



Pacific
Community
Communauté
du Pacifique

MEETING REPORT

2017 Regional Pacific Public Health Surveillance Network (PPHSN) Meeting

Novotel Hotel, Lami, Fiji, 19–22 April 2017

*‘Celebrating 20 Years of Pacific Public Health
Surveillance Networking’*

Hosted by:
The Pacific Community (SPC)
World Health Organization (WHO)
Fiji National University (FNU)

Report prepared by the Pacific Community, 2017

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Day 1: 19 April 2017

Theme: Celebrating Successes of PPHSN Services

(Moderator: Dr Eric Rafai, Ministry of Health and Medical Services – Fiji)

ITEM 1: Opening

Meeting objectives and themes

1. The Regional Pacific Public Health Surveillance Network (PPHSN or the Network) Meeting took place in Lami, Fiji, at the Novotel from 19–22 April, 2017. The meeting was opened by Hon. Rosy Akbar, Minister of Health and Medical Services, Fiji. The meeting was attended by the following core members: Cook Islands, Federated States of Micronesia, Fiji, French Polynesia, Guam, Marshall Islands, Kiribati, Nauru, Niue, Palau, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu, and Vanuatu. Guest speakers included representatives of the Australian National University (ANU), New Zealand Ministry of Health, and USAID – Vietnam. The following Observers were in attendance: Australian High Commission, Fiji Ministry of Health, Fiji National University (FNU), James Cook University, Pacific Paramedical Training Centre (PPTC), and University of New South Wales. PPHSN allied members representatives included: Centers for Disease Control (CDC), Hunter New England, Pacific Islands Health Officer Association (PIHOA), Institute of Environmental Science and Research (ESR), Institut Pasteur de Nouvelle-Calédonie (IPNC), Fiji National University (FNU), and the World Health Organization (WHO). The meeting was also attended by staff of the Pacific Community (SPC) – Secretariat and PPHSN Coordinating Body (CB) focal point.
2. The meeting acknowledged the primary objectives of the regional PPHSN meeting were to:
 - i. celebrate the achievements of 20 years of public health surveillance in the Pacific;
 - ii. outline broad challenges related to the six PPHSN services: PacNet, LabNet, EpiNet, PICNet, Pacific Syndromic Surveillance System (PSSS), and Capacity building – Strengthening Health Interventions in the Pacific (SHIP) and Data for Decision Making (DDM);
 - iii. identify opportunities for action resulting from these challenges; and
 - iv. produce specific recommendations for the group to consider as it defines the strategic direction towards development of the 2017-2021 Strategic Plan.

Welcome and remarks by the Chair and introduction of speakers

3. Opening remarks were made by Hon. Rosy Akbar, Minister of Health and Medical Services, Fiji. The Minister acknowledged the 20th anniversary of the PPHSN as an opportunity to reflect on achievements and challenges, and to look ahead. The Minister noted that while the Network was set up to tackle communicable diseases, surveillance and response has become the core operational methodology of the Network. The Minister highlighted challenges faced by Pacific Island countries and territories (PICTs), including anti-microbial resistance, and the 'double burden' of communicable and non-communicable diseases. The Minister said that Fiji is and remains a friend of the Network, and looks forward to its future activities and achievements.

ITEM 2: Setting the stage – PPHSN in the past 20 years

4. The Secretariat:

- i. passed on the greetings to the meeting of Dr Colin Tukuitonga (Director-General SPC), and Dr Audrey Aumua (Deputy Director-General Suva, SPC);
- ii. provided an overview of PPHSN's history, structure and services since its establishment in 1996, noting that:
 - a. the context for the formation of PPHSN included a lack of integration and coordination of public health surveillance activities, and that the initial focus of PPHSN was on surveillance;
 - b. the institutional framework of PPHSN is made up of departments and ministries of health and supporting partners – with seven core members and five allied members; and
 - c. there have been clear successes in response and prevention in the region, including measles, gastroenteritis (GE), typhoid, outbreak investigations and mass gathering surveillance.

ITEM 3: Setting the stage – PPHSN reflections

5. Dr Corinne Capuano (WHO):

- i. noted that the Pacific region remains vulnerable to infectious diseases and natural hazards, and that these are all predicted to increase, and that all of these require preparedness and response capabilities, and that cooperation and collaboration are very important; and
- ii. acknowledged that the six PPHSN services – PacNet, EpiNet, LabNet, PICNet, Pacific Syndromic Surveillance System (PSSS), and DDM-SHIP – all contribute to implementing core public health functions and strengthening health networks, which are based on mutual respect and trust, and that these networks can also benefit from technologies and tools.

ITEM 4: 'The Eye, the Weave and the three Peoples'

6. Dr Tom Kiedrzyński (Ministry of Health – New Zealand):

- i. noted that decreasing funding is an ongoing issue for health in the region, and that the challenge is to work better together to overcome that;
- ii. proposed that the future success of PPHSN will be enhanced by: maintaining key surveillance achievements; extending the range of target communicable diseases; using information to implement effective public health prevention strategies; applying operational research; involving the young generation of Pacific health professionals who have been exposed to the IT revolution; continuing to avoid duplication and reinforce integration; maintaining preparedness and response; and finding the balance between 'organised chaos' and 'command and control'; and
- iii. noted that it is people who really make PPHSN, rather than institutions, but that institutions are important in resourcing the Network.

