

REPORT OF WORKSHOP



**SECRETARIAT OF THE PACIFIC
COMMUNITY**



WORLD HEALTH ORGANIZATION

**SECOND REGIONAL EPINET WORKSHOP
PPHSN PREPAREDNESS FOR INFLUENZA &
OTHER POTENTIAL THREATS LIKE DENGUE AND SARS
7th – 11th June 2004, Noumea, New Caledonia**

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CO-ORGANISED BY



**THE SECRETARIAT
OF THE PACIFIC COMMUNITY**

AND



**THE
WORLD HEALTH ORGANIZATION**

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Epidemics) Project

The World Health Organization

Secretariat of the Pacific Community
Noumea, New Caledonia
2004

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I. AGENDA

MONDAY – 7th JUNE, 04 INFLUENZA OVERVIEW AND UPDATES

- 8:00 – 8.30: Registration
- 8.30 – 9.30: Opening ceremony: SPC & WHO Reps
Self introduction
Selection of Chairpersons and Rapporteurs
Group photo
- 9.30- 10.00: *Tea Break*
- 10.00 – 12.00: Objectives & Outputs of the Meeting
Procedures/methodology of conducting workshop
PPHSN – updates
Zoonoses in the Pacific region: importance and impact on human health
Overview and Epidemiology of Influenza including Pandemics
- 12.00 – 13.30: *Lunch*
- 13.30 – 15.00: Overview of influenza outbreaks in animal/poultry in Asia and other parts of the world
Animal influenza control measures
Overview of human cases of influenza A/H5N1 in Asia in 2004 and human public health implications
- 15.00 – 15.15: *Tea Break*
- 15.15 – 16.30: Influenza in the Pacific:
- Description
- Country experiences
Influenza control measures
- 18.30: *Cocktail*

TUESDAY – 8th JUNE, 04: INFLUENZA SURVEILLANCE AND LABORATORY CAPACITY

- 8.00 – 10.00: Report of day 1
Options for Influenza disease burden assessment
Laboratory tests for Influenza including rapid diagnostic tests
Influenza surveillance:
- Guidelines for inter-pandemic influenza surveillance
- PPHSN influenza preparedness guidelines
- 10.00 – 10.30: *Tea break*
- 10.30 – 12.00: Overview of animal influenza (and related) surveillance (Global/Pacific)
- 12.00 – 13.30: *Lunch*
- 13.30 – 15.30: Group Work
Gr 1: Animal influenza surveillance and integration/collaboration with human surveillance
Gr 2: virologic surveillance
Gr 3: Assessing burden of influenza
Gr 4: Syndromic (ILI) surveillance
Gr 5: Outbreak detection, investigation and response (ARI)

Expected outputs:

- *Good understanding of options for influenza burden assessment & PPHSN influenza preparedness guidelines*
- *Recommendations on methodologies*
- *Special projects/studies*
- *Use of existing networks/services*

15.30 – 15.45: *Tea break*

15.45 – 17.00: Group presentations & discussions

WEDNESDAY – 9th JUNE, 04: INFLUENZA PANDEMIC PREPAREDNESS

8.00 – 10.00: Report of day 2
 Brief overview of global pandemic preparedness meeting in March 2004: main issues and possible options for PICT
 Linking influenza surveillance with pandemic preparedness levels
 Pandemic guidance:
 - WHO : Pandemic Preparedness Checklist– essential elements
 - PPHSN: pandemic guidance (draft)

10.00 – 10.30: *Tea break*

10.30 – 12.00: Group Work (4 groups, by sub-region)
 Influenza pandemic preparedness for Pacific Islands
*Expected outputs: good understanding of influenza pandemic preparedness
 Influenza pandemic preparedness: plan of action*

12.00 – 13.30: *Lunch*

13.30 – 15.00: Group Work (ctd)

15.00 – 15.15: *Tea break*

15.15 – 17.00: Group presentations & discussions

THURSDAY – 10th JUNE, 04: INFECTION CONTROL AND OTHER PPHSN PRIORITIES

8.00 – 10.00: Report of day 3
 Hospital-based active surveillance: acute fever and rash (measles/rubella) and AFP.

