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REPORT OF MEETING

SECRETARIAT OF THE PACIFIC COMMUNITY

PACIFIC BASIN MEDICAL ASSOCIATION (PBMA)

PACNET / WESTERN PACIFIC HEALTHNET (WPHNet)

PACIFIC TELEHEALTH CONFERENCE

(Noumea, New Caledonia, 30 November to 3 December 1998)

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I. AGENDA

Day 1, Monday 30th November

7:30 – 8:00	Registration of participants
8:00 – 8:30	Opening ceremony
8:30 – 9:30	Presentation of selected papers
9:30	*Tea break*
10:00 – 12:00	Presentation of selected papers
12:00	*Lunch break*
12:30 – 14:00	Workshop 2: How to access and request literature searches and document delivery
14:00 – 14:45	Presentation of selected papers
14:45 – 15:30	**Panel discussion 1**: Establishing medical associations, public health networks and the role of ICT **Panel discussion 2**: Distance education, academic and continuing: how to deliver a curriculum?
15:30	*Tea break*
16:00 – 16:45	**Panel discussion 3**: Integrating methods and resources for distance health consultation: development of a joint PACNET/WPHNet web site **Panel discussion 4**: Outbreak identification and response: how to establish a Pacific-based network of reference laboratories?

Day 2, Tuesday 1st December

8:00 – 9:30	Presentation of selected papers
9:30	*Tea break*
10:00 – 12:00	Presentation of selected papers
12:00	*Lunch break*
12:30 – 14:00	Workshop 1: How to access and use available distance clinical and public health consultation services
14:00 – 15:30	**Panel discussion 3**: Integrating methods and resources for distance health consultation: development of a joint PACNET/WPHNet web site **Panel discussion 4**: Outbreak identification and response: how to establish a Pacific-based network of reference laboratories?
15:30	*Tea break*
16:00 – 17:30	**Panel discussion 1**: Establishing medical associations, public health networks and the role of ICT **Panel discussion 2**: Distance education, academic and continuing: how to deliver a curriculum?

Day 3, Wednesday 2nd December

8:00 – 9:30	Presentation of selected papers
9:30	*Tea break*
10:00 – 12:00	Presentation of selected papers
12:00	*Lunch break*
12:30 – 14:00	Workshop 1: How to access and use available distance clinical and public health consultation services
14:00 – 15:30	**Panel discussion 1**: Proposed plan of operation for Establishing medical associations, public health networks and the role of ICT **Panel discussion 2**: Proposed plan of operation for Distance education, academic and continuing: how to deliver a curriculum?
15:30	*Tea break*
16:00 – 17:30	**Panel discussion 3**: Proposed plan of operation for Integrating methods and resources for distance health consultations: development of a joint PACNET/WPHNet Web site **Panel discussion 4**: Proposed plan of operation for Outbreak identification and response: how to establish a Pacific-based network of reference laboratories?

Day 4, Thursday 3rd December

8:00 – 9:30	Workshop 1: How to access and use available distance clinical and public health consultation services Panels finalise their reports
9:30	*Tea break*
10:00 – 11:30	Workshop 2: How to access and request literature searches and document delivery Panels finalise their reports
11:30 – 14:00	Field visit: Tjibaou Cultural Centre
14:00	Panels report to the meeting and discussion
14:30	*Tea break*
16:00	Panels report to the meeting and discussion
18:00	Closure

II. OBJECTIVES

A - Goals

1. To improve communication and networking between the health-related professionals working in those countries and territories that are members of the Pacific Public Health Surveillance Network (PPHSN), as well as with other health-related professionals allied to the PPHSN (i.e. regional and international organisations, training and research institutions, aid donors).

2. To widen the range of relevant resources available for health development through the PPHSN in the Pacific Islands, to improve their accessibility for Pacific Islands-based health-related professionals and partners, and to promote appropriate human resource development to take advantage of these resources.

3. To promote and develop accessibility and use of information and communication technology (ICT) for the purpose of improving health services management and delivery in the PPHSN country and territory members, especially in the fields of:

– outbreak prevention and control
– public health surveillance and disease control
– distance clinical, epidemiology and public health consultations
– distance education

4. To facilitate discussions among PACNET and WPHNet members (users, moderators and sponsors) to identify the methods and steps to be taken for the collaborating networks to be able to deliver improved services in the above-mentioned specific fields.

B - Strategy: networking of networks

5. Both PACNET and the Western Pacific HealthNet (WPHNet) serve Pacific Island country and territory (PICT) members of the PPHSN. Both started operating in April 1997. Both are based on ICT advances, i.e. e-mail and Internet services, for which accessibility is rapidly improving in the Pacific Islands. Both are aiming at the ultimate goal of sustainable development for Pacific Islands health services. Both consider telecommunications and distance education as top priorities and key strategies in that process.

6. Both PACNET and WPHNet have gone through fairly similar stages of development: encountering the same encouraging rapid growth and improvement in membership and efficiency, and also currently facing similar bottlenecks in reaching out to more specific users and potential partners. Affordability of the technology—especially to health-related professionals—lack of appropriate training, and respective limited advocacy means, are common hindrances to their efficiency and to the expansion of their networking capabilities.

7. A well thought-out and greater integration of PACNET and WPHNet membership within the framework of the PPHSN, and complementary planning and management of their respective resources, operations, and services, should strengthen both networks, and can only increase users' benefits. The development of the *Pacific Health Dialog* as a medium for telehealth, training and information exchange may well assist in this endeavour.

C - Expected outputs

8. Cross-fertilisation, improved practical skills in the use of ICT, and development of networking links amongst the meeting participants, leading to increased telehealth activities in the Pacific.

9. Publication of a special issue of *Pacific Health Dialog* on 'Telehealth in the Pacific' in both the English and French languages (based on the compilation of papers presented and proceedings of the various sessions).

10. Establishment of regional working groups (out of PACNET/WPHNet users) in charge of completing and/or overseeing the implementation of the plans of operations outlined or designed during the panel discussions, to address the practical issues discussed.

11. Taking advantage of the Conference, members of the PPHSN Coordinating Body will also meet for their fifth meeting. Organisational steps will be planned in order to take the outcome of the Conference into consideration, within the PPHSN structure. The expected output of this PPHSN Coordinating Body meeting will be a series of recommendations to be circulated independently to PICT members and PPHSN associate members (regional and international organisations, training and research institutions, medical associations, aid donors) for their comments and suggestions.

III. SUMMARY OF DISCUSSIONS AND PROPOSED PLANS OF OPERATION

PANEL I : ESTABLISHING MEDICAL ASSOCIATIONS, PUBLIC HEALTH NETWORKS, AND THE ROLE OF ICT

12. Dr Victor Yano introduced the background of the PBMA.

13. PBMA was established in 1995 to support and strengthen the redevelopment of the indigenous physician workforce among the U.S.–affiliated Pacific Islands. Its mission is to:

a) provide a network for medical practitioners to promote high standards of medical care,
b) encourage continuing medical education (CME) activities, and
c) support the formation of local medical associations and avoid professional isolation among the graduates of the Pacific Basin Medical Officers' Training Program (PBMOTP).

14. The aim was to link together graduates from the programme and to establish an internship programme, which will be based on experienced clinician members of the PBMA providing supervision and mentorship for students of the PBMOTP. In other words, improving the professional environment of the graduating Pacific Island medical officers, by trying to minimise the isolation syndrome.

15. Dr Kamal Gunawardana from Marshall Islands (M.I.) provided some background information on the geographical constraints imposed on physicians working in an atoll-like environment such as in the Marshalls. Professional isolation is the main consequence.

16. The health department staffing situation in the M.I., however, is that 90% of the medical staff are expatriates. They come from many different foreign countries, and are either on contracts or working as overseas volunteers. The immediate consequence of this situation is that expatriate doctors are reluctant to take on the necessary leadership and responsibility that is needed for establishing a medical association. There is a common assumption amongst expatriate doctors that such a commitment should come from nationals. It is also understood that the practice of medicine and politics are in the M.I. only separated by a very thin line. Also expatriate doctors often stay only for a period of time too brief realistically establish long-term commitment bodies like professional associations.

17. Luckily, with the posting within the national health system of three newly-graduated MOs from the PBMOTP, the trend seem to be changing at present. Beyond the isolation syndrome, the issue of local capacity-building seems to be crucial.