ITEM 5: Introduction of participants and election of Chairpersons

7. Participants introduced themselves to the meeting. Refer to participant list in Annex 1.

ITEM 6: Overview of PPHSN – 20 years on: Accomplishments, challenges and way forward

8. The Secretariat:
 - i. noted the evolving context in which PPHSN operates, including emerging communicable diseases (CDs), and the double burden of CDs and non-communicable diseases (NCDs), climate change and disasters, and increased travel and mass gatherings;
 - ii. noted the great strides made by the PPHSN since 1996;
 - iii. presented challenges and the way forward for the six PPHSN services – PacNet, EpiNet, LabNet, PICNet, Pacific Syndromic Surveillance System (PSSS), and DDM-SHIP;
 - iv. encouraged participants to reflect on ways to revitalise PacNet;
 - v. noted the importance of ensuring countries are aware of the Network, and of facilitating access to funding to assist with costs of shipping, tests, and other expenses associated with an effective PPHSN;
 - vi. noted the importance of ensuring that proper skills are developed, and that people with experience with outbreaks are mobilised to support other countries with their responses;
 - vii. noted that the regional infection prevention and control (IPC) guidelines that were published in 2010, and revised in 2016, can be adapted by countries and territories in developing their own national guidelines; and
 - viii. noted the success of the accreditation of the DDM programme, the need to establish memorandums of understanding (MOUs) to ensure those trained are recognised in their own countries, and the need for sustainable funding.

ITEM 7: Presentation of PPHSN milestones

9. Christelle Lepers, Surveillance Information and Communication Officer – Research, Evidence and Information Programme (SPC) gave a slideshow presentation, *Milestones of PPHSN Development*.

ITEM 8: PacNet report back block

10. Presentations were made by Dr Nemia Bainivalu of Solomon Islands, Dr Aina Garstang of Marshall Islands and Dr Marine Giard of French Polynesia, to provide an overview of their country experiences, notable achievements, institutional arrangements, successful and unsuccessful strategies, and barriers and solutions.
11. The meeting:
 - i. noted the need for harmonisation of surveillance systems;
 - ii. noted that with financial and technical support from WHO and SPC, as well as knowledge and mentorship of in-country champions, countries have been able to improve linkages across provinces, ministries, etc, as well as response to outbreaks more generally;
 - iii. noted that PPHSN has helped countries respond to outbreaks;
 - iv. noted the importance of working with traditional leaders, local government and communities;
 - v. noted the importance of public health acts and other national instruments and mechanisms to ensure action, accountability and financing in responding to outbreaks;
 - vi. noted that those working on the clinical side do not understand the full scope of public health, and therefore it is important to engage those at clinical level in public health planning;

- vii. noted that some countries have improved their capacity to prepare for and prevent outbreaks rather than just reacting;
- viii. noted the need in some countries and territories for review of EpiNet team structure to ensure there is both supervisory structure in place as well as field/operational arm, clarity around roles and responsibilities, and skills required to investigate outbreaks, and that this balance has been achieved in some countries – e.g. Palau; and
- ix. noted that if operational studies have been conducted leading to policy change it would be helpful to post these achievements on PacNet.

ITEM 9: EpiNet report back block

- 12. Presentations were made by Mr George Worwor of Vanuatu and Dr Saine Vaai-Nielsen of Samoa, to provide an overview of their country experiences, notable achievements, institutional arrangements, successful and unsuccessful strategies, and barriers and solutions.
- 13. The meeting:
 - i. noted that some countries, such as Vanuatu, have already seen benefits from DDM training with regard to increased communication and reporting;
 - ii. noted the importance of interdisciplinary and multi-sectoral approaches, and of engaging ministries beyond the health sector in infection prevention and control;
 - iii. identified that IPC, as a service of PPHSN, needs to be strengthened; and
 - iv. noted that many countries learn and improve their IPC systems and processes after experiencing outbreaks.

ITEM 10: LabNet report back block

- 14. Presentations were made by Mr Tebikau Tibwe of Kiribati, Mr Petelo Alapati Tavite of Tokelau, and Dr Edgar Akauola of Niue, to provide an overview of their country experiences, notable achievements, institutional arrangements, successful and unsuccessful strategies, and barriers and solutions.
- 15. The meeting:
 - i. noted that there has been a great improvement in laboratories in the region, and that lab quality management systems have improved markedly; while recognising that the importance of lab-based surveillance is to test the patient, and collect a sample, when the patient presents;
 - ii. noted that the cost of preparedness work is very high, and that the time lag to confirm a certain case is a reality;
 - iii. highlighted that it is important to characterise the outbreak that a country is dealing with; and that it is critical to take samples at the outset of the outbreak and to characterise those samples;
 - iv. reported that guidelines on sampling strategies (such as for influenza) can be adapted to different diseases, and that a sample strategy for a disease outbreak should be developed based on the population and resources, while as case numbers fall it will be necessary to undertake additional sampling to ensure that the end of that outbreak is indicated; and noted that it may be necessary to obtain more samples for a new disease than for a well-known disease; and
 - v. noted that EpiNet teams were designed for epidemic 'wartime' – when everyone is mobilised; while the challenge is to develop a formal system to maintain EpiNet teams outside of outbreak conditions.

