



REPORT

PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN) STRATEGIC FRAMEWORK PLANNING WORKSHOP

31st of March to 2nd of April 2025, Nadi, Fiji

Co-hosted by the College of Medicine, Nursing and Health Sciences, Fiji National University (**FNU**) and the Pacific Community (**SPC**)



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Abbreviations

AFD	Agence française de développement
ARI	Acute Respiratory Infection
CB	Coordinating Body
CDC	Centers for Disease Control and Prevention-USA Atlanta
CNMI	Commonwealth of Northern Mariana Islands
COVID	Coronavirus Disease
DDM	Data for Decision Making
DFAT	Department of Foreign Affairs and Trade (Australia)
ESR	Institute of Environmental Science & Research
EU	European Union
EWARS	Early Warning, Alert 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, Environmental Analysis
PF	Polynésie Française
PIHOA	Pacific Islands Health Officers Association
PGCFE	Postgraduate Certificate in Field Epidemiology
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, Inc.
SHIP-DDM	Strengthening Health Intervention 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
TWB	Technical Working Body
US	United States
US DOS	United States Department of State
USAID	United States Agency for International Development
WHO	World Health Organization

Acknowledgements

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Day 1: March 31, 2025

Welcome and introduction

1. The Chair Dr. Henri Pierre Mallet (French Polynesia) welcomed participants and invited Ms. Karen Nathania Ngamata, Manager of the Health Intelligence Unit, Cook Islands, to say the opening prayer. The Chair welcomed everyone to the PPHSN Strategic Framework planning workshop, noting that PPHSN members consist of core members who are the 22 Pacific Island countries and territories (PICTs), and allied members who are mainly regional and international organizations, with SPC acting as the PPHSN-CB focal point. It's been noted that PPHSN is a partnership that has evolved over 26 years and is currently facing new public health challenges that call for a new strategic framework.

Better Understanding of the Current and Future Operative Environment of the PPHSN

Ms Sara Demas, WHO, Fiji, Dr. Gillian Dunn PIHOA, Hawaii, Dr. Donald Wilson FNU, Fiji, Dr. Si Thu Win SPC, Fiji

2. Opening remarks were given by representatives from WHO, PIHOA, FNU, and SPC. They highlighted the importance of regional collaboration, resilience, and strengthening public health surveillance systems in the Pacific. Key themes included the need for integrated disease surveillance, workforce capacity building, leveraging digital health innovations, and ensuring climate-resilient health security systems.

Summary of presentations:

- **WHO – Ms. Sara Demas, Fiji** emphasized the importance of the PPHSN as an essential mechanism for addressing ongoing and emerging health threats in the region. She highlighted that these threats require sustained multi-sectoral collaboration, and that PPHSN remains a critical platform for advancing comprehensive health security across the Pacific.
- **PIHOA – Dr. Gillian Dunn, Hawaii** mentioned that the 76th PIHOA board meeting discussed regional progress and challenges in addressing current health security threats under the theme of resilience amidst new and evolving threats. She reminded all that PIHOA is committed to fostering health for both people and the planet and about learning from past experiences and to collectively support PPHSN to build a stronger future for the Pacific region.
- **FNU – Dr. Donald Wilson, Fiji** gave insight on the number of SHIP-DDM students that graduated from 2019 to 2023: over 100 students in epidemiology, significantly enhancing regional capacity. He recalled that during the COVID-19 pandemic, thousands of samples were successfully collected, encouraging us to invest more in research for further impact. Dr. Donald Wilson thanked Australia for their support in establishing these training programs and encouraged regional academic institutions to foster greater collaboration across the Pacific as he assumed strengthening health policies in the PICTs is crucial with education playing a pivotal role in this endeavor.
- **SPC – Dr Si Thu Win Tin, Fiji**, shared his experience in working as a focal person for Nauru as Director of Public Health, and Chairperson of the Pandemic Taskforce and how he faced significant challenges in surveillance and response to outbreaks. His collaboration with regional health workers to enhance surveillance systems, manage outbreaks, and coordinate pandemic responses has been a satisfying and worthwhile experience. This has deepened his appreciation for regional collaboration in public health and solidifying his belief in PPHSN's vital role for Pacific communities. He suggested a special focus on strengthening and modernizing surveillance through a multiscale and multisource approach, which includes improving data collection and continuing training, as well

as leveraging information systems to enhance disease surveillance. He further encouraged PICTs to ensure their government support and funding for regional health initiatives.

Ice Breaker

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

3. Dr. Salanieta Saketa encouraged participants to be active in the workshop, hoping for interactions, and invited all participants to stand up and split into 7 groups to exchange for 25 minutes with the aim of getting to know each other better. Participants introduced themselves and engaged in discussions. A rapporteur was designated within each of the groups.

Summary of discussions

- **Team 1 – Dr. Joseph Takai, Tonga:** in attending PPHSN workshops, he finds colleagues with a common interest in discussing present issues. The diversity in the region makes its communities unique when they come together. Regional networking is therefore important to counter the vulnerability of island states.
- **Team 2 – Ms. Tmng Cheryl-Ann Udui, Palau:** shared interest in empowering health strategy and the One Health approach to strengthen surveillance in the region.
- **Team 3 – Mr. Jesus Vincent Tudela, Northern Mariana Islands:** PICTs are divided by tides but united by family. PPHSN brings PICTs together as a family, embodying the meaning of “Ohana” for working together in public health.
- **Team 4 – Mr. Mosese Taukave, Tuvalu:** the group discussed data and the interest in combining them on a hub in a One Health approach.
- **Team 5 – Mr. Rolly Viga, Solomon Islands:** brought up the fact that everyone in his team had attended the Fiji National University medical school.
- **Team 6 – Dr. Salanieta Saketa, SPC, Suva:** mentioned discussions on geosciences and water diseases and the importance of monitoring and evaluating surveillance systems. The team emphasized the beauty of having this regional network to share PICTs' gaps and challenges, the importance of sharing more information on the PacNet platform for the next 10 years, sharing successes and responses, continuing capacity building with young people to take over in the region, and the importance of resource mobilization.
- **Team 7 – Dr. Timoci Naivalulevu, FNU, Fiji:** discussed the interest in data and balancing human, animal, and environmental health in a One Health approach.

Situational Analysis of PPHSN Service Arms

EpiNet - Mr. Jojo Merilles, PICNet- Ms Margaret Leong, PacNet - Ms. Elise Benyon, PPHSN Website - Ms. Christelle Lepers, PSSS - Ms Sara Demas, SHIP-DDM- Dr Louise Fonua, PVN - Mr. Limb Hapairai, LabNet - Dr Eka Buadromo, One Health - Dr Eric Rafai, Pre-workshop survey- Mr Thibaut Demaneuf.

4. PPHSN’s workshop participants brainstormed on findings and updates on service networks' key focus for the next decade through several axis: the PPHSN Review Report, the PPHSN Milestones, the Healthy Island Vision, the Strategic Focus 2003-2006, the 2050 Strategy for a Blue Pacific Continent, and the Asia/Pacific Health Security Framework.

- A. **EpiNet – Mr. Jojo Merilles, SPC, New Caledonia:** provided an overview of EpiNet , outlining its role as a key operational component of PPHSN. He explained that the EpiNet Team registry is reviewed and updated annually to ensure current and accurate member information. The EpiNet Team’s list has nine focal point categories.