18. Dr Johnny Hedson indicated that the Micronesia Medical Association, composed of mainly Micronesian medical officers as regular members, was born in 1955 with a view to meeting on a yearly basis to hold seminars and have business meetings. The Association membership fee was then US$36.00 per year. Associate members were mainly expatriates, who were specialists doing the clinical work in the wards in various Micronesian hospitals. The Micronesia Medical Association became inactive after the separation of the Micronesian Islands into separate political entities in the early 1980s to the mid-1980s, which was the end of the United States Trust Territory of the Pacific Islands era.

19. Dr Yano explained the COMPACT agreement between the different Micronesian political entities – Republic of Palau, Republic of the Marshall Islands, and the Federated States of Micronesia – and the United States from the early 1980s onward, in terms of grants available to the political entities.

20. Dr Livingston from Kosrae reported the effect that reduction in overall government operational funding has had on the morale of the physician workforce and their ability to provide necessary basic services. The current policy of reducing the force is such that public servants work only 28 hours per week now. Physicians have decided to continue to provide service regardless of the number of hours. The already established Medical Association has intervened to solve this problem with administration, which is now very helpful despite a dwindling budget.

21. Unfortunately, health services are treated like any other government service in that the administration does not accept the importance of identifying them as a special entity, which is an essential service in terms of saving lives. How then to address this problem?

22. According to Dr B. P. Ram from the Ministry of Health in Fiji, one way of getting people involved in medical associations is to tie them together with catalysing subjects of interest. Fiji mainly uses National Health Research, a central government programme, as the entry point.

23. Members of the medical associations are now linked with an electronic network, which extends to the private sector.

24. The Medical Association is providing feedback and technical advice on research, training, and improved standards of reporting for communicable diseases to medical staff working in the field and expanding the framework to other allied health care providers. The Medical Association is thinking of linking with PACNET and WPHNet.

25. Dr Seini Kupu from Tonga noted that the Tongan Medical Association is the oldest MA in the Pacific in that it was established 56 years ago and recognised as an NGO by the Government. All medical officers who are registered are automatically enrolled in the Association. They have now invited other health care workers, namely medical assistants, to be enrolled in the Association. Fund-raising activities for the purpose of building an office are going on now. There is a tendency in Tonga that qualified doctors are lured away to other Pacific Island countries because of higher salaries and better professional satisfaction.

26. Dr Yvan Souares discussed the different approaches used for networking health professionals, according to the initial purposes and objectives of health-related networks. PBMA and WPHNet have focussed on doctors and telemedicine primarily, because the aim was closely linked to the sustainability of the PBMOTP training efforts. From the PPHSN perspective the process started by targeting a wider audience (both geographically and professionally) because the primary objective was public health surveillance at the national and regional levels. An encouraging result is that the two networks are now co-organising this conference, in order to pool resources and motivations. The very challenging and exciting output should be an expanded scope of services for Pacific Island-based health professionals, through an integrated network of networks. Therefore, this conference should favour the development of medical associations and other health-related networks so that it leads to a ‘boosting’ networking synergy for the efficiency of Pacific Islands health care systems.

Panel I

Dr Victor Yano – Facilitator
Dr Kamal Gunawardana – Rapporteur
Dr Johnny Hedson
Dr Livingston Taulung
Dr B. P. Ram
Dr Seini Kupu
Dr Yvan Souares

Main issues that came up in the discussion were:

27. How to define the objectives and tasks of a medical/health association? Besides the goals, at what level should the association serve, whether it is local, national, or regional. The goals should reflect these different levels. The name is important and sensitive, and the goals should be realistic, simple and achievable. Commitment from individuals plays a major role. Lessons from Fiji can be useful, in that they have revived a defunct association.

28. Who should be the members of the association? Is it only for a defined group of health care providers or for a broader group which includes all professionals? What are the barriers for integration of all the professionals into a single association?

29. Be sensitive not to replace existing associations, and if you do, make changes in an incremental fashion.

30. Do we have to have a regional association instead of a medical association? Is it possible for an existing association like PBMA to expand as a true regional association?

31. What is the link in terms of communication to hold the associations together, as they are at different geographical locations?

32. The definition of public health is not only in a preventive sense, but to have all human society putting together all resources to maintain and improve the health of the individual and then the society.

TASKS

33. Create an inventory of health professional associations in the PICTs, including the:

a) objectives,
b) membership,
c) means of available communication,
d) interest of the associations in forming a network.

34. Prepare an MOU between health professional associations and existing networks, for example, the WPH Network and PACNET and other institutions (PPHSN).

35. Actively seek endorsement by various parties of MOUs.

36. Explore the receptivity of various HPA's for networking and practices of tele-consultation.

37. Assess the training needs of the health professional associations, and match them with the existing base of continuing training programmes in the Pacific.

38. Link with the regional working group (or task force) on distance education (DE).

39. Propose a set of objectives for a future regional health professional association.

PROPOSED PLAN OF OPERATION I

After three days of intense discussion the panelists proposed the following Plan of Action:

40. A small working group has been formed to address the following tasks:

a) Identify existing health professional and patient care associations, their mission statements, goals, membership, means of communication, and interest in forming networks in all the Pacific Island countries and territories.

b) Propose a draft set of objectives for a regional health professional association.

c) Explore the interest and willingness of existing clinical and public health associations (including other patient care associations) to collaborate in distance clinical and public health consultations.

d) Propose a draft memorandum of understanding to formalise the collaboration between existing health professional and patient care associations and various regional networks such as PACNET, the Pacific Public Health Surveillance Network, and Western Pacific HealthNet.

e) Identify appropriate steps for adoption of the memorandum of understanding between the interested parties.

f) Recommend ways to coordinate educational needs of the health professional and patient care associations with existing training programmes in the Pacific.

g) Identify appropriate methods of communication that the work group can utilise to advance their task.

h) Coordinate with other working groups, share information of mutual benefit, and avoid duplication of efforts.

41. The Working Group includes the following key individuals to push the task forward:

– Dr Yvan Souares (SPC),
– Dr B. J. Ram (Fiji),
– a representative from French Polynesia,
– Dr Johnny Hedson (Pohnpei, FSM),
– Dr Seini Kupu (Tonga),
– Dr Louisa Woonton (Niue),
– Dr Kautu Tenuna (Kiribati),
– Dr Victor Yano (PBMA),
– Dr Jan Pryor (Fiji School of Medicine).

42. Submit 1st (draft) report in 4 months – April 1999

Submit 2nd (draft) report in 4 months – August 1999

Submit 3rd (final) report in 4 months – December 1999

PANEL II: DISTANCE EDUCATION, ACADEMIC AND CONTINUING: HOW TO DELIVER A CURRICULUM?

Definition of distance education

43. Distance education involves distance learning and distance teaching. It is teaching and learning that is not face-to-face due to geographical (physical) distance. This excludes the face-to-face summer school format and distances created by economic and social status, language, religion, race, education etc.

44. The physical distance is that of the centre of learning from the student. On-site local supervision may be used to enhance distance teaching and distance learning.

45. Distance education must have a 'written curriculum', an explicit formative and summative assessment method, and might lead to educational credits.

Type of curriculum

46. The curriculum level agreed to by the group is that necessary for health worker training at community level, basic professional level and post-basic training. This may involve part-time or full-time education either in a learning centre or in a community. Courses needing psychomotor skill will need close field supervision.

Reasons for distance education

47. Reasons for distance education include:

a) to improve knowledge and skills without leaving the job and family and because there may be difficulty in finding replacements when someone goes away to study;
b) there should be a link between learning and the job;
c) course delivery can be less expensive depending on issues of copyright, number of students, modes of delivery and number of sites;
d) the courses should be developed to be structured, able to be reviewed, and subject to quality control;
e) the courses may be written for directed or self-directed learning;
f) improving the status of the health worker within the organisation without losing income;
g) offering open access and flexible learning options;
h) people following a distance education course can develop field programmes that are immediately beneficial to the community they serve;
i) distance education can be used as a 'pre-test' for students' ability to undertake further training.

How to deliver a curriculum?

48. A curriculum includes the syllabus, content and course organisation. The process of developing a curriculum includes writing the courses, reviewing, using an instructional designer, editing, choosing a mode of delivery, teacher/tutor training, summative and formative assessment and evaluation of the process.

49. Pre-requisites for the delivery of a distance education curriculum include:

a) appropriate training and use of teachers;
b) selection of appropriate media;
c) determination of the level/type of language of learning;
d) facilities including access to library resources, access to resource persons; and other educational resources;
e) clear purpose and target group.