10.00 – 10.30: *Tea break*

10.30 – 12.00: Dengue: DEN-3 threat to the Region
 - Successful surveillance and control experiences
 - Development of a comprehensive dengue proposal for the PI

12.00 – 13.30: *Lunch*

13.30 – 15.00: Infection control: lessons from SARS
 Update on SARS preparedness in some PICTs
 Infection control protocol – HPAI infection/outbreak
 PPHSN Regional Infection control Network (PRIN) – TOR/members

15.00 – 15.15: *Tea break*

15.15 – 17.00: International Health Regulations: overview and update.
 Implications for the PPHSN

FRIDAY – 11th JUNE, 04: PRESENTATION OF PPHSN PANDEMIC GUIDELINE FRAMEWORK

8.00 – 10.00:	<p>Report of day 4 Group Work (5 groups) IHR & PPHSN (2): - Integration of PPHSN into the IHR system - Long term capacity building PRIN development (1) Regional EpiNet team Training needs and capacity building in epidemiology for EpiNet team members <i>Expected outputs: IHR & PPHSN: plans of action</i> <i>PRIN development: plan of action</i> <i>Regional EpiNet team: plan of action</i> <i>Training needs and capacity building in epidemiology for EpiNet team members: plan of action</i></p>
10.00 – 10.30:	<i>Tea break</i>
10.30 – 12.00:	<p>Group presentations & discussions HIV/STI surveillance</p>
12.00 – 13.30:	<i>Lunch</i>
13.30 – 15.30:	<p>Leptospirosis survey Report of day 5 Conclusions, recommendations and plan of actions Evaluation</p>
16:00:	Closure

II. OBJECTIVES OF THE WORKSHOP

The objectives of the workshop are:

1. To update Pacific Island countries and territories (PICTs) on the current knowledge of epidemiology and public health impact of influenza and control options.
2. To update PICTs on recent outbreaks of highly pathogenic avian influenza (HPAI) especially in Asia and human public health implications of these outbreaks including possible emergence of pandemic strains.
3. To review the current status of development of influenza pandemic preparedness plan in PICTs and discuss possible public health measures that can be implemented in PICTs.
4. To discuss and propose the outline of epidemiological methods for influenza disease burden assessment in order to allow the PICTs to review their health policies and priorities, and allocate appropriate resources to establish adequate regional and national programme on influenza.
5. To discuss and propose feasible influenza surveillance and response systems for both human and animal in PICTs.

All the above objectives will also aim at finalizing components of PPHSN Guidelines for Influenza and Influenza Pandemic Preparedness Guidance (including country pandemic preparedness checklist).

6. To discuss and plan the development of national and regional infection control strategies that are contextually relevant and applicable for PICTs to better address emerging and re-emerging communicable diseases. This includes:
 - an update and discussion on the development process of the PPHSN Regional Infection Control Network and its Terms of Reference.
 - an update and discussion with PPHSN member countries and working partners on the status of preparedness of PICTs to manage highly infectious diseases (e.g. SARS).
7. In the perspective of DEN-3 threat, to share and discuss successful dengue control experiences and strategies that can be adapted and adopted by PPHSN member countries.
8. Indicators used to assess a region's/country's measles control status with a focus on surveillance performance.
9. To update PPHSN member countries and working partners on the plan to increase capacity of PPHSN LabNet to facilitate the efficiency and relevance of surveillance and control of influenza, dengue, measles and other PPHSN priority communicable diseases.
10. To discuss the integration of the proposed new IHR within the PPHSN framework.
11. To update PICTs on and discuss the outputs of the 10th PPHSN Coordinating Body meeting.

III. GENERAL RECOMMENDATIONS

1. To establish and maintain strong collaboration between human and animal health services both in country and at regional level.
2. To develop and strengthen capacity on influenza surveillance in PICTs to facilitate swift detection of an outbreak, and to undertake responsibility of preparedness to influenza pandemic threat or occurrence.
3. To explore and develop feasible options for the assessment of the burden of influenza in PICTs.
4. To develop and strengthen laboratory capacities to facilitate efficient surveillance especially influenza virologic surveillance in PICTs.
5. To further develop and improve surveillance systems in the PICTs by optimising use of scarce resources for PPHSN expanded list of priority diseases.
6. To undertake training in Epidemiology to facilitate the improvement in surveillance and response to communicable disease threats and events in the Pacific Region.
7. To promote a good understanding of the new international health regulation (IHR) and related issues, and integrate IHR into the framework of the PPHSN.
8. To review and improve on the infection control measures in PICTs by establishing and formalising the Pacific regional infection control network under the umbrella of PPHSN.
9. To formalise and operationalise the Regional EpiNet team with its clear roles and functions, including funding implications, for endorsement from Health Ministers' meeting in Samoa, 2005.