ITEM 11: PICNet report back block

16. Presentations were made by Mr Vine Sosene of Tuvalu, Ms Cheryl-Ann Udui of Palau, and Dr Louise Fonua of Tonga, to provide an overview of their country experiences, notable achievements, institutional arrangements, successful and unsuccessful strategies, and barriers and solutions.
17. The meeting:
 - i. noted that the regional guideline had been reviewed, and countries looking to update their IPC guidelines would be able to use this;
 - ii. stressed that countries and territories need to rigorously apply these good standards to anyone who enters a medical facility for treatment; and
 - iii. identified that countries and territories need to undertake a thorough, large-scale assessment to identify the suitability and rigour of their IPC guidelines, and to identify areas for improvement; while noting that similar assessment of monthly monitoring in country will improve monitoring strategies.

ITEM 12: Surveillance report back block

18. Dr Viema Biaukula (WHO) gave a presentation on the Pacific Syndromic Surveillance System (PSSS), which provides a simple, sustainable system that allows local health authorities to detect unusual cases and clusters of disease early and assists PICTs to meet their obligations under the International Health Regulations (IHR), and presented results from an evaluation undertaken in 2014.
19. Mr Shakti Gounder gave a presentation on a Pacific Epidemic and Emerging Disease Alerts Map, launched in August, 2014, which through Indicator-based surveillance (IBS) and event-based surveillance (EBS) monitors circulation of epidemic and emerging diseases in the Pacific, and presented results from a survey on the map's utility, conducted in 2016.
20. The meeting:
 - i. noted that with the new, web-based database that replaces the cumbersome former Excel spreadsheet, countries are now able to enter data, they will have access to and be able to export historical data, and they will receive email alerts in beyond-threshold cases to enable them to investigate to determine if there is an outbreak;
 - ii. noted a map of epidemic and emerging disease alerts in the Pacific, which reports on health indicators and events in the Pacific and beyond that pose potential threats regionally and internationally; and further noted that the map is disseminated weekly to Pacific Island countries and territories: since the launch of the interactive map in 2014, 143 maps have been disseminated and 175 alerts have been highlighted;
 - iii. noted that a survey on the map was sent to government and non-governmental respondents; and further noted that most respondents were satisfied with the map, but that suggestions had been made to expand the functions of the map;
 - iv. raised the possibility of including vector circulation and surveillance on the map; and noted the Secretariat's view that this would be possible but that currently there is not enough data or information to support this enhancement;
 - v. considered the Secretariat's assessment criteria for the interactive map, and resolved to provide feedback to the Secretariat;
 - vi. noted that reporting on syndromes can be effective because it does not rely on lab data and can therefore lead to early intervention;
 - vii. noted a major challenge in that information and data from countries is not always timely or consistent, which makes it difficult to declare or update the status of outbreaks;

- viii. noted that a key challenge for reporting can be the limited number of surveillance officers and competing priorities in countries;
- ix. acknowledged that there is a transparency issue in reporting outbreaks for a number of reasons, including the negative impact on tourism in reporting an outbreak; and noted that it would be in the interests of countries to be proactive in reporting outbreaks, since proactive reporting enables countries to control the message, rather than having to explain reporting delays to the media and other stakeholders;
- x. agreed that the reporting of outbreaks involves communicating – to the public, regional colleagues and partners – the right information at the right time, based on health priorities and also taking into account implications for other sectors, such as the media and tourism; and
- xi. in relation to the proposal that the issue of underreporting should be raised at the 5th Pacific Heads of Health (HOH) meeting, resolved that meeting participants should continue to reflect on this recommendation throughout this meeting, and in particular consider whether the reporting barriers are technical and capacity-based (and therefore can be addressed during the PPHSN meeting), or are political (and therefore should be referred to the Heads of Health meeting).

ITEM 13: DDM-SHIP Forum

21. Presentations were made by Mr Jojo Merilles (SPC), Dr Mark Durand (PIOHA), Dr Kathryn Taylor (HNE), Mr Thane Hancock (CDC), Dr Viema Biaukula (WHO), and Dr Donald Wilson (FNU), and their experiences of DDM-SHIP delivery.

22. The meeting:

- i. noted that credit transfer to the Masters in Public Health (MPH) and Masters of Applied Epidemiology is provided by Fiji National University (FNU);
- ii. noted that information about accreditation and prerequisites is available in the DDM briefer;
- iii. noted that funding requests will be tabled at the 5th Pacific Heads of Health meeting, and that a funding mechanism and support system should be in place, noting potential funding from the Global Fund;
- iv. noted the view expressed that CDs, NCDs, and other surveillance and routine reporting should be and are addressed in the DDM programme;
- v. identified the need for ongoing communication and updates to be provided to in-country health managers and relevant personnel on participant progress in order to identify trained DDM personnel in country;
- vi. appreciated the view expressed that the term ‘training programme’ should be avoided, with a preferred focus on strengthening health systems;
- vii. agreed on the importance of providing an estimated cost for DDM training to countries and territories to enable budgeting and funding planning;
- viii. noted the need to evaluate DDM upskilling and systems development, and the necessity for countries and territories to understand how many professionals require training across the region, and the need to determine the time horizon necessary for following up participants and determining their contribution to country health systems;
- ix. noted the Secretariat’s advice that a review of PPHSN is planned in 2017, while also noting the view that it is risky to draw broad conclusions through evaluations of training programmes, given the need to consider the enabling environment; and
- x. noted the need to move forward with finalising, accrediting and identifying resources for the upper levels of SHIP beyond DDM.