50. Characteristics of a properly functioning distance education curriculum include:

a) curriculum sensitive to local needs, culture and level of technology;
b) favourable student–teacher ratio with interaction encouraged;
c) student–student interaction and support encouraged;
d) use of local tutors and/or visits by the distance teachers;
e) critical assessment;
f) easy access to support materials, library resources and methods of communication;
g) happy students with favourable outcomes;
h) one-to-one or group interactivity (needs to be 'built-in' and depends on medium used);
i) flexible delivery in terms of place and time, e.g. after hours, at home (e.g. in Tokelau);
j) students to be able to learn at their own pace, e.g. mastery of learning;
k) competency-based learning;
l) student-centred.

Current situation in the Pacific

51. Everyone can use the same process of delivery for distance education, but the new changes in technology (e.g. Internet) have energised our discussions about the possibilities for new approaches and media for distance education. The choice of medium depends on the local situation, target groups and the curriculum. However, good written materials are the basis. Ultimately, the choice of technology is a local decision.

52. Within the Pacific, there is already a wealth of existing and developing experience in providing distance education, but this is largely being done in isolation at present.

The future in the Pacific

53. To enhance and promote distance education in the Pacific, it is recommended that:

a) materials and experiences be shared; and
b) materials should be freely accessible to Pacific countries and in the 'public domain'.

54. It is strongly recommended that a Working Group on Distance Education in Health for the Pacific (PacDEH) be established to facilitate enhancement and promotion of distance education in the Pacific. This working group should be coordinated from SPC. The tasks of the working group will include the following:

a) undertake an inventory of existing courses, of institutions involved in delivering distance education and in training distance teachers, and of Pacific resource persons;
b) storage of the inventory should be shared by creation of a database at SPC and/or FSM and/or the University of Guam, and made available through Web Pages;
c) creation of a mechanism to document Pacific experiences in distance education, both retrospectively and prospectively;

d) identification of a dedicated repository and person within the Pacific to act as focal point and clearing house for those inventories and documentations of experiences (see a, b, and c above);
e) clarification of legal issues (e.g. copyright) and of financial issues (e.g. possible requirement for payment of modules) which may affect the free distribution and sharing of materials;
f) assessment of the need for distance education teachers, mentors, preceptors, supervisers, and tutors, and facilitation of appropriate training;
g) investigation of accreditation and cross-crediting of various distance education courses in the Pacific, and facilitation of standardisation and quality control. The aim is to produce qualifications which are equivalent across Pacific countries;
h) investigation of a means to re-accredit health professionals through continuing education (including distance education);
i) liaison with SPC to provide and facilitate ITC support at the regional and local levels in assessing needs, establishment and maintenance for technology requirements, and assistance to countries to develop proposals for technology improvement;
j) facilitation of a public relations mechanism to promote distance education;
k) exploration of possible donor support, e.g. AusAID, Sasakawa Foundation, NZODA;
l) production of monthly summaries on progress made to be shared through PacDEH.

55. The work plan is presented in the table hereunder, which outlines activities, responsibilities and suggested time frame.

56. **Members of Panel II**:

Dr Sitaleki Finau (Chair) – University of Auckland
Ms Josephine Gagliardi / Jane Paterson
(Rapporteurs)
Dr Gregory Dever – Pacific Basin Medical Association/Western Pacific HealthNet
Mrs Maureen Fochtman – University of Guam
Dr Tom Kiedrzynski – SPC
Dr Mohamed Patel – Australian National University
Mrs Iloi Rabuka – Fiji School of Nursing

Those who worked with Panel II were:

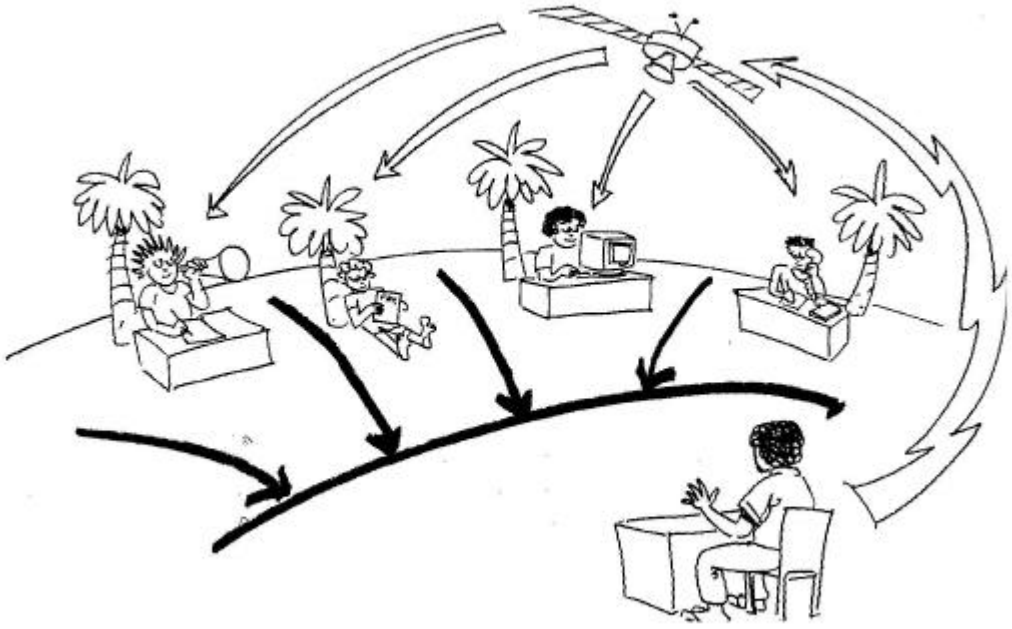
Dr Peter Adam – Tokelau
Mr Bruce Best – Center for Continuing Education & Outreach Programs
Dr Eliane Chungue – Institut Territorial de recherche médicales Louis Malardé
Mrs Arlene Cohen – University of Guam
Dr Tom Fiddes – Fiji School of Medicine
Mrs Verlyn Gagahe – Ministry of Health and Medical Services
Dr Peter Hill – Australian Centre for International and Tropical Health and Nutrition
Mrs Maggie Kenyon – Ministry of Health and Medical Services
Dr Martine Noël – DPASS Sud
Mr Mark Perkins – Cataloguer
Dr Marc Shaw – Travellers Health and Vaccination Center
Mrs Rosie Sisiolo – Ministry of Health and Medical Services

PROPOSED PLAN OF OPERATION 2

ACTIVITY	THOSE RESPONSIBLE	TIME LINE
Develop a communication tool for all members of the Working Group.	SPC (Tom Kiedrzynski) will create a sublist on PacNet called PacDEH. Those not yet on e-mail (Martine Noël) will need to be faxed until their e-mail is set up.	18 December 1998
Undertake an inventory of existing courses, of institutions involved in delivering distance education and in training distance teachers, and of Pacific resource persons.	Maureen Fochtman, Arlene Cohen (UOG), Mark Perkins (SPC), Martine Noël – for liaison with French materials (plus USP, PIRADE).	1 July 1999 Ongoing follow-up
Storage of the inventory to be shared by creating a database at SPC and/or FSM and/or UOG and making available through Web pages. Database available on a common PACNET/WPHNet Web site.	Arlene Cohen (UOG) and Mark Perkins (SPC), with USP and PIRADE. SPC for the Web page (Tom K.). Task force for integrating methods and resources for distance consultation.	1 July 1999 Ongoing follow-up January 1999 To be determined
Creation of a mechanism to document Pacific experiences in distance education both retrospectively and prospectively.	Greg Dever, Maggie Kenyon, Martine Noël and Fiji School of Medicine (plus USP and PIRADE).	1 April 1999 Ongoing follow-up
Identification of a dedicated repository and person within the Pacific to act as a focal point and clearing house for those inventories and documentations of experiences.	SPC will be the repository initially and Tom K. with Mark Perkins will be the focal point.	1 July 1999 Ongoing follow-up
Clarification of legal issues (e.g. on copyright) and of financial issues (e.g. possible requirement for payment of modules) that may affect the free distribution and sharing of materials.	Mark Perkins (SPC) and Arlene Cohen (UOG) with USP.	1 July 1999 Ongoing follow-up
Assessment of the need for distance education teachers/mentors/preceptors/ supervisors/tutors/to facilitate appropriate training.	Sitaleki Finau, Maggie Kenyon, Marc Shaw, Fiji School of Medicine, and PIRADE.	1 July 1999 Ongoing follow-up
Investigation of accreditation and cross-crediting of various distance education courses in the Pacific, and facilitation of standardisation and quality control. The aim is to produce standards that are equivalent across Pacific countries.	Sitaleki Finau, Tom Fiddes, Mahomed Patel, Marc Shaw, Maggie Kenyon, PIRADE representatives, Iloi Rabuka.	1 July 1999 Ongoing follow-up
Investigation of a means to re-accredit health professionals through continuing education (including distance education).	Greg Dever, Victor Yano, Marc Shaw, Iloi Rabuka, Maureen Fochtman.	1 July 1999 Ongoing follow-up
Liaison with SPC to provide/facilitate ITC support at regional/local level in assessing needs, establishment and maintenance for technology requirements, and assist countries to develop proposals for technology improvement.	Tom K. and Al Blake (SPC), Bruce Best (UOG), Taholo Kami (UNDP).	Ongoing

