



REPORT

27th PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN) COORDINATING BODY (CB) MEETING

3rd April 2025, Nadi, Fiji



Pacific
Community
Communauté
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Abbreviations

AFD	Agence française de développement
ARI	Acute Respiratory Infection
CB	Coordinating Body
CDC	U.S. Centers for Disease Control and Prevention - Atlanta
CNMI	Commonwealth of Northern Mariana Islands
DFAT	Department of Foreign Affairs and Trade
ESR	Institute of Environmental Science & Research
EU	European Union
EWARS	Early Warning and Response System
FNU	Fiji National University
HIS	Health Information System
HPAI	Highly Pathogenic Avian Influenza
ICD	International Classification of Diseases
IDIE	Infectious Diseases, Immunisation, and Emergencies Group
ILI	Influenza like illness
KPI	Key Performance indicators
LOA	Letter of Agreement
MAE	Masters in Applied Epidemiology
NCCTRC	National Critical Care and Trauma Response Centre
OH	One Health
PESTLE	Political, Economic, Social, Technological. Legal and Environment
PF	Polynésie française
PIHOA	Pacific Islands Health Officers Association
PGDAE	Postgraduate Diploma in Applied Epidemiology
PPHSN	Pacific Public Health Surveillance Network
PICTs	Pacific Island Countries and Territories
POM	Pacific Outbreak Manual
PRP	Prevention and Recovery Program
PSSS	Pacific Syndromic Surveillance System
PVN	Pacific Vector Network
SAFETYNET	South Asia Field Epidemiology and Technology Network
SHIP-DDM	Strengthening Health Interventions in the Pacific – Data for Decision Making
SOP	Standard Operation Procedures
SPC	Pacific Community
SPOP	Pathogens Genomic Surveillance in the Pacific
SWOT	Strengths, Weaknesses, Opportunities, Threats
TEPHINET	Training Programme in Epidemiology and Public Health Interventions Network
TOC	Theory of Change
TOR	Terms of Reference
US	United States
USAID	United States Agency for International Development
WHO	World Health Organization

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Welcome and Introduction

1. The Chairperson, Mr. Jesse Tudela (CNMI), welcomed participants and Dr Limb Hapairai (PIHOA) provided the opening prayer.
2. Mr. Jesse Tudella noted that the CB membership is composed of core members who renew their membership every three years, along with allied members. The core members include Pacific Island countries and territories (PICTs) and allied members consist of regional and international organizations, with SPC serving as the PPHSN-CB secretariat or focal point. The CB membership has evolved over more than 20 years. He provided a detailed overview of the PPHSN-CB's terms of reference.

PPHSN Strategic Planning workshop – Review of Key recommendations on service arms

Dr. Salanieta Saketa, Senior Epidemiologist, Surveillance, Preparedness and Response Program, - Public Health Division – SPC, Fiji

3. The PPHSN Strategic Planning followed a dedicated workshop for allied members and partners. The workshop focused on enhancing public health surveillance and fostering collaboration among Pacific nations. Key discussions addressed long-term strategic planning, strengthening network services, and advancing regional initiatives.
4. Strategic Planning for PPHSN: A major focus of the workshop focused on strategic planning for the next decade. Participants were introduced to core concepts of strategic planning, along with situation analysis tools essential for developing PPHSN's new strategic plan for 2026-2035. Two key planning tools - PESTLE (Political, Economic, Social, Technological, Legal) and SWOT (Strengths, Weaknesses, Opportunities, Threats) were used to guide the process. Throughout the workshop, participants engaged in multiple group activities to gather insights and analyse the current landscape. These participative and collaborative efforts aimed to inform the development of a forward-looking strategy, updating the outdated 2003-2006 plan to better reflect the evolving needs and challenges facing the Pacific region.
5. The 3-day workshop contributed to shaping the strategy by developing a shared vision, mission statement, and set of core values. Recommendations for the 2023 PPHSN Review for each of the PPHSN's service arms, and the key findings were discussed. The Chair, Mr. Jesse Tudela (CNMI), invited Dr. Salanieta Saketa (SPC) to present the key findings and recommendations on service arms and encouraged members to share their thoughts.

Key findings:

- integrated disease surveillance,
- workforce capacity building,
- leveraged digital health innovations,
- Improved data sharing,
- climate-resilient health security systems,
- multi-sectoral approaches, and
- sustainable funding and resources.

PacNet:

- a) Modernization: Enhance communication channels.
- b) Collaboration: Foster multi-sectoral collaboration between stakeholders within institutions and private sectors.
- c) Make it Yours: Encourage PICTs to use PacNet more.
- d) Review of users.

Discussion

6. The Chair, Mr. Jesse Tudela (CNMI), suggested revising the PacNet mailing list to ensure all contacts are up to date.
7. Dr. Salanieta Saketa (SPC) noted that PacNet has begun receiving requests from sectors beyond human health, reflecting the growing adoption of the One Health approach. This includes emerging collaborations with animal health and environmental sectors, underscoring the importance of integrated surveillance and response across disciplines.

