



PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK COORDINATING BODY
(PPHSN-CB)

– TERMS OF REFERENCE –
2026





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General Organization

The **Pacific Public Health Surveillance Network** (PPHSN) is a voluntary network of countries and organizations dedicated to the promotion of public health surveillance and appropriate response to the health challenges of the region¹ in order to improve the health of Pacific Island people. The **core members** of the PPHSN are the Departments and Ministries of Health of the Pacific Island countries and territories (PICTs) who serve as the **Governing Body** of the PPHSN; the **allied members** of the PPHSN comprise of regional training institutions, agencies, laboratories, and other organizations or networks with an interest in public health surveillance in the region, who chose to be a PPHSN member. The PPHSN supports the implementation of the International Health Regulations (IHR 2005) as PPHSN activities are in line with IHR core capacities.

The **PPHSN Coordinating Body** (CB) serves the PPHSN and its roles and membership are outlined below. The PPHSN-CB functions with the support of a **PPHSN-CB Focal Point** whose roles and responsibilities are outlined below.

Major Role and Functions

The PPHSN and the PPHSN-CB are intended to function in perpetuity in the promotion of public health surveillance and response throughout the region.

The major roles and responsibilities of the PPHSN-CB are to support the activities and functioning of the PPHSN by:

- 1) advocating for efficient and effective models for surveillance and response with an initial focus on priority diseases and conditions as reflected in the PPHSN Strategic Framework, including new emerging and re-emerging diseases.
- 2) developing and facilitating the implementation of a dynamic action plan for the PPHSN (the action plan will address issues including, but not limited to, public health surveillance and response, relevant training, and operational research);
- 3) organizing, coordinating and integrating PPHSN activities (this will include, but not limited to, regional response to outbreaks, liaising with other organizations, and securing adequate resources for PPHSN activities).
- 4) monitoring and evaluating PPHSN activities, including PPHSN action plan.
- 5) communicating the status of PPHSN activities to its membership and outside entities.
- 6) providing leadership in the identification and control of public health problems in the region.
- 7) advocating the development and use of evidence-based practices in public health surveillance and response; and
- 8) facilitating preparedness for dealing with outbreak-prone diseases in the region, including new emerging and re-emerging diseases.

¹ See Annex 3

Through coordination from the PPHSN-CB, core and allied members may undertake the roles and functions of the PPHSN-CB either individually or collectively, with regional support consistently provided by the Pacific Community (SPC), the World Health Organization (WHO) and the Fiji National University College of Medicine, Nursing and Health Sciences.

SPC will serve as the PPHSN-CB Focal Point until otherwise decided by the PPHSN core members. The major roles and responsibilities of the PPHSN-CB Focal Point are to support the functions of the PPHSN-CB by:

1. providing a Secretariat function for the PPHSN-CB,
2. organising PPHSN-related meetings,
3. transmitting the results of PPHSN-related meetings to the membership and other appropriate entities,
4. representing the PPHSN at conferences and meetings, and
5. making sure minimum resources are available to at least support secretariat functions and information dissemination, which includes PacNet.

Other CB members might also undertake these roles from time to time.

Structure and Membership of PPHSN-CB

General Composition of the PPHSN-CB

The PPHSN-CB has 13 members, 7 core members from the PICTs, and 6 allied members. The current membership of the PPHSN-CB is detailed in Annex 1.

Core Membership of the PPHSN-CB

Two factors are currently considered for PICTs representation in the CB:

- **geographical and linguistic representation** (considering both French and English-speaking PICTs), and
- **continuity** within the CB (not all of the members should be renewed at once).

Allied Membership of the PPHSN-CB

Of the six allied members of the CB, four are permanent key members – WHO, SPC, Pacific Island Health Officers Association (PIHOA) and the Fiji National University (FNU) College of Medicine, Nursing and Health Sciences. The remaining two positions will be chosen from among the PPHSN allied membership.

Selection and Renewal of PPHSN-CB Membership

Details regarding the selection and renewal of core and allied members of the PPHSN-CB are outlined in Annex 2.

Frequency of PPHSN-CB Meetings

The PPHSN-CB will hold at least one meeting each year.



Attendance and Participation of CB Members at Meetings of the PPHSN-CB

The institutions that are allied CB members will be required to bear the costs of their representatives' attendance at all meetings of the PPHSN-CB.

If an individual CB member (either core or allied) is unable to attend a given meeting of the CB, their institution, upon consultation with the CB member, may send a replacement representative for that meeting only.

If a core or allied CB member fails to attend 2 consecutive meetings of the CB, that institution may be subject to replacement upon the consensus of the CB membership.

Attendance at CB meetings could be either expanded or restricted upon agreement from the CB membership.

ANNEX 1: 2026 Membership

CORE MEMBERS

- Kiribati (2024-2026)
- French Polynesia (2024-2026)
- Samoa (2024-2026)
- Fiji (2026-2028) - [New](#)
- Northern Mariana Islands (2025-2027)
- Marshall Islands (2025-2027)
- Tokelau (2025-2027)

ALLIED MEMBERS

- Pacific Community (permanent member)
- World Health Organization (permanent member)
- Fiji National University College of Medicine, Nursing and Health Sciences (permanent member)
- Pacific Island Health Officers' Association (permanent member)
- Centers for Disease Control and Prevention (2022-2025)
- New Zealand Institute for Public Health and Forensic Science (2022-2025)



ANNEX 2: Membership in the Coordinating Body (CB) of the Pacific Public Health Surveillance Network (PPHSN)

Current Renewal of CB membership (2007 and thereafter):

At the 12th and 13th PPHSN-CB meetings in 2006 and 2007, given the complexity of the previous renewal process, discussions resulted in a new process which emphasized simplicity, equity and ownership by PICTs and was agreed on by all CB members. Subsequently, this was approved by the PICTs.