PROPOSED PLAN OF OPERATION 2 (Cont'd)

ACTIVITY	THOSE RESPONSIBLE	TIME LINE
Facilitation of a public relations mechanism to promote distance education.	SPC in coordination with Fiji School of Medicine, Sitaleki Finau.	Ongoing
Explore possible donor support, e.g. AusAID, Sasakawa Foundation, NZODA.	SPC in coordination with Fiji School of Medicine, and other institutions.	Ongoing
Produce monthly summaries on progress made, and share through PacDEH.	Tom K. to facilitate, all members to contribute.	Monthly, commencing December 1998



PANEL III: INTEGRATING METHODS AND RESOURCES FOR DISTANCE CONSULTATION: DEVELOPMENT OF A JOINT PACNET/WPHNET WEB SITE

57. The initial intent for the first two days is to brainstorm ideas for central objectives, then develop a specific plan of action for the next twelve to eighteen months.

Introduction of panel members

Dr Jan Pryor
Mr Patrick Rogers
Mr Al Blake
Mrs Yashmin Krishna
Mr Robert K. Whitton
Mr Leveni Taholo Kami
Mrs Ana Tupou

Identification of key issues to Panel III:

58. Government commitment to low cost telecommunication for health and education usage. Including, but not limited to money issues and bandwidth.

59. What current technology is available to all of the countries?

60. Who will programme, where should it be housed, what type of format is most practical?

61. Legal issues.

62. Issues related to service groups with regards to existing relationships and obligations [e.g. TAMC (Tripler Army Medical Centre) obligations to USAPI (US Affiliated Pacific Islands), NZODA obligation to certain South Pacific jurisdictions].

63. What types of complementary technology (phone, fax, e-mail or HF radio) are currently in place?

64. Equity of service issues (i.e. islands that do **not** have in place services that are currently in the vanguard of other jurisdictions).

65. Skills that need to be learned to efficiently use a clinical consultation service given available technology.

66. Caution to serve our audience needs, **not** creating some 'frilly' Web site with too many superfluous features (i.e. provide information/services that meet our core objectives).

67. However, there are instances where increased technology sophistication is essential: long distance medical consultation (e.g. the need to transmit digital images).

68. Do we need to archive cases within this proposed Web site? (why, why not)

69. Core goals of the Web site.

70. Participation requirements for countries to participate in the Web site.

71. Who will be the consultants that will provide service to this proposed Web page?

72. IT consultants who are best suited to answer relevant questions should be the primary goal.

73. What location is the most cost efficient, as well as having a large bandwidth.

74. Capitalise on existing relationships that are currently in place.

75. Summarise policy concerns, technology issues, clinical and public health needs, and legal considerations.

76. Homework for all panel members is to form a consensus on goals that should receive the highest priority.

All members in attendance

Overview of previous days events and summaries

77. It was agreed by all in attendance that the document was an accurate reflection of the previous day's discussion.

Introduction to today's activity

78. Today's agenda will start off with continued brainstorming, but also with the intention of narrowing down our ideas and objectives.

Summary of the day's discussion by topic area — perceived service needs

79. Clinical medicine

a) to identify and access appropriate medical consultants/resources,
b) to provide distance consultation to remote providers,
c) for urgent/immediate consultation and referral,
d) to transmit digital images for consultation, and
e) to provide a forum for general discussion in matters related to clinical care.

80. Public health

a) as a surveillance system to provide an early warning for disease outbreak investigation,
b) to get assistance on managing a disease outbreak,
c) for help in confirming a disease outbreak through laboratory assistance,
d) to provide a forum for general discussion in matters related to public health.

81. Requests for materials, information, or data

a) for literature searches related to research or to clinical care,
b) for health education materials, and
c) to access medical libraries and other medical information resources.

82. On-going education

a) should be considered earlier rather than later.

83. Archival service from previous PACNET and WPHNet activities.

Expressed constraints and other concerns

84. Legal considerations, particularly as they relate to clinical consultation.

85. Loss of functionality by merging clinical (WPHNet) and public health (PACNET) systems.

86. Difficulty in accessing and affording available communication technologies.

87. Difficulty in convincing politicians and leaders of the need or value of appropriate services.

88. Smaller entities and jurisdictions must be able to voice their concerns and objectives

a) so that this endeavour is not just a product of the larger, more vocal groups,
b) so that any efforts reflect all of the real needs.

89. Sustainability

a) fiscal needs and resources: if based upon external funding, then there is the danger of it falling apart when funding ceases (bridging funding is probably acceptable and necessary),
b) of particular concern to smaller countries with budgets that are severely limited,
c) necessity for training of local counterparts,
d) necessity for adequate technical support and service for components,
e) need to demonstrate cost off-sets to generate willingness to support system,
f) the desirability of incorporating other sectors in the developmental process with respect to justifying funding for such services.

90. Dissemination of information

a) limited e-mail access,
b) difficulties in information and messages being relayed from the administration,
c) constraints posed by IT managers (passwords, access, etc.) and other bureaucracy.

Issues related to suggested actions

91. Prepare an incremental development plan with a focus on providing distance consultation to remote providers.

92. Define the scope of services desired → identify needed resources → develop services.

93. Consider cross-hosting the two existing services as a first step (mirror or link).

94. Develop sub-lists on particular subject areas for each existing service.

95. Utilise and capitalise on existing functional relationships.

96. **Consider the desirability and advantages of developing a centralised entity** (FSM, SPC, other?)

a) that can identify and liaise with consultants/resources in clinical medicine,
b) that can identify and liaise with consultants/resources in public health,
c) that can triage consultation requests,
d) that can monitor and evaluate the consultation process,
e) to co-ordinate action and funding,
f) that triage requests for materials and information.

97. Pursue activities to raise awareness among jurisdiction leaders/policy-makers to gather support (conceptual and financial) for necessary activities and changes.

98. Forge common relationships and concerns, and develop common objectives.

99. Use of local health and library associations for developing local health-related projects.

Homework / Plan for tomorrow

100. Consider what types of things need to take place as part of an action plan.

101. Ponder possible members of a working group.

102. There was an overview of yesterday's events, and agreement to our summary notes as being an accurate reflection of the previous meeting. It was also explained that the notes have been summarised into topic groups for organisational purposes.

Clarification points on yesterday's summary (they are included in the text above, except point d)

a) One comment with regards to funding, was that initially 'bridging funding' would be OK, but that in the future it will be necessary to look at more permanent funding sources.
b) Incorporate sectors other than health to justify funding.
c) Triage requests for materials and information.
d) Utilise local/regional health/education/advocacy groups for the development of local Telehealth communications projects.

Goal: to formulate an action plan for a working group to carry out in the coming months.

103. In general, the action plan should articulate the essential steps necessary to integrate methods and resources for distance consultation, including among other things, the development of a unified PACNET/WPHNet Web site.

a) Develop flow charts that would guide the development/creation of the proposed Web site (i.e. software development) in a way that will allow the implementation of recommended services.
b) Identify existing consultation/referral patterns and relationships in the various jurisdictions.
c) Work towards the development of a single entry point for requests for service (e.g. a unified PACNET/WPHNet Web site with 'one-stop shopping').
d) Develop a proxy service in order to meet the needs of those countries and providers without direct Internet access.
e) Define the specific services that will be offered in the clinical, public health, information and education areas.
f) Define the evaluation criteria for the delivery of various services.
g) Identify connecting points that can serve as proxies for entrance into the system.
h) Identify, refine, and develop in an on-going fashion, a pool of appropriate providers in the various service areas.
i) Explore and identify the medico-legal issues that should be considered in the development of services (e.g. licensure, patient–client privileges, confidentiality, etc.)
j) Develop and review the criteria for membership/involvement in these services.
k) Look into issues of the coordinating entity's structure and governance.
l) Develop appropriate and adequate funding mechanisms, both bridging and sustainable.
m) Develop strategies to increase awareness and seek endorsement for the system (i.e. marketing plan).
n) Identify and define start-up and recurring costs for the system.
o) Develop the appropriate technical capabilities to operate the system, and identify existing models that might be modified.
p) Develop a timeline for activities.
q) Investigate possible mechanisms to field requests from francophone jurisdictions.

r) Conduct needs and capabilities assessments to prioritise expansion of sites.