IV. PLAN OF ACTION 2004-2006

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
1. To establish and maintain strong collaboration between human and animal health services both in country and at regional level.				
Representatives from the Veterinary/animal health services are members in the National influenza pandemic taskforces/ CDCC or similar bodies.	Representatives from veterinarians or animal health services in the National influenza pandemic or national health taskforces or CDCC	Reports and attendance from minutes of meetings	National/Regional EpiNet focal points/Animal Health focal points, MOH, Animal health services	By August 04
Investigate outbreaks of disease/deaths in animals, even if based on rumours only, and report to human health or EpiNet teams and communicate risks to the general public.	Number of investigations carried out based on rumours. Number of confirmed outbreaks of animal/avian influenza or other disease	Report and documentations	Animal health services, MOH (incl. National EpiNet teams), PPHSN working partners	Whenever an outbreak is suspected and investigated
Regional/sub regional meetings of representatives from animal and human health to address human diseases of zoonotic origin	Meetings as indicated by events in the region or globally, or proactively biannually, where both parties attended	Meeting reports	As above plus FAO, OIE, Regional Animal Health services	Whenever indicated or biennially
Dual postings of interest to animal and human health in PacNet and PacVet	Number of postings and/or cross postings per month	Report of postings on PacNet and PacVet	National EpiNet team and focal points for animal health, PPHSN-CB focal point and working partners	First posting by August 04 and ongoing

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
2. To develop and strengthen capacity on influenza surveillance in PICTs to facilitate swift detection of an outbreak, and to undertake responsibility of preparedness to influenza pandemic threat or occurrence.				
2a. To strengthen early warning systems and surveillance for influenza covering both inter-pandemic and pandemic periods				
Proactive investigations, and early reporting of clusters based on rumours, of acute fever and respiratory symptoms e.g. acute fever and cough; OR large number of animals sick or died of unknown causes.	Number of clusters identified and investigated	Reports of investigated clusters.	MOH (EpiNet teams/CDCC) and Animal health focal person(s), with PPHSN working partners	Whenever an outbreak is suspected and investigated
Regular feedback and risk communication from central level to those reporting from the fields.	Number of information feedback from Central to those reporting from fields and vice versa. Number of postings to PacNet.	Number of feedback reports and reports on postings from PacNet archive	MOH (EpiNet teams/CDCC), PPHSN-CB focal point, WHO, and other working partners	Ongoing
2b. To improve and strengthen Influenza-like illness (ILI) surveillance using PPHSN Influenza preparedness guidelines as references.				
To standardize and harmonise clinical case definition (as in PPHSN Influenza Preparedness Guidelines and that of countries)	Technical assistance provided through country visits to at least five of the PICTs	Technical assistant's country-visit reports.	MOH (EpiNet teams/CDCC), PPHSN-CB focal point, WHO and other working partners	By December 2005
To support analysis and interpretation of surveillance data on ILI or similar data.	Analysis and interpretation of ILI or similar data for at least five countries.	Technical assistant's country visit reports.	MOH (EpiNet teams/CDCC), PPHSN-CB focal point, WHO and other working partners	By December 2005
<i>Refer also to Section 3</i>				

