



REPORT

25th PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN) COORDINATING BODY (CB) MEETING

24 July 2023, Honolulu, Hawaii

Co-sponsored by the Pacific Islands Health Officers Association (PIHOA)
and the Pacific Community (SPC)



Report prepared by the Pacific Community

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Abbreviations

AFD	Agence Française de Développement (French Development Agency)
AMR	Antimicrobial Resistance
ANU	Australian National University
APSED	Asia Pacific Strategy for Emerging Diseases
CB	Coordinating Body
CDC	(United States) Centers for Disease Control and Prevention
COVID-19	Coronavirus disease
DDM	Data for Decision-Making
DFAT	(Australian Government) Department of Foreign Affairs and Trade
EpiNet	Epidemiology Network
ESR	Institute of Environmental Science & Research
FNU	Fiji National University
HAIs	Healthcare-Associated Infections
HIS	Health Information System
HIV	Human Immunodeficiency Virus
IHR	International Health Regulation
IPC	Infection Prevention and Control
JEE	Joint External Evaluation
LabNet	Laboratory Network
MAE	Master of Applied Epidemiology
NCD	Non-Communicable Disease
MFAT	Ministry of Foreign Affairs and Trades (NZ)
MAE	Master of Applied Epidemiology
PGDAE	Post Graduate Diploma in Applied Epidemiology
PGCFE	Post Graduate Certificate in Field Epidemiology
PICTs	Pacific Island Countries and Territories
PHD	Public Health Division
PHOH	Pacific Heads of Health
PICNet	Pacific Infection Prevention and Control Network
PIHOA	Pacific Islands Health Officer Association
PPE	Personnel protection equipment
PPHSN	Pacific Public Health Surveillance Network

Abbreviations (cont)

PPTC	Pacific Pathology Training Center (NZ)
PSSS	Pacific Syndromic Surveillance System
PVN	Pacific Vector Control
RTPCR	Reverse transcription polymerase chain reaction
SHIP-DDM	Strengthening
SLIPTA	Stepwise Laboratory Improvement Process Towards Accreditation
SLMTA	Strengthening Laboratory Management Toward Accreditation
SOP	Standardised Operational Procedures
SPC	Pacific Community
SRH	Sexual and reproductive health
SSI	Surgical site infection
TB	Tuberculosis
TOR	Terms of Reference
TWB	Technical Working Body
UHC	Universal Health Coverage
USAPIs	United States Affiliated Pacific Islands
USyd	University of Sydney
WASH	Water, Sanitation and Hygiene
WPRO	WHO Western Pacific Regional Office
WHO	World Health Organization

Acknowledgements

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Financial support for the organisation of this meeting was provided by Agence Française de Développement (AFD) and The United States Centers for Disease Control and Prevention (CDC).

Welcome and introduction

1. Co-chairs Dr Sylvie Laumond, New Caledonia, and Ms Tmong Udui, Palau, welcomed participants and invited the representative of Vanuatu to say the opening prayer.
2. Dr Berlin Kafoa, Director, Public Health Division (PHD), SPC, welcomed everyone to the PPHSN-CB meeting, noting that CB membership consists of core members, who rotate every three years, and allied members. Core members are Pacific Island countries and territories (PICTs) and allied members are mainly regional and international organisations, with SPC acting as the PPHSN-CB focal point. The PPHSN is, in essence, a partnership that has evolved over 26 years. Dr Kafoa also went through CB's terms of reference. He thanked PIHOA for co-hosting the meeting.
3. Emi Chutaru, Executive Director, PIHOA, welcomed participants, saying that PPHSN's strength lies in the commitment of its members. It is 20 years since a PPHSN meeting was held in the North Pacific and PIHOA has been a member since day one.
4. Dr Nuha Mahmoud, Team Coordinator, Pacific Health Security & Communicable Diseases, World Health Organization (WHO), said the meeting provided an opportunity for networking as well as decision-making. She acknowledged the work of SPC in coordinating PPHSN, and PIHOA for co-organising the meeting. Dr Nuha noted the revision of the *Asia Pacific strategy for emerging diseases and public health emergencies (APSED III)* and the relevance of this framework to PICTs.

