

**REPORT
OF MEETING**

**INTERAGENCY MEETING ON HEALTH INFORMATION REQUIREMENTS
IN THE SOUTH PACIFIC**

(Noumea, New Caledonia, 4 – 7 December 1995)



SOUTH PACIFIC COMMISSION
NOUMEA, NEW CALEDONIA
1997

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I. AGENDA

Day 1, Monday 4 December 1995

Objectives 1–3

Chair: Dr David Morens

8:00 – 8:15 Registration

8:15 – 8:45 Opening

8:45 – 9:30 **Background information** – Presentations on:
 Principles of public health surveillance, by Dr David Morens, University of Hawaii
 Data requirements in an existing regional surveillance network: the Australia and New Zealand initiative, by Dr Helen Longbottom, Secretary CDNANZ

9:30 – 10:00 Coffee Break

10:00 – 12:00 Current regional health data requirements, by the participants
 (overview of indicators, rationale, definitions and health data requirements from the PICs) *10 minutes each + handouts provided*

12:00 – 13:15 Lunch Break

Methodology

13:15 – 13:35 Proposed methodology for selecting priority health indicators (Working Paper) by the SPC Community Health Programme, Dr Yvan Souares, Epidemiologist

13:35 – 14:15 Discussions on the proposed methodology

Selection of core set of health indicators: (1) disease surveillance

14:15 – 15:00 Working groups

15:00 – 15:15 Coffee Break

15:15 – 16:00 Working groups

16:00 – 17:00 Plenary

17:30 – 18:30 *Drafting Committee to start compiling draft of Part One of the Guidelines on the South Pacific Health Information Network: health indicators and data requirements at the regional level.*

Day 2, Tuesday 5 December 1995

Objectives 1 – 3

Chair: Dr David Morens

8:00 – 8:45	Background information – Presentations on: Availability and quality of health status indicators within the South Pacific, by Dr Heather Booth, Australian National University Collecting vital statistics, by SPC Demography/Population Programme, Dr Gerald Haberkorn, Demographer
8:45 – 9:30	Selection of core set of health indicators: (2) programme monitoring Working groups
9:30 – 10:00	Coffee Break
10:00 – 11:00	Working groups
11:00 – 12:00	Plenary
12:00 – 13:15	Lunch Break
13:15 – 14:15	Selection of core set of health indicators: (2) programme monitoring Working groups
14:15 – 15:00	Plenary
15:00 – 15:15	Coffee Break
15:15 – 17:00	Selection of core set of health indicators: (3) conclusions on programme monitoring and discussion on possible reporting format Plenary
17:30 – 18:30	<i>Drafting Committee to compile draft of Part One of the Guidelines on the South Pacific Health Information Network: health indicators and data requirements at the regional level.</i>

Day 3, Wednesday 6 December 1995

Objectives 4 – 5

Chair: Dr Mohamed Said Patel

8:00 – 8:20	Background information – presentation on: Information flow in the Caribbean public health surveillance network, CAREC representative
8:20 – 9:30	Reporting channels and databases definition Working groups
9:30 – 10:00	Coffee Break
10:00 – 10:30	Reporting channels and databases definition Working groups
10:30 – 11:15	Plenary

Operational procedures and lines of responsibility for data collection, reporting, exchange, and dissemination

11:15 – 12:00

Working groups

12:00 – 13:15

Lunch Break

Operational procedures and lines of responsibility for data collection, reporting, exchange, and dissemination

13:15 – 14:00

Plenary

Feedback mechanisms

14:00 – 14:45

Working groups

14:45 – 15:15

Plenary

15:15 – 15:30

Coffee Break

Background information – Presentations on:

15:30 – 15:50

Information technology advances, and examples of practical applications in the PICs, by Dr Scott Norton, Tripler Army Medical Center, Hawaii

15:50 – 16:30

Demonstration of telemedicine and data-transfer possibilities in the South Pacific, by Dr Scott Norton; Mr Dominique Boudierlique, SPC Computer Specialist; and Mr Phil Hardstaff, SPC Computer/Services Technician.

16:30 – 17:00

Current telecommunication standards by the participants (i.e. telephone, fax, modem connections, e-mail facilities, computer networks, PEACESAT facilities etc.) *5 minutes each + handouts provided*

17:30 – 18:30

Drafting Committee to compile draft of Part Two of the Guidelines on the South Pacific Health Information Network: information flow diagrams.

Day 4, Thursday 7 December 1995

Objectives 5 – 6

Chair: morning – Dr Scott Norton; afternoon – Dr Michael O’Leary

8:00 – 8:30

Background information – Presentation on:

Possibilities for computer-based regional networks, and assessment of resources needed, by Mr Dominique Boudierlique, SPC Computer Specialist, and Mr Philip Hardstaff, SPC Computer/Services Technician.