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
<i>2c. Countries to undertake Influenza Pandemic Preparedness Plan using PPHSN influenza Pandemic preparedness guidelines and WHO Checklist as references.</i>				
PPHSN influenza pandemic preparedness guidelines are compiled in close consultation with ISG and completed.	The guidelines are completed for distribution.	Copy of the guidelines	PPHSN-CB focal point with ISG	End of July 04
PPHSN influenza pandemic preparedness guidelines are distributed to EpiNet teams(/CDCC) and DOH before Ministers of Health meeting in Samoa, 2005.	PPHSN influenza pandemic preparedness guidelines distributed to EpiNet teams and DOH	Distribution list	PPHSN-CB focal point	By August 2004
National influenza pandemic preparedness Plan to be completed within the timeline set by country representatives during, and after the EpiNet meeting	National influenza pandemic preparedness Plan is completed within timeline, using the PPHSN influenza pandemic preparedness guidelines as well as WHO Checklist as references.	Completed document available	MOH (+EpiNet team/CDCC, Taskforces) with Animal health services.	By January 05 (latest by countries)
To share national influenza pandemic preparedness plan with community and other stakeholders.	Number of community meetings; multimedia awareness programs; short survey on scope of community awareness and knowledge of pandemic implications.	Reports on activities.	As above	Started in January 2005
The PPHSN influenza pandemic preparedness guidelines is to be itemized in the agenda for Ministers of Health's meeting in Samoa, 2005	This document is included in the agenda for Health Ministers' meeting, Samoa 2005	Agenda for the Ministers of Health meeting. Report of the meeting.	MOH, PPHSN-CB focal point, WHO and PPHSN partners	By August 04 (itemised in Agenda) By Jan 05 (document distributed to Ministers)

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
An animal influenza component is to be part of the PPHSN influenza pandemic preparedness guideline	The animal influenza section is incorporated in the PPHSN influenza pandemic preparedness guideline	The PPHSN influenza pandemic preparedness guideline	SPC Vet, Regional Vet services, PPHSN-CB focal point and working partners	By July-August 04
2d. National advocacy for influenza pandemic preparedness to be scaled up accordingly.				
To scale up advocacy via health promotion activities encouraging community participation in the pandemic preparedness plan and activities	Number of related activities and publications produced and implemented	Record of implemented activities and publications	MOH, Animal health services, national EpiNet teams.	Started August 04 and ongoing
To link with national disaster preparedness plan and Bio-terrorism preparedness plan	Channels of communications have been identified, established and operationalised	Inventory of established channels and reports on activities	MOH (EpiNet teams/CDCC), and other relevant Ministries, Animal health services	By mid 2005
To advocate for highest political commitment at national, regional and international levels, through Ministers of Health meeting in Samoa, 2005	Required relevant documents are prepared for the Health Ministerial meeting in Samoa, 2005	Meeting agenda Report of the Ministers of Health, Samoa 2005	As above	By January 2005

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
3. To explore and develop feasible options for the assessment of the burden of influenza in PICTs.				
To undertake a retrospective 3 year-data analysis in country level for ILI or similar data; evaluate surveillance systems, and prospectively set-up ILI surveillance.	Reports of ILI or similar data analysis and interpretation from at least 3 of the PICTs per year. Contracted technical assistant.	Surveillance and Evaluation reports.	MOH (EpiNet teams/CDCC), Animal health services, PPHSN and working partners (SPC, WHO, FSMed)	By end 2005
Assess impact of confirmed influenza outbreaks	Data on outbreaks are collected, collated, analysed, interpreted and disseminated.	Activity reports PacNet	As above	As an outbreak is confirmed
<i>Link to 2b</i>				

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
4. To develop and strengthen laboratory capacities to facilitate efficient surveillance especially influenza and Dengue virologic surveillance in PICTs.				
4a. L1 labs to have access to rapid test kits for influenza & dengue (outbreaks)				
Identify and prioritise national L1 labs to gain access to test supply for confirming outbreaks of influenza.	List of national priority laboratories in (L1) for supply of necessary test kits	Prioritised L1 lab list List of labs supplied tests	LabNet technical working body (TWB) and working partners, National laboratories/ LabNet focal points	By mid 2005
Develop and maintain procurement channels for dengue rapid test kits.	Supply procured upon request from countries.	List of tests supplied to labs	As above	Ongoing
4b. L2 labs to have Immunofluorescent microscopy capacity at least for influenza				
Identify funding and procure supply and equipments to identified L2 labs	Funds available. Procurements of supplies for identified L2 laboratories	Activity report including expenditure and supplies.	LabNet TWB and working partners.	By end 2006
4c. L2 labs to have ELISA testing for dengue				
Identify funding and procure supply and equipments upon L2 requests.	Funds available. Procurements of supplies for L2 labs	Activity report including expenditure and supplies.	LabNet TWB and working partners.	By mid 2005
4d. Countries with L2 labs to establish or continue sentinel ILI and virologic surveillance				
Training of human resource to use test kits/equipments and for maintenance purposes	At least two trainings conducted within time frame of this recommendation/ Action Plan	Activity reports: number of trainings done; and number of people trained.	Institute Pasteur, LTWG and working partners (PPTC, WHO Coll. Lab.)	By end 2006
Ensure total quality management system (TQMS); quality assurance (QA), quality control (QC) and quality improvement (QI) including safety procedures are in place.	At least two lab assessments and training sessions are carried out for L2, and at least one for L1, within the set time frame Biosafety provisions and protocols in place.	Training report List of labs with protocols and bio-security provisions	LabNet TWB especially WHO with PPTC, WHO coll. labs, and other working partners	By end 2006

