **Dr Sala Saketa**, SPC, said the Joint Incident Management Teams (JIMT) provided funding to support five PICTs (those with larger animal health sectors) to operationalise One Health, including surveillance for vector-borne diseases. Samoa and Tonga made good progress. Other PICTs saw their programme disrupted by COVID-19.

Results of the One Health gaps and needs survey

Dr Emilie Vallee, Senior lecturer in Veterinary Epidemiology, School of Veterinary Science, Massey University

- 148. PICT representatives were asked to respond to an online questionnaire on One Health. The researchers hoped to be able to analyse the responses but received too few responses to do this.
- 149. Results: All 22 respondents were in the public sector. Most knew about One Health and had received training. About a quarter had collaborated on One Health initiatives and all had a good opinion of the approach. There was lack of awareness of relevant policies. Respondents realised the importance of collaboration, good communication, and ability to share information.

Discussion

- 150. **Cook Islands** said there is a good relationship between health and biosecurity in Cook Islands and asked if more human resources are needed, given that work pressure is cited as a barrier to One Health.
- 151. **Dr Donald Wilson**, FNU, agreed that One Health has implications for PICT resources. Addressing ecosystems requires added people and funding.
- 152. **PNG** noted that if the private sector had been included in the questionnaire, the results would have been different, given PNG's extractive industries. Logging destroys the environment.

Introduction of the Pacific Network for Vector Control Response

Dr Amanda Murphy, Vector Surveillance and Control Specialist, Division of Pacific Technical Support, WHO

- 153. In June 2022, the PPHSN-CB proposed that the Pacific Network for Vector Control Response (PN-VCR) be established as a new PPHSN initiative, addressing the priority area of vector-borne diseases. Despite current work on vector control, there is an urgent need to improve coordination and information sharing, and build and sustain capacity. Since 2021, there have been consultations on the network between WHO, SPC, PIHOA, CDC, DFAT and representatives of vector control programmes in PICTs.
- 154. The network will focus on strengthening vector surveillance and control for priority (current and emerging) diseases in PICTs, such as dengue, chikungunya, zika and malaria. A survey showed strong support for the network from 16 PICTs. The PN-VCR aims to bring together those working in vector control in the region, enhance coordination and information sharing, and mobilise support for vector surveillance and response.

- 155. PPHSN members were asked to endorse the establishment of the Pacific Network for Vector Control Response as a new PPHSN initiative. Pending PPHSN endorsement, WHO, PIHOA and SPC will:
 - continue consultation with regional partners;
 - develop communication platforms to connect network members; and
 - convene the first meeting (early in 2023) and plan activities for Year 1.

156. Some funding has been identified through CDC and other sources.

Discussion

- 157. Tonga, Fiji and Samoa all supported the network.
- 158. **Fiji** noted the focus of vector control is on mosquitoes, but there are also other vectors in the Pacific.
- 159. **Dr Amanda Murphy**, WHO, said the network's focus will depend on PICTs. This can be inserted in the terms of reference.
- 160. **Dr Thane Hancock**, CDC, noted the tendency for experts to fly in/fly out without building capacity. It was good to hear that PICTs will control the network.

Panel Discussion 5: One Health – Leveraging a coordinated and collaborative approach on human, animal and environmental health in addressing emerging and re-emerging public health threats at national and regional level

Moderator: Kat Knope, Senior Health Adviser and program manager, Indo-Pacific Centre for Health Security, DFAT

Panellists: Dr Harriet Thornton, COMBAT-AMR, Samoa; Dr Limb Hapairai, PIHOA; Dr Sripad Sosale, SPC

161. Participants were presented with a list of questions to guide discussion:

- What are the key One Health opportunities and priorities for PICTs at country and regional level?
- Is there any disadvantage to multi-sectoral collaboration? What are the barriers?
- Is there an opportunity to collaborate at the national level through a multi-sectoral national committee?
- How can we get high level buy-in to take action on multi-sectoral collaboration?
- What are the priority research questions for One Health in the region?
- 162. **Dr Limb Hapairai**, PIHOA, described working on a project to create an early-warning system for dengue in FSM and Marshall Islands and realising the benefits of working with the region. Considerable information can be gathered by looking at climate variables.
- 163. **Cook Islands** is in discussions with the Green Climate Fund (GCF) and could include a One Health component. A government body looks after water infrastructure, but MOH looks after water health.
- 164. **Samoa** has a IHR division under the MOH and is looking at developing a climate early-warning system.