Steps to be taken to achieve a full computer linkage between the databases involved in the *South Pacific Health Information Network*

8:30 – 9:30

Plenary

9:30 – 10:00

Coffee Break

Planning the computer-based regional network development

10:00 – 10:45

Working groups

10:45 – 11:30

Plenary

11:30 – 14:30 Lunch Break

Drafting Committee to compile the Guidelines on the South Pacific Health Information Network:

Part One: health indicators and data requirements at the regional level

Part Two: information flow diagrams

Part Three: network development

14:30 – 15:45 **Planning of a regional meeting on the health information requirements in Pacific Island countries, and the relevant training needs in field epidemiology.**

15:45 – 17:00 ***Guidelines on the South Pacific Health Information Network, Preliminary version presented to participants for endorsement.***

17:00 – 17:15 Closure of Meeting

II. SUMMARY OF DISCUSSIONS

A. Official Opening

1. The meeting heard opening remarks by the Secretary-General of the South Pacific Commission who welcomed all participants, resource persons/experts and observers to the new headquarters of the South Pacific Commission. He stressed the vital importance of this interagency meeting in improving the co-ordination of health development activities in the Pacific. The Secretary-General emphasised the crucial role played by public health surveillance and monitoring of health programmes in the welfare of the Pacific peoples and expressed the hope that this meeting's discussions and recommendations would result in further harmonisation among international organisations supporting health development activities in the region.

B. Drafting Committee

2. The meeting appointed a Drafting Committee which was comprised of Dr Michael O'Leary from WHO, Ms Jane Paterson from UNICEF, Dr Mahomed Said Patel representing the Commonwealth Department of Human Services and Health and Dr Jean-Paul Grangeon from New Caledonia, with Dr Yvan Souares and Miss Laura Sauve representing the SPC Secretariat.

C. Chairpersons

3. The meeting adopted the principle of rotating chairpersons.

4. The meeting proceeded under the chairpersonship of Dr David Morens from the University of Hawaii at Manoa.

D. Background information

5. The meeting heard the following presentations:

- (a) Principles of public health surveillance, by Dr David Morens, University of Hawaii at Manoa;
- (b) Data requirements in an existing regional surveillance network: the Australian and New Zealand initiative (CDNANZ), by Dr Mahomed Said Patel, Commonwealth Department of Human Services and Health (speaking on behalf of Dr Helen Longbottom, Secretary CDNANZ); and
- (c) Current regional health data requirements,
 - (i) UNICEF, by Ms Jane Paterson,
 - (ii) WHO, by Dr Michael O'Leary,
 - (iii) SPC, by Dr Yvan Souares.

E. Methodology

6. The SPC Epidemiologist, Dr Yvan Souares, presented the Secretariat's Working Paper on the proposed methodology for selecting priority health indicators. The Working Paper also called for continued collaboration to build a momentum, create opportunities and secure financial support to establish a public health surveillance network in the long term.

7. Dr Germain of New Caledonia then spoke on the evaluation of the proposed methodology and on the preliminary testing/scoring results obtained on the basis of the list of notifiable diseases used in New Caledonia.

F. Selection of common set of health indicators: (1) disease surveillance

8. Three working groups were set up to discuss practical aspects of the proposed methodology and to trial the proposed scoring method for priority communicable diseases to be subject to surveillance.

9. The groups then reported to the plenary session. The outcome of the discussions appears under Annex 1: Principles for public health surveillance in the Pacific (Part one: Health indicators and data requirements at the regional level).

10. In the course of the plenary discussion that followed, the following points were made:

- in considering the scoring results obtained by New Caledonia, the analytical process was more useful as a learning exercise during this preliminary stage than the actual scores themselves;
- it was important to identify stable health indicators that reflected reality, while keeping in mind the need for an ongoing process also reflecting the fact that indicators change over time;
- there was a need to distinguish diseases that need surveillance from the indicators themselves;
- with respect to the list of criteria, the meeting needed to consider whether or not there was an alternate or a better assessment method;
- although the list of proposed criteria was essential to the overall process, comparative analysis was more fruitful in the long term than any discussion about the inclusion or exclusion of individual criteria;
- the proposed criteria had been selected on the basis of whether or not their inclusion affected the overall ranking obtained;
- public health surveillance was not purely a monitoring exercise but went hand-in-hand with effective response;
- in dealing with epidemics (such as dengue fever), it was essential to bear in mind the dual role of the media in providing information and mobilising resources;
- all proposed indicators also had operational implications for the countries concerned in terms of manpower and other resources committed to generating the requested data.

Background information

11. The meeting heard the following presentations:

- (a) Availability and quality of health status indicators within the South Pacific, by Dr Heather Booth from the Australian National University (ANU); and
- (b) Collecting vital statistics, by Dr Gerald Haberkorn, SPC Demographer.

12. The following points were made in the course of the discussion:

- essential to address the issues of quality, usefulness and timeliness of data;
- the need to promote field awareness of reporting as a useful and essential tool of any health information system and to provide field training to encourage this awareness as part of the basic curriculum for health professionals;
- the need to provide feedback to data collectors;
- emphasis that the major role of computers and electronic record-keeping is in relation to timeliness of data, rather than quality of data, which depends on data collection itself;

- essential to take into account the context in which information is collected (in order to account for census variations, population movements and inaccurate figures) and to exercise honesty in interpreting and presenting data;
- the problem of timeliness of censuses in Pacific Island countries and territories can, in part, be overcome by vital registration statistics;
- better to use vital statistics that are a few years out of date than use more recent but inaccurate figures;
- need for improved co-operation and feedback between health and statistical departments and personnel;
- need to promote understanding amongst data collectors of the necessity for and use of vital registration data as an action tool;
- need to bear in mind the small population number of certain Pacific Island countries and territories and the critical need for reliable information on small populations;
- need to devise simple and effective vital registration systems that allow for easy and timely recording and reporting of vital statistics;
- need to provide in-country training to appropriate national staff to improve the recording, reporting and analysis of vital statistics.