23. The meeting agreed on the following resolutions:

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

Day 2: 20 April 2017

Theme: Challenges and Lessons Learned

(Moderator: Dr Olayinka Ajayi, Republic of Nauru)

ITEM 14: Recap Day 1

24. The meeting:

- i. presented key takeaways from Day 1 of the meeting;
- ii. noted the need to identify opportunities for actions resulting from challenges discussed on day one; and
- iii. noted the arrival of the representative from Institut Pasteur de Nouvelle-Calédonie.

ITEM 15: Plenary speaker: Lessons learned in capacity building – global and regional experiences

25. Dr Mahomed Patel (ANU):

- i. noted the importance of not applying an imported or one-size-fits-all approach in the region, but recognising the knowledge, contexts, and lessons within the Pacific;
- ii. called upon the example of the success of the Fiji 7s rugby team to encourage the PPHSN to reflect on capacity building more broadly in the context of the Pacific region, and also to think about how to share information and lessons on the PPHSN website and market the Network to reach beyond a narrow technical audience;
- iii. noted the importance of countries setting and shaping their own agendas and not simply implementing the agendas of partners and donors;
- iv. in relation to capacity building, noted the importance of thinking in terms of systems rather than individual training, as it is the enabling environment that sets the foundation for success;
- v. presented on Potter's Hierarchy of Needs as a useful framework for thinking about capacity development, noting that the technical aspects are easier to address than the social-cultural elements, but that all are interconnected; noted the importance of structures and systems, institutional support, accountability, leadership, and working with the resources available;
- vi. presented the concept of problem-driven iterative adaptation (PDIA), and noted the importance of PPHSN documenting and sharing its own knowledge and lessons; and
- vii. raised the issue of whether the word 'surveillance' is an effective and accurate inclusion in the PPHSN, and whether it might be better to use a term like action in terms of setting itself apart and attracting partners.

26. The meeting:

- i. returned to the issue of vetting potential DDM participants, noting the need to consider ways to retain this knowledge by not only considering individuals' qualifications but also their future career plans, and where possible or appropriate, creating conditions for eligibility, such as remaining with a ministry of health (MOH) for one year following the training; in relation to the focus on accreditation over the past couple of years, noted the importance of returning to collaboration and innovation and thinking about how to improve delivery – not just in terms of the education component but also systems.

ITEM 16: Table-top scenarios

27. The Secretariat facilitated group work to assess outbreak status and determine responses for three case studies, on diarrhoea, dengue and influenza outbreak.
28. The meeting:
- i. noted the importance of context, and of considering all factors before determining status and response – e.g. whether or not a particular health issue is endemic to the area, the severity of the health threat, the burden on the health system;
 - ii. noted that a comprehensive, context-specific, and prevention-focused approach is needed, with a focus on working with the community on home inspections, education and clean-up;
 - iii. noted the importance of infection prevention and control measures, such as mosquito netting and repellent for hospital patients, and protective measures for health providers;
 - iv. reminded participants of the importance of reporting to PacNet as part of their outbreak response, as well as strengthening multi-sectoral communication around outbreaks – not just going to the media;
 - v. noted the importance of routine surveillance for outbreak preparedness;
 - vi. noted the importance of strengthening regional response, whereby partners facilitate cooperation and support within the region during times of outbreak;
 - vii. noted that regional response and REpiNet will be discussed further during the Coordinating Body meeting;
 - viii. noted the importance of establishing clearly defined criteria for declaring outbreak and determining when the threat has passed; and
 - ix. noted that there is an initiative underway to build a global emergency workforce, to be discussed further on Day 3.

ITEM 17: APSED implementation and discussion

29. Dr Angela Merianos (WHO):
- i. presented on the International Health Regulations (IHR) and the Asia Pacific Strategy for Emerging Diseases (APSED);
 - ii. noted that the IHR includes adaptive responses that need to be put in place in response to threats of the spread of disease, or to a food or other substance that may carry a risk to human health;
 - iii. noted that the Pacific region, while comprising only a small percentage of the global population, experiences 2.3% of global disasters, and is at risk of transnational disease threats;
 - iv. noted that APSED is a bi-regional tool that provides a useful approach to IHR implementation, which in 2016, following reviews conducted through a bottom-up approach that engaged countries, regional stakeholders and implementation partners, was revised from APSED 2010 to APSED III;
 - v. noted the guiding principles of APSED III in the Pacific, calling for the need for regional coordination and support for countries, and noted that APSED III better reflects an all-hazards approach, and includes reorganised and new priorities, with a focus on Public Health Emergency Preparedness and coordination issues, and emphasises the importance of incident command structures;
 - vi. noted that APSED includes a chapter on the Pacific, which emphasises the need for a tailored approach that considers Pacific strengths, ways of organisation and local contexts, and recognises continuing vulnerabilities and threats;
 - vii. noted that the guiding principles of APSED III in the Pacific include: enhanced coordination in the Pacific Island region; M&E of core public health capacities and capabilities linked to existing frameworks; and opportunities for connections with other

- national, regional and global strategies, and that initiatives aimed at strengthening health security and health systems are explored;
- viii. noted that joint external evaluations (JEE) should be thought of as a process that supports countries in thinking about where they are at in terms of preparedness to respond, and as an exercise for self-assessment, identifying needs, and testing systems – not as an end in itself but rather as a learning tool for capacity strengthening; and
 - ix. noted the importance of sharing information with colleagues and countries about the move from APSED 2010 to APSED III.