LabNet:

- a) Upgrade and strengthen laboratory capacities and support LabNet services within the region.
- b) Update the LabNet catalogue annually, including current point of contact and additional tests that are available after COVID pandemic. - CNMI
- c) Strengthen relationship between L1 clinical laboratories and Public Health L2 Laboratories in countries for molecular testing, located at referral hospitals, e.g. Solomon Islands

Discussion

8. Mr. Rolly Viga (Salomon ISs.) noted a disconnect between clinical laboratory and the public health laboratory, emphasizing the need to strengthen molecular testing and integrate the PICTs public health labs data.
9. Dr. Eka Buadromo (SPC), answering Mr. Rolly Viga (Solomon Isl.), highlighted that effective molecular support depends on the capabilities of individual laboratories to provide select diagnostic services.
10. The Chair, Mr. Jesse Tudela (CNMI), concluded discussion on LabNet proposing the conduct of an annual review to update laboratory testing catalogue and contact information, and expressing the need to strengthen communication between Public Health L2 separate and clinical labs.

PICNet:

- a) Hygiene: Develop hygiene educational programs within communities.
- b) Monitoring: Develop a monitoring dashboard at the third PICNet meeting mid-April.
- c) Funding: Establish financing mechanisms and performance metrics.
- d) Strong investment, political support in term of legislations...
- e) Implementation of programs at national level (focal points available at countries)

Discussion

11. **Investment:** Ms. Margaret Leong highlighted the need for investment in PICNet, aligning with WHO's political and investment support. Focal points from 18 countries, including New Caledonia and French Polynesia, attended the meeting.
12. Dr. Eka Buadromo (SPC) pointed out educational program on hand hygiene being the most cost-effective program on infection control.

EpiNet:

- a) Readiness: Develop and conduct regular scenario-based simulation exercises and field drills to test response readiness.
- b) Training: Develop training mechanisms with on-demand training modules and continuously conduct competency-based training programs to complement existing capacity development programmes.
- c) Funding and monitoring: Establish financing mechanisms and institutionalize performance metrics.

Discussion

13. Mr. Jojo Merilles (SPC) provided an overview of EpiNet's background, noting that the member registry is updated annually and that the framework comprises nine sections and 15 terms of reference for PICTs to adapt. He reviewed six fields of expertise and highlighted existing gaps that need to be addressed before recommendations can be finalized. Drawing on a 2024 review, he outlined EpiNet's key functions: Leadership (4 roles), Team Management (9 roles), and Field/Technical Operations (7 roles). He emphasized the importance of strengthening training to enhance rapid response capacity and advance competency-based approaches. Reflecting on lessons from the COVID-19 pandemic, he underscored the need for scenario-based simulations to test readiness, alongside sustainable financing mechanisms and performance metrics to ensure accountability and resilience.

PSSS:

- a) Develop capacity building, add syndromic and EWARS surveillance for each country within the community.
- b) Multisource surveillance, expanding out of syndromic surveillance – WHO.
- c) Strengthen ARI? Inclusion of ARI? Motion to add ARI in EWARS,
- d) In support of adding ARI as a syndrome based on ICD (ARI/ILI).

Discussion

14. Dr. Salanieta Saketa (SPC) emphasized the importance of increasing focus on respiratory diseases and strengthening Acute Respiratory Infection (ARI) surveillance.
15. Ms. Sara Demas (WHO) addressed the need for multisource surveillance in PSSS and confirms that surveillance on ARI is part of the EWARS surveillance. She noted that some countries report ARI instead of prolonged fever, pushing for a more monitored approach explaining that WHO plans to conduct a survey on editing the syndrome list.
16. Inclusion of ARI was then discussed by participants. Mr. Jesse Tudela (CNMI) suggested a motion to add ARI in EWARS; Virtual participants motioned to include mild cough and runny nose in ARI surveillance, though some preferred a more cautious approach. Samoa supported, seconded by Solomon Islands and Kiribati. Motion to include ARI to syndromic surveillance was approved by a majority and passed. WHO will inform countries about adding ARI to their systems.

SHIP (DDM):

- a) Evaluation: Recent evaluations (PIHOA and SPC) of the SHIP-DDM capacity building program have highlighted the usefulness of the program, however, there are infrastructure limitations such as internet connectivity that need to be addressed (PIHOA).
- b) Alumni Database: Within two years, develop a database of graduates with their contact details and ensure continuous updating (PIHOA).
- c) Recognition: Give more recognition to students who graduate. Countries invited to create vacancies for career pathways, due recognition, promotions of post-graduate students; (FNU/SPC)

Discussion

17. Dr. Sara Jefferies (ESR), who attended the meeting virtually, was welcomed by Mr. Jesse Tudela (CNMI).
18. Dr. Salanieta Saketa (SPC) Fiji invited participants to discuss the SHIP-DDM recommendations. Dr. Gillian Dunn (PIHOA) highlighted the importance of understanding DDM, which follows FNU's monitoring framework.
19. Dr. Louise Fonua (SPC) recommended general monitoring and more training, with a focus on updating the database and Dr. Gillian Dunn (PIHOA) Hawaii and PNG emphasized the need for countries to recognize graduates to retain human resources.
20. Ms. Sara Demas (WHO) stressed the importance of keeping graduates in their home countries while Dr. Salanieta Saketa (SPC) noted that focal points for DDM have been contacted and progress is being made in that matter. Dr. Louise Fonua (SPC) urged ministers of health to prioritize the recognition of graduates.
21. Dr. Salanieta Saketa (SPC) identified key issues in DDM that require attention and presented the key recommendations.