Progress on recommendations from the 24th CB and October 2022 Regional PPHSN Meetings

Amy Simpson, Team Leader - Surveillance, Preparedness and Response Programme, SPC

5. The 24th PPHSN-CB meeting had 36 recommendations for allied members and partners. Of these 21 actions have been completed or are underway, as reported by ESR, SPC and WHO in June 2023.
6. The 2022 Regional PPHSN meetings made 34 actionable recommendations for allied members and 10 for PICTs. In June 2023, participants at those meetings were asked for updates on action on the recommendations. All allied partners and two PICTs, Cook Islands and Wallis and Futuna, responded. Figure 1 below shows the percentage of actions reported for each area.

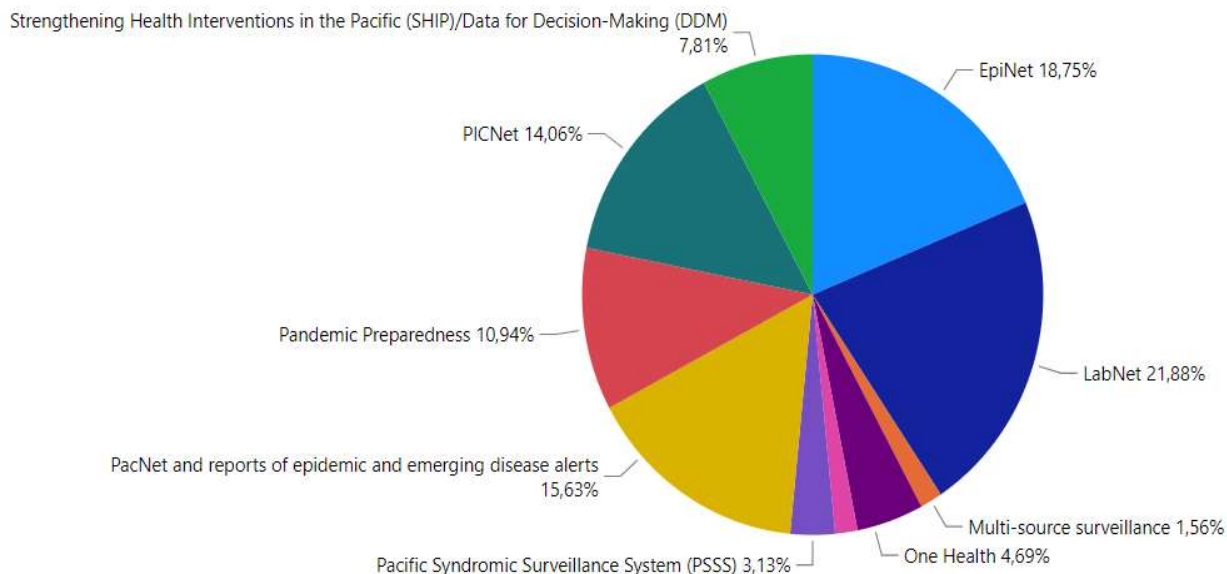


Figure 1 - Pie chart representing the actions underway for the recommendations from the 2022 Regional PPHSN meeting, according to the topic they relate to. Greatest progress has been made for recommendations related to LabNet, EpiNet, PacNet and PICNet.

7. Examples of specific action:

- a) *Epidemic intelligence/Pacific Data Hub* – PacNet information is incorporated in national risk assessments. SPC continues to encourage PICTs to share information and is investigating the establishment of an observatory. Work is continuing on data sharing agreements with countries.
- b) *PICNet* – The roadmap for strengthening infection prevention and control (IPC) in the Pacific was adopted. A multi-modal approach is being used to prevent healthcare associated infections (HAIs) and improve hand hygiene. SPC training was carried out in Tuvalu, Vanuatu, Cook Islands and Nauru. Cook Islands has appointed an IPC focal point and has plans to send PPE equipment, hand sanitisers and water containers to its outer islands (Pa Enea). Wallis and Futuna will implement active surveillance of HAIs based on activity registers.
- c) *Preparedness and response, and training for EpiNet teams* – With PIHOA support, USAPIs are involved in pandemic preparedness and health security initiatives. Several PICTs have carried out risk communication. Cook Islands held a National Pandemic Preparedness Plan workshop with WHO in March 2023; a draft plan has been approved and will be reviewed by a technical team. Wallis and Futuna has drafted a plan for its two hospitals. Further requirements for assistance will be discussed at the current meeting.
- d) *LabNet catalogue update* – The latest edition was published in March 2023 after consultation with PICTs: <https://www.pphsn.net/resources/pphsn-labnet-catalogue-2022/>.