ITEM 18: Surveillance Technical Working Group

30. The Secretariat:

- i. noted a proposal for the establishment of a Surveillance Technical Working Group (STWG) to fill the gap in terms of process for making decisions outside of the CB forum, and as a response to the last PPHSN Coordinating Body meeting, and supported by a concept paper that has been prepared by SPC;
- ii. heard proposals for membership and processes of the technical working group – which would remain firmly and clearly under the authority and oversight of the CB – and proposed roles and functions of the STWG; and
- iii. with regard to the question of the value and effectiveness of teleconferences, noted that these have been a useful and seamless tool, with only minor challenges related to time differences.

31. The meeting:

- i. agreed on the benefit of exploring methods of undertaking technical work collaboratively by remote means, while acknowledging the value in meeting face to face;
- ii. noted that the STWG needs flexibility and tailoring to fit the Pacific context;
- iii. proposed the possibility of calling for expressions of interest for Network members to work on particular documents or activities in remote collaborative networks, which could be brought for final endorsement at PPHSN meetings;
- iv. in relation to the terms of reference for members of the STWG, noted that the Secretariat should consider an appointment consistent with the Lab Technical Working Body; and
- v. proposed the possibility of calling for expressions of interest for Network members to work on particular documents or activities in remote collaborative networks, which could be brought for final endorsement at PPHSN meetings.

32. The meeting agreed on the following resolutions:

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

ITEM 19: Presentation of the new PPHSN website

33. The Secretariat:

- i. noted that the construction of the new PPHSN website is underway, which includes a significant transfer of information and data, and is expected to be capable of launch in the following few months;
- ii. in relation to the transfer of information from the old PPHSN website to the new website currently in development, noted that countries may request that their specific information not be transferred if they wish;
- iii. noted that the website will incorporate some of the suggestions from the last PPHSN meeting, including country pages and a more functional search engine;

- iv. noted that, to date, the site has only dealt with surveillance, and raised the question of whether the Network is ready to include a media space and to market the site to a broader public audience;
- v. noted that if countries want the PPHSN site to be more accessible and interesting to the public, the Secretariat is ready to work towards making this happen, but will require content and stories from countries on what is happening 'on the ground'; and
- vi. noted that the Secretariat will consult with countries individually following this meeting to find out what countries wish to see from this site.

34. The meeting:

- i. recommended strengthening the marketing of achievements and awareness of PPHSN;
- ii. agreed that the proposed country web profiles on the new PPHSN website will remain, as a request made by countries at the 2015 PPHSN meeting;
- iii. referred for consideration by the PPHSN CB: a request that the CB advise PPHSN on the scope and extent of the information that will be placed on the proposed country web profiles on the new PPHSN website; and
- iv. agreed to progress the website.

35. The meeting agreed on the following resolutions:

- i. **Resolution 3:** Strengthen the marketing of achievements and awareness of PPHSN.
- ii. **Resolution 4:** Define and agree on the information that will appear on the new PPHSN website, and specifically the scope and content of the proposed country web profiles.

ITEM 20: Discussions – Other

36. The meeting:

- i. in relation to the Pacific Paramedical Training Centre (PPTC), noted that good work is happening in laboratories across the Pacific, but that more work is needed to strengthen laboratories to advance them to a professional level; and
- ii. in relation to the Observer status of the PPTC to PPHSN, proposed the possibility of changing the status of PPTC to official allied member of the Network; and that this proposal be put forward on Day 3 of this meeting.

37. The meeting agreed on the following resolutions:

- i. **Resolution 5:** Permit agencies with Observer membership status to apply for Allied membership status.

Day 3: 21 April 2017

Theme: Preparedness and Response

(Moderator: Dr Saine Vaai-Nielsen, Samoa)

ITEM 21: Recap Day 2

38. The meeting:

- i. noted that Day 2 focused on challenges and lessons learned, and synthesised the day through an overview of 10 contrasting directions, demonstrating where we've coming from and the way forward; and
- ii. noted that a motion was passed on Day 2 to continue progress work on the PPHSN website, and for specific country pages content to be revisited and reviewed later.

ITEM 22: Plenary speaker 1: Preparedness and response – some global issues and progress

39. Dr Michael O'leary (USAID):

- i. provided a historical overview of PPHSN within a regional and global context;
- ii. noted the importance of preparedness and the development of countermeasures, as known agents remain serious threats; it is unknown what problems emerging pathogens will create; and there are limitless opportunities for spread;
- iii. emphasised the importance of thinking about the concept of 'one health' (or 'eco health' as noted by WHO), which considers the interface between humans, animals and environment, especially as 70-75 per cent of diseases originate in the animal kingdom;
- iv. noted that PPHSN is a trailblazer in early detection, rapid identification, timely communication and response;
- v. noted that it is worthwhile to think about PPHSN's name and to consider expansion of its activities in terms of available resources and priorities;
- vi. noted that PPHSN was an early implementer of multi-country collaboration, information sharing, preparedness and response;
- vii. discussed the sharp contrast between China's reluctant and slow response to SARS in 2003 and the leadership it demonstrated and its rapid response to H7N9 in 2013, in which it applied the lessons learned from SARS, and demonstrated the effectiveness of strong institutional arrangements and high-level political support;
- viii. discussed the Global Health Security Agenda (GHSA) and its integration with the International Health Regulations (IHR), and their collaboration on the Joint External Evaluation (JEE) tool;
- ix. encouraged countries to consider membership to the GHSA, which currently has 50 member countries, but none from the Pacific region, and for the Network to consider integration into global networks;
- x. noted that membership of GHSA can strengthen sharing and learning, and may present opportunities for access to funding;
- xi. noted that the best way to contact the GHSA about membership is through their website; and
- xii. in relation to the human-animal-ecology interface, noted the importance of sectors working together on surveillance, whether through ad hoc cooperation or more integrated collaboration, as linkages should be made before an emergency arises to ensure quick response.