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
5. To further develop and improve surveillance systems in the PICTs by optimising use of scarce resources for PPHSN expanded list of priority diseases.				
5a. Dengue Fever				
To integrate findings based on best practice for surveillance and research (vector/clinical/laboratory) into the PPHSN framework and guidelines.	Best practices identified Contextually appropriate evidence integrated into national dengue control programs of at least 3 PICTs	Reports or publications on best practice Reports on number of countries integrating best evidence	National EpiNet teams, MOH, PPHSN-CB focal point & WHO, working partners	Ongoing
To continue vigilance in awareness program, and enforce public health interventions on dengue fever control programs in view of DEN-3 threat to PICTs.	Frequency of relevant messages on PacNet and risks communication to PH and EpiNet teams	PacNet: number of messages & relevance of content Inform' ACTION	MOH, PPHSN working partners	Ongoing
PPHSN Dengue Fever Guideline completed peer reviewed, published and distributed to PICTs.	PPHSN Guideline on Dengue Fever finalized, published and distributed	Guidelines Distribution List	WHO & PPHSN - CB focal point (and working partners).	By end of 2004
Dengue Fever Guidelines adapted and implemented at national level	National Guideline in 5 PICTs	Copies of guidelines	MOH (EpiNet teams/CDCC)	End of 2006
Seek and identify funding for regional and national dengue fever programs	Funding Proposal Accepted Prioritise 2 national dengue control programs for funding assistance	Report on funding and prioritised countries	MOH, WHO & PPHSN working partners.	Ongoing
5b. Acute flaccid paralysis (AFP) and acute fever and rash (AFR) surveillance is to be supported within the framework of PPHSN				
Develop procedures and trial runs for email communication for hospital based active surveillance.	Procedures and trial runs documents	Copy of document & Reports	WHO (EPI), UNICEF, MOH (EpiNet teams/CDCC), PPHSN-CB focal point and working partners.	By end of 2005
Select pilot countries for the trial run and train appropriate health workers	Training document Clinicians, nurses and relevant health care workers (HCW) trained in at least 3 countries.	Report on training Communication with health workers	WHO (EPI), UNICEF, MOH, EpiNet teams, PPHSN focal point and working partners.	By mid of 2005

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
Implemented trial results fed back to PPHSN for wider application.	Number of reports. Cases and suspected cases of AFP&AFR identified, diagnosed, reported	Reporting system	As above	By Mid 2005
5c. To support HIV /STI Surveillance under the PPHSN framework				
To integrate current HIV/STI surveillance research in the region into the activities of the PPHSN EpiNet (and LabNet) teams in order to optimise scarce resources for surveillance programs	Number of HIV surveillance teams, which directly involve EpiNet (and LabNet) team members in-country in both routine surveillance and surveys.	Surveillance and survey reports	MOH (& EpiNet teams/CDCC), SPC HIV/STI surveillance team, Pacific STI/HIV Strategic group, WHO, GFATM, PPHSN and working partners	By 2006
To increase capacity of PICTs to undertake HIV surveillance.	Number of new HIV/STI projects developed and or implemented by PICTs and involving Pacific health professionals and PHTI.	Project and surveillance reports	As above	As above
5d. To develop appropriate linkages with food safety and improve surveillance for foodborne diseases under the PPHSN framework.				
Activate and operationalise foodborne disease surveillance working group (FBDSWG)	FBDWG active and functional/ No. of meetings/ teleconferences/frequency of email exchange	Meeting reports/messages	Working group (FBDSWG)	End of 2004
Develop appropriate linkages with and between groups interested in food safety	Linkages established at national and regional levels with other groups/ agencies interested in food safety e.g. Codex committee, Animal health services, and other interested parties.	Reports/ Organisational charts	FBDSWG (including SPC, FAO, WHO) MOH & other national ministries	By 2006