Jojo referenced a 2024 review of PPHSN’s EpiNet highlighting 6 key findings:

- o Variability in expertise and success in the use of EpiNet functions across PICTs
- o Many EpiNet teams had members with expertise in field investigation, data management, public health management / supervision, laboratory science, health policy, health promotion and communication, and infection control
- o Fewer teams had expertise in clinical medicine, immunisation policy and planning, disaster management, risk communication, food and agriculture science, and environmental health
- o Lack of standard reporting procedures
- o Lack of practical experience in outbreak investigation and/or response
- o Members not always feeling equipped to respond to outbreaks in a timely manner

He also reported on the review of the generic EpiNet Team Terms of Reference with 15 key functions, which were written for adaptation by PICTs based on national contexts. The review highlighted EpiNet’s 3 core functional areas: Leadership (4 defined roles), Team Management (9 roles), Field/Technical Operations (7 roles).

Capacity enhancement was a major focus of his discussion. He emphasized the need to have coordinated EpiNet response, the importance of strengthening rapid response capacity, and advocated for the development and institutionalization of competency-based training frameworks. Reflecting on the COVID-19 pandemic, he pointed out critical gaps in preparedness and the importance of scenario-based simulation exercises to assess and improve readiness. He also stressed the need to establish sustainable financing mechanisms and to introduce clear performance metrics to track EpiNet’s effectiveness in future public health emergencies.

Key Issues

- The need to strengthen EpiNet’s operational readiness through enhanced competency-based training, sustainable financing and performance monitoring to address critical gaps in public health emergency response across PICTs.

Key Recommendations

- **Readiness:** Develop scenario-based simulation exercises to assess and improve response capacity; enhance rapid response capacity by developing and implementing competency-based training programs.
- **Funding:** Establish sustainable financing mechanisms.
- **Monitoring:** introduce performance metrics to track effectiveness of EpiNet teams.

- B. **PICNet – Ms. Margaret Leong, SPC, Fiji:** explained that event though PICNet was dormant until 2020, it helped countries set their national IPC guidelines and supported 10 countries in the region. Themes such as Hand Hygiene were highlighted, with 32 auditors accomplished in collaboration with UNICEF in Vanuatu and Palau. Support for IPC education, with 10 countries supported annually, was demonstrated. The development of a monitoring dashboard at the third PICNet meeting next week and the next five-year plan defining new objectives: education, workforce, advocacy, data and research, monitoring and evaluation were mentioned.

Key Recommendations

- **Hygiene:** Develop hygiene educational programs within communities.
- **Monitoring:** Develop a monitoring dashboard at the third PICNet meeting next week.
- **Funding:** Establish financing mechanisms and performance metrics.

- C. **PacNet – Ms. Elise Benyon, SPC, New Caledonia** presented the results on the 2019’s survey on PacNet giving insights on the number of subscribers worldwide, totaling 972, with most working in the Pacific region. She noted that the PICT users represent 60% of the total. She reminded that PacNet is primarily a network for health workers. Between 1997 and 2024, over 6,000 messages and reports were posted, including critical alerts such as the Dengue fever outbreak in Tonga and Leptospirosis in Vanuatu. The key results from the 2019 survey showed that: 100% of respondents agreed that PacNet met their needs. Ms. Benyon highlighted the PPHSN review recommendations for modernization and the use of social networks. Looking ahead, PacNet may adopt communication innovations and enhance multi-sectoral collaboration between stakeholders within institutions and private sectors. She also presented PacNet’s old logo, emphasizing that PacNet is specifically designed for PICTs’ use and it is an essential tool for the PICTs to facilitate rapid response to health threats.

Key Issues

- **Using social media** as a new communication channel could open sensitive data to a large public, putting them at risk.

Key Recommendations

- **Modernization:** Enhance communication channels.
- **Collaboration:** Foster multi-sectoral collaboration between stakeholders within institutions and private sectors.
- **Make it Yours:** Encourage PICTs to use PacNet more.

- D. **PSSS, Ms. Sara Demas, WHO, Fiji:** The PSSS was launched in 2010 and has over 280 sentinel sites across 21 PICTs. Ms. Demas explained the essence of PSSS, which is early detection. An evaluation noted that the interface was accessible and inclusive. To meet new needs, the interface will evolve to standardize surveillance indicators for better coordination of responses with governments across the Pacific. Among the recommendations was bringing data together. Ms. Demas discussed the future of PSSS, which would involve integrating other data sources as part of multi-source surveillance, allowing more effective use of the tool in early alerts. She concluded by explaining the benefit of PSSS, which lies in its capacity to align and interface with other systems to enhance multi-source surveillance.

Key Recommendations

- **Automation:** develop capacity building, add Syndromic and EWARS surveillance for each country within the community.

- E. **PPHSN Website, Ms. Christelle Lepers, SPC, New Caledonia** discussed the history and development of the website created in 2002 as an information tool hosted in the public domain. Used as a complement to PacNet, she mentioned that some countries who did not have a proper website on surveillance uploaded their surveillance reports on the website and shared the links with other PICTs through PacNet. Throughout the years, the PPHSN website became a repository for PPHSN resources, including country reports, guidelines and manuals, meeting reports and articles published in Inform’ ACTION, the information bulletin of PPHSN. A revamp of the website was initiated in early 2020s in consultation with PPHSN members, which involved a consequent work of data transfer of all resources hosted on the website. Recommendations from PPHSN members were taken into consideration, including the inclusion of a better performing search engine, and the creation of country pages. Performance tracking of the website was initiated recently, which showed that over 3,500 sessions and page views occurred from October 2024 and 27 March 2025: with the United States, Australia and Fiji being the largest users. Ms. Lepers hoped for more use of the website from the PICTs. Backup and security are key priorities for the maintenance of the website. Data security was also highlighted as a key priority taken into consideration in website development and maintenance. The new website is also scalable

and can accommodate new features to respond to PPHSN members' demands. The importance of PICTs' and other PPHSN members' contributions to the website was emphasized.

Key Recommendations

The importance of PICTs' and other PPHSN members' contributions to the website was emphasized to ensure that it remains a valuable resource for its primary users.

- F. SHIP-DDM, Dr. Louise Fonua, Fiji,** Dr. Fonua reminded the evolution of SHIP-DDM, which was adapted from the CDC's DDM model in 2003, endorsed and initiated by PPHSN in Guam and Majuro and was formally accredited in 2019, becoming a key service network of PPHSN in 2014. Dr. Fonua described SHIP-DDM as a comprehensive 3-tier capacity-building program designed for health workers in Ministries and Departments of Health across PICTs. A program including various systems improvement projects accredited by FNU, ensuring a high standard of training and education for health professionals in the region. Dr. Fonua highlighted the progress and achievements of SHIP-DDM: to date, 259 graduates from 15 PICTs. SHIP-DDM training initiatives with FNU and ANU were implemented with SPC while additional universities could progressively be incorporated into the program. Courses offered by SHIP-DDM are conducted in both English and French allowing it to be implemented in French speaking territories. An evaluation by PIHOA and SPC made several recommendations: Of note was that the SHIP-DDM program was found useful for networking and engagement among health professionals, with graduates actively participating in outbreak responses.

Key Recommendations

- **Monitoring:** although the program is considered useful, it needs monitoring for the network and addressing infrastructure limitations.
- **Database:** within two years, develop a database of graduates with their contact details. Within five years, ensure a post graduate diploma in Applied Epidemiology and a master's in applied Epidemiology.
- **Recognition:** give more recognition to students who graduate.

- G. PVN, Dr. Limb Hapairai, Hawaii** explained the main goal of PVN, which is to address mosquito-borne diseases such as dengue and malaria in the region. The Pacific Vector Network was recently created due to the growing threat of these diseases informed by a needs assessment conducted by several technical partners. The launch and the convening of the first annual meeting of PVN was held in 2023. Vector training courses have been held. This new network encourages collaboration between countries and technical partners in vector-disease management. The Secretariat consists of three permanent allied members (PIHOA, WHO and SPC) and this is supported by three temporary allied members, including universities and the Institute Pasteur of New Caledonia who are members of the PVN Technical Working Body (TWB). The new PVN Strategic Framework 2025-2029 has been developed and endorsed by the TWB.