Formulation of a working group

Preliminary members of the Work Group:

Mr Robert Whitton
Dr Louisa Woonton
Dr David Rutstein
Dr Seini Kupu
Dr Tom Kiedrzynski
Mrs Yashmin Krishna
Dr Peter Adam
Dr Jan Pryor
Mr Taholo Kami
Mr Al Blake

PROPOSED PLAN OF OPERATION 3:

104. The following action plan has been adopted, except tasks 3 and 7, for which some restrictions or suggestions stated in plenary discussion need to be considered.

Overarching tasks
105. Develop a timeline for all activities.

106. Work towards the development of a single entry point for requests for service (e.g. a unified PACNET/WPHNet Web site with 'one-stop shopping').

Organisational tasks
107. Conduct needs and capabilities assessments to prioritise expansion of sites.

108. Identify existing consultation/referral patterns and relationships in the various jurisdictions.

109. Define the specific sustainable services that will be offered in the clinical, public health, information and education areas.

110. Look into issues of the coordinating entity's structure and governance.

111. Explore and identify the medico-legal issues that should be considered in the development of services.

112. Develop and review the criteria for membership / involvement in these services.

113. Identify and define all start-up and recurring costs for the initiation, operation and maintenance of the system.

114. Develop appropriate and adequate funding mechanisms, both bridging and sustainable.

115. Develop strategies to increase awareness and seek endorsement for the system (i.e. marketing plan).

Operational tasks
116. Develop flow charts that would guide the development / creation of the proposed website in a way that will allow the implementation of recommended services.

117. Develop the appropriate technical capabilities to operate the system, and identify existing models that might be modified.

118. Identify, refine, and develop in an on-going fashion, a pool of appropriate providers in the various service areas.

119. Develop a proxy service in order to meet the needs of those countries and providers without direct Internet access.

120. Identify connecting points that can serve as proxies for entrance into the system.

121. Investigate possible mechanisms to field requests from francophone jurisdictions.

122. Define the evaluation criteria for the delivery of various services.

Members of Task Force
Dr Peter Adam, NZODA Consultant, Tokelau
Mr Al Blake, IT Manager, SPC
Mr Taholo Kami, SDNP Manager, UNDP
Dr Tom Kiedrzynski, Notifiable Disease Specialist, SPC
Mrs Yashmin Krishna, IT Manager, FSM
Dr Seini Kupu, Comm. Hlth. Specialist, Tonga
Mr Mark Perkins, Cataloguer/System Librarian, SPC
Dr Jan Pryor, Research Coordinator, FSM
Dr David Rutstein, Family Practice Physician, Yap
Mr Robert Whitton, Project Manager, Akamai/TRMC
Dr Louisa Woonton, Director of Health, Niue

PANEL IV: OUTBREAK IDENTIFICATION AND RESPONSE: HOW TO ESTABLISH A PACIFIC-BASED NETWORK OF REFERENCE LABORATORIES?

Members of Panel IV

Dr Philippe Perolat
Dr Tony Stewart
Dr Eliane Chungue
Dr Joe Koroivueta
Dr Michael O'Leary

Some key points raised:

123. What is the difference between clinical and public health laboratory services, and what implications does this have at country level?

124. How much additional value, given costs and other priorities, does laboratory-testing offer over current clinical diagnosis in the outbreak setting?

125. How can issues of management, cost, technical support, and transportation difficulties be addressed?

126. How can political commitment, and thus funding support, be achieved?

127. With regard to the respective roles of clinical and public health laboratories, it was discussed that, while there is overlap, in general public health lab services are concerned with 'diagnosing' an epidemic, or a public or community health problem, rather than diagnosing an individual. More precise descriptions and definitions of the role of public health laboratory services may be considered during future discussions.

If it is accepted that better public health laboratory support is needed in the Pacific for outbreaks and other reasons, some key issues to consider are:

128. An inventory of regional capacities, how the existing institutions can complement each other, and how they can collaborate as a network.

129. The role of larger laboratories outside the Pacific, in technical support and quality control.

130. The public health priorities for action, regarding surveillance and diagnosis of specific public health diseases and problems which are amenable to laboratory support.

131. Standardisation of techniques, and quality assurance, will be very important considerations.

Some proposals put forward by group members:

132. Should a public health laboratory be considered in the Pacific, it should be accomplished by networking among existing laboratories, including capacity building, rather than attempting to start a new laboratory.

133. Any networking arrangement should start modestly, by choosing only 2 or 3 conditions and establishing a sound and fully supported mechanism of surveillance, sample collection, and shipping, and assurance of laboratory capacity and willingness to provide services for these conditions.

134. Support should be sought for supplies, transportation, and other costs related to specimen collection and shipping.

135. An important motivation for developing a network is to ensure preparedness. If laboratory capacities are understood in advance and all arrangements are in place, this will be much more productive and useful than waiting until the need arises.

Further details on the key points:

136. There was general agreement that we are talking about a Public Health **service.** That is, a network of laboratories at different levels providing support for detection and confirmation of outbreaks of certain epidemic diseases. The aim is to provide quality support as close to the source as is practical and sustainable, for example, in selected instances, support for rapid field tests should be available in-country.

137. Many labs are already providing both clinical and public health functions.

138. There was general agreement that the present level of public health laboratory service should be supported for expansion.

139. There was agreement that there are a wide range of conditions suitable for eventual inclusion in a regional public health surveillance network. The priority order of this list of diseases will vary from country to country.

140. The PPHSN meeting in December 1996 identified a group of five conditions (measles, dengue, influenza, acute haemorrhagic conjunctivitis, and cholera). Other diseases mentioned for consideration were leptospirosis, rubella, and typhoid.

141. To implement a surveillance network based on public health laboratories, it will be necessary to select a small group of conditions based on a balance of factors.

a) country priorities (incidence, potential impact of public health response);
b) lab practicalities (current capacity, cost/funding).

142. From this starting point, the aim is to develop the network in an incremental manner, according to national needs and priorities and as resources and laboratory capacities allow.

NEXT STEPS (for the panel discussion on Day 3)

143. Endorsement of a work plan for identifying a group of candidate laboratories to provide regional support, and then generating an inventory of the capacity of those laboratories, including:

a) quality control within and between support labs;
b) development of country protocols for sample collection and shipment and field testing where possible;
c) standardisation of reporting for public health (as opposed to clinical) purposes.

144. Identification of the range of avenues of political and financial support (international organisations, national governments, etc.) for:

a) initial development; and
b) ongoing maintenance of the network.

145. Determination of a proposed starting list of diseases based on the above. This may change during the initial review.

146. To endorse the role of the network to support capacity building for local public health action.

Further issues raised on Day 3:

147. The outbreak identification network would have three levels of labs (see attached draft). **Level 1 – Country level** – specimen collection. Field/rapid tests when available. **Level 2 – diagnostic/confirmatory** (approximately four labs: Wellcome Virus Lab, Fiji; Institut Pasteur, New Caledonia; Institut Malardé, French Polynesia, Micronesia) virus isolation and ID, serological typing, immunological studies.

148. **Level 3 – Reference level** (Pacific Rim – Australia, NZ, USA, International Network Pasteur; plus some of the Level 2 labs, e.g. New Caledonia and French Polynesia) QC, PCR, Molecular typing, virulence studies, strain ID.

149. Some of the Level 3 labs are existing WHO collaborating labs. Some assessment of these labs could be implemented at the WHO level, with subsequent communication with the working group.

150. Implementing the assessment of current Pacific Island-based lab capacities. Appoint a working group to conduct an evaluation.

TORs of working group:

a) Commence with pre-evaluation questionnaires on local capacity for all levels of labs. Questionnaire preparation and distribution to be organised by the PPHSN coordinating body. Technical support by representatives from the Level 2 labs.

b) Site visits to Level 2 labs to make an inventory of current and potential capacities; existing/preferred links; to commence process of standardisation/harmonisation.

c) Determine flow (specimen collection, transport, lab confirmation, feedback of results (develop procedures/guidelines)).