- 165. **Dr Harriet Thornton** (COMBAT-AMR Samoa) is looking at antimicrobial resistance (AMR) in the animal health sector and developing guidelines on antibiotic use; surveying pigs and chickens to provide a baseline on livestock health; and assessing use of unprescribed antibiotics in dogs and cats. The Universities of Melbourne and Massey, DFAT, and the Doherty Institute are all involved in the project. Resources are important, especially for animal health (Dr Thornton is the only vet in Samoa).
- 166. **Dr Sripad Sosale**, SPC, said that regional-level One Health priorities for SPC were spelt out at a workshop: zoonoses surveillance; multi-source surveillance; and AMR. There is low veterinary capacity in the Pacific and a need to regulate antibiotic use in companion animals. There are opportunities in integrated surveillance; using climate information to map disease outbreaks and examine possible links; environmental health; and lab capacity.

Multi-sectoral collaboration

- 167. Dr Limb Hapairai, PIHOA, said there is a risk of 'too many cooks too many priorities'.
- 168. **Dr Harriet Thornton** (COMBAT-AMR Samoa) noted that multi-sectoral collaboration requires governance and a reporting system, as well as decisions on precedence.
- 169. Dr Reynold 'Ofanoa, Chair: PICTs have systems in place, e.g. Tonga has an emergency committee and used the same group to address COVID-19. Each PICT must guide their leaders on issues and strategies.
- 170. **Fiji**: In 2015 Fiji set up a national AMR Committee under the Board of Medicines. It includes the private sector, pharmacies and animal health. Fiji has also established IPC systems and provides training, surveillance, etc. There is a proposal with SPC on border strengthening.
- 171. **Samoa**: Data sharing is a barrier for multi-sectoral collaboration. It is better to develop an MOU between sectors.
- 172. FSM has state and national government, which generates disagreements. An MOU could help.
- 173. **Solomon Islands** used a multi-sectoral structure to address the pandemic. One Health could be integrated with this system.
- 174. Dr Nuha Mahmoud, WHO: We can learn from other regions on buy-in from different sectors. Vanuatu is developing multi-sectoral coordination based on a key finding of the COVID-19 review.

PPHSN going forward

PPHSN: Transformation from health surveillance to health security **Jojo Merilles**, Epidemiologist – Project Coordinator, SPC

175. At PPHSN's 2019 regional meeting, there were recommendations to:

- establish SurvNet;
- set up a consolidated platform to look at a One Health network;
- change PPHSN's name to the **Pacific Public Health Security Network**.
- 176. A taskforce was suggested to look at the name change. WHO has defined Health Security as acute public health events. However, there is little consensus on the term.

- 177. PPHSN has evolved since it began in response to situations and its services go beyond surveillance. Should the name change?
- 178. Other questions: Does the Pacific need a network for border control? IPC? Health security?

Discussion

- 179. **PNG** favoured a name change but suggested delaying the decision until WHO has revised the Global Framework for the IHR.
- 180. Fiji, Samoa, Kiribati and Guam all opposed a change.
- 181. **Dr Berlin Kafoa**, SPC, stressed that SPC was enacting PPHSN's recommendation to change the name. It was a country decision, not an SPC one.
- 182. **Dr Thane Hancock**, CDC, said that in 2019, there was emphasis on Health Security; 2022 is a different time. PPHSN demonstrated its ability during the pandemic to go beyond surveillance.
- 183. **Dr Mahomed Patel**, ANU, noted that the term 'surveillance' covered more than just keeping a watch.
- 184. **Dr Nuha Mahmoud**, WHO: PPHSN has a wide scope. When WHO discusses a new framework, it develops a new acronym.
- 185. Dr Reynold 'Ofanoa, the Chair summarised by saying that PICTs did not favour a change of name for PPHSN.