PPHSN Website:

- a) Country pages have been created following a request from PPHSN members, including links to official Ministry of Health websites and social media accounts.
- b) PPHSN members to send information and resources that they want to appear on PPHSN website to SPC

Discussion

22. Ms. Christelle Lepers (SPC) invited PPHSN members to contribute to the website, emphasizing that its maintenance and further development depend on ongoing contributions.

Strategic Framework:

Discussion

23. The Chair, Mr. Jesse Tudela (CNMI), invited participants to further discussions on the new framework.
24. Dr. Gillian Dunn (PIHOA) noted that the Pacific Vector Network (PVN), already operating as a new service under PPHSN, requires a formal vote for integration. Dr. Cyrille Goarant (SPC) proposed utilizing the Pacific Data Hub to centralize PVN data, while Dr. Limb Hapairai (PIHOA) highlighted user preferences regarding the hub's functionality. Mr. Jojo Merilles (SPC) clarified that the final decision on PVN's inclusion as a PPHSN service rests with the Heads of Health meeting.

25. Dr Robert Edward Thomsen (Samoa) suggested working with countries to update the surveillance mechanism, as seconded by the Solomon Islands and Kiribati.
26. Mr. Jojo Merilles (SPC) proposed considering a dedicated intervention for HIV/AIDS as one of the priority diseases, noting the increasing number of reported cases across several countries.
27. Dr. Salanieta Saketa (SPC) asked if participants were satisfied with the vision and mission statement developed through the workshop to be voted on.
28. CB members presented their commitments to the strategic framework and work plan. Discussions included funding and plans, with a recommendation to separate strategic documents from donor coordination meetings.
29. Mr. Jojo Merilles (SPC) requested clarification on which capacity-building (CB) recommendations would be elevated to the Heads of Health meeting for action. Dr. Salanieta Saketa (SPC) confirmed that a review of all PPHSN recommendations will be undertaken prior to submission, ensuring alignment with previous decisions and maintaining continuity.
30. The Chair, Mr. Jesse Tudela (CNMI), suggested drafting a paper and preparing a presentation for the Heads of Health meeting for an **end-of-month presentation** and submitted the idea to a motion. Dr. Robert Edward Thomsen (Samoa) questioned if the secretariat (SPC) could handle the presentation. SPC secretariat will produce the document.

Review of Allied Partners and PPHSN-CB Membership

Ms. Elise Benyon – Data Processing Officer Surveillance, Preparedness and Response Program - Public Health Division - SPC

31. The PPHSN institutional framework was presented, including the composition of allied memberships. It was noted that six allied members are currently seated at the Coordinated Body meetings. Two new applications to become PPHSN allied members were received in late August: one from the University of Sydney and another from the National Critical Care and Trauma Response Centre. The Infectious Diseases, Immunisation, and Emergencies (IDIE) Group at the University of Sydney received 8 votes, while the National Critical Care and Trauma Response Centre (NCCTRC) received 7 votes and 1 abstention.

Discussion

32. **Clarification on Membership Numbers:** Dr. Donald Wilson (FNU) sought an explanation for the number of countries, core members (7) and allied members (6) seating at the CB, questioning the rationale behind these numbers.
33. **Equality in Membership:** Dr. Salanieta Saketa (SPC) reminded that the aim for country membership in the PPHSN CB is representation by country and sub-region.
34. **Rotating Seats of the non-permanent allied members:** Ms. Elise Benyon (SPC) clarified that the decision on rotating seats are made by a vote.

35. **Technical Partnerships:** Dr. Gillian Dunn (PIHOA) highlighted the importance of maintaining countries and territories at the core of CB membership, with technical partners applying to become allied members in a rotating manner.
36. **Membership Overview:** Dr. Donald Wilson (FNU) stressed the need for the CB to review its membership to better understand and address the needs of the coordinated Body. The Chair, Mr. Jesse Tudela (CNMI), was asked a review on the membership accession process. Ms. Christelle Lepers (SPC) explained that institutions wishing to apply to become an allied member of PPHSN coordinating body need to fill in a form and provide information on the support or services that they could offer to PPHSN, including funding and expertise. Dr. Eric Rafai (SPC) noted an imbalance in the representation of Pacific Island countries and territories (PICTs) in the coordinating body (CB). The Chair, Mr. Jesse Tudela (CNMI), clarified which countries are currently members and which will be phased out soon and invited participants to vote.
37. **Motion on membership rotation:** Dr. Robert Edward Thomsen (Samoa) proposed adding the review of terms of reference to the agenda for the next PPHSN CB meeting, a motion supported by Mr. Rolly Viga (Salomon Isl.) and Dr. Henri Pierre Mallet (French Polynesia). Majority of members voted in favor of this addition. The discussion also covered the need for an annual review of allied members to remove inactive ones. The Chair Dr. Jesse Tudela (CNMI) suggested that SPC follow up with inactive members, and Dr. Robert Edward Thomsen (Samoa) proposed automating this review process through the TOR.