G. Selection of common set of health indicators: (2) programme monitoring

13. The three working groups reconvened to assess and rank the selection criteria for health indicators on the basis of their definition (numerator, denominator, reference document, collected by), amenability to public health surveillance, acceptability and availability (data readily available?, data source), validity (accuracy, valid in small populations?) and overall relevance (purpose for being requested, usefulness at country level, usefulness at regional level, implies specific interventions?, outcome oriented?).

14. After discussion resumed in plenary session, the following issues were raised:

- quality of data is an essential consideration when discussing the indicators;
- the difficulty of obtaining accurate data when the population base is very small;
- when dealing with small populations, and before interpreting the data, it is essential to know if the data relate to the overall population or to samples of population;
- in some cases, collection of ethnic-specific data for health purposes can be hindered when it is considered a politically sensitive issue;
- the need not to dissociate data collection per se from the possible follow-up action required;
- the need for active surveillance in specific cases.

15. The working group rapporteurs outlined that a major difficulty encountered during the working group discussions had been the lack of a factor to indicate the relative importance of each indicator, for instance prevalence of the disease in the population. Also, there was difficulty with scoring the indicators and with the different scoring systems used by the three groups. Comparison of relative ranking between the groups rather than use of actual group scores would be necessary.

16. The meeting discussed ways of reducing 'information demand' pressure on Pacific Island countries and territories (both financially and in terms of manpower resources and training) and noted that:

- some data are of national relevance whereas other data are of relevance to international agencies only and that some indicators that have great value for international agencies have very little importance at national level;
- some agencies have an unnecessary tendency to request data that are already available to them in one form or another;
- different agencies request the same data but in different reporting formats;

in doing so, the meeting emphasised that indicators should be reduced to a manageable level and recommended that:

- agencies do more homework and study available data before approaching countries and territories for further indicators and data;
- agencies co-ordinate their requirements, in order to reduce overlap;
- a common and standard set of the more relevant indicators at regional level be identified on the basis of priority indicators and that the remaining indicators be extrapolated from these whenever possible;
- users of data (whether at international or national level) should clearly specify to the producers of data what is required of them.

17. The meeting stressed that, in integrating data requirements, the assumption was that there be no loss of data and that data be readily available to all users.

H. Pacific public health network

18. The SPC Epidemiologist, Dr Yvan Souares, introduced the concept of the Pacific public health network proposed in Working Paper 1, and pointed out that the network was envisaged as using information technologies to:

- reduce pressure on Pacific Island countries and territories by co-ordinating their data needs with those of international agencies;
- facilitate the flow and distribution (through passive sharing) of information to all interested parties;
- improve the timeliness of data;
- facilitate the filtering job of extracting meaningful and useful information from the data collected;
- work in an ongoing co-ordinated and sustainable manner;
- bring people together from all around the region;
- share valuable information;
- essentially provide support to Pacific Island countries and territories;
- show donors a concerted approach and lobby for donor assistance to Pacific Island countries and territories.

19. As a first stage in setting up this network of countries, it was felt necessary to put together a working group of interested parties.

20. The meeting continued under the chairpersonship of Dr Mahomed Said Patel, from the Commonwealth Department of Human Services and Health.

21. The meeting agreed:

- (a) to establish a Pacific Working Group on Public Health Surveillance, with the long-term objective of setting up the Pacific Public Health 'Network' and that the lifespan of the Working Group coincide with the firm establishment of the Network;
- (b) that tentative membership of the Working Group until its first meeting include the five Pacific Island countries present at this interagency meeting (Federated States of Micronesia, Fiji, New Caledonia, Solomon Islands and Western Samoa), as well as SPC, UNICEF, WHO, the University of Hawaii and CDNANZ;

- (c) that members keep in touch regularly with the Secretariat of the Working Group, in order to attempt to finalise the list of diseases and the ranking of indicators by priority (high, average and low) and communicate their final suggestions to the Secretariat before 13 February 1996 at the latest;
- (d) that the first official meeting of the Working Group be held immediately before the next (15th) SPC Regional Conference of Heads of Health Services scheduled for March 1996 and that the Working Group report to the Fifteenth Conference on its work, structure and membership;
- (e) that, subject to endorsement by the Fifteenth Conference, terms of reference and membership of the Working Group be extended until the WHO/SPC/UNICEF Inter-country Meeting on Public Health Surveillance scheduled for the second half of 1996 when and where they will be reassessed.

22. The full and approved terms of reference of the Working Group are attached as Annex 2 to this Report.

23. The meeting invited all Pacific Island countries and territories to provide feedback information on their own priorities to the Working Group before or at its first meeting and noted with interest that Western Samoa had agreed to organise an in-country WHO-funded workshop to review the proposed methodology and indicators according to its national priorities.

24. The meeting further noted that SPC had agreed to host and sponsor the Working Group's first meeting and expressed appreciation to the Commission.

I. Reporting channels and definitions of databases

Operational procedures and lines of responsibility for data collection, reporting, exchange and dissemination

25. The meeting agreed to split-up in two working groups representing Pacific Island countries and territories, and international agencies, to discuss concrete measures to be applied (a) immediately, (b) in the medium term and (c) in the longer-term, in order to:

- (i) decrease pressure on data providers by data users and
- (ii) improve the overall quality and timeliness of data,

in the context of demographic data, communicable diseases, non-communicable diseases and health status indicators.

