

## 2<sup>nd</sup> PAPITaF meeting

The Pacific Regional Influenza Pandemic Preparedness Project (PRIPPP) is being implemented by the Secretariat of the Pacific Community (SPC). The project is designed to help Pacific Island countries and territories develop their capacity (individually and collectively) and to put in place planning and preventative measures and systems to respond to possible incursions of avian or pandemic influenza or other emerging diseases, in line with the International Health Regulations and World Trade Organization-Sanitary and Phytosanitary Measures (WTO-SPS).

The Pacific Avian and Pandemic Influenza Taskforce (PAPITaF) provides both oversight of PRIPPP and acts as a consultative forum on avian and pandemic influenza and related issues. It enables Pacific Island professionals working in the area to share their experiences and procedures, and to benefit from wider technical expertise. The second meeting of PAPITaF was held over three days (24 – 26 November, 2008) in Nadi, Fiji Islands. It was organised by SPC in partnership with the World Health Organization (WHO), World Organisation for Animal Health (OIE), and Food and Agriculture Organization (FAO).

More than 80 specialists working in the animal and human communicable disease and emergency management sectors in Pacific governments, NGOs, and international and regional organisations attended the meeting. The main tasks were to review the progress of PRIPPP and provide comment on the direction of the project for the next annual plan. The meeting also provided a forum for discussion of important technical issues and policies.

### 2<sup>nd</sup> Pacific Avian and Pandemic Influenza Task Force (PAPITaF) Meeting Resolutions

1. That ongoing assistance is provided by the World Health Organisation (WHO) and the Secretariat of the Pacific Community - Pacific Regional Influenza Pandemic Preparedness Programme (SPC/PRIPPP) to revise, develop and implement integrated country-level action plans to achieve the minimum core capacity requirements to comply with International Health Regulations (IHR) and World Trade Organisation-Sanitary and Phytosanitary Measures (WTO-SPS) by June 2009.
2. That countries should aim to undertake national, multi-sectoral preparedness testing exercises at least every 2 years. Pacific Island countries and territories (PICTs) should continue to conduct sub-national plan and sector preparedness testing exercises according to annual plans. Sector exercises should include (but not be limited to) exercises that test plans for surge capacity, triage in medical facilities, isolation, quarantine and staff rotation to manage avian and pandemic influenza and other emergency disease situations.
3. That SPC/PRIPPP provides increased support to PICTs to fully integrate national influenza preparedness and response plans (where this is not yet the case) and that technical agencies assist with advocacy for integration of infectious disease preparedness and response plans into multi-hazard/emergency preparedness and



response plans.

4. That SPC/PRIPPP and other technical agencies advocate and promote influenza preparedness and response planning approaches that are multi-sectoral in nature – inclusive of both the public and private (including non government organisations) sector.
5. That PICTs are encouraged to use PAPITaF-endorsed principles for terms of reference (TOR) for National Influenza Task Forces (or equivalents) and that PRIPPP assist countries to ensure the TOR are country-specific and aligned to National Disaster Management, WTO-SPS and IHR requirements.
6. That SPC explores avenues for introducing the Food and Agriculture Organisation/United Kingdom Department For International Development (FAO/UKDFID) Pro-Poor Livestock Policy Initiative or equivalent approaches into the region to complement the technical activities of the Global Framework for the Progressive Control of Transboundary Diseases (GF-TADS).
7. That PICTs, with the assistance of regional agencies, seek to ensure that adequate legislation, policies and operating systems are in place to address emergency disease threats (particularly avian and pandemic influenza) with respect to:
  - border control (including border closure);
  - appropriate quarantine measures;
  - control/restriction of animal, equipment, population and individual movements;
  - maintenance of access to essential goods and services including food security; and
  - other non-pharmaceutical measures.Relevant technical agencies should facilitate this discussion at the highest political levels for Pacific leaders including the Pacific Islands Forum, Micronesian Chief Executive Council and appropriate levels of government (local and metropolitan) for French and US-affiliated territories.
8. That PICTs support National Influenza Taskforce (or equivalent) functions by appointing formal secretariats and allocating dedicated funding to facilitate their functions. In addition, that technical agencies provide continued stimulus and support to activate taskforces and maintain momentum where required.
9. That technical agencies assist PICTs to improve infectious disease (animal and human) surveillance systems (especially for influenza) and rapidly build capacity for surveillance and response via field epidemiology and other relevant training, giving priority to rapid response training.
10. That SPC liaise with WHO to obtain clear technical advice regarding possible arrangements/synergies for diagnosis of zoonotic disease agents in animal specimens by human health laboratories, with particular reference to biosafety considerations.



## Inform'ACTION n°30

APRIL 2009

11. That SPC/PRIPPP and technical agencies assist PICTs to conduct risk assessment and/or review and update multi-agency capabilities for avian and pandemic influenza, which should include a review of in-country detection, early warning and emergency response capacities. The outcomes of such risk assessments are to be used to assist in prioritizing country action plan activities and PRIPPP activities and encourage ongoing country risk assessment.
12. That a Steering Committee for PRIPPP, comprising a representative sub-group of PAPITaF and representation from other stakeholders, be established as soon as possible. Implementation of this Steering Committee will be subject to circulation and endorsement by PAPITaF of the definitive membership and TOR of this committee.
13. That SPC pursue institutionalization of its training programmes within the region (in particular, the Paravet and Field Epidemiology – Data for Decision Makers training programmes that are currently sponsored under PRIPPP) so that they can continue and remain practically accessible for PICTs beyond project timeframes.
14. That an evaluation of PRIPPP be undertaken to provide recommendations for the design of any future programme(s). Where a future programme is to be funded, the timeframes negotiated should aim for a seamless transition between the completion of current projects and implementation of future programmes.
15. That the Pacific Public Health Surveillance Network (PPHSN) and the Pacific Heads Of Veterinary and Animal Production Services (PHOVAPS) further strengthen their links in order to implement a 'One Health' approach that takes into account the Pacific Island context and needs.

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