



Pacific
Community
Communauté
du Pacifique

21st Pacific Public Health Surveillance Network Coordinating Body Meeting

(Meeting venues: Novotel Hotel, Lami, Fiji, on 23 April 2017 and at Pasifika Conference Room, SPC Suva office, Ratu Mara Road, Nabua on 24 April 2017)

Key decision points

INTRODUCTION

The meeting:

- i. introduced the Pacific Public Health Surveillance Network Coordinating Body (PPHSN-CB) members;
- ii. nominated Tokelau as the 21st PPHSN-CB Meeting Chair; and
- iii. adopted the agenda of the 21st PPHSN-CB Meeting;

PPHSN-CB TOR and process of nomination of members, PPHSN-CB list and communication

The meeting:

- 1) agreed to acknowledge:
 - i. the three outgoing members of PPHSN-CB: French Polynesia, Kiribati and Samoa (terms ending December 2017);
 - ii. that the incoming members of PPHSN-CB in 2018 will be Guam, Niue and Wallis and Futuna; and

- iii. the current membership of PPHSN CB: seven core members (CNMI, Fiji, Tokelau, RMI and the three outgoing members), three permanent allied members (FNU, SPC and WHO), and two non-permanent allied members (CDC and Institut Pasteur, New Caledonia).

Role of PPHSN-CB and Focal Point

The meeting:

- i. noted that the CB is not a governing body and that the TOR outlines their key roles and functions;
- ii. noted that the Pacific Community (SPC) is the focal point and secretariat of the CB, undertaking a coordinating role and ensuring there are financial resources to support secretariat functions;
- iii. noted that CB members comprise seven core members and five allied members;
- iv. noted that the CB should meet annually but did not meet in 2016 and proposed that the Body should consider tele-conference or video-conference meetings if there are no resources available or if scheduling makes it difficult to conduct face-to-face meetings;
- v. noted that under Section 2 of the PPHSN-CB TOR there is mention of the no-longer active 'Inform' Action and proposed this be removed;
- vi. noted there will be an external review of the governance of PPHSN, which will include a review of the CB and the CB TOR, and that changes to the TOR should be considered at that time; and
- vii. noted the need to adjust the date on the PPHSN-CB TOR document that was distributed from 2017 to the original date of drafting.

LabNet Technical Working Group Report

The meeting:

- i. noted the need to address accreditation, as 70-80 per cent of the laboratories in the Pacific are staffed by personnel without formal qualifications;
- ii. noted that many country ministries are asking for accreditation, but they are encouraged to think about the long-term investment and potential risks of accreditation; if they do not meet accreditation standards than the lab could be closed.

If not accredited laboratory should ensure quality assurance systems and a stepwise approach to accreditation;
- iii. noted that 50 to 60 per cent of labs in the Pacific have completed LQMS training geared towards accreditation;
- iv. noted the need to align and standardize training by partners and proposed formalising LQMS training;
- v. noted the need to standardise equipment and procurement;

- vi. noted the need for strengthened collaboration with animal health;
- vii. noted the need to identify lab champions in the Pacific;
- viii. noted the need for countries to have access to lists of reference labs in the region by area of specialisation, and that SPC should provide this information to countries;
- ix. noted the value of dry blood spot testing for surveillance but also noted the barriers in certain countries;
- x. noted that countries should consider the use of new technologies that could be useful in rapid diagnosis;
- xi. suggested that regionally coordinated procurement could be an avenue for reducing costs through bulk ordering;
- xii. noted that countries could benefit from support in procurement and supply management;
- xiii. proposed that evaluations of offshore testing versus new technologies should be undertaken and a cost-benefit analysis conducted to determine best approach for countries; and
- xiv. noted that countries do not have the resources to undertake such an evaluation.

Matters arising from the 20th PPHSN-CB meeting:

Operationalisation of the REpiNet Team

The meeting:

- i. in relation to regional mobilisation, noted the need to consider issues around insurance, liability, medical evacuation if anything goes wrong, quality assurance, and who will coordinate and pay for these services, and proposed the possibility of cost-sharing mechanisms;
- i. noted that countries need to make inquiries with their organisations to find out what they would be willing to cover;
- ii. noted that there was not enough information presently to make firm decisions and the need for further research into bilateral models and regional deployments;
- iii. proposed that WHO, with its expertise in this area, prepare operational guidelines on mobilisation and to take the lead role; and
- iv. Countries to take bilateral arrangement to deploy national staff.