Update on the Pacific Outbreak Manual

Ms. Sara Demas, Epidemiologist - Division of Pacific Technical Support – WHO

38. Ms. Sara Demas (WHO) presented the Pacific Outbreak Manual (POM), explaining the need to update it to reflect ongoing, emerging, and re-emerging threats like Mpox, Malaria, and COVID-19. She also exposed the need to align the POM with the priorities of disease reporting in countries. A question about where to house the POM has been raised with a suggestion to place it under the service arm of EpiNet. Ms. Sara Demas explained that they are still seeking feedback on the POM to address gaps and contextualize it in terms of diseases. The draft of the manual had been made accessible to all PPHSN members for their inputs. Challenges highlighted included: balancing standardization with context-specific data and engaging a wider Pacific community. The next step for the manual involves finalizing the revision and posting it on the PPHSN website.
39. The Chair, Mr. Jesse Tudela (CNMI) then suggested placing the POM under the service arm EpiNet. Discussion arose on whether the POM should fall under EpiNet or PSSS. The chair clarified the importance of placing the POM under a specific arm. Dr. Thane Hancock (CDC) noted that while the POM's placement is important, it was not an urgent question.

Discussion

40. **Priority List:** Dr. Louise Fonua (SPC) suggested editing the PPHSN priority list to better reflect the region's diseases.
41. **Disease Priorities:** Ms. Sara Demas (WHO) noted that 15 diseases were listed, with 6–7 prioritized.
42. **Draft Timeline:** Dr. Sara Jefferies (ESR) inquired about the draft's readiness for the next meeting.

43. **Feedback Mechanism:** Ms. Sara Demas (WHO) confirmed the draft will be ready for feedback by the next meeting in July, including updates discussed at the CB meeting. Dr. Salanieta Saketa (SPC) added that that finalized chapters on priority regional diseases will be circulated through PacNet.
44. **Agenda Placement:** Dr. Robert Edward Thomsen (Samoa) supported adding the POM to the next meeting's agenda. Dr. Thane Hancock (CDC), who attended the meeting virtually emphasized the importance of aligning the POM with PPHSN's goals and avoiding silos.
45. **Motion Proposed:** Chair Mr. Jesse Tudela (CNMI) proposed adding the POM to the next PPHSN-CB agenda; the motion was voted down.

Update on Pacific Vector Network- Strategic Framework

Dr Limb Hapairai, DPhil, Regional Medical Entomologist - PIHOA

46. **Creation and Approval:** Dr. Limb Hapairai (PIHOA) contextualized the creation of The Pacific Vector Network (PVN) presenting its strategic framework and requests to become the 7th service arm of the Pacific Public Health Surveillance Network (PPHSN). The framework outlined PVN's mission, objectives, and priorities, including regular meetings, information sharing, capacity building, and innovation in vector control. To develop further preparedness, PVN has introduced digital tools, and is now trying to promote cross-border collaboration and plan to develop and maintain a PVN website as part of PPHSN website. Mentioning the strategic and framework from PVN, Dr. Limb Hapairai assumed it aligns with PPHSN Strategic Framework (2026-2030) and M&E Framework. He concluded by presenting institutions (SPC, WHO, PIHOA), and allied partners who are on board, noticing industries also showing interest.

Discussion

47. Dr. Gillian Dunn (PIHOA) Hawaii confirmed that PVN already works as a new service and needs to be voted on shortly.
48. Dr. Cyrille Goarant (SPC) suggested using the Pacific Data Hub to centralize PVN data. Dr. Limb Hapairai (PIHOA) discussed user preferences for the hub.
49. Mr. Jojo Merilles (SPC) clarified that the integration of the PVN as a support service within PPHSN is contingent upon decisions taken by the Heads of Health.
50. Dr. Pierre Mallet (French Polynesia) asked about the composition of the PVN secretariat and its focal points in PICTs. Dr. Limb Hapairai (PIHOA) clarified that the secretariat is exclusively composed of WHO, PIHOA, and SPC, with PIHOA as the focal point, rotating every three years.
51. Ms. Christelle Lepers (SPC) inquired whether the plan was to develop a separate PVN website and link it to PPHSN website, or to expand and update the existing PVN section on PPHSN website. Dr. Limb Hapairai (PIHOA) confirmed plans to further develop the PVN section as a dedicated service within PPHSN website.
52. **Service Arm Endorsement:** Chair Mr. Jesse Tudela (CNMI) proposed a motion for the endorsement of PVN to become the 7th service arm of PPHSN. Dr. Pierre Mallet (French Polynesia) and Dr. Robert Edward Thomsen (Samoa) seconded the motion, fully supported by Kiribati. The motion was approved and endorsed by the majority.

Key findings of the Feasibility Study on the set-up of the regional insectary

Dr. Salanieta Saketa, Senior Epidemiologist, Surveillance, Preparedness and Response Program, - Public Health Division – SPC, Fiji

53. Dr. Salanieta Saketa (SPC) presented the key findings and recommendations of the study, emphasizing the need for significant investment in vector surveillance and control. The study suggests that establishing a dedicated regional insectary may not directly enhance control and surveillance capabilities due to biosecurity challenges. However, linking it to a molecular laboratory for advanced vector analysis functions could provide value. The Pacific Island countries and territories would need more support in building capacity for vector surveillance and control. The conversation ended with a motion for endorsement of the feasibility study report.