26. The meeting reconvened in plenary session to discuss the work of the two working groups.

Background information

27. The meeting heard a presentation on Information technology advances and examples of practical applications in the PICs, by Dr Scott Norton from Tripler Army Medical Center in Hawaii. There were live presentations on telemedicine using a telephone line, as well as conferencing and data transfer on PEACESAT, and electronic mail through Internet. Mr John Scott from Tripler Army Medical Center and the SPC Secretariat assisted in the presentations.

28. The meeting proceeded under the chairpersonship of Dr Scott Norton from Tripler Army Medical Center, Hawaii.

29. This was followed by presentations by WHO-Suva, UNICEF-Suva and CDNANZ on their current

telecommunication standards:

WHO: Use of mail, telephone and fax; hope to use electronic mail in future;

UNICEF: Use of mail, telephone, fax and electronic mail; but limited success in networking.

CDNANZ: Efficient use of telephone and teleconferencing; use of electronic mail and bulletin boards to address problems; fortnightly electronic data transfer to ensure timeliness of information transfer and strengthen health information systems at local level.

The Representative of CDNANZ also mentioned that CDNANZ was prepared to consider the possibility of funding joint teleconferences with the Pacific public health 'network'.

30. The SPC computer manager then provided a brief overview of the current situation at SPC Headquarters with respect to the internal network being set up as computers get upgraded. This was followed by a presentation on possibilities for computer-based regional networks and assessment of resources needed, mostly in relation to Internet for electronic mail and file transfer.

31. The PACTOK representative provided an overview of this regional low-cost electronic-based system offering electronic mail, direct file transfer and limited Internet access through PEACESAT to its members. He then demonstrated how to connect to PACTOK through a laptop and modem.

32. During the discussion, it was mentioned that:

- there was a need to focus on existing concrete applications with immediate impact;
- telecommunications ensure timeliness of data transfer and facilitate distribution of information but do not directly influence the quality of data provided by countries, which should remain a primary consideration;
- should SPC (or another agency) act as a focal point for Internet, this could facilitate provision of information and Internet information searches to Pacific Island countries and territories at a low cost;
- the use of electronic communication was also a means of reducing existing communication costs.

J. Steps to be taken to achieve a full computer linkage between the databases involved in the South Pacific health information network

Planning the computer-based regional network development

33. Looking at future developments and needs, the meeting stressed the importance of standardisation and the need to bear in mind the perspective of isolated or remote health data providers, and identified the following key requirements of Pacific Island countries and territories:

- point-to-point communication (local, intra-national, international and between countries and agencies);
- electronic data transfer;
- conferencing (voice/bulletin boards);
- database access;
- two-way communication (with feedback);
- emergency bulletins;
- supply;

- evacuation;
- consultation; and
- education.

34. The meeting considered what services were required to achieve these goals and emphasised the following aspects:

- the need for standardisation;
- the need for communication software flexible enough to accommodate different patterns (both hierarchical and triangular) and ensure compatibility with existing systems (PEACESAT, PACTOK, etc.);
- the protocol to take into account that the closer to the village level, the narrower the range of services you have access to;
- emphasis on more efficient use of existing systems and infrastructure;
- voice teleconferencing is complementary to existing methods of work as a tool to share ideas;
- need to provide training and support people who provide the information in order to improve co-operation.

35. The meeting ranked as top priority non-local electronic mail, electronic bulletin boards, database access, and supply organisation. The next priority concerned local electronic mail, voice conferencing, and electronic data transfer. Evacuation would not be dealt with in this way.

36. The meeting noted that the cost of setting up these priorities varied according to the countries and the factors involved, but that much of the technology, software and infrastructure was already available (telephone lines, computers, etc.) and that some of the requirements, such as electronic mail could be set up almost immediately at minimal cost.

37. The meeting considered the specific requirements and costs of achieving full computer linkage between the members of the Pacific Public Health Surveillance Working Group. The discussion on communication continued in a small group.

38. The meeting proceeded under the chairpersonship of Dr Michael O'Leary from WHO.

39. Dr Scott Norton summarised the communication group discussion under this item. The meeting agreed that, to support immediate communication needs, PEACESAT be used for voice communications and PACTOK for data communications between the members of the Pacific Public Health Surveillance Working Group. Dr Norton urged the delegates to actively do so and approach PEACESAT and PACTOK Coordinators in their respective countries. The action plan (including the list of contacts and a timetable) is attached as Annex 3 to this Report.

K. WHO/SPC/UNICEF inter-country meeting on public health surveillance

40. The meeting referred to paragraph 21 of this report and more specifically to sub-paragraph (e).

41. The meeting discussed the participants, resource persons, date/venue and agenda of the inter-country meeting and agreed tentatively that it would take place in Suva, early to mid-September 1996. The agenda of the inter-country meeting would focus on the following main issues: surveillance and health information, priority indicators and reporting standards, further steps to develop the communication network, training needs for Pacific Island countries and territories, and technical support for developing the network (laboratories, statistical and methodological support, and outbreak investigation), and redefining the role, structure and membership of the Working Group. Participants would be member countries of WHO and SPC. In addition to WHO, SPC and UNICEF, other international agencies present in the region, such as UNFPA, UNDP, UNESCO, etc., would be briefed and invited to attend, together with national bodies with a specific interest in

public health surveillance. The list of participants would be finalised at the March 1996 meeting of the Working Group and submitted to the Fifteenth Regional Conference of Heads of Health Services, keeping in mind the need to ensure a broad representation of interested parties as well as to retain a small manageable size and scope for this inter-country meeting. Teleconferencing and electronic communication might offer a way to retain this while ensuring broad participation at a minimal cost.