- e) *LabNet training and terms of reference* – PICT laboratories received training in SLIPTA¹ and SLMTA² and were able to carry out assessments. SPC has been supporting two-week attachments for lab staff. The LabNet TORs will be further discussed at the current meeting.
- f) *Pacific Outbreak Manual* – WHO is recruiting a consultant to review and update the manual.
- g) *Pacific Vector Network* – The new network was set up, with WHO, PIHOA and SPC providing coordination and technical assistance. The inaugural meeting of the network was held in Honolulu in June 2023.
- h) *Vector surveillance* – Wallis and Futuna is enhancing mosquito surveillance based on the Aedes Surveillance Manual (SPC/WHO).
- i) *Strengthening Health Interventions in the Pacific – Data for Decision-Making (SHIP-DDM) programme* – SPC and PIHOA are in the early stages of developing a USAPI alumni database. FNU is exploring opportunities to provide flexible SHIP-DDM courses that can be taken at alternative times to increase access for students. PIHOA has made the pre-module coursework available online, while noting that delivery of the course relies on face-to-face contact time.
- j) *Antimicrobial resistance (AMR)* – PIHOA began preparations for an AMR initiative in May 2022. Discussions will be held with each lab on purchasing local lab supplies to cater for planned training and support activities. In May 2023, WPRO³ personnel assessed AMR surveillance in Fiji. The regional office is also holding informal consultations in September on strengthening AMR surveillance systems in the Western Pacific. SPC monitors and reports on antibiotic prophylaxis during surgical site infection (SSI) surveillance of Caesarean sections and other clean operations. SPC SSI training was completed in Nauru and Cook Islands in 2023.
- k) *Reactivation of EpiNet teams* – U.S. Centers for Disease Control and Prevention (CDC) provided PIHOA with funding and technical expertise for a PPHSN EpiNet meeting. Wallis and Futuna included a veterinarian in its EpiNet cell (Decision Support Cell). CDC's monthly Epidemic Intelligence and Preparedness meetings include all Pacific EpiNet teams, and PICT teams share information during regional Epi Rounds (online discussions).
- l) *Pacific Syndromic Surveillance System (PSSS)* – WHO is working on the TOR and workplan for the 2023–2024 review of the PSSS guidelines. An assessment of Tonga's surveillance system was conducted and further assessments are planned for Fiji and Kiribati in August 2023. WHO is also encouraging other sectors (e.g. the livestock industry) to contribute data to the PSSS – this is work in progress.
- m) *One Health* – The PIHOA Board endorsed the One Health approach in April 2023 and a white paper is being prepared on integrating its principles in PIHOA projects. PIHOA also revitalized the North Pacific Environmental Health Association. SPC has recruited a One Health Coordinator and is continuing to mobilise resources for projects in all sectors that support the approach.

¹ Stepwise Laboratory Improvement Process Towards Accreditation (WHO).

² Strengthening Laboratory Management Toward Accreditation (WHO).

³ WHO Western Pacific Regional Office.

Discussion

8. In response to a question from the Chair on updating national security plans, Dr Mahmoud (WHO) mentioned two methods: a Joint External Evaluation (JEE) of country capacity; and member states' annual reporting on the International Health Regulations (IHR).
9. Dr Hancock (CDC) asked about the main gaps in implementing the recommendations and noted the importance of keeping a record of successes, including through systematic monitoring of achievements.
10. Amy Simpson (SPC) said this was the first such review and more work was needed to analyse the gaps.
11. Dr Mahmoud (WHO) suggested fewer recommendations and a monitoring system similar to that of PHMM, which has a dashboard and traffic light system.
12. Dr Kafoa (SPC) agreed on limiting the number of recommendations and the value of a method for monitoring progress.
13. Cook Islands suggested aligning the recommendations with each PICT's context (e.g. implementing SHIP-DDM). A dashboard would help.
14. Jojo Merilles (SPC) said the secretariat could develop a simple guide (dashboard) to assist with monitoring and tracking progress of recommendations. In the meantime, a matrix could be developed to help PICTs focus on relevant areas of interest and need. The matrix/tracker should be designed to take into consideration measuring quantitative time-based progress to track the speed of the actions. The matrix should also take into consideration monitoring the qualitative progress to help determine whether or not it meets PPHSN members' expectations.
15. Christelle Lepers (SPC) shared that previous CB meetings had a different format and used to be longer to allow time for working groups to action recommendations from previous meetings.
16. Cook Islands suggested further support from allied partners to assist PICTs with updating their National Pandemic Preparedness Plans could include; facilitating workshops, creating templates, ensuring alignment to new or updated regional frameworks, One Health and Gender equality inbuilt.