Key Recommendations

- **Implementing** the new PVN Strategic Framework: as a new network, PVN was recommended to implement a strategic framework with six identified priorities including ensuring meetings, promoting information, advocating for the capacity of entomology laboratories, strengthen preparedness and response to vector-borne disease outbreaks.
- **Centralizing Data:** develop a dedicated data hub.

- H. **One Health (OH), Dr. Eric Rafai, Fiji** highlighted that adoption of the OH approach was recommended at the PICTs' leaders meeting. This was important in addressing complex health issues at the interface of humans, animals and the environment facing the region. They have convened cross disciplinary meetings and currently there is collaboration between human health, climate change, animal health and environmental health. The Pacific One Health Network governance framework has been established to coordinate working together of the three sectors.

Key Recommendations

- Inclusion of OH into training programs such as SHIP-DDM.
- Support the implementation of the OH governance framework.
- Linking the Pacific OH network with other networks
- Enhance multi-sectoral engagement in addressing priority health issues in the region

- I. **LabNet, Dr. Eka Buadromo, SPC, Fiji** described LabNet as a network to ensure detection of priority diseases in the region, emphasizing that LabNet provides capacity building from basic microbiology to molecular testing, training, and support in PICTs. A service network that also helps with procurement of emergency supplies in case of crisis and refers samples to reference laboratories. LabNet allows assessment and training to be provided. Dr. Eka Buadromo reminded that LabNet compiles data on laboratory capabilities in PICTs. A tool that helps provide quality service to laboratories, assisting them in progressing toward genomic sequencing, one of the best tools for pathogen surveillance in the years to come.

Key Issues

- Delay in the transfer of specimens in laboratories.
- Absence of licenses for these transfers in some PICTs.
- Infrastructure challenges: need for clinical services to improve labs.
- Problem in uploading results to computers.

Key Recommendations

- Upgrade laboratory capacities and support their services within the region.
- Establish a system that helps with procurement of laboratory supplies and referral samples during public health crisis and emergencies.

- J. **Pre-survey, Mr. Thibaut Demaneuf, SPC, New Caledonia** provided insights into the survey submitted to participants before the workshop. The purpose of this survey was to support the development of PPHSN's new strategic framework. Twenty-seven questions were given to participants, with 17 responding from 16 countries. 29% of respondents were chiefs of health programs, and 100% worked in the public health sector. 94% of respondents considered PPHSN services relevant. 92% engaged with PacNet, with PSS being the second most used service of PPHSN. Regarding PPHSN awareness, it varied among participants. 71% were familiar with PPHSN's strategic framework, and 88.2% found it useful. Top four priorities for the next 10 years according to respondents were:
- Supporting workforce training and capacity building
 - Strengthening outbreak responses mechanisms
 - Expanding surveillance for emerging infectious diseases
 - Securing Sustainable funding

From the open-ended question, five topics emerged to be considered in the new strategic plan: One Health and multisectoral collaboration, expanded disease surveillance, strategic alignment and capacity building, and optimizing existing services.

Key Recommendations

- Expand disease surveillance to include One Health approach & multi-sectoral collaboration.
- Ensure all service networks work together and improve coordination.

Discussion

5. Dr. Jesus Vincent Tudela (Northern Mariana Islands) asked a question on EpiNet's forum to know if it is reserved for epidemiologists. Mr. Jojo Merilles explained it is a national response team organization that includes a multi-disciplinary team including clinicians, laboratory scientists, data managers and including epidemiologists. EpiNet teams need capacity building for readiness and response at national level and it is also important to build capacity for a regional response team.
6. On EpiNet, Dr. Patrick Francis Perez Sotto (Guam) asked what steps are being taken to enhance the context and development of the network, and how can the technical working group be involved in the process.
7. Mr. Jojo Merilles, EpiNet, (SPC) answered that the network is willing to progress further in giving more context to its partners and invited Ms. Sara Demas - WHO, Fiji to provide additional content. Ms. Sara Demas answered that the structure and terms of reference of the technical working group will be established to coordinate EpiNet's development.
8. Dr. Limb Hapairai, PVN, Guam asked a question on PSSS about the current challenges with syndromic surveillance. Ms. Sara Demas, WHO, Fiji answered that some delays on syndromic surveillance had been observed and that WHO wants to evaluate PSSS on this level.
9. Mr. Rolly Viga, AMR/One Health, Solomon Islands inquired about the difference between the PSSS and VPD platforms. Ms. Sara Demas, WHO, Fiji clarified that the VPD platform is not necessarily focused on syndromic surveillance, whereas the PSSS is specifically designed for high-alert scenarios. She noted that while WHO is not currently reviewing the timeliness of alerts, this topic could be discussed further.
10. Ms. Karen Nathania Ngamata (Cook Islands) had a question on SHIP-DDM about the number of graduates so far continuing their studies to pursue a Master's degree. Dr. Louise Fonua, SHIP-DDM, SPC, Fiji answered that some students have independently pursued the diploma and master program. On that topic, in addition, Dr. Gillian Dunn (PIHOA) informed that advancing into the PGDAE requires significant effort and often needs extra motivation for students to complete the diploma. There is also a lot of effort and substantial preparation to develop the training materials, Dr. Dunn mentioned recent excellent outcomes in Palau and the Marshall Islands.
11. Dr. Michelle McConnell, CDC Regional Director, East Asia congratulated the SHIP-DDM program asking to elaborate on its priorities. Dr. Louise Fonua (SPC) explained that while priority epidemiology programs have been implemented in Papua New Guinea and Vanuatu, trainees across the PICTs are encouraged to advance to the master's level. Dr. Donald Wilson (FNU) added that the number of epidemiologists

required varies with population size, and students need to achieve a 75% success rate to progress to that master's degree.

12. A question on PVN was asked by Dr. Anne Pfannstiel (New Caledonia) on existing maps of mosquito populations and documentation being produced. Dr. Limb Hapairai (PIHOA) answered that several surveys have been conducted; regarding mosquito mapping, different countries are using various tools. PVN is currently focusing on identifying areas with and without mosquito risk. Recent PVN publications have been submitted through SPC to enhance mapping efforts over time.

PESTLE & SWOT Analysis

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

13. Dr. Salanieta Saketa & Dr. Lepani Waqatakirewa facilitated discussions on the PPHSN Strategic Framework Planning Workshop Survey. PESTLE and SWOT analysis frameworks were used to understand the internal strengths and weaknesses of the network, as well as external opportunities and threats. The session format was conducting interactive group sessions to engage participants and gather insights.

Key findings of group session

Group 1 – Ms. Karen Nathania Ngamata, Cook Islands (SWOT approach):

- **Strengths:** Sustainability of the network, inclusivity with all countries, active within countries, consistency of meetings/workshops/trainings, assistance in areas where resources are not available.
- **Weaknesses:** Poor integration of other sectors (e.g., water).
- **Opportunities:** Collaborate with other sectors, tiered approach on strategies, explore new funding sources, use of AI, GIS (technology).
- **Threats :** Funding limitations.