Resolutions on coordination and governance of PPHSN – for Heads of Health consideration

The meeting:

- i. agreed that more time was needed to review the resolutions and that the item should be moved to the 24 April agenda;

- ii. noted that governance structure has evolved and changed with changes in the regional health architecture;
- iii. noted that from 1996-1999 the governance structure constituted the Directors' of Health Meeting and the Pacific Health Ministers' forum;
- iv. noted that with the introduction of the biennial Pacific Health Ministers' Meeting in 2013 the reporting pathway became blurred and PPHSN issues were not reported even to the Heads of Health meeting;
- v. noted that the current proposal for review of PPHSN services could also incorporate review of current governance structure; and
- vi. propose that CB members endorse the need for this review and that adequate resources should be allocated for conduct of the review.

Resolutions on Surveillance Technical Working Group (STWG) Concept Paper from 2017 Regional PPHSN Meeting

The meeting:

- i. noted that the PPHSN CB members have been assigned to review suggested membership for the STWG;
- ii. noted that clarification of modes of meeting and tenure of membership and how this can be aligned to the current LabNet TWG;
- iii. noted that the LabNet TWG members have a 10 year tenure and whether this is what is expected of the Surveillance TWG; and
- iv. propose that a more flexible process be in place for membership and terms of membership.

Resolutions on DDM/Strengthening Health Interventions in the Pacific (SHIP) Team from 2017 Regional PPHSN Meeting

The meeting:

- i. noted concerns related to Resolution 9 from the PPHSN meeting and proposed that it be redrafted to marry with recommendation 6 from the 2015 CB meeting;
- ii. noted a caveat with Resolution 11, that there needs to be give-and-take between countries and FNU in terms of flexibility and efforts to make the programme work, and agreed that an update on recommendation 7 from the 2015 CB meeting regarding accreditation would be more appropriate to take to HOH than a resolution;
- iii. noted the need to reword Resolution 25 for clarity, to specify that the use of DDM-SHIP curriculum/intellectual property should be negotiated between countries/institutions and FNU;
- iv. noted that the intellectual property rights lies with PPHSN members;

- v. propose that SPC and FNU to negotiate that DDM/SHIP training be consistent even when implemented by other institutions, and flexibility to accommodate PICTs expressed need to pursue such training, even outside of the post graduate certificate program;
- vi. propose that FNU allow flexibility in program delivery and in franchising the teaching of the curriculum in other regional training institutions such as the Samoa National University; and
- vii. noted the need to task the current DDM/SHIP Taskforce to work on the DDM/SHIP progression to a postgraduate diploma and Masters in Applied Epidemiology accreditation.

Recommendations of the 2017 Regional PPHSN Meeting

The meeting noted the following resolutions:

- i. Resolution 1: Identify opportunities from challenges and lessons learned, in the implementation of the six services of PPHSN, to inform the development of the 2017-2021 Strategic Plan

Surveillance Technical Working Group

- ii. Resolution 2: The STWG, as defined in the current concept paper, be further refined by the CB

New PPHSN website

- iii. Resolution 3: Strengthen the marketing of achievements and awareness of PPHSN
- iv. Resolution 4: Define and agree on the information that will appear on the new PPHSN website, and specifically the scope and content of the proposed country web profiles
- v. Resolution 5: Permit agencies with Observer membership status to apply for Allied membership status

IHR Implementation in PICTs/Health Security Agenda

- vi. Resolution 6: Recommendations be made to the JEE secretariat to consider required customisation of the JEE tool to the small island state context
- vii. Resolution 7: Identify and promote the potential role of PPHSN in the implementation of the JEE in the Pacific