Pacific Heads of Health (PHOH): April 2023 meeting

Dr Berlin Kafoa, Director, Public Health Division, SPC

17. The PHOH recommendations included:
 - urgently improving the quality of expenditure on health;
 - rethinking human resources for health;
 - advancing health information and digital transformation in the health sector;
 - strengthening implementation of the Pacific NCD Roadmap, including tackling the drivers of obesity, particularly for children;
 - supporting the integration of eye health in national health plans (the Fred Hollows Foundation was represented at the meeting);
 - in relation to climate change and health, ensuring adequate funding to reduce the adaptation gap; and supporting the UN Multi-dimensional Vulnerability Index and COP 27 Loss and Damage Agreement;

- strengthening primary health care as part of achieving universal health coverage (UHC), which must include comprehensive sexual and reproductive health (SRH) care and response to gender-based violence;
 - revitalizing responses to HIV, TB and malaria.
18. PHOH heard recommendations from PPHSN, LabNet, Pacific Heads of Nursing and Midwifery, Directors of Clinical Services, and the Working Group on Amendments to the IHR and Intergovernmental Negotiating Body – PICTs were encouraged to send representatives to these negotiations.
19. PHOH noted the results of a preliminary study on PICT health infrastructure vulnerable to climate change. PICTs may be able to access the Green Climate Fund for relocation or renovation of these facilities. It was recommended that PICTs include the effects of climate change in their health plans.

PICNet: May 2023 meeting

Margaret Leong, IPC Advisor, SPC (virtual presentation)

20. The inaugural PICNet⁴ meeting in May (Fiji) was attended by 17 PICTs and several partner agencies and observers. Discussions focused on:
- the Global Report and Strategy on Infection Prevention and Control
 - IPC education and research
 - progress on regional IPC activities in the Pacific and lessons learned from the pandemic
 - HAI surveillance and hand hygiene (including a pre-meeting workshop)
 - review and finalisation of PICNet's TOR.
21. A new online course, Foundations in IPC, was launched.⁵ The 11-module course is provided by the Australian College for Infection Prevention and Control. SPC is sponsoring 10 PICT students. Federated States of Micronesia (FSM) and Fiji are also sponsoring students.
22. Fifteen PICTs responded to a survey on minimum core competencies for IPC. Surveillance, including in relation to AMR, was identified as one of the weakest areas.
23. PICNet's recommendations included:
- developing a regional monitoring dashboard
 - strengthening the minimum requirements of IPC programmes and IPC leadership and mentoring
 - supporting the development of IPC outbreak preparedness, readiness and response plans
 - increasing education and capacity in hand hygiene, HAI surveillance and AMR, and collaboration between IPC and WASH⁶
 - promoting PICT data collection and research
 - revising the PICNet list.

Discussion

24. Several PICTs noted the critical importance of IPC and their appreciation of SPC's assistance.
25. Dr Kafoa (SPC) thanked Margaret Leong for her work while stressing the difficulty of one IPC Advisor covering all 22 PICTs. He hoped that future graduates of the new Foundations in IPC course would provide support.

⁴ Pacific Infection Prevention and Control Network (PICNet).

⁵ <https://www.acipc.org.au/education/>

⁶ Water, sanitation and hygiene.

LabNet: Updates on subregional meeting (November 2022) and evaluation of northern laboratories

Dr Eka Buadromo, Team Leader- Laboratory Strengthening Programme, SPC

26. LabNet was established in 2000. It supports a three-tier lab referral system (L1, L2 and L3) capable of testing for PPHSN priority diseases. In addition to PICTs, LabNet's implementing partners are the Pacific Pathology Training Centre (NZ), PIHOA, SPC and WHO. Recent lab strengthening activities included:

- a review of policies and strategic plans (WHO)
- national action plan for AMR (WHO)
- laboratory capability assessment (WHO)
- SLIPTA and SLMTA⁷ assessment (SPC)
- support for establishment of five L1 RTPCR⁸ molecular labs and transition to testing for PPHSN priority diseases (plus consumables/reagents) (SPC)
- training, attachments and mentoring for lab staff (SPC, PIHOA and PPTC)
- support for microbiology training (PPTC and Pacific Region Infectious Diseases Association)⁹
- advice on specimen referral during outbreaks and revision of testing and shipping protocols (PIHOA)
- design and shipment of portable labs and equipment to PICTs (PPTC).