Group 2 – Dr. Joseph Takai, Tonga (SWOT approach):

- **Strengths:** Collaboration and networking, history of governance, active participation of PICTs, data sharing, workforce development and capacity building (DDM/PICNet).
- **Weaknesses:** Data sharing, funding mechanism, sustainability, project-based donors, infrastructure, internet connections.
- **Opportunities:** Expand network from 7 to more services, new partners and donors, multi-sectoral approach (One Health).
- **Threats:** Geographical challenges, expensive communications, cyber-attacks, political instability, legal regulatory issues, workforce migration, climate change, natural disasters.

Group 3 – Isireli Koroituku, Fiji (SWOT approach):

- **Strengths:** Networking, political acceptance, technology and communication, economic, social media, environmental (One Health approach).
- **Weaknesses :** Economic, social, legal.
- **Opportunities:** Environmental, social, technological, legal (updating legislation, especially after COVID).

- **Threats:** Political instabilities threaten funding, technology with potential cyber-attacks.

Group 4 – Dr. Daniel Faktaufon, Fiji (SWOT approach):

- **Strengths:** Establishing a network under SPC: multiskilled, multiethnic with different expertise fields, strong existing partnerships with WHO, CDC, PIHOA, and expansion from 6 to 7 services.
- **Weaknesses:** Reliance on project funding, often vertical, data sharing (IHR need for collective agreement), more engagement within the PPHSN coordinating body.
- **Opportunities:** Service arms to develop their own strategic plan or PPHSN provides an overarching strategic plan, strengthening CB strategic focus with regular meetings.
- **Threats:** Insecure funding environment, political changes, global public health emergencies.

Group 5 – Patrick Francis Perez Sotto, Guam (PESTLE approach):

Factor

- **Political and Government Stability:** Changing priorities, lack of support with opportunities for new political orientation.
- **Economic:** Overall economic situation, dependency on development programs to carry out activities, new opportunities for bi- or multi-lateral arrangements for sharing resources.
- **Social:** Demographic changes (Asian population, influence of socio-economic factors).
- **Technological Advances:** Increasing demand for technology in response, life cycle and lifestyle changes surrounding data sovereignty, bringing new opportunities such as enacting legislation to allow for adaptation to technological advances, including security and privacy considerations.
- **Legal:** Regulatory and legislative bodies are a factor.

Day 1: Key findings

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

14. Dr. Salanieta Saketa gave the key findings of Day 1 and asked participants if there were any questions or comments on the PESTLE & SWOT analysis sessions.
15. Dr. Donald Wilson (FNU) asked about the SHIP-DDM program and the work opportunities the graduated students are given in their countries. Dr. Wilson assumed PICTs need to work on their capacity to offer new positions once they return from training in epidemiology. Dr. Salanieta Saketa, SPC, Fiji, provided precision on the ratio of people to be trained in epidemiology, noting that this ratio is fixed in each country according to demography.
16. Ms. Tmng Cheryl-Ann Udui (Palau) added that countries may need to think about their goals in terms of training. The DDM sessions have not only been beneficial to students but also to the Red Cross and other partners, helping them understand laboratories' needs and the importance of collecting data to increase PICTs' response systems. Ms. Udui concluded by saying that the training was not only about producing more epidemiologists but also important in bringing awareness of the needs on a community scale.

17. Ms. Sara Demas (WHO) mentioned an epidemiology program introduced to the region by WHO two years ago as a continuum to DDM, allowing learning epidemiology from 6 to 12 weeks. WHO is looking forward to finding a pathway for DDM trainees to continue that path.
18. Ms. Anaseini Vesikula (SPC) provided testimony on capacity building from a trainee perspective. Ms. Vesikula joined SPC two months ago as the Pacific Public Health Professional, working on the epidemic intelligence system and how to develop it on a regional scale; she highlighted the importance of internal and external communication and, based on observations of certain countries' limitations in seeking assistance, concluded by saying it was important to come out of silos and work together.
19. Dr. Salanieta Saketa (SPC) recalled the importance of innovation and creativity in capacity building, especially with the young generation, to show the world PICTs can be resilient.
20. Dr. Donald Wilson (FNU) invited all participants to a cocktail hosted by FNU and introduced the WISH project (Watershed Interventions for Systems Health Pacific Project) funded by Australia, explaining that the project is currently expanding to the Solomon Islands and PNG.

Key findings

- Develop scenario-based simulations for readiness.
- Enhance competency-based training and financing mechanisms.
- Modernize communication channels and improve multi-sectoral collaboration.
- Ensure data security and better integration of surveillance systems.

DAY 2: APRIL 1, 2025

Welcome and introduction

21. The Chair Dr. Joanne Mariasua (Vanuatu) welcomed participants and invited Dr. Joseph Takai (Tonga) for the opening prayer. Dr. Timaima Tuiketeki (Fiji) summarized Day 1, highlighting the 7 services of PPHSN that were discussed. Dr. Tuiketeki noted new opportunities for multi-sectoral collaboration and engagement with other networks and mentioned geopolitical shifts and climate change as threats. Dr. Tuiketeki introduced the PESTLE & SWOT analysis results.
22. Dr. Salanieta Saketa (SPC) added context on health surveillance, climate change, and laboratory expansion. Dr. Donald Wilson (FNU) emphasized the importance of data sharing mechanisms.
23. The Chair Dr. Joanne Mariasua (Vanuatu) welcomed Dr. Lepani Waqatakirewa to discuss the vision and missions for strategic planning.

Envision the future: visioning - mission - statements - values setting

Dr. Lepani Waqatakirewa, Public Health Association and Lead consultant, Fiji

24. Participants were invited to divide into interactive groups to develop a common vision, mission, and develop 5 to 10 core values for the PPHSN strategy, emphasizing simplicity. Dr. Lepani Waqatakirewa highlighted that the vision should be inspirational, memorable, and simple, focusing on protecting health in the Pacific through robust surveillance and disease control systems. Dr. Waqatakirewa described it as defining what PPHSN is, its goals, and the services it provides, emphasizing accessible, affordable, and

high-quality healthcare. Identifying key values including support, efficiency, caring for people, improvement, and environmental stewardship being at the core of the new framework.

25. *The Chair* Dr. Joanne Mariasua (Vanuatu) asked the participants if there were any comments or questions.
26. Dr. Gillian Dunn (PIHOA) suggested keeping action verbs for the mission statement and Mr. Jojo Merilles (SPC) suggested a brainstorming approach on keywords, before a statement could be made.
27. Dr. Patrick Francis Perez Sotto (Guam) proposed a vision statement: "A safer and healthier Pacific community." Some participants advocated for working as a plenary with all countries involved, the representative of Samoa and Ms. Margaret Leong (SPC) recommended dividing into two groups to generate more ideas and reflections on visions, missions, and values.
28. *The Chair* Dr. Joanne Mariasua (Vanuatu) allotted one hour for the groups to debate and develop their ideas.

Key findings

Group 1 (Presented by Mr. Jesse Vincent Tudela (Northern Mariana Islands):

Mission Statements

M1: "Provide a collaborative, high-functioning network to prevent, detect, and respond in a timely manner to emerging health threats."

M2: "One Pacific Health network to prevent, detect, and respond."

Values

- Trust (data sharing), Equitable, Accessible, Care, Respect for ourselves and others, Community-focused
- Multi-sectoral, Collaboration, Working Cohesively, Confidentiality, Results-based, Community-centered, Resilient, Adaptive, Informative, Sustainable, Agile
- Innovative, Peace, Love, Hope, Voluntary, Commitment, Proactive, Pacific Island-led, Community Health Engagement

Key words

Prevention, Preparedness, Vigilance, Innovative, Collaboration, Healthier Communities, Coordination, Response, Recovery, One Health

Vision

V1: Healthier Pacific islands through integrated/collaborative Pacific Health surveillance response (preparedness)

V2: Lead evidence-based Pacific Health surveillance and response in the PICTs in an innovative, resilient, and sustainable healthier community.