151. Selection of diseases (high priority, high incidence, potential impact of public health action).

152. Initial assessment of lab capacity for candidate diseases (to be reviewed by the working group).

Disease	**IPNC**	**IM**	**WVL**	**Guam**
Dengue	2,3	+ 2,3	2	(+) 2
Measles	(+) 1	(+) 2	2	(+) 1
AHC	–	–	+ 2	?
Cholera	+ 2	(+)	+ (CWM)	?
Influenza	+ 1	+ 1	+ 2	?
Leptospirosis	+ 3	+ 1	+ (CWM)	?
Typhoid	+ 2	(+)	+ (CWM)	?
Rubella	+ 2	+ 2	+ 2	?

+ = test now available (+) = test could be available
1 2 3 etc. = Level of testing (see above) ? = unknown
(CWM = Colonial War Memorial Hospital, Suva)

153. The results of this evaluation would be combined with information on surveillance, response and logistical (financial) capacities to determine the list of diseases for the initiation of the network.

Final Summary

Points agreed by consensus:

154. There is a need for improved regional laboratory services for detection and management of epidemics.

155. This could be accomplished by building on existing national laboratories, and identifying a group of Pacific laboratories to provide regional support for diagnostic and confirmatory tests.

156. These should be supported by Pacific Rim reference laboratories for further investigation, and quality control.

157. The proposed network would therefore have 3 levels of labs (see attached draft).

> **Level 1 – Country level** – Specimen collection and providing field/rapid tests when available.
>
> **Level 2 – Diagnostic/confirmatory** (approximately 4 labs – Wellcome Virus Lab, Fiji; Institut Pasteur, New Caledonia, Institut Malardé French Polynesia, perhaps a site in Micronesia.)
> Providing virus isolation and ID, serological typing, immunological studies.
>
> **Level 3 – Reference level.** Pacific Rim – Australia, NZ, USA, International Network Pasteur; plus selected Level 2 labs according to capability (e.g. New Caledonia and French Polynesia)
> Providing PCR, molecular typing, virulence studies, strain ID and a quality control role.
> **Some of the Level 3 labs are existing WHO collaborating labs.**

A proposed model is shown on page 26.

158. There are many epidemic, communicable diseases that might benefit from this approach. Eight candidate conditions were discussed. These were:

a) dengue,
b) measles,
c) influenza,
d) cholera,
e) leptospirosis,
f) typhoid,
g) rubella,
h) acute haemorrhagic conjunctivitis.

159. It is preferable to initiate the network with just a few of these, and to build incrementally.

160. The initial selection of diseases will depend on:

a) national priorities,
b) regional priorities,
c) lab capacities,
d) financial and logistical support.

161. The success of the lab network will depend as well on integration with:

a) effective surveillance and protocols at field level to detect suspected cases,
b) public health action in the event of outbreaks.

PROPOSED PLAN OF OPERATION 4:

162. Establish a working group consisting of two sub-groups:

a) Members of Level 2 labs (to provide technical expertise),
b) Members drawn from the PPHSN (to manage operational aspects).
(Membership of both to be determined by the PPHSN CB meeting on 4 December 1998).[1]

163. Distribute a questionnaire to Level 1 and Level 2 labs to assess current and potential capacity for diagnosis of the 7 candidate diseases, and to identify existing and preferred links to higher level laboratories (sub-groups a and b).

164. Make a site visit to potential Level 2 labs (and some Level 1 labs) for detailed assessment and capacity for standardisation (sub-group a).

165. Further develop protocols for specimen collection and shipping for candidate diseases (sub-group a).

166. Further develop protocols for surveillance, and public health action for candidate diseases (sub-group b and others).

167. Identify potential financial and logistic support (sub-groups a, b and others).

168. Interact with international reference labs (Level 3), e.g. WHO collaborating centres (in Australia, New Zealand, elsewhere), CDC, Pasteur Network (sub-group a).

169. Based on the above, select initial diseases for initiating the lab network (sub-groups a, b and others).

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[1] Composition of the public health laboratory network working group (WG)

The task of naming a working group and developing a questionnaire was referred to the PPHSN Coordinating Body by the lab network panel at the previous day's conference on Telehealth.

The two criteria for selecting the experts of the WG were expertise in operational aspects (i.e. people from the PPHSN) and laboratory expertise (i.e. people from Level 2 and at least one from Level 1 laboratories).

The first task will be to develop a brief questionnaire on lab capacity and interest, which will be used for Level 2 labs, but also, in a probably simplified version, for Level 1 national labs.

The following people were included in the WG:

– as lab experts:
Dr Philippe Perolat, who will be field visiting as well (Fiji & Guam)
Dr Joe Koroivueta
Dr Eliane Chungue
Hazel Clothier: laboratory person from the PVBDP; works closely with Joe.

– as experts in operational aspects:
Dr Michael O'Leary
Dr Yvan Souares

There must be good communication with PIHOA, through Peter Crippen, and the Guam lab, as they have reportedly undertaken a related initiative. *(Extracted from the 5th PPHSN Coordinating Body meeting report, Noumea, December 1998)*

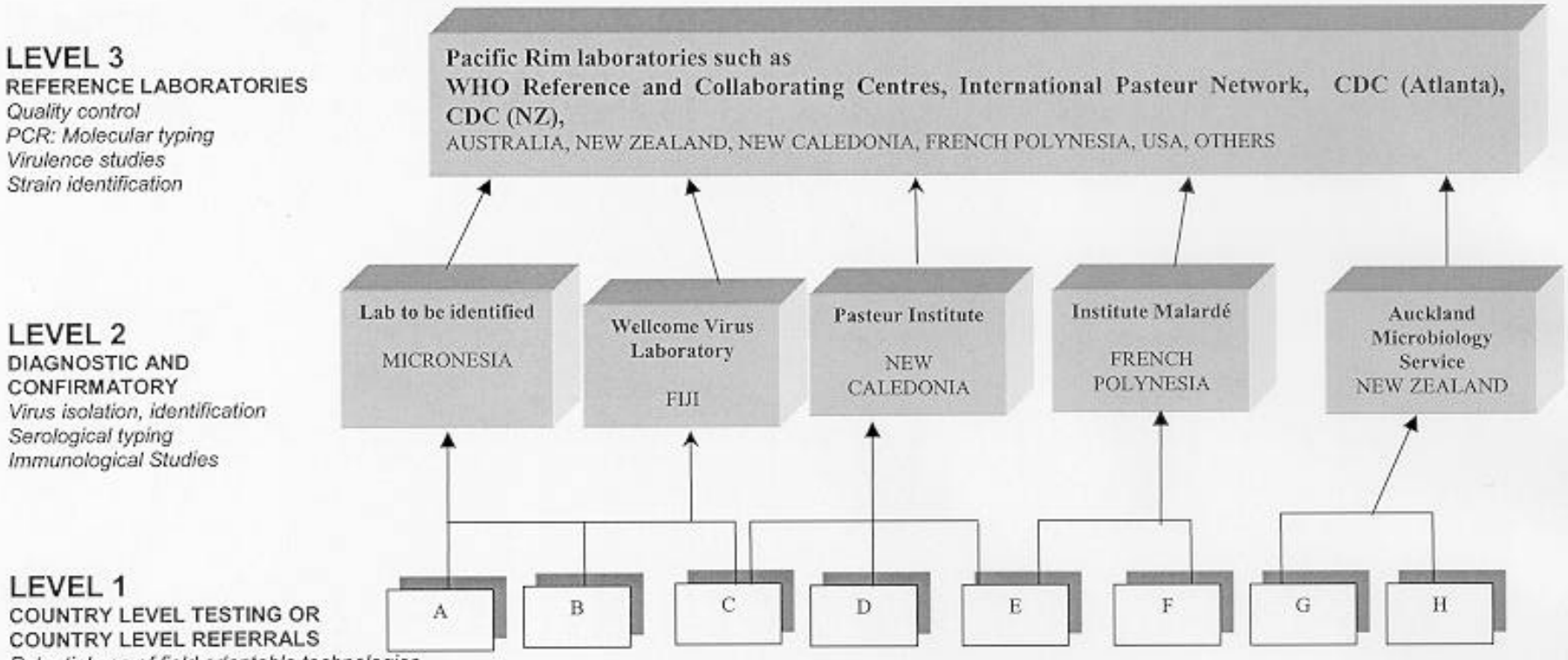
170. Final version of initial assessment of lab capacity for candidate diseases (to be reviewed by the working group):

Disease	IPNC	IM	WVL	Guam
Dengue	2,3	(2,3)	2	(2)
Measles	(1)	(2,3)	2	(1)
AHC	–	–	2	?
Cholera	2	(1)	1, CWM	?
Influenza	1	1	2	?
Leptospirosis	3	1	2, CWM	?
Typhoid	2	(1)	1, CWM	?
Rubella	2	2	2	?