54. Key findings:

- **Urgent Funding Needed**
 - Three countries (Fiji, Tonga, and French Polynesia) urgently require funding due to dengue outbreaks.
- **Challenges with Mosquito Specimen Identification**
 - Countries face difficulties in bringing live mosquito specimens for identification due to biosecurity restrictions and lack of import regulations.
- **Support for Testing Hubs**
 - There is a need for an extension service to support testing labs.
 - Samoa has a monitoring system supported by Australian laboratories, but other countries lack such capabilities.
- **One Health Approach**
 - Adopting a One Health approach requires legislative changes within the Pacific Island Countries and Territories (PICTs).
 - There is a shortage of entomologists in the region to support this work.
- **Resource Needs**
 - Fiji, part of a global mosquito program, requires additional resources for monitoring, training, and equipment.
- **Insecticide Resistance**
 - The use of insecticides in both human and agricultural contexts has led to resistance, complicating treatment efforts.

55. Proposed next steps

- Explore establishing a regional hub for insecticide monitoring.
- Strengthening collaboration between ministries of Health and Agriculture across PICTs
- Explore the prefabricated container insectaries allowing on-site mosquito rearing monitoring to support evidence-based decision making

Discussion

56. Dr. Eric Rafai (SPC) discussed the importance of engaging with the agricultural ministries regarding insecticide resistance testing in agricultural fields and asked if there was any consolidation of interactions and technical expertise with entomologists. Dr. Salanieta Saketa (SPC) answered that it was part of the recommendations of the study.
57. The Chair, Mr. Jesse Tudela (CNMI) proposed discussing the feasibility of establishing a regional insectary.
58. Dr. Thane Hancock (CDC) (virtually) inquired about the study's alignment with the PVN's objectives. Dr. Limb Hapairai (PIHOA) answered PVN was fully endorsing the study.
59. Dr. Salanieta Saketa (SPC) provided details on the motion for the endorsement of the feasibility study report, emphasizing the report's submission to the ministers of health.
60. Dr. Pierre Mallet (PF) requested additional time to review the study virtually before voting. The Chair, Mr. Jesse Tudela (CNMI), asked about the time required for the board to review the report. Mr. Robert Edward Thomsen (Samoa) proposed endorsing the principle of dissemination, allowing additions within a week due to the upcoming PPHSN meeting in July. The Chair Mr. Jesse Tudela (CNMI) sought the board's agreement on a one-week timeline for review, Samoa and Kiribati seconded the motion, endorsing the key finding of the report to be submitted to PPHSN prior to the next meeting.

PSSS update: Integrated Respiratory Disease Surveillance

Ms. Sara Demas, Epidemiologist - Division of Pacific Technical Support – WHO, Fiji

61. Ms. Sara Demas (WHO) suggested moving forward to another topic since the PSSS had been largely discussed previously.

One Health implementation in the Pacific

Dr Eric Rafai, One Health Coordinator - Land Resources Division - SPC, Fiji

62. Dr. Eric Rafai (SPC) gave insight into the recommendations previously made: the PICTs are advised to adopt the One Health (OH) approach, coordinating efforts to address climate change and health challenges. He mentioned the newly established Pacific One Health Scientific Technical Working Group which aim at this stage to prioritize certain diseases, highlighting the need for nominations of public health representatives in the technical group was a pre-condition to finalize the framework. He announced the next meeting of the technical group will be held just before the next PPHSN meeting in July 2025, according to the board's decision.
63. Key findings:
- **Recruitment and Workplan:**
 - Recruitment for the project began in January 2025.
 - The workplan is being revised and will be finalized by September.

- **Focus Areas:**
 - Prevention activities for Highly Pathogenic Avian Influenza (HPAI).
 - Resource mobilization from various funds, including the Pacific Fund, Wellcome Trust, Nature4Health, and Pandemic Fund regional applications.
- **HPAI Alerts:**
 - Significant risk assessments are being conducted on wildlife, particularly focusing on H5N1 and H7N3 strains.
- **Surveillance and Biosecurity:**
 - Weekly surveillance is in place for HPAI.
 - Emphasis on strengthening biosecurity measures for animal surveillance.
 - Recognition of the role of climate change in bird migration patterns.

64. Proposed next steps:

- Awareness & advocacy
- Alert PPHSN & enhance early warning systems
- Adopt FAO/WOAH wild bird surveillance guidelines
- Watch out for sustainable human to human transmission (cases in the US)
- Planning a regional OH HPAI Emergency PRP meeting with the PPHSN board and partners, to be set before the next PPHSN meeting.

65. The Chair Mr. Jesse Tudela (CNMI) inquired if there were any questions.

66. Dr. Henry Pierre Mallet (French Polynesia) reported that a working group was established last week in French Polynesia, providing an opportunity to connect with the regional group.

67. Dr. Cyrille Goarant (SPC) noted that the US supports only ten countries for this programme, but efforts are underway to integrate French territories and the Cook Islands into the network. The proposed solution involves nominating representatives for animal health and human health to create more entries.

68. The Chair, Mr. Jesse Tudela (CNMI), thanked Dr. Eric Rafai for his contribution.

SHIP-DDM Updates

SPC, PIHOA, FNU

69. The Chair, Mr. Jesse Tudela (CNMI) handed over the floor to various presenters. Dr. Gillian Dunn (PIHOA), Dr. Louise Fonua (SPC), and Dr. Ramneek Goundar (FNU) (on virtual attendance) presented updates on the SHIP-DDM program. Dr. Goundar provided an update on the Postgraduate Certificate in Field Epidemiology program, mentioning the number of graduates and the plans for future programs.