Status update on 2015 PPHSN meeting recommendations

- viii. Resolution 8: Propose that PPHSN become a standing agenda item at HOH
- ix. Resolution 9: As part of HRH planning use the DDM credential as a standard for relevant data-related positions, recognise DDM-SHIP credentials through adjustments to remuneration, and endeavour to ensure the existence of positions for advanced graduates of SHIP

- x. Resolution 10: Convene a taskforce to finalise and accredit SHIP beyond DDM
- xi. Resolution 11: Respectfully request FNU grant maximum flexibility in scheduling the delivery of DDM-SHIP courses within the quality standards of FNU

PacNet

Regional

- xii. Resolution 12: Support countries to update and develop communication/reporting guidelines
- xiii. Resolution 13: Flow chart to be made available, and have it readily available for countries
- xiv. Resolution 14: Assist countries with capacity development
- xv. Resolution 15: Improvement in the technology platform

EpiNet

Country

- xvi. Resolution 16: Country MOH to request technical assistance from partners (if country does not have capacity)
- xvii. Resolution 17: Partners to provide continuing support to capacity strengthening of in-country EpiNet teams

PSSS

Regional

- xviii. Resolution 18: Support countries in integrating different databases; provide informatics support to improve surveillance (recommendation 4, PPHSN Regional LabNet/EpiNet meeting 2015)

LabNet

Regional

- xix. Resolution 19: Continued provision of technical and financial support to assist countries in maintaining and improving capacity (staff, equipment and services)
E.g. Resources – rapid test kits to be available
E.g. Financial support for shipping/testing of samples to reference labs

PICNet

Country

- xx. Resolution 20: Countries to align with the PPHSN guidelines

Regional

- xxi. Resolution 21: Technical assistance to MOH partners to develop/revise guidelines (WHO, SPC, others)

PICNet

Regional

- xxii. Resolution 22: Continue strengthening of AMR and HAI surveillance through local laboratory reporting and piloting surveillance of returning off-island healthcare referrals (recommendation 15, PPHSN Regional LabNet/EpiNet meeting 2015)

DDM-SHIP

Regional

- xxiii. Resolution 23: Coordinate and align the approval of finances with the training program
- xxiv. Resolution 24: Assist/facilitate countries to obtain external funding for training from donor partners (e.g. co-funding mechanisms – Donors/ Government)
- xxv. Resolution 25: Advocate to countries for recognition of program within country education institutions

Regional Health Security Agenda

The meeting:

- i. noted the lessons learnt from responses to the recent EVD outbreaks in West Africa that has identified gaps in preparedness and responses to public health emergencies of international concern and risks to global health security;
- ii. noted the need to continue to strengthen attainment of IHR 2005 core capacities in countries in ensuring regional health security;
- iii. noted that IHR implementation is multi-sectoral but that the Ministries and Departments of Health to assume lead role;
- iv. noted the need for accountability of all countries and technical partners in actual support of IHR implementation;
- v. noted that WHO is currently working with the World Bank in looking at financial resources that are currently being used and to match them to gaps identified and how that is linked to health system strengthening and universal health coverage; and
- vi. propose that countries support both voluntary self-assessments and the need for joint external reviews using the JEE tool.

Strengthening relationships with other networks and call for application as allied member of PPHSN

The meeting:

- i. noted that calls for applications for allied members were made;

- ii. proposed that the membership of CDC and IPNC as new non-permanent members to the CB be endorsed; and
- iii. noted and acknowledged the contributions made by the outgoing non-permanent allied members of the CB namely PIHOA and ESR to the work of PPHSN and the CB.

Advocacy plan for PPHSN

The meeting:

- i. noted the need to promote the work of PPHSN; and
- ii. propose that all members collectively contribute to this.

Other Matters

The meeting:

- i. endorsed the proposed inclusion of Zika into the PPHSN priority list of disease and that PICTs need to continue ongoing reporting on zika; and
- ii. noted and acknowledge the contribution and support of Dr Martin of Yap State, FSM to the work of PPHSN.

Closing

The meeting:

- i. concluded with acknowledgement of contributions by members by the chair;
 - ii. closed at 1.30pm on 24 April 2017; and
 - iii. endorsed that date of next meeting will be later determined and announced to members.
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