PPHSN Strategic Framework 2003 – 2006

Dr Cyrille Goarant, Epidemiologist – Project Coordinator and **Thibaut Demaneuf**, Surveillance and Research Officer, SPC

- 186. A SLIDO survey was carried out to assess participants' views on PPHSN. Questions included:
 - What other services could PPHSN provide to protect public health?
 - How useful are PPHSN's services for PICTs? (Vanuatu used information posted by PPHSN during the pandemic for decisions on border control and the risk of importing disease into the country.)
 - What other communication tools could PacNet use besides email? (Responses suggested WhatsApp and Tupaia among others.)

187. Next steps: PPHSN will undergo an independent review in 2023. SPC will reflect on the responses to the SLIDO survey. (The report on the discussion is attached in Annex 4.)

Report of AFD-EU PPHSN Joint Project Steering Committee Meeting, 26 Oct 2022 Project Steering Committee (PSC) Chair, **Dr Eric Rafai**, Fiji

- 188. Four PICTs are represented on the committee, which also includes AFD, DFAT, EU, PIHOA, SPC and WHO.
- 189. The AFD grant will end in December 2022. Some activities will be absorbed into the EU grant.

The Chair of the PSC requested countries to:

- 1. take note of the end date for projects so activities can be completed;
- 2. confirm dates for current SHIP-DDM training cohorts as early as possible;
- 3. make requests to partners for support, including for the SHIP-DDM capacity building programme, as early as possible.

Closed country session

190. The draft recommendations from the meeting were discussed and amended by the PPHSN core members (country representatives).

Plenary

191. **Dr Berlin Kafoa**, SPC, summarised the recommendations that were approved by PPHSN core members. (The recommendations are attached in Annex 1.)

Closing remarks

192. **Dr Paula Vivili**, Deputy Director-General, SPC, acknowledged the members who were present at the founding meeting for PPHSN – Elise Benyon, Dr Tom Kiedrzynski and Dr Mohamed Patel. PPHSN's 25th anniversary was a great occasion and a credit to its founders and all those who have contributed to its success. The pandemic showed that PPHSN helped prepare Pacific countries and also brought people together (JIMT involved more than 20 partners). This is now the third year of the pandemic. PPHSN members have had a vital role in managing COVID-19, but it is not over. Countries must be as prepared as possible for new variants.

Dr Vivili acknowledged PICTs, and Australia, EU, France, New Zealand and USA for their support for PPHSN.

'As the years go by, our relationships with our partners and member countries have developed into true partnerships. We can talk to each other frankly and I hope we will continue to improve PPHSN, be flexible and adjust as needed. I look forward to working with you over the next 25 years.'

Malo 'aupito to the Chair.

193. On behalf of participants, the Chair thanked Dr Paula Vivili for his remarks. He also thanked country delegates, technical partners, Dr Berlin Kafoa and his team, including IT staff and administrators, for their participation in the meeting, saying 'We'll continue to chart the voyage of PPHSN over the next 25 years'.

Annex 1: Recommendations of the Pacific Public Health Surveillance Network – Regional Meeting 25–27 October 2022, Nadi, Fiji

PPHSN members agreed to:

Strengthening Health Interventions in the Pacific (SHIP)/Data for Decision-Making (DDM)

- 1. continue supporting the delivery of SHIP/DDM, and take steps to benefit from the capacity provided by SHIP/DDM graduates in-country by providing career development opportunities
- 2. partners to consider establishing an alumni network to link in-country SHIP/DDM facilitators and SHIP/DDM alumni to facilitate communication between them and with them
- 3. further explore opportunities to provide flexible SHIP/DDM courses that can be taken at alternative times to increase access for those who wish to study
- 4. recognise that within 8 to 10 years, there will be sufficient SHIP/DDM graduates to assist in the delivery of training in their own countries, and ensure they have the support needed to continue the evolution and sustainability of the capacity building programs.
- 5. acknowledge with appreciation the valued contribution of Fiji National University (FNU), CDC, PIHOA, SPC and WHO to developing and delivering SHIP/DDM