1 2 3 = Level of testing now available (see above)
(1 2 3) = Level of testing which could become available
? = unknown
CWM = Colonial War Memorial Hospital, Suva

OUTBREAK IDENTIFICATION NETWORK

PACIFIC LABORATORY SURVEILLANCE SERVICES



PACIFIC TELEHEALTH CONFERENCE

IV . SUMMARY OF THE DISCUSSIONS OF THE LAST PLENARY SESSION

171. The purpose of the session was to discuss the presentation of the four specific plans of operation proposed by the panels after four days of discussion (see Conference agenda). All comments commonly agreed on that led to the amendment of any of the four plans have been inserted in the final versions of the plans of operation presented in this report. The following summary only aims to reflect the various remarks that have been left for further discussion by the regional task forces (or working groups), or that could not be inserted appropriately in the other parts of the present report.

Panel 1: Establishing medical associations, public health networks and ICT

Presented by Dr Gunawardana

Discussion:

172. Dr Adam noted that some of the action plans seem to overlap with those of other panels. Dr Yano responded that such overlap would hopefully result in coordination and cooperation between the various groups. This was agreed on by the Conference.

Panel 2: Distance education, academic and continuing: how to deliver a curriculum?

Presented by Dr Finau

Discussion:

173. Dr Souares noted with praise that this was a very precise plan of action. Perhaps the other groups could look at this and, in the same way, identify specific people to do specific tasks.

Panel 3: Integrating methods and resources for distance consultation: development of a joint PACNET/WPHNet Web site

Presented by Dr Pryor

Discussion:

174. Dr Souares asked for clarification with regard to the third organisational task in the plan of action: 'Conduct needs and capabilities assessments to prioritise expansion of sites'.

175. Dr Pryor responded by stating that the importance here is on setting priorities. The word 'sites' does not refer to Web sites. It pertains to the expansion of membership, i.e. in-country sites. Dr Pryor also suggested a change in organisational task no.3 as follows: 'Conduct needs and capabilities assessments in member countries'. Also, with regard to equipment, funding should still be sought to help place equipment in specific member countries, and provide training for its appropriate use, through the establishment of external funding sources. Dr Adam agreed with this suggested change.

176. Dr Souares stated that he did not see any clear relationship between the expansion of in-country sites (especially performing telemedicine) and the development of a single common PACNET/WPHNet Web site. The work group was more tasked with developing the Web site. Also Dr Souares stated that SPC could not, at this stage, take any commitment regarding the provision and maintenance of telemedicine equipment for the PICTs.

177. Dr Malau suggested that for sustainability purposes, the inclusion of a strategy to obtain political commitment is important, i.e. advocacy should be mentioned.

178. Mr Perkins raised the question of legal issues at large (i.e. also including documentation and copyright), and a discussion on the most appropriate wording followed (i.e. 'legal' rather than 'medico-legal' as in the plan of action, in organisational task No. 7).

179. Dr Finau suggested that the present discussion and recommendations were becoming too detailed. The task force could work out such details. This was agreed on by the Conference.

Panel 4: Outbreak identification and response: how to establish a Pacific-based network of reference laboratories

Presented by Dr Stewart

Discussion:

180. The discussion highlighted various issues which required clarification, in relation to customs regulations, costs (especially recurrent), a list of priority diseases and possible laboratories involved.

181. Dr Rutstein raised the issue of tuberculosis and Dr Finau that of HIV. Dr Ram raised the issue of field-testing capability.

182. Dr Perolat stated that the group was more thinking about diseases that can be quickly transmitted around the Pacific.

183. Dr Stewart confirmed the need for field testing but noted that the issue comes down to finances. There will be some compromises, such as batching of specimens. He also added that HIV could be included at a later date, once the laboratory network becomes established. The panel was focusing on those diseases that require a rapid response.

184. Dr Souares mentioned that the original idea was to start with a network of laboratories that would complement the outbreaks early warning system represented by PACNET. It was felt important that the laboratory network focuses, to start with, on the diseases being reported on PACNET, as they were identified by the PICTs at the Pacific Islands Meeting on Public Health Surveillance in December 1996.

185. Dr Malau asked whether the panel considered the case of Papua New Guinea as a suitable location for one of the laboratories, given the sizeable population. He also mentioned that WHO might also be involved in this process.

186. Dr Stewart replied that Papua New Guinea can be considered, and the list presented was not intended to be exhaustive.

187. Dr Souares proposed that, rather than trying to work out all the details, the working group refine the work further. This was agreed by the Conference.

188. Dr O'Leary noted that there are a number of good laboratories in the Pacific, but they are not linked together, and there is not a good flow of information between the labs. The intention of the panel was to make a start and then incrementally expand. Tuberculosis is in part being taken care of, but there are definite gaps in this regard that will need to be filled. Dr O'Leary also acknowledged the members of the working group and stated that it is a major initiative and the group should be congratulated.

189. These comments closed the discussions on the four regional plans of action.

190. After the closing speeches by the two Conference co-chairpersons (Dr Victor Yano and Dr Eliane Chungue) a closing prayer by Dr Kautu Tenaua and a goodbye song led by Dr Woonton ended the Conference.

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ANNEX 1

ABSTRACT PRESENTATION AGENDA

Monday 30 November — Morning sessions

1. Experience and hopes for Telehealth in Tokelau
   Dr Peter Adam, Tokelau Ministry of Health, Health Information System
   Abstract 23

Questions/answers

2. The role of low cost communications in health in the redevelopment of the indigenous physician workforce among select jurisdictions of the U.S.– associated Pacific Islands
   Dr Gregory Dever, Coordinator of the Pacific Basin Medical Association (PBMA)
   Former Director of the Pacific Basin Medical Officers Training Programme
   Abstract 3

3. The PPHSN and PACNET: the Pacific Islands are now tuned on the 21st century
   Dr Yvan Souares, Epidemiologist, Public Health Surveillance and Communicable Diseases Control
   Abstract 24

4. Telehealth/Telemedicine at the Fiji School of Medicine . . . and beyond!
   Dr Jan Pryor, Dr Joji Malani, Yashmin Krishna and Charles Katoanga, Fiji School of Medicine
   Abstract 10

Questions/answers

5. Regional Information Technology and Communication Initiative
   Mr Al Blake, Information Technology Adviser, SPC Noumea
   Abstract 20

Questions/answers

6. Literature searching and document delivery: organisational issues
   Mr Mark Perkins, Cataloguer/Systems Librarian, SPC Noumea
   Abstract 19

Questions/answers

Monday 30 November — Afternoon session

1. A method for active surveillance of selected communicable diseases
   Dr Michael J. O'Leary, Epidemiologist, WHO, Suva, Fiji
   Abstract 8

2. Fever surveillance – an efficient method for surveillance of febrile diseases of public health importance
   Dr Tony Stewart, Team Leader/Medical Epidemiologist
   Pacific Regional Vector Borne Diseases Project, SPC Noumea
   Abstract 15

Questions/answers

3. Pacific Islands Internet Project
   Mr Taholo Kami, UNDP New York
   Abstract 11

Questions/answers

Tuesday 1st December — Morning sessions

1. Proposed telehealth network for New Caledonia
   Dr Catherine Merzeau, Centre Hospitalier Territorial de Nouvelle- Caledonie
   Abstract 7

2. Teleconsultations in Pohnpei State, FSM
   Dr Johnny Hedson, General Surgeon, Pohnpei State Hospital, Federated States of Micronesia
   Abstract 2

3. Telemedicine in the Federated States of Micronesia
   Dr David Rutstein, US Public Health Services, Yap, Federated States of Micronesia
   Former Director of the Pacific Basin Medical Officers Training Programme
   Abstract 4

4. Telemedicine in Majuro, Marshall Islands
   Dr Kamal J. Gunawardana, TeleMed Coordinator, Ministry of Health and Environment, Marshall Islands
   Abstract 9