70. Dr. Gillian Dunn (PIHOA) reported on a total of 90 courses conducted in the North Pacific since 2013 with regional cohorts in 2025 and additional ranking sessions planned in Guam. Diploma courses are also offered in Palau, and certificate courses are scheduled in Chuuk, Guam, and American Samoa. Dr. Dunn showed that to date, 158 participants had left the program with a completed certificate and 30 are expected to finish by the end of 2025. Of the current 16 participants enrolled, Dr. Dunn (PIHOA) added that 14 were anticipated to join a new cohort in Chuuk. Additionally, 15 participants are pursuing the diploma program (from RMI and Palau), with the diploma course lasting 6-7 months. Dr. Dunn (PIHOA) then focused on the need for new funding and support to sustain these initiatives, the program anticipating the arrival of new cohorts to ensure continuity assuming qualitative submissions were

underway, including a report from Republic of Marshall Islands (submitted to the House of Social Welfare and Social Affairs) and a submission to the 2nd SAFETYNET Conference in Malaysia.

71. Field epidemiology projects were presented to health agency leadership in Palau and to the President. Dr. Dunn (PIHOA) highlighted examples of postgraduate experiences, emphasizing how these programs bring new skills to their respective services.
72. Dr. Louise Fonua (SPC) provided an update on the training for 2025. Module 1 was conducted in French Polynesia, Module 2 in the Cook Islands, and Module 2 is planned for French Polynesia. Additionally, 23 more training courses are scheduled across the region. She announced that FNU had launched an online program that complements SHIP-DDM training. An evaluation conducted by SPC in 2024 highlighted the program's impact, with 72 participants interviewed, including 16 senior officials from 8 countries.
73. Key findings: 31 recommendations in total have been made with 6 considered as priority focus including:
 - Simplify content for accessibility
 - Include more practical activities
 - Facilitate alumni networks
 - Support systems improvement project
 - Refine nomination criteria
 - Integrated graduates into health systems.
74. Finally, Dr. Goundar (FNU) discussed the evaluation of the program, highlighting its effectiveness, relevance, and impact by giving some Graduate Statistics: a total of 259 graduates has completed the PGCEF program to date. Two graduates received a gold medal in 2024. He gave some precision on the time requirement to complete the training: typically, 1 year to complete the full-time training, and 2 years for a part-time participation.
75. Next Steps:
 - **Letter of Agreement (LOA):** Finalized and awaiting final signing by FNU.
 - **Contract Renewals:** adjunct faculty contracts are being renewed.
 - **Partnership Collaboration:** continued collaboration with partners such as SPC and PIHOA for the delivery of the SHIP-DDM program, specifically for Tier 2 (PGDAE) and Tier 3 (MAE) programs.
 - **Service Evaluation:** utilize the evaluation of PPHSN services, including the SHIP-DDM and FNU programs, to plan for TEPHINET accreditation.
 - **Quality Assurance:** ongoing quality assurance for the delivery of the SHIP-DDM program by FNU, particularly for programs offered in French (New Caledonia and French Polynesia).

Discussion

76. The Chair, Mr. Jesse Tudela (CNMI), invited participants to ask questions, or add comments.
77. Mr. Jojo Merilles (SPC) sought clarification on the duration of the PGDAE course conducted by PIHOA, noting that it is completed within 6 to 8 months, while FNU documentation indicates a duration of one year full-time or two years part-time. Responding to this query, Dr. Goundar (FNU) confirmed that the program requires one year full-time, and that the Postgraduate Diploma can be completed in a single semester. Mr. Merilles further inquired whether both programs could be undertaken concurrently, to which Dr. Goundar affirmed that they can indeed be pursued simultaneously.
78. Dr. Thane Hancock (CDC) (virtual attendance) proposed renaming the PSSS to better reflect their focus on multisource surveillance. Ms. Sara Demas (WHO) confirmed discussions with SPC about renaming the surveillance system as part of standardizing SOPs and Mr. Jojo Merilles (SPC) recommended changing the name to better align with its purpose as it moves towards multi-source surveillance.

79. Ms. Christelle Lepers (SPC) confirmed ongoing discussions about moving toward joint reports and multi-source surveillance in collaboration with WHO.
80. Ms. Sara Demas (WHO) inquired about who would implement the SHIP-DDM recommendations and whether the CB and ministers were involved. Dr. Louise Fonua (SPC) confirmed that the recommendations had not yet been shared with ministers and partners.
81. The Chair, Mr. Jesse Tudela (CNMI) proposed a motion to endorse the dissemination of the evaluation report to the countries. The motion was seconded by Solomon with further support provided by Samoa. The chair asked if a specific timeline was needed for endorsement. Dr. Louise Fonua (SPC) clarified that no timeline was required, as it is a PPHSN document.
82. The chair endorsed the report to core members, noting that the SHIP-DDM needs no formal endorsement as this is a PPHSN document.