Group 2 (Presented by Ms. Tmng Cheryl-Ann Udui (Palau):

Mission Statement

M1 "Ensure a robust Pacific health network through innovative and collaborative surveillance systems, information sharing, and integrated response to health threats in the Blue Pacific."

Values Integrity, Trust, Accountability

Keywords

Prevention, Preparedness, Vigilance, Innovative, Collaboration, Healthier Communities, Coordination, Response, Recovery, One Health

Vision

V1: "Healthier Pacific islands through integrated/collaborative Pacific Health surveillance response (preparedness)."

V2: "Lead evidence-based Pacific Health surveillance and response in the PICTs in an innovative, resilient, and sustainable healthier community."

29. Dr. Lepani Waqatakirewa, Public Health Association Fiji thanked the participants for the work that had been done. Dr. Salanieta Saketa (Fiji) invited the consultants to reframe the propositions of day 2 to be presented on day 3 in the morning.

30. Dr. Donald Wilson (FNU) brought some insight into the fact that environment and ecology are notions that have to be considered in the new strategic framework in times where global warming is bringing new challenges for the PICTs in alignment with the Blue Pacific strategy.

31. The Chair Dr. Joanne Mariasua (Vanuatu) invited participants to move to the next session on defining the goal and strategies with Dr. Lepani Waqatakirewa (Fiji).

Identify and agree on Goals and Key Strategies

Dr. Lepani Waqatakirewa, Public Health Association and Lead Consultant (Fij)

32. Dr. Lepani Waqatakirewa (Fiji) invited participants to have a look at the previous PPHSN strategic framework in order to upgrade it according to the SWOT analysis done on day 1. Dr. Lepani Waqatakirewa suggested an exercise to participants helping to go through the 14 specific objectives of the previous strategic plan retaining what is relevant.

33. Dr. Henri Pierre Mallet (French Polynesia) brought attention on the 3 operational objectives of the previous strategic framework (annex 2) and suggested to work on these in 2 groups before focusing on more specific objectives.

34. The Chair Dr. Joanne Mariasua (Vanuatu) invited participants to work on the operational objectives for 10 mins before presenting their recommendations.

Key findings

Group 1. Presented by Dr. Henri Pierre Mallet, French Polynesia
Observations on the 3 operational objectives

- In regard to revision of operational objectives: new services such as PVN network and SHIP-DDM should now feature in the objectives.
- Replace « maintain » by « continuous » improvement
- Redefine the objective of the laboratories
- Improve feedback on LabNet
- Replace « surveillance » by « preparedness »
- Mention One Health
- 7 services of the PPHSN could represent 7 objectives but this option has not finally been retained by the group

Group 2. Presented by Mr. Mosese Taukave, Tuvalu**Observations on the 3 operational objectives**

- Surveillance: timeliness, integration (One health), trained workforce, Lab system, multi-source surveillance systems, early warning, data sharing, technology, diseases detection
- Response
- Capacity building
- Governance
- One Health approach

Theory of Change

Dr. Nemani Seru, Consultant (FNU)i

35. Dr. Nemani Seru, a Consultant at FNU, Fiji, introduced the Theory of Change (ToC) as a method to achieve long-term goals through strategic planning and stakeholder involvement. He noted that while ToC is widely used globally, it has few examples in the PICTs. Dr. Seru explained that ToC helps in identifying specific activities, required resources, and stakeholder roles to improve data quality and foster consensus. He highlighted its adaptability in public health, with short, medium, and long-term outcomes, and presented a plan to strengthen global health in the PICTs by 2028.

36. Dr. Salanieta Saketa (SPC) had announced that the ToC would be discussed further on Day 3 in terms of funding.

Testing the Theory of Change

Dr. Nemani Seru Consultant – FNU, Fiji

37. Dr. Nemani Seru (FNU) had invited participants to experience the ToC as a comprehensive framework to plan, implement, and evaluate the PPHSN new strategic framework by mapping out the logical sequence from inputs to outcomes and articulate the assumptions underlying each step spread between the same groups who have been working on the strategic missions in the morning. These activities were discussed and reported back during the plenary session.

Group 1. Presented by Dr. Patrick Francis Perez Sotto, Guam**Resources:**

- Fundings
- Political commitment
- Regional support

Activities:

- Characterize local epidemiology
- Inventory system strategies
- Develop culturally appropriate planning for population
- Training & education
- Maintain communication between partners

Short-term goals:

- Baseline assessment
- Perception of the PPHSN
- Bring external partners
- Craft workplans
- Carry out those workplans effectively

Medium term goals:

- One Health approach
- Survey on existing capabilities
- Build on existing capabilities
- To conduct exercises

Outputs:

- Development and implementation of a communication plan
- Communication
- Outbreak preparedness response plans
- Conducted tabletop and field exercises

Outcomes:

Providing a collaboration/high functioning network By 2035

- Regional collaborative network
- Self-sustainability
- Workforce capacity
- Timely/responsive
- Improved communications (multi-metrics)

By 2035

- Enhanced detection prevention, detection and response support
- Improved competencies in prevention, preparedness and response

Group 2. Presented by Ms. Tmng Cheryl-Ann Udui (Palau)

Outcomes

- All PICTs have a multi-source and inter-operable surveillance system.
- Reduce morbidity and mortality associated with diseases, outbreaks and disasters.
- Timely surveillance for integrated response
- Skilled and sufficient number of essential workforces.

Outputs

- Developed and updated surveillance dashboard.
- Weekly/routine surveillance reporting.
- Updated guidelines and SOP on diseases outbreaks response.
- Regular meetings or participation on communication platform.
- Training conducted such as simulation exercises.

Action Planning

Dr. Tima Tuiketee, Public Health Association of Fiji

38. Dr. Tima Tuiketeki of the Public Health Association of Fiji outlined key strategies and expected outcomes for enhancing the Pacific Public Health Surveillance Network (PPHSN):

Key strategies

- **Strengthen PPHSN Governance:** Enhance the overall management and coordination of PPHSN.
- **Establish Networks:** Collaborate with the Pacific Community (SPC), Pacific Island Countries and Territories (PICTs), and external partners such as WHO, PIHOA, CDC, and FNU.
- **Develop a Tiered Approach:** Implement a structured approach for strategic planning (SP) and strengthen monitoring and evaluation (M&E).
- **Enhance Good Governance:** Promote transparency, accountability, and effective decision-making within PPHSN.
- **Coordinate PPHSN Board:** Ensure the board operates efficiently to oversee PPHSN activities.

Expected outcomes

- **Coordinate and Develop PPHSN Services:** Streamline and enhance the seven core services provided by PPHSN.
- **Secure New Partnerships and Funding:** Identify and engage with new partners to secure additional funding.
- **Effective Data Management:** Improve data collection, management, and timely reporting.
- **Address Cross-Cutting Issues:** Recognize and develop strategies for climate change, non-communicable diseases (NCDs), digital communication, and One Health initiatives.

39. Dr. Tima Tuiketeki (Fiji) and gave participants the final group activity of the day which was to identify and list specific activities under each strategy offered by the SWOT analysis made previously to be discussed and reported back in plenary session.

40. Amongst these objectives, 20 specific ones have been identified by participants. Key strategies to achieve these objectives include:

- **Identify Research Priorities:** Determine the most critical areas for research.
- **Develop Research Proposals:** Create proposals and submit them for ethical approval before implementation.
- **Secure Research Funding:** Obtain funding to support research initiatives.
- **Expected Outcome:** Improve workforce development capacity, including data management, surveillance, and response systems, to enhance overall public health outcomes.