Discussion

27. In response to a question on including private labs in LabNet, Dr Kafoa (SPC) said SPC doesn't differentiate between public/private labs. Labs have to write to SPC to make a request to join LabNet.

Upcoming review of PPHSN: Introduction and update

Associate Professor Meru Sheel, Infectious Diseases, Immunisation and Emergencies, Sydney School of Public Health, University of Sydney (virtual presentation)

28. A high-level review of PPHSN is being carried out by a seven-member evaluation team. The evaluation began mid-July 2023 and will be completed by the end of October.

29. Three key questions for the evaluation –

- Is the PPHSN providing effective surveillance for the Pacific?
- Are PPHSN's services meeting their goals?
- How can PPHSN be more effective and cost-efficient?

30. A technical advisory group has been set up to advise on the evaluation. Desktop reviews, surveys and focus groups are being used to assess each objective:

- Objective 1: Governance, communication, and actors involved in PPHSN.
- Objective 2: Operation and impact of each PPHSN service.
- Objective 3: Development of recommendations based on the findings.

⁷ Stepwise Laboratory Quality Improvement Process Toward Accreditation and Strengthening Laboratory Management Toward Accreditation.

⁸ Reverse transcription polymerase chain reaction.

⁹ <https://pridanetwork.org/>

31. The team will use the PRISM framework for the evaluation together with WHO and CDC frameworks. Participants in focus groups and surveys will include the PPHSN Secretariat, DFAT, MFAT, and other partners.
32. Interested people were invited to contact the team.

Discussion

33. Dr Mahmoud (SPC) asked why WHO was not part of the advisory group even though it is a driver of PPHSN; should PPHSN's name be changed to reflect the expansion of its work; and was it too late to comment on the evaluation design?
34. Dr Gillian Dunn (PIHOA) said PIHOA is wrapping up an evaluation of SHIP-DDM in the next week (and would present it later in the meeting).
35. Dr Hancock (CDC) said the review was important as PICTs move out of the pandemic. The three key questions may need some adjustment – PPHSN helps PICTs get to the point of effective surveillance rather than being responsible for all surveillance.
36. Professor Sheel (USyd) responded that it was not too late to comment on the design and welcomed WHO's input to the advisory group. The design presented is a first draft and the team is open to suggestions. She would appreciate a copy of PIHOA's review report when it was completed.
37. Dr Kafoa (SPC) said the PPHSN review was open to partners and suggested that the CB should also have a regular review (say every five years) to ensure it is up-to-date with developments and PPHSN is a recognised mechanism.

Pacific Vector Network: Update on inaugural meeting June 2023

Mele Mose-Tanielu (MOH, Samoa), Co-Chair of the Pacific Vector Network

38. The inaugural meeting of the Pacific Vector Network (PVN) in June 2023 was attended by 16 PICTs. PVN is a country-led mechanism to address vector-borne diseases and will be a seventh arm of PPHSN, with PIHOA, SPC and WHO providing the joint secretariat.
39. Priority areas of work for the network:
 - (1) Ensure regular meetings and communication between PVN members
 - (2) Promote sharing of information among members
 - (3) Improve entomology skills and vector management expertise
 - (4) Establish or improve the capacity of entomology laboratories in each subregion
 - (5) Strengthen preparedness and response to outbreaks of vector-borne diseases
 - (6) Support use of digital tools for collecting and sharing vector surveillance data.
40. Next steps. Member states asked the secretariat to:
 - (1) invite applications from regional partners with entomology and vector control expertise to join the network as allied partners, and seek expressions of interest from those wishing to serve as Technical Working Body (TWB) members;
 - (2) schedule the first quarterly meeting of the TWB approximately three months after the inaugural meeting;
 - (3) establish a PVN webpage on the PPHSN website;
 - (4) plan the annual meeting for 2024; and
 - (5) develop a strategic plan for PVN including capacity building and monitoring and evaluation.
41. The Co-Chair acknowledged CDC, DFAT and AFD¹⁰ for providing funding for PVN.