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
Assess capacity (clinical, laboratory, flexibility of surveillance system etc) existing within countries to undertake food borne disease surveillance	Country capacity for FBD surveillance report available for at least 3 pilot countries (clinical, lab, and Flexibility of the surveillance system	Reports	FBDSWG with Health training Institutions (FSMed)	End of 2005
Facilitate conduct of foodborne burden of illness study and also undertake aetiological study.	Report of studies conducted for at least 3 countries and evidence of surveillance system available to review.	Reports	As above	End of 2006

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
6. To undertake training in Epidemiology to facilitate the improvement in surveillance and response to communicable disease threats and events in the Pacific Region.				
Workforce plans are in line with the implementation of the new IHR, in terms of adequate and appropriate local capacity to respond to epidemics (EpiNet or CDC teams) including those epidemics which are of international significance.	Training needs Analysis (TNA) and Workforce plan as related to new IHR implementation and Field epidemiology in PICTs- surveillance & outbreak investigation . EpiNet teams training requirements outlined Curriculum discussions, reviews & communications	TNA Document Workforce planning document Reports on communications	MOH with PHTI (FSMed), NHTI, WHO, PPHSN-CB focal point and other working partners,	By end 2006
Explore inclusion of applied epidemiology training in curriculum for training of pre-service and in-service health/field workers through dialogue with Pacific regional and national health training institutions.	No. of institutions visited for consultation/or to discuss the details of the issues.	Reports	PHTI, NHTI, PPHSN-CB focal point, WHO.	By end 2005.

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
To deliver accredited short training especially short courses in addition to exploring other flexible learning possibilities	No. of short course delivered, and number of courses accredited.	Training and Accreditation report	PHTI, NHTI, PPHSN-CB focal point, WHO (with POLHN)	Ongoing
To facilitate development and delivery of Data for Decision Making (DDM) training	Sessions of teaching and numbers of DDM cohorts or students commenced /completed training.	Reports	PPHSN CB focal point, FSMed, CDC, PIHOA	Ongoing
To facilitate linkages for specialist epidemiology training in the region through Pacific Institutions	At least two Pacific trainees on the program of FSMed, Funding & attachment at SPC-PH, Specialist centre e.g. WHO collaborating centre	Training report	Training institutions and PPHSN partners and donors	End of 2005

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
7. To promote a good understanding of the new international health regulation (IHR) and related issues, and integrate IHR into the framework of the PPHSN.				
<i>7a: The implementation of the new IHR is to be incorporated under the PPHSN framework.</i>				
The Working group identified by the CB should discuss further IHR implementation issues for PICTs	CB Working group carried out teleconference-meeting reports. Implementation strategy discussed	Reports and minutes	Technical working group of PPHSN - CB, MOH	August 2004 and ongoing.
Communication channels and algorithms to enhance notification are established and endorsed by PICTs	Communication and notification channels established or mapped out	Reports or documents	Technical working group of PPHSN - CB, MOH	January 05 and ongoing
Capacity development of Public Health laboratories in the region in conjunction with surveillance activities (L2)	Capacity needs identified and addressed in conjunction with L2 surveillance development strategy.	Development report	PPHSN and partners including donors, L2 lab managers and staff, MOH.	By end 2005
New IHR are endorsed by MOH.	Endorsement of new IHR by MOH	Endorsement document/report.	WHO	Nov 2004 -March 2005