41. Group work allowed us to identify key activities for the next three years, focusing on strengthening governance, establishing new networks and consolidating existing one's networks, enhancing data-management, and addressing cross-cutting issues like climate change and digital communication. A full recap of the cross-cutting focus and activities will be made on day 3 by consultants but amongst actions proposed there were: multi-sectoral committee, annual updates, advocacy digital update support collaboration with research and academics, find new funds (e.g., through foundations), strengthen interoperability of health information systems within the Community. Identify and monitor indicators and develop mapping tools.

Day 3: April the 2nd, 2025

Welcome and introduction

42. The Chair Dr. Patrick Francis Perez Sotto (Guam) welcomed participants and invited Ms. Karen Nathania Ngamata, Manager (Cook Islands) to say the opening prayer. He informed participants that digital files were available for all participants for the following up recap and invited Dr. Lepani Waqatakirewa (Fiji) to summarise up day 2 findings.

Action Planning recap & implementation

Dr. Tima Tuiketeti, Public Health Association of Fiji

43. Dr. Lepani Waqatakirewa (Fiji) synthesized Day 2, focusing on the vision, mission, and values of the strategic plan for the next decade. Three visions were presented from the group sessions for the 2026-2035 PPHSN strategy. The combined proposed vision statement was: "A healthy, safe, resilient Blue Pacific through an integrated and collaborative health surveillance, preparedness, and response system."
44. Ms. Karen Ngamata (Cook Islands) suggested adding "recovery" to the vision statement. Ms. Tmng Udui (Palau) noted that "recovery" might be implicit in "preparedness." Mr. Jesus Tudela (Northern Mariana Islands) proposed removing "system" for simplicity: "A healthy, safe Blue Pacific for health surveillance, preparedness, and response." The Chair Dr. Patrick Sotto (Guam) offered a simpler version: "A healthier Blue Pacific with surveillance and preparedness." Dr. Salanieta Saketa (Fiji) suggested: "A healthy, safe, and Blue Pacific."
45. The Chair, Dr. Patrick Sotto (Guam), informed participants that notes would be sent for further reflection. Dr. Lepani Waqatakirewa (Fiji) synthesized the missions proposed: "Ensuring a robust Pacific health network through innovative and collaborative surveillance systems, information sharing, and integrated response to health threats in the Blue Pacific." Dr. Joseph Takai (Tonga) emphasized including allies. The Chair Dr. Patrick Sotto (Guam) asked if participants were satisfied with the mission statement.
46. Dr. Gillian Dunn (PIHOA), Hawaii suggested focusing on improving health. Ms. Margaret Leong (SPC) proposed replacing "ensuring" with "supporting." Ms. Tmng Udui (Palau) emphasized retaining "health threats." Chair Patrick Sotto wanted to keep "network." Dr. Salanieta Saketa (SPC) proposed: "Ensuring the health of the Pacific community through a robust, innovative, and collaborative surveillance network where information sharing and integrated response protect the Blue Pacific from health-related threats." Patrick Chinyamuchiko (SPC) suggested adding "sustainability."
47. Dr. Lepani Waqatakirewa discussed values and proposed six guiding principles: trust, accessibility, collaboration, adaptability, efficiency, and responsiveness. Ms. Tmng Udui (Palau) suggested combining some values. Dr. Gillian Dunn (PIHOA) encouraged him to consider the emotional aspect of public health work. The adopted values were Trust, Collaborative, Integrity, Respect, Inclusive, Efficiency, Innovation, and Responsive.
48. Dr. Lepani Waqatakirewa (Fiji) outlined key focus areas for discussion: Governance, Service Arms, and Cross-Cutting Engagements. The Chair Dr. Patrick Sotto (Guam) thanked Dr. Lepani Waqatakirewa (Fiji)

and invited Dr. Timaima Bakani Tuiketeti (Fiji) to present key indicators for tracking performance and progress.

49. Dr. Timaima Bakani Tuiketeti (Fiji) introduced the KPI indicators for governance, service arms, and cross-cutting engagements. Participants were invited to work as an interactive group to see how PPHSN networks are strengthened with KPIs.
50. The group agreed to use open-ended indicators without specific targets at this stage. For the first activity of establishing networks, the participants proposed an indicator along the lines of "Proportion of network service arms strengthened with strategic plans and monitoring and evaluation incorporated." This allowed them to avoid setting specific numeric targets but still captures the key elements of establishing, strengthening, and implementing strategic planning and M&E for the networks.
51. The group discussed key performance indicators (KPIs) for the strategic framework of the Pacific Public Health Surveillance Network (PPHSN). They proposed indicators related to governance, network establishment, awareness, training, partnerships, meetings, and various health initiatives. The indicators cover areas such as proportion of network arms established, number of meetings held, funds mobilized, and professionals trained. Some specific indicators include number of MOUs developed, simulation exercises conducted, and new technologies implemented. The group also discussed indicators for climate change, one health, and digital health initiatives. There was a suggestion to focus more on high-level outcome indicators rather than output indicators, and to include both quantitative and qualitative measures. The importance of considering resource requirements for data collection was also noted.

Commitments and Governance Mechanism

Dr. Salanieta Saketa - SPC, Fiji

52. Key stakeholders, including core members, core/temporary allied members, and other stakeholders, presented and committed to the strategic framework and implementation plan. They were invited to present their activities and how they contribute to the PPHSN. The World Health Organization discussed their ongoing activities and how they can contribute to the PPHSN. The Pacific Community also presented their resources and how they can support the PPHSN, ESR and FNU talked about the research opportunities and collaborations with the Pacific Island countries.
53. Dr. Sarah Jefferies (ESR) presented the Health Security Group's duties and contributions mentioning ESR had also updated training manuals and seeks further engagement with PacNet, focusing on genomic surveillance and One Health initiatives.
54. Dr. Gillian Dunn (PIHOA) said over 90% of PIHOA's funding comes from the US CDC. PIHOA aims to continue and expand projects within the Pacific Island Countries and Territories (PICTs).
55. Dr. Donald Wilson (FNU) discussed education and research initiatives, including support for epidemiologists in the DDM program adding FNU's five-year strategic research plan involves six institutes and an ethics committee accredited by WHO.

56. Ms. Sara Demas (WHO) presented WHO priority activities, including elimination of measles and addressing Dengue and HIV outbreaks. WHO developed pandemic preparedness plans for Fiji, Nauru, and the Cook Islands.
57. Dr. Salanieta Saketa (SPC) discussed resources for the PPHSN strategic framework, including recent funding from AFD and announced new collaborations with the Indian Ocean Commission (IOC) and other organizations.
58. The Chair Dr. Patrick Francis Perez Sotto (Guam) facilitated discussions and inquired about funding projects involving Indo-Pacific and Caribbean regions.
59. Ms. Tmng Cheryl-Ann Udui (Palau) asked about ESR's engagement with Southeast Asian countries and Mr. Ropa Barry (PNG) raised concerns about small islands' difficulties accessing funds.
60. Ms. Joanne Mariasua (Vanuatu) inquired about accessing PhD programs for surveillance officers in Vanuatu.
61. Dr. Eric Rafai (SPC) noted new funding opportunities in the One Health field.
62. Mr. Patrick Chinyamuchiko (SPC), Fiji discussed pandemic fund applications, encouraging collaborative efforts by the PICTs.
63. The Chair Dr. Patrick Francis Perez Sotto (Guam) thanked Dr. Lepani Waqatakirewa for organizing the agenda, considering input from 22 countries

Crafting the strategy - Feedback from group sessions

Dr. Timaima Tuiketeti & Dr. Lepani Waqatakirewa, Fiji

64. Dr. Lepani Waqatakirewa Public Health Association, Fiji proposed content for crafting the PPHSN strategy and presented a way forward for the PPHSN Strategic Plan 2026-2035 before reviewing the 3-year implementation plan timeline.
65. The floor discussed the crafting of the strategy for PPHSN. The strategy will include an executive summary, institutional mandate, environmental scan, plan, guiding principles, focus areas, strategic objectives, activities, implementation plan, monitoring and evaluation framework, and management mechanism. The next steps involve consolidating workshop reports and recommendations, consulting with the PPHSN team, and finalizing the draft framework. The team also discussed the importance of external communications and the core work of PPHSN.
66. Mr. Patrick Chinyamuchiko (SPC) suggested including a separate section on risk management to secure funding for the strategic plan.
67. Dr. Salanieta Saketa (SPC) emphasized the need for communication and advocacy regarding the strategic plan.