Project Progress: Ongoing and upcoming projects which support PPHSN

Dr. Gillian Dunn, Regional HIS and Coordinator PIHOA, Hawaii and Dr Sarah Jefferies Public Health Physician, ESR, New Zealand

83. PIHOA continues actively supporting the PPHSN programme areas by prioritizing evaluation and standardization efforts, particularly in Guam, where certificate diplomas and masters-level programs have been standardized. Dr. Gillian Dunn (PIHOA) discussed the work being done on communicable diseases, the dengue early warning system in the Republic of Marshall Islands, Federated States of Micronesia, and Palau, the PVN, and the genomic sequencing training.
84. Key initiatives include engaging continued support for the EpiNet team in the northern Pacific region. Developing a SHIP-DDM Management system and finalizing agreements to enroll graduates. Regionally, PIHOA is strengthening collaborations between laboratories and epidemiologists, mapping health information systems, and addressing COVID-19 action plans. Specific projects involve integrating data systems in American Samoa, assessing HPV testing needs in Palau, and enhancing vector-borne disease diagnostics and control capacities in the USAPI region. Additionally, PIHOA is focusing on securing new funding sources, as current CDC funding is set to end in July 2025.
85. Next Steps:
 - Strengthening links between laboratories and epidemiologists.
 - Focus on developing standards, protocols, and training materials.
 - Efforts are underway to secure new funds and identify new donors.
86. Dr Sarah Jefferies (ESR) provided an update on their work, including support for the Pacific Island countries and territories, the Pacific Outbreak Manual updates, and the Pacific Pathology Training Center. ESR focus had been to support regional surveillance on Arboviruses.
87. Key initiatives
 - **Weekly reporting** & regular updates to monitor and track arbovirus activity
 - **Using LabNet** to enhance laboratory services and support
 - **Hosting Scientists and Students:** Facilitating collaborations by hosting scientists and students from the region
 - **Technical Working Group:** Establishing a technical working group focused on the Pacific Outbreak Manual and One Health approach

- **Pathogen Genomic Surveillance:** Conducting pathogen genomic surveillance to better understand and respond to arbovirus outbreaks
- Participating to the SPOP Workshop of The Institut Pasteur in New Caledonia to discuss and advance genomic surveillance in the Pacific region.

Dr. Salanieta Saketa, Senior epidemiologist, Surveillance, Preparedness and Response Program, - Public Health Division – SPC, Fiji

88. Dr. Salanieta Saketa (SPC) updated the CB on resources and planning for PPHSN, highlighting recent funding secured thanks to AFD funding of 4.5 million euros for the next four years. This funding will cover key activities, laboratories, and genomic sequencing at a regional scale. The mobilization of technical and funding resources is required to support both national and regional EpiNet teams.

89. Key initiatives

- **Capacity Building:** Support for capacity building with EpiNet, focusing on community engagement, climate change, and surveillance, with plans to extend support for arboviruses held in New Caledonia and Vanuatu to other countries.
- **SHIP-DM Program:** Support for the SHIP-DDM program and PGCFE in the Cook Islands,
- **Funding and Partnerships:** US State department funds and EU funds are expected to end in 2025, but AFD will continue supporting the SHIP-DM program and laboratories. Strengthening capacity and services across PPHSN will be supported by funding from the Australian government, covering PPHSN services and strategic framework development.
- **Emerging Diseases:** The Program Advancing Global Health Security Agenda in the Region- USAID will respond to emerging disease threats.

90. The upcoming PPHSN regional meeting will be focusing on the following key objectives:

- Developing a shared understanding of the new strategic framework and a 3-year work plan.
- Discussing strategies to mobilize technical and funding resources to support national and regional EpiNet teams.
- Recommending ways to improve governance and oversight for the implementation of PPHSN and its new strategic framework as well as encouraging new transversal partnerships with the Indo-Pacific regions, facilitated through ECOMORE and the SEGA-One Health network.

Discussion

91. The Chair, Mr. Jesse Tudela (CNMI), invited participants to add comments.

Proposal for next Regional PPHSN meeting and Endorsement

Dr. Salanieta Saketa, Senior Epidemiologist, Surveillance, Preparedness and Response Program, - Public Health Division – SPC, Fiji

92. A discussion on proposed dates for the 2025 regional PPHSN meeting and the Joint Steering Committee meeting were held. Dr. Salanieta Saketa (SPC) proposed creating advocacy and awareness campaigns for the new strategic framework during the next PPHSN meeting. Emphasis was placed on supporting EpiNet teams at national and regional levels, with a need for greater understanding of missions and funding commitments. A question was raised about inviting donors to the meeting, which is scheduled for July 28th.

93. Mr. Jojo Merilles (SPC) inquired about Guam, Fiji, Tokelau, and New Caledonia representatives on the Joint Project Steering Committee. Dr. Gillian Dunn (PIHOA) suggested moving the current CB representatives to the Committee. Discussion also included the end of Salomon Islands' term in 2025 and Tokelau's new role in the core group.
94. Countries were asked to vote on replacing four members of the steering committee. The motion was voted on, with discussions focusing on balancing representation between the North and South Pacific. Dr. Limb Hapairai (PIHOA) and representatives from Tokelau, French Polynesia, and Solomon Islands will finish their terms by December, requiring replacements. The chair invited countries to vote on approving four new members for the steering committee.
95. The meeting date of July 28th was confirmed, with flexibility for CB, donors, and the joint steering committee. Dr. Robert Thomsen (Samoa) noted that some countries and ministers of health might not attend due to scheduling conflicts. Dr. Dunn (PIHOA) suggested holding the meeting on July 28th for the steering committee and July 29-31st for the PPHSN Regional Meeting. Samoa and Kiribati seconded the motions.
96. The Chair, Mr. Jesse Tudela (CNMI), proposed a vote on the dates for the upcoming meetings. The following dates were approved by a majority: **July 28th**: Joint Steering meeting Committee meeting. **July 29-31st**: PPHSN meeting. The venue for these meetings will be determined, with Nadi, Fiji, being considered. The chair concluded the voting process, noting that a total of four items were endorsed during the meeting. These decisions will be communicated to the relevant countries for further action.