Questions/answers

5. Monolingual monologue: issues from the Pacific Regional Health Journal
   Dr Sitaleki A. Finau, Pacific Health Research Centre, Department of Maori and Pacific Health, University of Auckland
   Abstract 14

6. Role of the Picasso Phone System in Distance Consultation for remote Pacific Islands
   Dr Victor Yano, President of the Western Pacific Basin Medical Association
   Abstract 5

7. Pacific Island Health Care Project
   Mr Robert Whitton, Tripler Army Medical Center, Honolulu, Hawaii
   Abstract 30

Questions/answers

8. Service-oriented training in public health surveillance – a model for enhancing public health surveillance systems in the Pacific
   Dr Mahomed Patel, Field Epidemiology Training Program, National Centre for Epidemiology and Population Health, Australian National University
   Abstract 27

9. Service-oriented training in public health surveillance: practical implications
   Dr Tom Kiedrzynski, Notifiable Diseases Specialist, PHS&CDC Section, SPC Noumea
   Abstract 31

Questions/answers session

10. Nursing distance education in Micronesia
    Dr Maureen M. Fochtman, Dean of the College of Nursing and Health Sciences, University of Guam
    Abstract 21

11. Learning in and from the community: designing a distance education community health course for nurses in Solomon Islands
    Mrs Maggie Kenyon, Distance Education Programme, Ministry of Health and Medical Services
    Abstract 6

Questions/answers

Wednesday 2nd December — Morning sessions

1. Research imperialism in Pacific health: the case of Tongans
   Dr Sitaleki Finau, Pacific Health Research Centre, Department of Maori and Pacific Health, University of Auckland
   Abstract 26

2. Pacific Health Research by and for Pacific Island people
   Dr Jan Pryor, Fiji School of Medicine, John Adams and Colin Tukuitonga, Pacific Health Research Council
   Abstract 16

Questions/answers

3. Health and telecast – a milestone for Tonga to the 21st century
   Dr Seini Kupu, Community Health Service, Ministry of Health
   Abstract 28

Questions/answers

4. TongaSAT - Pacific and Asia – the commitment
   Mrs Ana Tupou, TongaSAT Marketing Director
   Abstract 29

5. Communication enhancement through telecommunications (ComET)
   Mr Al Blake, Information Technology Manager, SPC Noumea
   Abstract 12

Questions/answers

6. Community based action-oriented surveillance systems
   Dr Clement Malau, Manager, Community Health Programme, SPC Noumea
   Abstract 13

Questions/answers

7. Strategies for extending distance education without losing the sense of relationship
   Dr Peter Hill, Australian Centre for International and Tropical Health and Nutrition
   Abstract 25

8. Proposing continuing medical education for the Pacific
   Dr Marc Shaw, Travellers Health and Vaccination Centre, Auckland, New Zealand
   Abstract 1

9. Distance learning in the public health workplace
   Dr Mahomed Said Patel, National Centre for Epidemiology and Population Health, Australian National University
   Abstract 18

10. Addressing the post-graduate medical training needs of Pacific Island countries: distance learning programmes from the Fiji School of Medicine
    Dr Tom Fiddes, Fiji School of Medicine
    Abstract 22

11. The Office of U.S. Pacific Health & Human Services, and the telehealth arena
    Mr Patrick Rogers, Department of Health and Human Services, USA
    Abstract 17

Questions/answers

ANNEX 2

MEMBERS OF PANEL DISCUSSIONS

PANEL DISCUSSION 1
Establishing medical associations, public health networks, and the role of ICT

Facilitator:
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PANEL DISCUSSION 2
Distance education, academic and continuing: how to deliver a curriculum?

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PANEL DISCUSSION 3
Integrating methods and resources for distance health consultation: development of a joint PACNET/WPHNet Web site

Facilitator:
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PANEL DISCUSSION 4
Outbreak identification and response: how to establish a Pacific-based network of reference laboratories?

Facilitator:
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Rapporteur:
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Members:
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ANNEX 3

WORKSHOP ORGANISERS

WORKSHOP 1 – How to access and use available distance clinical and public health consultation services

Dr Yvan Souares, SPC
Dr Tom Kiedrzynski, SPC
Dr Jan Pryor, WPHNet
Mr Robert Whitton, Tripler Army Medical Center

WORKSHOP 2 – How to access and request literature searches and document delivery

Mr Mark Perkins, SPC
Mrs Arlene Cohen, University of Guam
Mr Deveni Temu, SPC
Ms Patricia Sheehan, SPC

ANNEX 4

LIST OF ABSTRACTS

Abstract 15: Fever surveillance – an efficient method for surveillance of febrile diseases of public health importance
Dr Tony Stewart, Secretariat of the Pacific Community, Noumea, New Caledonia

Abstract 16: Pacific health research by and for Pacific Island people
Dr Jan Pryor, Fiji School of Medicine; Dr John Adams, and Dr Colin Tukuitonga, Pacific Health Research Council

Abstract 17: The Office of U.S. Pacific Health & Human Services, and the telehealth arena
Dr Patrick Rogers, Department of Health and Human Services, USA

Abstract 18: Distance learning in the public health workplace
Dr Mahomed Patel, NCEPH, Australian National University

Abstract 19: Literature searching and document delivery: organisational issues
Mr Mark Perkins, Secretariat of the Pacific Community, Noumea, New Caledonia

Abstract 20: Regional Information Technology and Communications Initiative
Mr Al Blake, Secretariat of the Pacific Community, Noumea, New Caledonia

Abstract 21: Nursing distance education in Micronesia
Dr Maureen Fochtman, College of Nursing and Health Sciences, Guam

Abstract 22: Addressing the post-graduate medical training needs of Pacific Island countries: distance learning programmes from the Fiji School of Medicine
Dr Tom Fiddes, Fiji School of Medicine

Abstract 23: Experience and hopes for Telehealth in Tokelau
Dr Peter Adam, Tokelau, Ministry of Health

Abstract 24: The Pacific Public Health Surveillance Network and PACNET: the Pacific Islands are now tuned on the 21st century
Dr Yvan Souares, Secretariat of the Pacific Community

Abstract 25: Strategies for extending distance education without losing the sense of relationship
Dr Peter Hill, Australian Centre for International and Tropical Health and Nutrition

Abstract 26: Research imperialism in Pacific health: the case of Tongans
Dr Sitaleki Finau, Department of Maori and Pacific Health, University of Auckland

Abstract 27: Service-oriented training in public health surveillance: a model for enhancing public health surveillance systems in the Pacific
Dr Mahomed Patel, NCEPH, Australian National University

Abstract 28: Health and telecast – a milestone for Tonga to the 21st century
Dr Seini Kupu, Ministry of Health, Tonga

Abstract 29: TongaSat – Pacific and Asia – The commitment
Mrs Ana Tupou, Marketing Director, TongaSat, Tonga

Abstract 30: Pacific Island Health Care Project
Colonel Donald Person – abstract presented by Mr Robert Whitton, Tripler Army Medical Center

Abstract 31: Service-oriented training in public health surveillance: practical implications
Dr Tom Kiedrzynski, Secretariat of the Pacific Community, Dr Mahomed Patel, NCEPH, Australian National University

ANNEX 5

LIST OF INFORMATION DOCUMENTS

Information document 1:	Western Pacific HealthNet: the creation, Dr Victor Yano, Palau
Information document 2:	PPHSN and PACNET: the Pacific Islands are now tuned on the 21st century, Dr Yvan Souares, Secretariat of the Pacific Community
Information document 3:	Global infectious disease surveillance, Fact Sheet no.200, June 1998, WHO
Information document 4:	Information sharing and development of regional networks for improving health management: the role of information and communication technology
Information document 5:	Electronic medicine: possibilities and perils, *The Lancet*
Information document 6:	Medicine and health in the Internet: the good, the bad and the ugly, Donald A. B. Lindberg, Betsy L. Humphreys
Information document 7:	Medical Information on the Internet, *Journal of the American Medical Association*
Information document 8:	Proposed information (pharmacy) network for Pacific Island countries, Dr Walebarasialia Tobata, Solomon Islands
Information document 9:	Use of information technology to improve access to quality health services: the case of the CNMI (Saipan, Rota, and Tinian)
Information document 10:	Literature searching and document delivery: organisational issues Mr Mark Perkins, Cataloguer, Secretariat of the Pacifi c Community
Information document 11:	Internet Loansome Doc The National Library of Medicine: Document Delivery System Mrs Arlene Cohen, University of Guam
Information document 12:	The doctor's internet handbook – sample chapter

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