ITEM 23: Plenary speaker 2: Preparedness and response to outbreak: French Polynesia – Zika experience

40. Dr Marine Giard (French Polynesia):

- i. presented on the experiences, challenges, lessons learned, and 12 recommendations emerging from the six-month Zika epidemic in French Polynesia in 2013, which will soon be published as a paper;
- ii. noted that some of the challenges included lack of human resources and recruiting staff to replace those who fell ill, and management of messaging to the public, particularly around pesticide use;
- iii. noted that a study was conducted by a consultant after the epidemic, examining healthcare provision, communication, surveillance, laboratories and vector control, which applied a SWOT analysis model to assess internal organisation and external environmental factors;
- iv. noted that some of the surprises and lessons from the 2013 epidemic included: rapid spread of the virus; lack of anticipation and coordination; and emergence of rare forms of disease and health complications; and
- v. noted that the direct and indirect costs of the epidemic were less than the cost of addressing the Zika virus in New Caledonia (NC) in 2012–2013, even though NC had fewer cases.

ITEM 24: Plenary speaker 3: Experiences in preparedness and response to disasters: Fiji experience post-TC Winston

41. Dr Eric Rafai (Ministry of Health and Medical Services – Fiji):

- i. noted that Fiji's response for TC Winston was in 3 phases: (1) trauma, acute care; (2) Program Oriented (Public Health Outreach, Health Promotion/Communication); Phase (3) Recovery/Rehabilitation/ Reconstruction;
- ii. noted that the Fiji National Health Emergencies And Disaster Management Plan ('HEADMAP') was implemented for TC Winston;
- iii. noted that information for a disaster response is very important, including: website, bulletins, situational updates, etc., and that the information management cycle is important;
- iv. noted the importance of technology as part of information management, scheduling, and inputting information in the field using mobile phones;
- v. noted that Fiji has developed an integrated health information system, and that evacuation centres in affected regions enabled information to be fed back into the system; and
- vi. heard the lessons learned from TC Winston, including: Opportunities (create new tools to strengthen information management; address gaps that were noted in past responses; develop skills and capacity of teams; and rapid information flow); and Threats (different data systems that may be inconsistent; a lack of coordination leading to information overload; time required to adjust; and the importance of baselines).

ITEM 25: Plenary speaker 4: Preparedness and response to outbreak: Federated States of Micronesia experience

42. Dr Rally Jim (FSM National)

- i. noted that FSM has three tiers of government: local, state, national; and that emergency and disaster response occurs within these three tiers;
- ii. noted that the existing vertical programme is the Public Health Emergency Preparedness Program (PHEP);

- iii. noted the three components of PHEP: Hospital preparedness programme; PHEP; and Emergency Medical Services for Children (EMSC); and that PHEP should provide emergency assistance to states for planning and preparing for disasters and public health emergencies;
- iv. noted that state PHEP programmes work with the state disaster management offices, which also have their own plans, and implement first responder and capacity building aspects;
- v. noted the interoperability vision, that all offices across the three levels have seamless communication, including stakeholders and partner agencies; and
- vi. noted that FSM observes responsibilities to international health regulations.

Discussion

43. The meeting:

- i. noted that disaster response is an important opportunity for training and capacity building, subject to the emergency response and capacity to manage trainees;
- ii. considered whether PPHSN can put in place a system of exposing trainees to emergencies, including countries assisting DDM-SHIP candidates to come in o disaster situations, subject to resourcing;
- iii. noted the introduction of the 'EWARS in a box' system into the rapid response to TC Winston in Fiji, and noted the operationality of the 'EWARS in a box' system; and
- iv. expressed interest in the 'EWARS in a box' system; and noted that WHO would be happy to share the 'EWARS in a box' information through the Secretariat.

ITEM 26: PPHSN Level 2 laboratory: IPNC

44. Dr Cyrille Goarant (Institut Pasteur de Nouvelle-Calédonie)

- i. provided an overview of the Institut Pasteur New Caledonia (IPNC), which conducts research activities in and for the Pacific that complement capacity building activities;
- ii. noted the transfer of the medical laboratory to Medipole/New Caledonia in November 2016;
- iii. noted that the IPNC through its focus on research is able to make an important contribution to public health in the region;
- iv. noted the priorities of the IPNC include leptospirosis, arboviruses and vectors, epidemiology, anti-microbial resistance, traditional medicine and a new focus on NCDs;
- v. noted that work being done in the areas of NCDs – specifically around type 2 diabetes and genetics – will be of great interest to the Pacific; however the work is just getting started as ethical clearance takes some time when human genetics are involved.

45. The meeting:

- i. noted that countries should soon expect a call for expressions of interest for a leptospirosis training; and
- ii. noted that the IPNC is a valuable resource, particularly with regard to its focus on 'eco health'.