Closing Remarks & Evaluation

Dr. Michelle McConnell, Regional Director, CDC East Asia and Pacific Region

68. The Chair Patrick Francis Perez Sotto (Guam) invited Dr. Michelle McConnell from CDC to conclude the session
69. Dr. Michelle McConnell from the CDC offered her closing remarks, emphasizing the strength of the network, the need for external communications, and the importance of the core work of PPHSN. Dr. McConnell reminded the core of PPHSN's work in addressing priority health threats such as vector-borne diseases. Dr. Michelle McConnell highlighted the innovative thinking of PPHSN and the workforce, such as DDM, in preparing the region to respond to public health outbreaks. Dr. Michelle McConnell thanked the facilitators, the Chair, and all participants for the great discussions throughout the workshop.
70. Dr. Salanieta Saketa (SPC) invited participants to scan a QR code to answer a post-survey on the workshop.
71. The Chair Patrick Francis Perez Sotto (Guam) informed participants that the survey results would be communicated by Dr. Lepani Waqatakirewa (Fiji) in a few weeks.
72. The workshop ended with the celebration of two members' birthdays.

ANNEX 1/ RECOMMENDATIONS

PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN) STRATEGIC FRAMEWORK PLANNING WORKSHOP

31 March to 2 April 2025, Nadi, Fiji

Day 1 Recommendations by Service

1. EpiNet

- Develop scenario-based simulation exercises to assess and improve response capacity.
- Create and implement competency-based training programs.
- Establish sustainable financing mechanisms and introduce performance metrics.

2. PICNet

- Develop hygiene educational programs within communities.
- Create a monitoring dashboard at the next PicNet meeting.
- Establish financing mechanisms and performance metrics.
- Ensure strong investment and political support for implementation at the national level.

3. PSSS (Pacific Syndromic Surveillance System)

- Build capacity for syndromic and EWARS surveillance in each country.
- Expand multi source surveillance beyond syndromic surveillance.
- Include ARI (Acute Respiratory Infections) in syndromic surveillance.
- Conduct a thorough review of syndromic surveillance, removing COVID-like illness from the system.

4. PacNet

- Enhance communication channels.
- Foster multi-sectoral collaboration between stakeholders.
- Encourage Pacific Island Countries and Territories (PICTs) to use PacNet more actively.

5. LabNet

- Upgrade laboratory capacities and support services within the region.
- Update the laboratory catalog annually, including points of contact and available testing.
- Strengthen procurement process and referral mechanism for molecular support testing at referral labs during crisis and public health emergencies.

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

- Monitor the program and address infrastructure limitations.
- Develop a database of graduates within two years and ensure field training in epidemiology within five years.
- Provide recognition and career pathways for graduates.

7. PPHSN Website

- Ensure that PICTs' and other PPHSN members' contributions to the PPHSN website continue and that it remains a valuable resource for its primary users.

8. PVN (Pacific Vector Network)

- Implement the strategic framework with six identified priorities.
- Develop a dedicated data hub (e.g., Pacific Data Hub).

9. Pre-Survey Recommendations

- Expand disease surveillance using a One Health approach and multi-sectoral collaboration.
 - Improve coordination among services.
-

Day 2 Recommendations**1. Vision and Mission Statements**

- Develop a clear and inspirational vision statement emphasizing health protection in the Pacific.
- Create a mission statement outlining PPHSN's goals and services, focusing on accessible, affordable, and high-quality healthcare.

2. Values and Principles

- Establish core values such as support, efficiency, caring for people, improvement, and environmental stewardship.

3. Collaborative and Innovative Approaches

- Foster collaboration among stakeholders to align priorities and resources.
- Encourage innovative approaches to health surveillance and response, including technology and multi-source surveillance systems.

4. Strengthening Governance and Networks

- Strengthen PPHSN governance and establish partnerships with key stakeholders.
- Develop a tiered approach to strategic planning and monitoring and evaluation.

5. Capacity Building and Workforce Development

- Enhance workforce capacity through training and education.
- Develop competencies in prevention, preparedness, and response to health threats.
- Integrate One Health and environmental considerations into the strategic framework.

6. Theory of Change (ToC)

- Use ToC to identify activities needed to improve data quality, required resources, and stakeholder roles and responsibilities.
 - Develop short-term, medium-term, and long-term outcomes and indicators.
-

Day 3 Recommendations**1. Vision and Mission Statements**

- Finalize the vision statement: "A healthy, safe, and resilient Blue Pacific."
- Finalize the mission statement: "Ensuring a robust health network through innovative and collaborative surveillance systems, information sharing, and integrated response to health threats in the Blue Pacific."

2. Values

- Identify core values: Trust, Collaboration, Integrity, Respect, Inclusivity, Efficiency, Innovation, and Responsiveness.

3. Key Focus Areas

- Governance, Service Arms, and Cross-Cutting Engagements.

4. Key Performance Indicators (KPIs)

- Develop KPIs for strengthening PPHSN networks, focusing on governance, network establishment, awareness, training, partnerships, and health initiatives.
- Include indicators for climate change, One Health, and digital health initiatives.
- Emphasize high-level outcomes and resource requirements for data collection.

5. Commitments and Governance

- Key stakeholders presented commitments to the strategic framework and work plan.
- Discuss funding and resource mobilization, with organizations expressing support.
- Separate the strategic framework and funding plan into distinct documents.
- Organize donor coordination meetings.

6. Crafting the Strategy

- Develop a 3-year implementation plan with clear timelines and responsibilities.
- Highlight risk management and communication/advocacy as crucial components.

ANNEX 2/ AGENDA



**PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORK (PPHSN)
STRATEGIC FRAMEWORK PLANNING WORKSHOP**
31 March to 2 April 2025, Nadi, Fiji

Objectives of the workshop are:

1. Develop the vision, mission, and strategies of the PPHSN using strategic planning tools.
2. Develop a draft strategic framework for PPHSN to achieve health security across the Pacific region.
3. Create a roadmap for further development and finalization of the strategic framework.
4. Foster collaboration among stakeholders to align priorities and resources.