Under this proposed new arrangement, the 21 core members (the Pacific Island Countries and Territories) are divided into seven groups of three. The three countries of each group take it in turns to occupy a seat for a three-year period. The renewal cycle will therefore be repeated every nine years unless changes in core membership occur.

According to this proposal the seven core member seats are assigned to PICTs in a rotating and predictable manner for 3-year periods. Each seat is shared between three PICTs replacing each other, so that the renewal cycle repeats itself every nine years, unless changes in membership occur. Please refer to Figure 2.

Allied membership renewal procedure remains as before.

Figure 2: PPHSN-CB core member seat allocation effective from 2008, as discussed during the 13th PPHSN Coordinating Body meeting, and agreed by PICTs.

Year	PICT seat in the PPHSN CB						
	1	2	3	4	5	6	7
2007	PF	KI	WS	SB	MP	MH	TK
2008				FJ			
2009	WF	GU	NU	PG	FM	AS	TV
2010							
2011	NC	NR	CK	SB	VU	PW	TO
2012							
2013	PF	KI	WS	FJ	MP	MH	TK
2014							
2015	WF	GU	NU	PG	FM	AS	TV
2016							
2017	NC	NR	CK	SB	VU	PW	TO
2018							
2019	PF	KI	WS	FJ	MP	MH	TK
2020							
2021	WF	GU	NU	PG	FM	AS	TV
2022							
2023	NC	NR	CK	SB	VU	PW	TO
2024							
2025	PF	KI	WS	FJ	MP	MH	TK
2026							
2027	WF	GU	NU	PG	FM	AS	TV
2028							
2029	NC	NR	CK	SB	VU	PW	TO
2030							
2031	PF	KI	WS	Etc.	Etc.	Etc.	Etc.
2032							
2033	WF	GU	NU	Etc.	Etc.	Etc.	Etc.
2034							
2035	NC	NR	CK	Etc.	Etc.	Etc.	Etc.
2036							

PICT triads – Ordering to match groups of PICT seats						
1	2	3	4	5	6	7
PF	GU	CK	FJ	VU	PW	TK
NC	KI	NU	PG	MP	MH	TV
WF	NR	WS	SB	FM	AS	TO



ANNEX 3: PPHSN Selected Key Milestones

1. Upon recommendation from the SPC Fifteenth Regional Conference of Heads of Health Services (Noumea, New Caledonia, 11-15 March 1996), the PPHSN was created in December 1996, in Noumea, New Caledonia, by the SPC/WHO Pacific Islands Meeting in Public Health Surveillance.
2. In March 1999, the PPHSN work was subsequently acknowledged and further encouraged by both the SPC Sixteenth Regional Conference of Heads of Health Services (16 March) and the WHO Meeting of the Ministers & Directors of Health for the Pacific Island Countries (18-19 March), held back-to-back in Koror, Republic of Palau.
3. In March 2001, PPHSN achievements were recognized at the joint WHO/SPC meeting of Pacific Island Ministers and Directors of Health in Madang, PNG, and the draft strategic plan initiated by the PPHSN-CB was endorsed for further development. The setup of national EpiNet response teams was proposed by WHO and endorsed by the meeting.
4. At the joint WHO/SPC meeting of Pacific Island Ministers of Health in Nukualofa, Tonga, in March 2003, it was again acknowledged that the PPHSN continues to play an essential public health role in the region, and the importance of strengthening the capacity of the PPHSN-CB and the CB focal point at SPC has been recognized.
5. At a similar meeting held in Samoa in March 2005, surveillance and response was discussed in the framework of the PPHSN, especially regarding the role the network should play with regards to the implementation of the new International Health Regulations, pandemic influenza preparedness and dengue control.
6. At the Ministerial meeting held in Vanuatu in March 2007, PPHSN and its services were mentioned as existing and useful mechanisms for supplementing and strengthening surveillance and response capacities in the PICTs and building core capacities for IHR.
7. At the eighth biennial Meeting of Pacific Island Ministers held in Madang in July 2009, it was recognised that PPHSN continues to play an integral role in international collaboration and communication and thus strengthens the region's IHR capabilities. It was also mentioned that PacNet (together with PacNet-restricted) list played a crucial role in the dissemination of updates and guidance and discussion of response options and priorities as the new A (H1N1) pandemic developed.
8. At the Tenth Pacific Health Ministers Meeting that took place in Apia (Samoa) in July 2013, it was acknowledged that PPHSN serves as a coordinating mechanism to build capacity and provide expertise in outbreak surveillance and response across the Pacific.
9. At the following Eleventh Pacific Health Ministers Meeting held in Yanuca Island (Fiji) in April 2015, it was recommended to strengthen PPHSN for communicable disease surveillance in order to ensure reliable and timely data on key health indicators.

10. In April 2016, the value of the work of PPHSN in alerting countries to outbreaks was acknowledged at the 4th Heads of Health Meeting held in Suva, Fiji. The importance of surveillance in detecting outbreaks, including previous unknown diseases in the region such as zika and chikungunya was also noted.
 11. PPHSN work and progress over the past 20 years (1996-2016) were discussed and acknowledged at the 5th Heads of Health Meeting, held in Fiji in April 2017. The secretariat endorsed that PPHSN matters become a standing agenda item for the annual Heads of Health meeting.
 12. An update on PPHSN 25th anniversary was presented at the 13th Pacific Heads of Health Meeting held virtually in September 2022.
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February 2026