PacNet and reports of epidemic and emerging disease alerts

- 6. acknowledge the usefulness and practicality of the alert system
- 7. continue to use PacNet and encourage PICTs to share information
- 8. request PICTs to declare the end of outbreaks or public health threats
- 9. address the increasing importance for countries of data sharing agreements

LabNet

- strengthen laboratory systems, including capacity, through twinning and attachments for laboratory staff, improving the laboratory quality management system (LQMS) and providing laboratory training
- 11. support laboratory strengthening to take a One Health approach to capacity building

- 12. support laboratory quality assessment (SLIPTA, SLMTA)⁶ for all PICTs, and call for increased resourcing to address gaps identified in these assessments
- note plans to engage training institutes and reference laboratories in membership of the LabNet Technical Working Group (TWG) to ensure LQMS support is available equally to all PICTs
- 14. recommend that the LabNet meeting discuss expanding the list of reference laboratories available to PICTs
- 15. note that the terms of reference of the LabNet TWG need to be finalised and endorsed by LabNet, and support the proposal that the Chair of the LabNet TWG should be held by country representatives only, and should rotate every one to two years between the three Pacific subregions of Melanesia, Micronesia and Polynesia
- 16. note the plan to organise one on-site visit per year to a selected laboratory by the Chair and a member of the TWG
- 17. request PICTs to support AMR measures, including providing training and the supplies their laboratories need to test for and identify microorganisms.

EpiNet

- 18. acknowledge the contribution of EpiNet teams during the COVID-19 pandemic
- 19. acknowledge the capacity strengthening of EpiNet team members provided through SHIP/DDM, which contributed to an effective response to the COVID-19 pandemic and other emerging health risks
- 20. advocate that EpiNet teams include a wide range of skills (e.g., One Health, animal health, vector control, post-disaster management, risk communication), with ad hoc members drafted as necessary to deal with specific situations
- 21. support sharing of information and expertise between EpiNet teams, both internally and externally, noting the benefits of online meetings by USAPI EpiNet teams
- 22. recommend a regional meeting of EpiNet teams

⁶ Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA); Strengthening Laboratory Management Towards Accreditation (SLMTA).

- 23. WHO, in consultation with PICTs and partners, to update the PSSS / EWARS (Early warning, alert and response system) guidelines and provide training on using PSSS/ EWARS
- 24. create a technical working group to review case definitions for select syndromes, to improve the sensitivity of the system
- 25. encourage other data sources (e.g., the livestock industry) to contribute to the system
- 26. acknowledge the need to further improve data quality, in particular timeliness and completeness for the PSSS

Multi-source surveillance

- 27. note the importance of multi-system surveillance at country and regional levels
- 28. recognise that PICTs already use many different types of multi-source surveillance
- 29. WHO to develop a questionnaire for PICTs to collect information on the surveillance systems they each use
- 30. investigate development of a framework to integrate existing surveillance systems, noting that at its 2019 regional meeting, PPHSN agreed to establish SurvNet

PICNet

- 31. enhance IPC by providing targeted training, including addressing antimicrobial resistance (AMR)
- 32. to work with the clinical service network to address the practice of using antibiotic prophylaxis and its potential to contribute to AMR
- 33. request PICTs to provide leadership support for improving hand hygiene in all aspects of health care, and to ensure equipment and supplies (such as water, wash basins and sanitiser) are available and accessible
- 34. adopt hand hygiene compliance as an indicator for IPC programmes and patient safety, with appropriate training delivered for all health staff
- 35. support a regional meeting of IPC focal points in 2023, with arrangements to be discussed
- 36. provide training and other support for PICTs to increase their capacity for SSI surveillance

37. acknowledge the contribution of the Pacific Pathology Training Centre (PPTC) and the Doherty Institute to reducing SSI through training, laboratory services and research

Pandemic preparedness

- 38. note the request from countries for more information on appropriate assessment tools for pandemic preparedness:
 - a. partners to outline the tools available
 - b. PICTs to decide which tools are best suited to their country's circumstances
- 39. request PICTs to update their pandemic preparedness plans
- 40. provide training in risk communication and community engagement, facilitate information sharing; collate and archive information materials produced during the COVID-19 pandemic; and note the effectiveness of tailor-made messaging for communities
- 41. conduct qualitative studies around health-care workers' vaccine hesitancy