ITEM 27: IHR Implementation in PICTs/Health Security Agenda

46. Dr Angela Merianos (WHO):

- i. noted that the International Health Regulations Monitoring Questionnaire (IHRMQ) is a self-reporting instrument important for monitoring progress, which includes mostly yes/no questions, and must be completed annually;
- ii. noted that in relation to the IHRMQ there is variable reliance on evidence and documentation, and that there is a need for a more objective assessment approach;
- iii. noted that there is a perception that the tool is only relevant to health departments and there is a need for countries to engage different stakeholders;
- iv. noted that according to IHR data, with regard to core capacities such as coordination, surveillance, response, risk communications, lab work – the Pacific demonstrates a good level of preparedness;
- v. noted that areas such as Zoonoses and chemical safety require strengthening;
- vi. noted that the Joint External Evaluation (JEE) is a shift away from self-reporting, involves both internal and external people, and requires a high level of engagement at the highest levels across many sectors;
- vii. noted that those who have gone through the JEE process, have found it a useful tool to identify gaps and map resource requirements against those gaps, as well as helping mobilise financial support and political will;
- viii. noted the importance of considering health security in the broader context of other areas of human security; and
- ix. noted that the JEE involves site visits, discussion, identify strengths, gaps, and joint recommendations.

47. The meeting:

- i. proposed that for the Surveillance Technical Working Group – one task might be to evaluate the JEE instrument from a Pacific lens and make recommendations as to whether it is good as it stands or requires customisation.

48. The meeting agreed on the following resolutions:

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

ITEM 28: Maintenance of Influenza Surveillance Capacity by National Health Authorities Outside the United States – CDC-SPC Cooperative Agreement September 2016 – September 2021

49. The Secretariat:

- i. noted that the goal of the project is to improve pandemic preparedness of PICTs through effective influenza surveillance, and its purpose is to boost existing routine influenza surveillance systems and support the capacity to detect, monitor, respond and mitigate transmission of novel influenza viruses;
- ii. noted that the objectives of the project are to: maintain the capacity of surveillance staff in routine influenza surveillance, outbreak preparedness and response; facilitate the production of relevant and quality surveillance data and information; maintain the operation of SARI and ILI sentinel surveillance; maintain influenza testing capacity at national influenza laboratory; facilitate sharing of specimen and information on influenza viruses with national and regional authorities; maintain participation in WHO Global Influenza Surveillance and Response System; reinforce the capacities and integration of laboratory and syndromic surveillance systems in PICTs to monitor outbreaks of severe respiratory and febrile illnesses;
- iii. noted that for most countries, routine surveillance has not been a strength;

- iv. noted that routine surveillance is key to identifying and tracking circulating strains;
- v. noted that many challenges exist for routine surveillance, including unwillingness to collect samples, individuals claiming it is not part of their job, lack of understanding, and limited support and funding;
- vi. noted the need for MOH endorsement to ensure routine surveillance is in place;
- vii. noted the need for a regional mechanism for funding in times of outbreaks to assist with cost of testing and shipping; and
- viii. in relation to the recently signed five-year agreement, noted that with uncertainty related to US administration, the Secretariat would priorities critical items first, and that it will support countries to incorporate routine surveillance in their national budgets to ensure sustainability.

ITEM 29: Status update on 2015 PPHSN meeting recommendations

50. The Secretariat:

- i. noted that work is being done to delineate more clearly the governance of PPHSN, as well as the need for external expertise to work more on this project;
- ii. noted that HOH is the governing body of PPHSN, and HOH asked PPHSN to present resolutions as put forward to the Coordinating Body for endorsement by HOH;
- iii. proposed that it be recommended that PPHSN become a standing agenda item at HOH;
- iv. noted that in relation to recommendation 5 under Theme 1 from 2015, that the appropriate positions/opportunities need to be created for DDM-SHIP graduates, and/or ministries need to establish standards for data officers and other positions, requiring and/or rewarding specialised certification, and offering appropriate remuneration in return;
- v. noted that in relation to the DDM-SHIP accreditation, the programme will go through another round of revisions, and it is recommended that countries consider and submit recommendations to FNU; and
- vi. noted the need for countries to mobilise DDM-SHIP graduates and trainers during events/outbreaks.

51. The meeting agreed on the following resolutions:

- i. **Resolution 8:** Propose that PPHSN become a standing agenda item at HOH.
- ii. **Resolution 9:** As part of HRH planning use the DDM credential as a standard for relevant data-related positions, recognise DDM-SHIP credentials through adjustments to remuneration, and endeavour to ensure the existence of positions for advanced graduates of SHIP.
- iii. **Resolution 10:** Convene a taskforce to finalise and accredit SHIP beyond DDM.
- iv. **Resolution 11:** Respectfully request FNU grant maximum flexibility in scheduling the delivery of DDM-SHIP courses within the quality standards of FNU.

ITEM 30: Plenary presentation of workshop output

52. The meeting:

- i. heard groups present challenges and recommendations on the six PPHSN services.

PacNet

53. The meeting agreed on the following resolutions:

- ii. **Resolution 12 (regional):** Support countries to update and develop communication/reporting guidelines.

- iii. **Resolution 13 (regional):** Flow chart to be made available, and have it readily available for countries.
- iv. **Resolution 14 (regional):** Assist countries with capacity development.
- v. **Resolution 15 (regional):** Improvement in the technology platform.