L. Adoption of the report

42. The meeting adopted its report as amended.

M. Closing ceremony

43. On behalf of all the participants and resource persons/experts, Chairpersons Dr Patel and Dr O'Leary expressed appreciation to the SPC Secretariat for the excellent work and arrangements.

44. The SPC Acting Health Manager, Dr Souares, thanked the meeting participants, resource persons/experts, as well as his colleagues in the SPC Secretariat (both in programmes and support services) for their dedication and hard work. He stressed that the achievements of this meeting were a great leap forward for public health surveillance in the region.

45. The meeting noted with gratitude the offer of further follow-up assistance by Dr John Scott from the Center for Public Service Communications on behalf of his colleague from Tripler Army Medical Center, Dr Scott Norton, and himself, should it be required by members.

46. The SPC Director of Services, Mrs Fusi Vave Caginavanua, made the closing remarks as Acting Secretary-General of the Commission. She noted that the recommendations relating to the setting up of the Pacific Public Health Surveillance Working Group and the Pacific public health network would result in major developments for all Pacific Island countries and territories. She emphasised that the presentations made during the meeting had convinced her of the necessity for the Commission to hook up to Internet and PACTOK to facilitate dissemination of information relating to all Commission programmes. The presentations had also highlighted the professional in-house capacity of SPC to assist Pacific Island countries and territories. She expressed particular appreciation to all the resource persons/experts and to the French Government for funding this meeting.

III. RECOMMENDATIONS

The meeting recommended that:

1. A Pacific Public Health Surveillance Working Group (PacPHSWG) be established, with the annexed Terms of Reference. The working group will remain in existence until a Pacific public health network is established.
2. The recommendations of this meeting and the deliberations of the PacPHSWG be tabled at the Fifteenth Regional Conference of Heads of Health Services in March 1996 for its information, comment and endorsement.
3. A Pacific public health network should be established, by end 1997 at the latest, by developing in a step-by-step fashion its own objectives, membership, secretariat, and funding mechanism.
4. PacPHSWG and later the network should ensure that their work is co-ordinated with that of other agencies and programmes with relative objectives of improving health information and telecommunication capabilities in the region.
5. An inter-country Pacific-wide meeting be held in the second half of 1996 to further consolidate and review the progress towards a regional network for public health surveillance, health information and epidemiological support.
6. Continuing efforts be given to increase the national understanding regarding the importance of improving public health information for use by countries.
7. Concerted efforts be made to improve collection and reporting of vital statistics.
8. Effort be given to better co-ordination regarding requests for data in the short, medium and long-term as follows:

In the short-term:

- a) The SPC Demography Programme be recognised as the clearing-house for officially sanctioned national demographic data for the region. The on-going dialogue between the SPC Demography Programme and countries to ensure the most accurate demographic data possible should continue.
- b) From January 1996, monthly reporting to SPC on communicable diseases by PICs will be by simply copying their existing national communicable diseases reports if there are standard ones in existence, and the (blue) SPC monthly report will no longer be used. Those countries without their own monthly reports will continue to use the blue SPC form. The South Pacific Commission Community Health Programme will communicate with each country accordingly by January.

In the medium-term:

- c) Other central (Pacific regional) data banks on diseases and health status indicators be identified for the Pacific.
- d) Agencies work together to standardise definitions of health status indicators where duplication/conflict exists.

In the medium-long term:

- e) The PacPHSWG and the eventual network identify procedures and seek support for: communication links, training needs, technical and laboratory assistance needed for supporting co-ordinated routine public health surveillance, trend monitoring, early warning systems, and national and regional public health action.
9. That agencies requesting data from Pacific Island countries and territories provide specific feedback on how data is used by the agencies.
 10. The on-going need for training, including on the use of data for planning and decision making at the local and national levels be addressed.
 11. The tools proposed and trialed at this meeting to select diseases and health indicators be used by the PacPHSWG working group to prioritise the public health information which should be routinely monitored.
 12. The draft 'Principles for Public Health Surveillance in the Pacific' (annexed in this report) be considered, and developed further, as a set of guiding principles for the previously mentioned network (when it is established).
 13. To reduce costs and to facilitate collection, management and timely sharing of health information, available communication technologies be utilised whenever possible.
 14. As an initial effort, these technologies and communications systems be used by the PacPHSWG in the planning leading to the March 1996 meeting.