One Health

- 42. recognise the critical need for a coordinated One Health approach to animal, environment and human health
- 43. include One Health in the PPHSN Framework
- 44. request partners to continue supporting PICTs and advocating for the adoption of the One Health approach
- 45. recognise the importance of environmental health, and explore an appropriate forum for bringing PICT Environmental Health Officers together
- 46. noted the shortage of veterinarians in most PICTs for inclusion in multi-sectoral teams

Proposed Pacific Network for Vector Control Response

47. recommend accepting the Pacific Network for Vector Control Response as a new initiative under PPHSN

- 48. note the suggestion at the 2019 PPHSN regional meeting to consider changing the name from Pacific Public Health Surveillance Network to the Pacific Public Health Security Network
- 49. conclude that a name change was not necessary at this time

Agence française de développement – European Union PPHSN Joint Project Steering Committee

- 50. the Chair of the Joint Project Steering Committee requested countries to:
 - a. take note of the end date for projects so activities can be completed;
 - b. confirm dates for current SHIP/DDM training cohorts as early as possible;
 - c. make requests to partners for support, including for the SHIP/DDM capacity building programme, as early as possible

Acknowledgment

51. on the occasion of its 25th anniversary, PPHSN acknowledged with gratitude the foresight of its founders, the contribution of its members, and the generous support of all its development partners

Annex 2: Key recommendations of PPHSN – Coordinating Body

The PPHSN-CB met virtually in June 2022 and made the following recommendations:

PPHSN 25th anniversary

- i. PICTs and allied partners provide materials and photos related to PPHSN activities to be shared as part of the 25th anniversary and on the updated PPHSN website
- ii. PICTs share an agreed standard set of surveillance information to be shared with the focal point for inclusion on the PPHSN website

PacNet

- i. Focal points determine a mechanism to highlight critical information for action on PacNet
- iii. Allied members explore different platforms for disseminating PPHSN information

Epidemic Intelligence / Pacific Data Hub

i. PICTs share multisource surveillance data with PPHSN for dissemination through the Pacific Data Hub on a case-by-case basis

Pacific Syndromic Surveillance Systems (PSSS)

- i. PSSS be expanded to form a multisource surveillance system (noting the review by WHO)
- ii. Allied partners prepare a concept paper to map out various sources of health information, including PSSS, and its connection to the Pacific Data Hub

PICNet

- i. The roadmap for strengthening IPC in the Pacific is adopted
- ii. A multi-modal approach is used for IPC (including, for example, to prevent healthcare associated infections)

EpiNet – Recommendations for governments

- i. Countries to create playbooks for a great number of differentiated crises, and consider conducting table-top exercises...
- ii. Plan for the secondary crisis... anticipate the possibility of... disruption of vital supply chains, an influx of displaced population into a neighbouring locality, displacement of people from one area to another within a single country, and a surge in domestic violence and other crime. PICTs should ... take a whole-of-government approach (not simply a whole-of-health approach).

EpiNet – Recommendations for development partners

- i. Task the focal point with approaching Pacific Heads of Health at their next meeting to ask for outstanding information on EpiNet teams
- ii. Task the focal point with updating the EpiNet teams list, with the inclusion of additional national focal points in other sectors, e.g. the military, civil society, animal health, and communication

- iii. Task allied members and technical assistance providers with developing a workbook of simulation exercises that can be used by PICTs as they prepare for various types of crises
- iv. Task development partners with ensuring the availability of financial support for preparedness and response, and funds for fellowship and attachments of EpiNet team members for further training, noting this may require co-development of funding proposals

SHIP-DDM

i. PICTs and allied members continue supporting SHIP-DDM training, including participants' fees

LabNet

- i. PICTs provide requested information for LabNet catalogue updating
- ii. PICTs adopt the SLIPTA assessment tool for laboratory standards

JCU – PacMOSSI

i. PICTs inform health workers of the availability of the PacMOSSI online course

Pacific Network for Vector Control Response (PN-VCR)