¹⁰ Department of Foreign Affairs and Trade (Australia) and Agence Française de Développement (French Development Agency).

Strengthening Health Interventions in the Pacific – Data for Decision-Making (SHIP-DDM) Program Updates

SHIP-DDM updates from SPC

Amy Simpson, Team Leader - Surveillance, Preparedness and Response Programme, SPC;

42. SHIP-DDM is a three-tier capacity development programme: Tier 1 – Postgraduate Certificate in Field Epidemiology (PGCFE); Tier 2 – Postgraduate Diploma in Applied Epidemiology (PGDAE); and Tier 3 – Master of Applied Epidemiology (MAE). All three programmes are accredited by Fiji National University (FNU). SPC delivers the course in southern PICTs and PIHOA delivers in the north.
43. SPC is currently supporting 89 participants in 10 PICTs for PGCFE and 11 participants from 3 PICTs in PGDAE. COVID-19 disrupted completion for some students – the backlog is now being addressed. SPC hopes 31 students overall will graduate this year. Following ongoing translation of SHIP-DDM into French, a cohort of New Caledonian students are currently undertaking the postgraduate certificate. A cohort will begin in September in Wallis and Futuna.
44. SPC also worked with the Australian National University (ANU) to provide training on leadership in health in October 2022 (18 students from seven PICTs), as well as PGCFE mentoring and facilitation.
45. SHIP-DDM participants and graduates played a critical role in the COVID-19 response.
46. Way forward:
 - PICTs to continue to support the SHIP-DDM programme
 - SPC to continue collaborating with partners (e.g. FNU, PIHOA and others) to deliver SHIP-DDM
 - Evaluation of PPHSN services including SHIP-DDM
 - SPC to finalise a memorandum of agreement with FNU.

SHIP-DDM updates from PIHOA

Hélène Le Mouëllic, SHIP Program Manager, PIHOA

47. Since 2013, across USAPI, there have been 289 PGCFE students, and 100 graduates. There are currently 55 PGCFE students, with 50 expected to graduate by the end of 2023. There are 24 current PGDAE students.

PIHOA evaluation of SHIP-DDM – draft findings

Mackenzie Moore, Senior Research Associate, Georgetown University Center for Global Health Science and Security (virtual presentation)

48. PIHOA engaged Georgetown University Center for Global Health Science and Security to carry out an external evaluation of SHIP's impact, including on graduates' roles, and to identify improvements. The evaluation was done by Mackenzie Moore, Senior Research Associate, and Dr Lauren McGivern, Postdoctoral Fellow.
 49. The evaluation included key informant interviews with PIHOA, FNU and SPC; interviews of trainees and graduates; an online questionnaire; document review; site visits to Marshall Islands, Guam, Palau and American Samoa; and a survey was sent to 107 trainees and graduates; 82 (77%) responded.
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50. Key findings:

- Importance of protected time and space for study.
- Need for standardized faculty materials and student refresher materials.
- Program administration – there was confusion about enrolment, completion requirements and inconsistent SHIP terminology.
- Graduates and trainees found SHIP skills relevant and immediately applicable to their jobs and to emerging public health events.
- Overall satisfaction with SHIP – 63% of those surveyed were extremely satisfied and 27% were somewhat satisfied.

51. Provisional recommendations of the evaluation:

1. Standardise naming conventions for the SHIP programme (including tier names).
2. Clarify responsibilities, relationships, and communication between PIHOA, FNU, and jurisdictions' ministries/health departments.
3. Build local teaching capacity.
4. Create instructor SOPs and standardise course materials.
5. Expand supplementary materials for trainees.
6. Prioritize protected time and space during modules.
7. Refine the field project system.
8. Showcase the work of SHIP trainees and graduates.
9. Establish a graduate network.

52. The report will be finalised, disseminated to SHIP-DDM stakeholders and a paper will be submitted to a peer-reviewed journal.