PRINCIPLES FOR PUBLIC HEALTH SURVEILLANCE IN THE PACIFIC

1. Data should be collected as close to the source as possible.
2. Only data that are locally valued and used should be collected.
3. Data should be collected once and used many times (at many levels).
4. Data should be collected on an on-going or continuous basis (surveillance), unless periodic or intermittent collection (survey or census) is more appropriate in the specific context involved or will complement the surveillance data available.
5. Data should be collected from all sources (universal surveillance) only when collection from a sample or subset from sources (sentinel surveillance) is not sufficient.
6. Frequency of data collection, analysis and reporting (feedback) should reflect the rate at which the health conditions under surveillance could change and public health action be taken.
7. The number of health conditions (indicators) under surveillance should be minimised but remain compatible with good public health practice/public health goals and objectives.
8. The data collected for each condition under surveillance should be the minimum required to enable appropriate analysis of the data (i.e. minimal data sets) leading to appropriate public health action.
9. Data definitions and minimal datasets should be consistently defined (within countries and regionally).
10. Standards should be set for all phases of the surveillance process [including data collection, transfer, analysis and reporting (feedback)] and the surveillance system should be periodically evaluated against these standards and system objectives.
11. These standards and evaluation processes should aim to be regionally consistent.
12. Information sharing at the regional level should reflect the principle of local value. That is, Regional International Agencies should request only a subset of the data being collected at national level.
13. Data provided to higher levels of governance (e.g. district to country, country to region) should be more highly aggregated than that collected and used at the lower level.
14. Regional international agencies should co-ordinate their data requirements amongst themselves according to the above principles in consultation with all the countries in the region.
15. Health indicators (obtained through public health surveillance and periodic surveys) should not be seen in isolation but rather in the context of social, environmental and economic indicators relevant to the development of the PICs.
16. In collecting data for public health purposes at all levels (district/country/region), the rights of people must be respected.

PACIFIC PUBLIC HEALTH SURVEILLANCE WORKING GROUP

Terms of reference

1. Lifespan and accountability

The Pacific Public Health Surveillance Working Group has been formed in Noumea during the Interagency meeting on Health Information Requirements (IAMHIR) in the South Pacific, 4 – 7 December 1996.

The Pacific Public Health Surveillance Working Group will exist until the Pacific Public Health Surveillance Network is firmly established and ready for self-administration and coordination.

The initial structure and membership of the Pacific Public Health Surveillance Working Group has been endorsed by the IAMHIR meeting for a limited period only, until the XV Regional Conference of Heads of Health Services, organised by the South Pacific Commission in Noumea, 11 – 15 March 1996.

The Pacific Public Health Surveillance Working Group will report to this body on their work, structure and membership during the March Regional Conference.

Subject to endorsement by the XV Regional Conference of Heads of Health Services, the Pacific Public Health Surveillance Working Group will continue its role until an inter-country meeting on regional public health surveillance is called (tentatively scheduled for the second semester of 1996) .

On the occasion of the Inter-country meeting on public health surveillance the structure and membership of the Pacific Public Health Surveillance Working Group will be reviewed by the meeting (comprising representatives from PICs, UNICEF, WHO, SPC, other international agencies if interested, and representatives of public health institutions from the Pacific, e. g. CDNANZ, University of Hawaii). A new workplan will be assigned to the Pacific Public Health Surveillance Working Group, on the same occasion.

2. Structure

It is, in its initial structure, composed of 10 members, reflecting the overall participation to the IAMHIR meeting:

- 5 members from Pacific Islands countries and territories (Fiji, Federated States of Micronesia, New Caledonia, Solomon Islands, and Western Samoa)
- 3 members from International agencies (namely UNICEF, WHO, SPC)
- 1 member from the Communicable Diseases Network/Australia–New Zealand
- 1 member from the University of Hawaii, School of Public Health

During its initial period of work (until an inter-country meeting on public health surveillance is called for) the Pacific Public Health Surveillance Working Group will have its Secretariat at the Community Health Programme of the South Pacific Commission, in Noumea.

3. Membership

Members of the Pacific Public Health Surveillance Working Group have been selected amongst the participants to the IAMHIR meeting:

Dr B.P. Ram, Fiji, in replacement of Dr Salik Ram Saik Govind
 Dr Michel Germain or Dr Jean-Paul Grangeon, New Caledonia
 Mr Amato Elymore, Federated States of Micronesia
 Mr James Keni, Solomon Islands
 Mr Tipasa Me, Western Samoa
 Ms Jane Paterson, UNICEF
 Dr Michael O'Leary, World Health Organization
 Dr Mahomed Patel, Communicable Diseases Network/Australia–New Zealand
 Dr David Morens, University of Hawaii, School of Public Health
 Dr Yvan Souares, South Pacific Commission, Community Health Programme

4. Terms of Reference

Each individual member of the group, after the IAMHIR meeting and before the XV Regional Conference of Heads of Health Services will have:

- to further review and comment on the two methods proposed during the IAMHIR meeting for the selection of diseases and health status indicators to be under public health surveillance, and to alter or adapt these methods if found necessary.
- to use the selection methods in order to:
 - select a list of diseases to be under national and regional surveillance;
 - rank in a priority order the 175 health status indicators 'required' by the regional level from the PICs, and partly reviewed during the IAMHIR meeting, in Noumea (listing provided by the IAMHIR meeting).

The 175 health indicators will be grouped in three categories according to their priority: high, average, and low.

In doing so, either a country or a regional approach will be taken.

Some of the indicators measuring the impact of a given disease to be under surveillance (e.g. measles mortality) could appropriately be selected for being part of the core of high-priority health indicators for public health surveillance, at national and regional levels.