- i. PPHSN-CB approve the PN-VCR as a new initiative under PPHSN
- ii. The PN-VCR initiative be presented to Pacific Heads of Health for endorsement
- iii. WHO, PIHOA and SPC provide the coordinating function and technical assistance for PN-VCR

PPHSN assessment

- i. The CB requests PHOH to endorse the PPHSN assessment and provide support by ensuring the availability and cooperation of national focal persons and key informants for each service network
- ii. PICTs and allied members collaborate and share documents relevant to the assessment
- iii. PICTs and allied members review and provide technical input to the assessment report

PPHSN name change

i. PICTs and allied members create a task force to look into the impact of transforming the name of PPHSN

Annex 3: List of participants – PPHSN Regional Meeting, October 2022

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SPC\PPHSN 2022

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Report on the Plenary Presentation: Discussion on the PPHSN strategic Framework 2003-2006

Presented by Mr Thibaut Demaneuf Dr Cyrille Goarant

BACKGROUND

The objective of the session was to allow in person and online country representatives and allied members to discuss the PPHSN Strategic Framework 2003-2006. The time allocated for this discussion was 30 minutes, the session was held on Thursday the 27th October 2022, the third day on the 2022 Pacific Public Health Surveillance Network Regional Meeting.

To be able to collect the information, it was decided to use Slido, an interactive app for the hybrid meeting. A total of 11 questions were asked to the meeting attendees based on the PPSHN Strategic Framework.

It was mentioned that it was a discussion and not an evaluation of PPHSN. An external evaluation of the 6 services of PPHSN is planned for 2023.

METHOD

There was 1 icebreaker question and 10 questions on PPHSN, which were:

- 1. How do you feel discussing PPHSN strategy now?
- 2. Choose words that best describe PPHSN in your opinion?
- 3. Are there other services that PPHSN could provide to support national public health?
- 4. How would you rate PacNet in terms of usefulness for country needs?
- 5. How would you rate LabNet in terms of usefulness for country needs?
- 6. How would you rate EpiNet in terms of usefulness for country needs?
- 7. How would you rate DDM-SHIP in terms of usefulness for country needs?
- 8. How would you rate PICNet in terms of usefulness for country needs?
- 9. How would you rate Syndromic surveillance activities in terms of usefulness for country needs?

- 10. PacNet was created as a forum for exchanging information and to provide communication elements to PICTs, to reinforce the dialogue between sectors, countries & territories. What other communication tools could completement the current PacNet email list?
- 11. How would you rate the PPHSN in helping your international risk assessment?

Prior to the session, participants were able to access the PPHSN strategic framework using a QR code given on day one of the regional meeting (see below) or in hardcopy on site. Facilitators also offered to open live discussion during the session.

PPHSN Strategic Framework





25 3

RESULTS

On average 50 responses were collected for each question. With the highest number of responses for question 3 (n=85) and the lowest for the icebreaker question (n=41). The engagement was 93% which reflects a high engagement score. However, the attendance cannot be considered as statistically representing the regional Public Health actors.

පු	Engaged participants 53 out of 57 Slido participants engaged with polls or Q&A.	0
Part Part Part	icipants asking in Q&A icipants up or down voting in Q&A icipants voting in polls	0 0 51
Eng	aged participants score (j)	93%

No open discussion occurred during the session, likely because the short duration of the session (and so for each question) was a limiting factor.

• Question 1: Icebreaker

It is worth noting that 80% of respondents were very happy or happy to have this session. The remaining 20% were neutral (5 responses), unhappy (1) or very unhappy (2). People likely responded in a good mood.

How do you feel discussing PPHSN strategy now?		
6	34%	
0		46%
I2%		40.0
⊘ 2%		
⊗5%		

- Question 2: Choose words that best describe PPHSN in your opinion? (n=84)
 - For this question there were 84 responses. The top 5 responses are:
 - Surveillance → 6%
 - Networking → 5%
 - Regional Partenerships → 4%
 - Collaboration → 4% + Collaborative → 4%, totalling 8%.
 - Of note, 5 additional (6%) included the same concept ("Collaborating", "collaborative"). Also "Team", "Team work" and "family" (2), "community" (3) were cited. This makes this collaborative feature of PPHSN the most cited description.
 - Lastly, interesting concepts were raised with "Island voices" (1), "Pacific-tailored solutions" (1), "Pacific-focused" (1), "Context-driven" (1) and "creative solutions" (1). These likely reflect the good insertion of PPHSN in the PICTs' and regional health systems.