EpiNet

54. The meeting agreed on the following resolutions:

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

PSSS

55. The meeting agreed on the following resolutions:

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

LabNet

56. The meeting agreed on the following resolutions:

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

PICNet

57. The meeting agreed on the following resolutions:

- i. **Resolution 20 (country):** Countries to align with the PPHSN guidelines.
- ii. **Resolution 21 (regional):** Technical assistance to MOH partners to develop/revise guidelines (WHO, SPC, others).
- iii. **Resolution 22 (regional):** Continue strengthening of AMR and HAI surveillance through local laboratory reporting and piloting surveillance of returning off-island healthcare referrals (recommendation 15, PPHSN Regional LabNet/EpiNet meeting 2015).

DDM-SHIP

58. The meeting agreed on the following resolutions:

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

ITEM 31: Coordination and governance of PPHSN

59. The Secretariat:

- i. noted that HOH is the governing body of the PPHSN;
- ii. noted the need for an external review of the PPHSN and of the role of focal points;
- iii. noted that focal point functions could be shared if there's a need; and
- iv. noted that the concept paper on the coordination and governance of the PPHSN would be presented to the Coordinating Body on Day 1 of its meeting on 22 April.

Day 4: 22 April 2017

Theme: Resolutions and Way Forward
(Moderator: Dr Louise Fonua, Ministry of Health – Tonga)

ITEM 32: Conclusions, recommendations and endorsement

60. The meeting:

- i. reviewed and finalised resolutions to put forward to the Coordinating Body;
- ii. completed evaluations; and
- iii. ended with closing remarks and devotion.

ITEM 33: Meeting resolutions

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

The meeting agreed on the following resolutions:

- i. **Resolution 1:** Identify opportunities from challenges and lessons learned, in the implementation of the six services of Pacific Public Health Surveillance Network (PPHSN), to inform the development of the 2017-2021 Strategic Plan.

Surveillance Technical Working Group (STWG)

The meeting agreed on the following resolutions:

- ii. **Resolution 2:** The STWG, as defined in the current concept paper, be further refined by the PPHSN Coordinating Body (CB).

Presentation of the new PPHSN website

The meeting agreed on the following resolutions:

- iii. **Resolution 3:** Strengthen the marketing of achievements and awareness of PPHSN.
- iv. **Resolution 4:** Define and agree on the information that will appear on the new PPHSN website, and specifically the scope and content of the proposed country web profiles.

Discussions – Other

The meeting agreed on the following resolutions:

- v. **Resolution 5:** Permit agencies with Observer membership status to apply for Allied membership status.

International Health Regulations Implementation in Pacific Island countries and territories (PICTs)/Health Security Agenda

The meeting agreed on the following resolutions:

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

Status update on 2015 PPHSN meeting recommendations

The meeting agreed on the following resolutions:

- viii. **Resolution 8:** Propose that PPHSN become a standing agenda item at Heads of Health.
- ix. **Resolution 9:** As part of human resources for health (HRH) planning use the DDM credential as a standard for relevant data-related positions, recognise DDM-SHIP credentials through adjustments to remuneration, and endeavour to ensure the existence of positions for advanced graduates of SHIP.
- x. **Resolution 10:** Convene a taskforce to finalise and accredit SHIP beyond DDM.
- xi. **Resolution 11:** Respectfully request Fiji National University (FNU) grant maximum flexibility in scheduling the delivery of DDM-SHIP courses within the quality standards of FNU.

Plenary presentation of workshop output

PacNet

The meeting agreed on the following resolutions:

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

EpiNet

The meeting agreed on the following resolutions:

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

PSSS

The meeting agreed on the following resolutions:

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

LabNet

The meeting agreed on the following resolutions:

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

PICNet

The meeting agreed on the following resolutions:

- xx. **Resolution 20 (country):** Countries to align with the PPHSN guidelines.
- xxi. **Resolution 21 (regional):** Technical assistance to MOH partners to develop/revise guidelines (World Health Organization [WHO], Pacific Community [SPC], others).
- xxii. **Resolution 22 (regional):** Continue strengthening of antimicrobial resistance (AMR) and healthcare associated infection (HAI) surveillance through local laboratory reporting and piloting surveillance of returning off-island healthcare referrals (recommendation 15, PPHSN Regional LabNet/EpiNet meeting 2015).

DDM-SHIP

The meeting agreed on the following resolutions:

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

Annex 1: List of participants



2017 REGIONAL PPHSN MEETING:

'CELEBRATING 20 YEARS OF PACIFIC PUBLIC HEALTH SURVEILLANCE NETWORKING'

19 – 22 April 2017, Novotel Lami Hotel, Suva, Fiji

RÉUNION RÉGIONALE DU ROSSP 2017 :

« LE RÉSEAU OCÉANIEEN DE SURVEILLANCE DE LA SANTÉ PUBLIQUE FÊTE SES VINGT ANS »,

Hôtel Novotel Lami, Suva, Fidji, 19-24 Avril 2017

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Annex 2: Group photo



2017 Regional PPHSN Meeting
'Celebrating 20 years of Pacific Public Health Surveillance Networking'
19 – 22 April 2017, Suva, Fiji

Réunion régionale du ROSSP 2017
« Le Réseau océanien de surveillance de la santé publique fête ses vingt ans »
19 – 22 avril 2017, Suva, Fidji