- To correspond with the Secretariat concerning any relevant matters arising during the working period of the group, and to have their final suggestions communicated to the Secretariat of the Pacific Public Health Surveillance Working Group, before 13 February 1996, at the latest.
- The Secretariat will prepare a draft working/information paper to be reviewed by the Pacific Public Health Surveillance Working Group, to present to the XV Regional Conference of Heads of Health Services.
- The first meeting of the Pacific Public Health Surveillance Working Group is tentatively scheduled for the week preceding the XV Regional Conference of Heads of Health Services, and will take place in Noumea, at the SPC headquarters. Confirmation of dates and participation will take place by 15 January 1996, at the latest. This first meeting of the Pacific Public Health Surveillance Working Group is to be sponsored and organised by the Community Health Programme of the South Pacific Commission.

ACTION PLAN ON ACHIEVING FULL COMPUTER LINKAGE FOR THE PACIFIC PUBLIC HEALTH SURVEILLANCE WORKING GROUP

Recommendations for Voice and Data Communication

I. Introduction

To support immediate communications needs of the Pacific Public Health Surveillance Working Group, the following recommendations are made: PEACESAT for voice communications and PACTOK for data communications (i.e., e-mail, file transfer, etc.).*

To implement these recommendations in a timely manner, upon returning home, delegates to this conference will contact the PEACESAT and PACTOK co-ordinators in their respective countries to learn how to gain access and to use these communications services. Questions that should be asked are listed below and contact persons for each country are provided. Before approaching these communications services representatives each delegate should take an inventory of the capabilities of his or her institution. It will be important to know, for example, what kind of computers, modems and word processing softwares are in use.

Regional administrators of PEACESAT and PACTOK will be contacted in advance by SPC so that they might alert country co-ordinators to be prepared to support these requests.

II. Questions to ask PACTOK co-ordinators (or other e-mail services) include:

- What paperwork/registration do I need to complete, who needs to sign it/give permission, and where do I send it?
- What will my e-mail address be?
- Is it possible to link my office to the national PACTOK site? What hardware and software do I need?
- Where do I get the equipment, software and telecommunications link?
- What are the start-up costs (equipment, etc.) What are the recurrent costs (phone/communications usage charges, etc.)?
- Who can teach me how to install it, use it and maintain it?
- What do I do until I can install a link to my office (can I use your facility?)

(Once service has been established, delegates will transmit their e-mail address to Dr Soares at 102643.2625@COMPUSERVE.COM. This should happen no later than 4 January 1996.)

III. Questions to ask PEACESAT co-ordinators include:

- What paperwork/registration do I need to complete, who needs to sign it/give permission, and where do I send it?

* Although PEACESAT is capable of communicating data, at this time only one duplex channel is available for this purpose. Therefore, access to this channel may not be as available as alternative (i.e., PACTOK) data communications services.

- What will my e-mail address be?
- Is it possible to link my office to the national PACTOK site? What hardware and software do I need?
- Where do I get the equipment, software and telecommunications link?
- What are the start-up costs (equipment, etc.) What are the recurrent costs (phone/communications usage charges, etc.)?
- Who can teach me how to install it, use it and maintain it?
- What do I do until I can install a link to my office (can I use your facility?)
- How do I schedule a conference?

IV. National PACTOK (or other data communications service provider) contacts are:

- Suva, Fiji:
(PACTOK) Kenneth Fakamuria 679-370733
(University of the South Pacific) John Clayton 679-313900
(Fiji Post and Telecommunications, Ltd.) Brenden Harrison
- Western Samoa:
(PACTOK) South Pacific Regional Environmental Programme (Wanda Ieremia) 685-21929
- Solomon Islands:
(PACTOK) Solomon Islands College of Higher Education
- FSM, Pohnpei:
(Compuserve) Patty Ruze @ Pacific Basin Medical Officer Training Program 691-320-2328
- Noumea, New Caledonia
SPC (Phil Hardstaff) 687 - 26 20 00
(Compuserve: 102643.2625@COMPUSERVE.COM)
- Noumea, New Caledonia
ORSTOM (Internet: NOUMEA.ORSTOM.NC)
- Vanuatu
(PACTOK) SDN at Foundation for the Peoples of the South Pacific (Willie Sacksack) 678-22915
- Papua New Guinea
(Pactok) University of Papua New Guinea (UPNG)

V. National PEACESAT site coordinators (by site, institution and country) are:

- Alafua, University of the South Pacific, Western Samoa, Ph. No. (685) 21671, Fax No. (685) 22933
- Apia Fisheries, Department of Fisheries, Western Samoa, Ph. No. (685) 20369/23863, Fax No. (685) 24 292