The responses are summarized in the Word Clouds below.



- Question 3: Are there other services that PPHSN could provide to support national public health?
 - For this question there were 85 responses: The top 5 responses are:
 - One health → 9% and One health services → 6%, totalling 15%
 - Capacity building → 9%
 - Vector control → 6% (also "Vector surveillance" cited 2 times and "Vector S & R" once)
 - Risk Communication → 4%
 - Of note, some responses mentioned NCD ("NCD", "NCD focus" and "NCD surveillance", each 1).
 - Supporting the major interest in One Health, the following were also cited: "AMR" (1), "Environmental Health" (1), "Integrated Approach" (1, in French), "One Health expertise" (1) and "cross-sector integration" (1).

The word cloud below summarizes the results. The One Health concept, approaches and subjects come first as a topic a future interest for the PPHSN. Vector surveillance and control is also identified as a future focus of interest.



• Question 4 to 9 see table below:

How would you rate in terms of usefulness for country needs? (1 = low, 5 = high)	1	2	3	4	5	Participants	Mean rating
DDM-SHIP		1	2	7	32	42	4.7
EpiNet	1	1	6	8	26	42	4.4
LabNet			7	13	22	42	4.4
PacNet			6	15	21	42	4.4
PICNet			7	17	18	42	4.3
Syndromic surveillance activities	1	2	7	11	21	42	4.2
Total general	2	4	35	71	140	252	

- Question 10: PacNet was created as a forum for exchanging information and to provide communication elements to PICTs, to reinforce the dialogue between sectors, countries & territories. What other communication tools could completement the current PacNet email list?
 - \circ ~ For this question there were 53 responses: The top 5 responses are:
 - WhatsApp → 19%
 - PPHSN Website → 10%
 - Messenger → 6%
 - In equal position: Zoom, Tupaia, Facebook, Viber → 4%

Taken together, **online solutions** (WhatsApp, Messenger, Facebook, Viber, Zoom, "A communication platform for chat by meetings", "Web- based fora", "Web forum for topic specific discussion threads", "Online forum", "Web forum for topic specific discussion threads", "Tupaia", "Portals on websites" and TikTok) made 29 responses out of 53 (75%). This likely reflects a need for a tool allowing discussions between PacNet members. Of note, the Health-dedicated Tupaia platform does not include all SPC-PICTs members.

Although online tools look preferred, more traditional mechanisms were also suggested, including "exchange programmes", "Quarterly or biannual regional surveillance meeting", not to mention "smoke signals".

Hybrid solutions may also be considered ("Online events discussion database"). Using or interfacing to current tools was considered too, as reflected by the 10% "PPHSN website". The accessibility of PacNet archives was also suggested by one respondent.

Lastly and interestingly, one response ("PHOVAPS") reflects the possibility to open this discussion tool to veterinary health, taking a One Health approach.

Results are summarized in the Word Cloud figure below.



• Question 11: How would you rate the PPHSN in helping your international risk assessment?

Poll Question	1	2	3	4	5	Avg rating
How would you rate the PPHSN in helping your international risk assessment? (1 = low, 5 = high)	4	1	7	16	12	3.8
Total	4	1	7	16	12	40 votes

Risk assessment being *per se* a multi-approach and multi-source decision process, this result is not surprising and still suggests that PPHSN contributes to risk assessment decision-making in 90% of respondents.

CONCLUSIONS

In conclusion, there was good participation for each question from the audience. This is not an evaluation of the PPSHN framework but more of a discussion that can be used for future direction. The responses were displayed live on screen, so participant could see each other responses. The global insight reflects a good integration of the PPHSN services in the PICTs' health systems, a reasonable level of satisfaction with PPHSN, but also points to future development avenues to be considered.