Expected Outcomes:

The workshop is expected to result in producing the main outcomes:

- Initial draft PPHSN Strategic Framework 2026-2035 that will provide a roadmap for its various service networks in relation to priorities identified for strengthening health security in the region in the next decade
- A roadmap for completion of the PPHSN Strategic Framework and a 3-year workplan

SUMMARY OF AGENDA

Date	Time	Main session objectives
Day 1 31 March 2025	8:00 AM – 4:30 PM	Better understanding of the current and future operative environment of the PPHSN
Day 2 1 April 2025	8:00 AM – 4:30 PM	Setting the vision, mission, values and strategies of PPHSN for the next decade
Day 3 2 April 2025	8:30 AM – 4:30 PM	Action planning and identification of key activities in the first 3 years of the Strategic Framework

Day 1: Monday 31 March 2025 – Chairperson: Dr Henri Pierre Mallet

Time	Activity	Session objective	Lead Presenter/Facilitator	Notes and Resources
8:00am – 8:30am	Registration		All	
8:30am – 8:35am	Devotion	To set the spiritual tone to the workshop	Country participant	
8:35am – 9:35am	Opening remarks	Participants understand the main objectives of the Strategic Planning workshop and the main outcome	WHO – Dr Tamano Matsui PIHOA- Ms Gillian Dunn FNU- Dr Donald Wilson SPC- Dr Si Thu Win	Overview of agenda Objectives of the planning workshop Plenary session facilitated by Chairperson
9:35am- 10:00am	Introduction of participants/ Icebreaker	Participants know who is in the room	Dr Sala Saketa	Ice-breaker exercise
10:00am – 10:30am	Tea Break/Group Photo			
10:30am – 12:30pm	Strategy and key focus areas setting/Situation Analysis-Institution	To discuss the PPHSN review findings and to provide updates on the different service networks that will guide what the key focus areas will be in the next decade	PacNet- Ms Elise Benyon LabNet- Dr Eka Buadromo EpiNet- Mr Jojo Merilles PICNet- Ms Margaret Leong PSSS- Ms Shakila Naidu SHIP-DDM- Dr Louise Fonua PVN- Mr Limb Hapairai One Health-Dr Eric Rafai PPHSN Website - Ms Christelle Lepers	PPHSN Review Report PPHSN Milestones Healthy Island Vision Strategic focus 2003-2006 2050 Strategy for a Blue Pacific Continent Asia/Pacific Health Security Framework Plenary session facilitated by Chairperson
12:30pm – 1:00pm	Situational Analysis- Country	Present and discuss findings of PPHSN Strategic Framework Planning Workshop Survey	Mr Thibaut Demaneuf Ms Christelle Lepers	Plenary session facilitated by Chairperson
1.00pm – 2:00pm	Lunch Break	Networking/Wellness opportunities		
2:00pm – 3:00pm	PESTLE Analysis	To understand the environment-analyse factors that can impact the operation of the network 10 years from now	Dr Sala Saketa Dr. Lepani Waqatakirewa	SPC Pathfinder Toolkit PESTLE Framework Interactive group session facilitated by Dr Lepani and Dr Sala
3:00pm – 3:15pm	Tea Break			
3:15pm – 3:45pm	SWOT Analysis	To understand the internal strengths and weaknesses of the network and the external opportunities and threats	Dr Lepani Waqatakirewa Dr Sala Saketa	SWOT Framework Facilitated by Moderator and Consultant Interactive group session

Day 1 Cont'd

Time	Activity	Session objective	Lead Presenter/Facilitator	Notes and Resources
3:45pm – 4:15pm	Group Presentations on SWOT Analysis	To share key findings of SWOT	Group leads	Plenary session facilitated by Dr Lepani
4:15pm- 4:30pm	Synthesis of key findings of Day 1	To share key themes and findings	Dr Lepani Waqatakirewa Dr Sala Saketa	Plenary session facilitated by Dr Lepani
4:30pm – 5:30pm	Facilitators Debrief	Share key reflections and set-up for Day 2	All facilitators	Review notes from rapporteur

Day 2: Tuesday 1 April 2025 - Chairperson: Ms Joanne Mariasua

Time	Activity	Session purpose	Lead Presenter/Facilitator	Notes and Resources
8:00 am – 8:15 am	Registration/Prayer		All/Country participant	
8:15 am – 9:00 am	Recap on synthesis of key findings of SWOT/PESTLE		Dr Tima Tuiketeei	Plenary
8:15 am – 10:30 am	Visioning/Mission statements/Values setting	Use futures principles to achieve envisioned future	Dr Lepani Waqatakirewa	Futures concepts Plenary session facilitated by Dr Lepani Interactive group sessions Group report back
10:30 am – 11:00 am	Tea Break			
10:30 am – 12:30 am	Revision of existing PPHSN Strategy 2003-2006 Goals and Strategies discussion	Identify and agree on Goals and Key Strategies	Dr Lepani Waqatakirewa PPHSN service arm Lead	Plenary session facilitated by Dr Lepani Interactive group session Group report back Butcher papers, sticky pads
12:30 am – 1:00 pm	Theory of Change - discussion	Introduce the concept of TOC	Dr Nemani Seru	Plenary session facilitated by Dr Nemani
1:00 pm – 2:00 pm	Lunch Break	Networking opportunities		
2:00 pm – 2:15 pm	Pacific Break	To promote wellness		
2:15 pm – 3:00 pm	Testing the Theory of Change	Use the proposed PPHSN strategy to begin to develop TOC	Dr Nemani Seru	Plenary session facilitated By Dr Nemani Seru
3:00 pm – 3:15 pm	Tea Break			
3:15 pm – 4:30 pm	Action planning	Identify key activities for the next 3 years	Dr Tima Tuiketeei	Plenary session facilitated by Dr Tima Tuiketeei
4:30 pm – 5:30 pm	Facilitators Debrief	Share key reflections and set-up for Day 3	All facilitators	Review notes from rapporteur

Day 3: Wednesday 3 April 2025 - Chairperson: Mr Patrick Sotto

Time	Activity	Session purpose	Lead Presenter/Facilitator	Notes and Resources
8:00 am – 8:15 am	Registration/Prayer		All/Country participant	
8:15 am – 9.45 am	Recap – recrafting of vision, mission, values	To provide feedback on group work	Dr Lepani Waqatakirewa	Plenary
8:15 am – 10:30am	Action Planning and Implementation/Setting key performance indicators	Identify key indicators for tracking performance and progress	Dr Timaima Tuiketēi	Plenary Interactive group session Group report back
10:30am – 10:45am	Tea Break			
10:45am – 11:00pm	Pacific Break	To promote wellness	All	
11:00am – 1:00pm	Commitments and Governance Mechanism	Key stakeholders including core members, core/temporary allied members and other stakeholders present and commit to strategic framework and workplan	Dr Sala Saketa (WHO)/Sara Demas (WHO)/ Gillian Dunn (PIHOA)	Plenary Funders commitments Member commitments
1:00pm – 2:00pm	Lunch Break	Networking opportunities		
2:00pm – 3:00pm	Crafting the Strategy/Feedback from group sessions	Crafting 3-year workplan with clear timelines and responsibilities	Dr Timaima Tuiketēi Dr Lepani Waqatakirewa	Plenary Interactive group session Group report back
3:00pm – 3:15pm	Tea Break			
3:15pm – 4:00pm	Crafting the 3-year workplan/Feedback from group sessions	To develop a draft strategic framework using findings from Day 1 and Day 2	Dr Timaima Tuiketēi Dr. Lepani Waqatakirewa	Plenary Interactive group session Group report back
4:00pm – 4:15pm	Closing remarks	To conclude the planning workshop with a clear next step for finalization of the PPHSN Strategic Framework	Dr Michelle McConell, Regional Director, CDC East Asi and Pacific Region	Plenary session facilitated by chairperson
4:15 PM- 4:30 PM	Evaluation	To assess whether objectives of the workshop were met	Dr Sala Saketa Dr Lepani Waqatakirewa	Plenary session facilitated by Dr Lepani Slido/Microsoft form survey
4:30pm – 5:00pm	Facilitators Debrief	Consolidation and reflections	All facilitators	Where did we get to? What are the next steps? Review notes from rapporteur

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