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
Capacity building: - requirements identified per Country: <i>see section 6</i> - Training of EpiNet teams - Training of border control officers Establish and operationalised RET: <i>see section. 9</i>	- TNA & Training plan (or List of training) - (At least 10 members of EpiNet teams from different countries and 10 border control personnel undertake short training from PIC training institutions and PHTI) – one per year	Training plan and Training reports	WHO, PPHSN CB focal point and working partners, MOH, and IHR focal point), PHTI	Ongoing
7b: To prepare a document on the implications of the new IHR and its requirements including the above issues (7a&7b,) to be presented and approved at the Ministers of Health's meeting in Samoa, 2005.				
Document written and shared as widely as possible (Revolving Funding issue is to be incorporated into document to Regional MOH's meeting in Samoa), Approved at MOH meeting in Samoa	The document is ready following reasonable feedback from PICTs for presentation at the MOH meeting Document presented and endorsed at Samoa MOH meeting	Document copy Communications with PICTs Samoa MOH meeting report	PPHSN-CB, WHO with MOH & IHR focal points.	By January 2005.

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
8. To review and improve on the infection control measures in PICTs by establishing and formalising the Pacific regional infection control network under the umbrella of PPHSN.				
Formalise members and operationalise the Pacific regional infection control network (PICNet) under the umbrella of PPHSN	List of PICNet members is finalised & formalised. PICNet is operationalised under PPHSN umbrella. Funding is identified to support PICNET development PICNet members have teleconference meeting(s).	On PPHSN website: list of PICNet members, PICNet TOR Funding proposal/report Reports and number of teleconferences, and communications	PPHSN-CB, WHO (and working partners), EpiNet teams, other PICNet members	October 2004 and ongoing

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
8. To review and improve on the infection control measures in PICTs by establishing and formalising the Pacific regional infection control network under the umbrella of PPHSN. (cont)				
Assess capacity on infection control in PICTs, and identify training needs.	Capacity assessment and training needs identified in at least 5 PICTs completed	Reports	MOH, PICNet, PPHSN-CB focal point and working partners (WHO, FSMed?)	By end of 2005
In country and/or Regional training based on needs and findings.	Training conducted in at least 5 countries. Minimum standard for infection control in PICTs is set.	Reports on trainings, including minimum set for infection control standards.	PPHSN-CB focal point and working partners, PICNet, FSMed, WHO	By mid 2006
Develop a PPHSN Infection Control Guideline	PPHSN Guideline on Infection control in place (APW or technical assistant to undertake)	Document ready and distributed to PICTs.	WHO, PPHSN-CB focal point and other working partners	June 2005

Activity	Mesurable Indicators	Means of verification	Leading Agency/group	Time frame
9. To formalise and operationalise the Regional EpiNet team with its clear roles and functions, including funding implications, for endorsement from Health Ministers' meeting in Samoa, 2005.				
In close consultation with PICTs: - List of RET members including their roles, responsibilities and TOR. - document on RET including revolving funding issues for submission for endorsement by Regional Minister of Health's meeting in Samoa 2005.	RET members with its TORs finalised. The document is ready for submission to Ministers' meeting in Samoa, 2005.	RET list and TORs on PPHSN website Agenda of the Ministers of Health meeting, 2005.	PPHSN-CB, with MOH (EpiNet teams/CDCC)	By October 04 January 05 (for document for the Minister's meeting)

ABBREVIATIONS:

CDCC	Communicable disease control and prevention committee
DOH	Director(s) of Health
DDM	Data for decision making
FAO	Food and Agriculture Organisation
FBDSWG	Foodborne disease surveillance working group
FSMed	Fiji School of Medicine
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
IHR	International Health Regulations
ILI	Influenza like illness
LabNet TWB	LabNet technical working body
MOH	Ministry(ies) of Health
NHTI	National Health training institution
OIE	World Animal Health Organisation
PHTI	Pacific Health Training Institute
PICTs	Pacific island countries and territories
PIHOA	Pacific Islands Health Officers Association
PICNet	Pacific Regional Infection Control Network
POLHN	Pacific Open Learning Health Net
PPHSN	Pacific Public Health Surveillance Network
PPHSN-CB	Pacific Public Health Surveillance Network Coordinating Body
PPTC	Pacific Paramedical Training Centre
RET	Regional EpiNet Team
SPC-PHP	Secretariat of the Pacific Community – Public Health Programme
STI/HIV	Sexually transmitted infections and Human Immunodeficiency Virus (infections)
TNA	Training Needs Analysis
TOR	Terms of reference
UNICEF	United Nation Children’s Fund
WHO	World Health Organization

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