

Pacific Public Health Surveillance Network Coordinating Body

– TERMS OF REFERENCE –

(1) GENERAL ORGANIZATION

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

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

(2) MAJOR ROLE AND FUNCTIONS

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

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

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

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

¹ See Annex 3

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

- 1) providing a Secretariat function for the PPHSN-CB,
- 2) organizing PPHSN-related meetings,
- 3) transmitting the results of PPHSN-related meetings to the membership and other appropriate entities, and,
- 4) representing the PPHSN at conferences and meetings.

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

(3) STRUCTURE AND MEMBERSHIP OF PPHSN-CB

General Composition of the PPHSN-CB

The PPHSN-CB has 12 members, 7 core members from the PICTs, and 5 allied members. The current membership of the PPHSN-CB is detailed in *Annex 1*.

Core Membership of the PPHSN-CB

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

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

Allied Membership of the PPHSN-CB

Of the five allied members of the CB, three are permanent key members – WHO, SPC and the Fiji School of Medicine. The remaining two positions will be chosen from among the PPHSN allied membership.

Selection and Renewal of PPHSN-CB Membership

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

Frequency of PPHSN-CB Meetings

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

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

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

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

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

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

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2010 MEMBERSHIP

CORE MEMBERS

American Samoa (2010 -2012)

Federated States of Micronesia (2010 -2012)

Fiji (2008-2010)

Guam (2009-2011)

Niue (2009-2011)

Tuvalu (2010 – 2012)

Wallis & Futuna (2009-2011)

ALLIED MEMBERS

Secretariat of the Pacific Community (permanent member)

World Health Organization (permanent member)

Fiji School of Medicine (permanent member)

Institute of Environmental Science and Research (2008-2010)

Pasteur Institute of New Caledonia (2005-2008)

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

Current Renewal of CB membership (2007 and thereafter):

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

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

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

Allied membership renewal procedure remains as before.

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

Year	PICT seat in the PPHSN CB						
	1	2	3	4	5	6	7
2007	FP	KIR	SAM	SI	CNMI*	RMI*	TOK*
2008				FJ			
2009	WF	GUAM*	NIUE*	PNG	FSM	AMSAM*	TUV*
2010							
2011	NC	NAURU*	CI	SI	VAN	ROP	TON
2012							
2013	FP	KIR	SAM	FJ	CNMI	RMI	TOK
2014							
2015	WF	GUAM	NIUE	PNG	FSM	AMSAM	TUV
2016							
2017	NC	NAURU	CI	SI	VAN	ROP	TON
2018							
2019	FP	KIR	SAM	FJ	CNMI	RMI	TOK
2020							
2021	WF	GUAM	NIUE	PNG	FSM	AMSAM	TUV
2022							
2023	NC	NAURU	CI	SI	VAN	ROP	TON
2024							
2025	FP	KIR	SAM	FJ	CNMI	RMI	TOK
2026							
2027	WF	GUAM	NIUE	PNG	FSM	AMSAM	TUV
2028							
2029	NC	NAURU	CI	SI	VAN	ROP	TON
2030							
2031	FP	KIR	SAM	FJ	Etc.	Etc.	Etc.
2032							
2033	WF	GUAM	NIUE	PNG	FSM	AMSAM	TUV
2034							
2035	NC	NAURU	CI	SI	VAN	ROP	TON
2036							

PICT triads – Ordering to match groups of PICT seats						
1	2	3	4	5	6	7
FP	GUAM*	CI	FJ	VAN	ROP	TOK*
NC	KIR	NIUE*	PNG	CNMI*	RMI*	TON
WF	NAURU*	SAM	SI	FSM	AMSAM*	TUV*

* = not previously on CB

Pacific Public Health Surveillance Network (PPHSN)
- Official milestones -

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