Closing

97. The Chair, Mr. Jesse Tudela (CNMI), thanked participants for their contributions to the meeting, and all the staff who provided support.
98. Dr. Salanieta Saketa (SPC) also thanked participants, expressed appreciation for the work and acknowledged all CB members and partners.

ANNEX 1: 27th PPHSN-CB KEY RECOMMENDATIONS**27th PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN) COORDINATING BODY (CB) MEETING
3rd April 2025, Nadi, Fiji
RECOMMENDATIONS**

1. PPHSN Strategic Planning workshop – Review of Key recommendations on service arms
 - Secretariat to draft a paper on PPHSN updates for the Pacific Heads of Health meeting.
 - CNMI to present the PPHSN update paper at the Pacific Heads of Health meeting.
 2. Review of Allied Partners and PPHSN-CB Membership
 - Review of PPHSN-CB TOR to be included in the next CB meeting
 3. Update on the Pacific Outbreak Manual
 - PPHSN members to review and provide feedback on the Pacific Outbreak Manual draft within the given timeline.
 4. Update on Pacific Vector Network- Strategic Framework
 - SPC to include PVN as the 7th service arm of PPHSN, including on PPHSN website.
 5. Key findings of the Feasibility Study on the set-up of the regional insectary
 - SPC to disseminate the endorsed feasibility study report on regional insectary setup to all PPHSN countries.
 - SPC to explore establishing a regional hub for insecticide resistance monitoring.
 6. PSSS update: Integrated Respiratory Disease Surveillance
 - SPC and WHO to work with member states on updating country surveillance mechanisms to include ARI in EWARS.
 7. One Health implementation in the Pacific
 - SPC to strengthen collaborations between Ministries of Health and Agriculture for a One Health approach.
 - Identify partners and seek additional private funding and partnerships.
 8. SHIP-DDM Updates
 - SPC to disseminate the endorsed SHIP-DDM evaluation report to PPHSN countries and partners.
 9. Project Progress: Ongoing and upcoming projects which support PPHSN
 - SPC to organize the Joint Steering Committee meeting on July 28, 2025, before the Regional PPHSN meeting.
 - CNMI, Tokelau, French Polynesia, and Solomon Islands to participate as country representatives in the Joint Steering Committee meeting.
 10. Proposal for next Regional PPHSN meeting and Endorsement
 - SPC to organize the 2025 Regional PPHSN meeting on July 29-31, 2025, in Nadi, Fiji.
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ANNEX 2: 27th PPHSN-CB MEETING AGENDA

Thursday 3 rd April			
Time	Item N°	Session	Presenters/Facilitators
08:15am – 08:30am		Registration	All
08:30am – 08:35am (5mn)		Prayer	PICT Representative
08:35am – 09:00am (25mn)	1	Introduction of participants and Housekeeping	Secretariat Dr Sala Saketa and all
09:00am – 10:10am (70mn)	2	Key recommendations from the PPHSN strategic planning workshop	Dr Sala Saketa
10:10am – 10:30am (20mn)	3	PPHSN Membership – new applications / review of partners	Ms Elise Benyon (SPC)
10:30am – 10:45am (15mn)		Tea Break/Photo	
10:45am – 11:15am (30mn)	4	Update on the Pacific Outbreak Manual	Dr Nuha Mahmoud(WHO)
11:15am – 11:45am (30mn)	5	Update on the Pacific Vector Network-Strategic Framework	Dr Limb Hapairai(PIHOA)
11.45am-12.15pm (30mn)	6	Key findings of the Feasibility study on set-up of a regional insectary and Endorsement	Dr Sala Saketa (SPC)
12h15pm – 1:15pm (60mn)		Lunch	
1:15pm-1:45pm (30mn)	7	PSSS update: Integrated Respiratory Disease Surveillance	Ms Sara Demas (WHO)
1:45pm – 2:15pm (30mn)	8	One Health	Dr Eric Rafai (SPC)
2:15pm – 3.00pm (45mn)	9	SHIP-DDM Updates	SPC,PIHOA,FNU
3:00pm – 3:15pm (15mn)		Tea break	
3:15pm- 4:15pm (60mn)	10	Project Progress Ongoing and upcoming projects which support PPHSN	All partners
4.15pm-4.30pm (15mn)	11	Proposal for next Regional PPHSN meeting and Endorsement	Dr Sala Saketa
4:30pm – 4:45pm	12	Wrap up and end of the meeting	Secretariat
5:30pm – 7:30pm		Evening reception	TBC

ANNEX 3 : LIST OF PARTICIPANTS

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