Discussion

53. New Caledonia has seen the benefits of the SHIP-DDM programme and hopes to implement the recommendations. It was important that health systems have sufficient flexibility to release a number of employees to take the course at the same time. Employer support is essential.
54. Dr Mahmoud (WHO) said SHIP-DDM was developed for the Pacific. It would be good to look towards the Field Epidemiology Fellowship Programme run by other countries and to also consider the engagement of other universities.
55. Dr Hancock (CDC): The preliminary results and recommendations for improvements are important, including clarifying the SHIP-DDM structure.
56. Cook Islands noted that few of the students who complete Tier 1 move on to the next tiers.
57. Amy Simpson (SPC) noted there will always be attrition of participants, including through migration.
58. In response to a question on why some people were not satisfied with the training, Mackenzie Moore said it was partly due to lack of understanding about progression, and confusion about the intention of the training. Tier 1 met the needs of trainees who were only interested in the DDM aspects. There was also frustration about the registration process. Some trainees completed the course but didn't receive a certificate. The course was too difficult for some (it's an intensive course) – they were either not well prepared or needed more support.
59. Emi Chutaru (PIHOA): Regarding the MOU between SPC and FNU – some of those issues are affecting partners and SPC's relationship with FNU. PIHOA has MOUs with each MOH that

detail PIHOA's role in SHIP and the host agency's role. However, despite the MOU being signed off, arrangements may be left to the last minute and PIHOA is asked to cover.

60. Helene Mouëllic (PIHOA) organises a meeting with PICT stakeholders before SHIP is held, but it's not clear how much of that communication reaches staff. PICTs need to play their role. Partners can only go so far – PICT health leadership also needs to deliver.

PPHSN-CB draft recommendations

Dr Berlin Kafoa, Director, Public Health Division, SPC

61. Dr Kafoa presented the draft recommendations (Annex 1) and asked participants to provide comments by 28 July 2023:
1. Secretariat to implement a formal process for monitoring and tracking progress on the recommendations of PPHSN-CB meetings.
 2. Secretariat to review the format of CB meetings and circulate a concept paper to CB members for comment before planning for the next CB meeting begins.
 3. Findings from the PIHOA-commissioned evaluation of the SHIP-DDM programme to be disseminated.
62. Other comments related to:
- the frequency of CB meetings – according to the TOR they should be annual;
 - establishing an agreed format for CB meetings. Updates could be provided in information papers.
63. Dr Kafoa (SPC) suggested that PPHSN should be evaluated every four or five years. The results would provide a quality improvement mechanism to ensure PPHSN stays up-to-date with the latest developments and innovations in surveillance.

Other business

64. Dr Mahmoud (WHO): In August, WHO will host the Pacific IHR focal points meeting. Following a request from the network, a meeting on risk communication will also be held.
65. Dr Hancock (CDC): Dr Kafoa mentioned that CB meetings were longer in the past. If the meeting was longer, what would that entail?
66. Dr Kafoa (SPC) responded that it was a question for all CB members. He believed the CB meeting should transition from operational to strategic issues. This could be reflected in the agenda for the next meeting. Other issues were ensuring constant communication with PHOH and considering CB's role in relation to LabNet and EpiNet.
67. Dr Sarah Jefferies, ESR, New Zealand, in relation to the structure and content of CB meetings, suggested including a standing item on PPHSN strategy, including potential alignment with international surveillance and response initiatives and implications for the work and priorities of the network. This would be a good forum to discuss proposed PPHSN priorities/a framework for prioritisation of these.

Closing

68. The Co-Chairs thanked participants for their contributions to the meeting, and all the staff who provided support.
69. Dr Kafoa (SPC) also thanked participants and expressed appreciation for the work of the Co-Chairs. He acknowledged the co-hosts, PIHOA, and WHO, FNU, and all CB members and partners.

Annex 1: Recommendations

**25th MEETING OF THE COORDINATING BODY (CB)
OF THE PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN)**
24 July 2023, Honolulu, Hawaii

Co-hosted by
the Pacific Islands Health Officers Association and the Pacific Community

RECOMMENDATIONS

1. Implement a formal process for monitoring and tracking progress on the recommendations of PPHSN-CB meetings.
 - i. Secretariat to develop a tracking tool;
 - ii. Core and allied members to monitor and report updates and progress of recommendations from PPHSN meetings.
2. Secretariat to invite a working group to review the format of CB meetings and circulate a concept paper to CB members for comment before planning for the next CB meeting begins.
3. PIHOA to disseminate findings from the PIHOA-commissioned evaluation of the SHIP-DDM programme.
4. Allied partners to support PICTs with updating National Pandemic Preparedness Plans.

Annex 2: List of participants

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