- Chuuk, Department of Education, Federated States of Micronesia, Ph. No. (691) 330-2202, Fax No. (691) 330-2604
- Cook Island Fisheries, Fisheries Department, Cook Islands, Ph. No. (682) 28723, Fax No. (682) 29721
- FFA Honiara, Forum Fisheries Agency, Solomon Islands, Ph. No. (677) 21 124/20 821, Fax No. (677) 20092
- Fiji Fisheries, Fisheries Division, Ministry of Agriculture, Fisheries & Forestry, Fiji, Ph. No. (679) 361122, Fax No. (679) 361184
- Funafuti Fisheries, Fisheries Department, Tuvalu, Ph. No. (688) 20742, Fax No. (688) 20800
- Guam, University of Guam, Guam, Ph. No. (671) 734-8375/837, Fax No. (671) 734-8377
- Honolulu, University of Hawaii, Hawaii, Ph. No. (808) 956-7794/884, Fax No. (808) 956-2512
- Kiribati Fisheries, Fisheries Department, Kiribati, Ph. No. (686) 28 252, Fax No. (686) 28 295
- Kosrae, Department of Education, Federated States of Micronesia, Ph. No. (691) 370-3008, Fax No. (691) 370-2045
- Majuro CMI, College of the Marshall Islands, Marshall Islands, Ph. No. (692) 625-3394/323, Fax No. (692) 625-4699
- Majuro MIMRA, Ministry of Marine Resources Authority, Marshall Islands, Ph. No. (692) 6253394/323, Fax No. (692) 625-5447
- Nauru, Department of Island Development & Industry, Yaren District, Nauru, Ph. No. (674) 444 3720, Fax No. (674) 444 3791
- Niue, Department of Agriculture, Forest and Fisheries, Niue, Ph. No. (683) 4032, Fax No. (683) 4079
- Pago Pago, American Samoa Community College, American Samoa, Ph. No. (684) 699-1575, Fax No. (684) 699-4595
- Palau Education, Department of Education, Palau, Ph. No. (680) 488-2570, Fax No. (680) 488-2830
- Palau, Division of Marine Resources, Koror, Palau, Ph. No. (680) 488-2266/147, Fax No. (680) 488-1512/172
- Pohnpei, College of Micronesia FSM, Federated States of Micronesia, Ph. No. (691) 320-2482, Fax No. (691) 320-2479
- Pohnpei, Micronesian Marine Authority, Federated States of Micronesia, Ph. No. (691) 320-2700, Fax No. (691) 320-2383
- Port Moresby, Institute of Fisheries and Marine Resources, Papua New Guinea, Ph. No. (675) 214-522, Fax No. (675) 214-507
- Port Vila, Fisheries Department, Vanuatu, Ph. No. (678) 23119, Fax No. (678) 22883
- Radio Australia, Melbourne, Australia, Ph. No. (613) 962 61923, Fax No. (613) 962 61939

- Rarotonga, Ministry of Education, Cook Islands, Ph. No. (682) 29357, Fax No. (682) 28357
- Rota Northern Mariana College, Northern Mariana Islands, Ph. No. (670) 532-9477, Fax No. (670) 532-0342
- Saipan Northern Mariana College, Northern Mariana Islands, Ph. No. (670) 235-1551/58, Fax No. (670) 235-5383
- Saipan Public School System, Northern Mariana Islands, Ph. No. (670) 235 2664, Fax No. (670) 235 7728
- SOPAC, Suva Fiji, Ph. No. (679) 381377/139/251, Fax No. (679) 370040
- South Pacific Commission, New Caledonia, Ph. No. (687) 26 20 00, Fax No. (687) 26 38 18
- SPC Suva, South Pacific Commission, Fiji, Ph. No. (679) 370-733, Fax No. (679) 370-021
- Tonga, Ministry of Education, Tonga, Ph. No. (676) 23511, Fax No. (676) 24105/23596
- Tonga Fisheries, Department of Fisheries, Tonga, Ph. No. (676) 21399, Fax No. (676) 23891
- UNITECH, University of Technology (Lae), Papua New Guinea, Ph. No. (675) 434-700, Fax No. (675) 457-667
- Wellington Polytechnic, New Zealand, Ph. No. (64) 4 385 0559, Fax No. (64) 4 382 8757/385
- Yap, Department of Education, Federated States of Micronesia, Ph. No. (691) 350 2150, Fax No. (691) 350 2399

VI. Timetable

- *4 January 1996:* Members to be hooked up to PACTOK/PEACESAT networks and send e-mail message to Dr Yvan Souares at SPC Noumea, in order to confirm e-mail access (Yvan to respond on same day).
- *13 February 1996:* Members of the Working Group to send their list of health indicators to Yvan Souares at SPC Noumea by file transfer.
- *Late February 1996:* Yvan Souares to transmit to members the first draft of the paper for the Fifteenth Regional Conference of Heads of Health Services.
- *1 March 1996:* PEACESAT voice conference for comments by members on paper transmitted earlier.

LIST OF PAPERS PRESENTED AT THE CONFERENCE

Working Papers

- SPC/Interagency 1 – WP1 Harmonisation of regional health data requirements in the Pacific: the role of public health surveillance – a proposed method for the selection of a core set of health indicators relevant to public health
— Secretariat
- WP2 Vital registration and health programme monitoring in Pacific Island countries – some myths and realities
— Secretariat
- WP3 The availability and quality of health indicators in the South Pacific
— Australian National University

Country Information Statements

- SPC/Interagency 1 – CS1 Country Information Statement — Western Samoa
- CS2 Country Information Statement — Solomon Islands
- CS3 Country Information Statement — Fiji
- CS4 Country Information Statement — Federated States of Micronesia

Reference Documents

- SPC/Interagency 1 – RP1 The science of public health surveillance
— Stephen B. Thacker, Ruth L. Berkelman and Donna F. Stroup
- RP2 Public health surveillance in the United States
— Stephen B. Thacker and Ruth L. Berkelman
- RP3 Surveillance for the expanded programme on immunisation
— F.T. Cutts, R.J. Waldman, and H.M.D. Zoffman
- RP4 Surveillance data for policy: a national and state approach
— Donna F. Stroup
- RP5 Setting priorities: the Canadian experience in communicable disease surveillance
— Anne O. Carter
- RP6 Le règlement sanitaire international, bilan et perspectives
— Alain Vassereau

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