

Meeting Report

Pacific Meeting on Implementation of the International Health Regulations (2005)



24–26 November 2014
Denarau, Fiji

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PACIFIC MEETING ON IMPLEMENTATION OF THE
INTERNATIONAL HEALTH REGULATIONS (2005)

24 - 26 November 2014
Denarau, Fiji,

Convened by:

World Health Organization
Office of the WHO Representative for the South Pacific

In collaboration with:
Secretariat of the Pacific Community

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NOTE

The views expressed in this report are those of the participants of the Pacific Meeting on Implementation of the International Health Regulations (2005) and do not necessarily reflect the policies of WHO.

This report has been prepared by the WHO Regional Office for the Western Pacific for governments of Member States in the Region and for those who participated in the Pacific Meeting on Implementation of the International Health Regulations (2005), held on 24 – 26 November 2014, in Denarau, Fiji.

EXECUTIVE SUMMARY

The International Health Regulations (2005) (IHR) is as a legal mechanism and capacity-building framework for Member States to achieve global health security. In the Western Pacific and South East Asian regions the Asia Pacific Strategy for Emerging Diseases (2010) (APSED), guides Member States to build and maintain the core public health capacities to meet their national obligations under IHR (2005).

From 24 to 26 November 2014, delegates from 22 Pacific island countries and areas (PICs) met at Denarau, Fiji for the 2014 Pacific IHR Meeting. The meeting was the third such bi-annual meeting. The meeting serves as a forum for PIC delegates to discuss, monitor and plan future IHR/APSED activities and to engage with world experts in infectious diseases and IHR/APSED to seek technical advice to build capacity for emerging infectious diseases (EID) and other public health emergencies.

The objectives of the meeting were:

- to provide a Pacific update on emerging infectious diseases and other public health emergencies and review the progress of core capacity-building under the IHR (2005);
- to review the Pacific Syndromic Surveillance System (PSSS) to identify strengths and limitations, with a specific focus on identifying and monitoring arboviral outbreaks;
- to recommend common APSED/Pacific Public Health Surveillance Network (PPHSN) priority areas over the next two years to achieve and/or sustain the IHR (2005) core capacity requirements; and
- to enhance Ebola virus disease (EVD) preparedness in the Pacific within the context of IHR (2005) capacity development.

At the 2012 Pacific IHR meeting, delegates identified surveillance, response, and workforce as priority IHR core capacity areas of collective focus from 2012 to 2014. The 2014 meeting concluded that significant progress has been made, but that these areas should remain the focus, together with strengthening of public health capacity at international points of entry, for the next two years.

The conclusions of the meeting were:

- Considering the continued threat posed by emerging diseases and other public health emergencies – as evidenced by EVD, other global emerging threats, and major arboviral outbreaks in the Pacific –
- participants reaffirmed the need to enhance national and regional health security preparedness based on IHR/APSED implementation.
- The WHO-led Pacific Syndromic Surveillance System and other Pacific Public Health Surveillance Network services are fundamental elements of health security in the Pacific and help PICs fulfil their IHR (2005) obligations through APSED implementation.
- Event-based surveillance is an important component of early-warning surveillance and is required to meet IHR (2005) obligations. Event-based surveillance is particularly important for detection of new or uncommon diseases, threats and other rare or unusual public health events.
- Despite progress, workforce limitations continue to be a major hurdle to sustainable IHR core capacity implementation in Pacific islands.

- Considering the current threat from Ebola, preparedness for highly infectious pathogens is an urgent priority for Pacific islands; however, to maximize sustainability and prepare for future emerging threats, Ebola preparedness measures should build on existing health security priorities as defined under the IHR (2005). Urgent activities include: (i) infection prevention and control training and preparedness to ensure protection of health-care workers; (ii) ensuring all PICs have at least one isolation unit with the capacity to manage patients with highly infectious pathogens, including Ebola; and (iii) laboratory staff are trained and systems are in place to rapidly and safely collect, package and ship infectious samples to appropriate national or international facilities for testing.

The delegates recommended:

- 1) As a priority, PICs, with support from WHO, SPC and other partners, will strengthen the following IHR core capacity areas over the next two years: (i) early warning surveillance capacity, (ii) rapid response capacity, (iii) workforce capacity, and (iv) IHR core capacities at international Points of Entry (PoE).
- 2) PICs, WHO, SPC and partners will work collaboratively to strengthen the Pacific Syndromic Surveillance System (PSSS) and other PPHSN services.
- 3) PICs, with support from WHO, SPC and partners, should continue to develop, implement, test and evaluate their public health emergency preparedness and response plans, including for Ebola.
- 4) WHO, SPC and partners should support those PICs that have requested an IHR extension to enhance their IHR core capacities by June 2016.
- 5) WHO, SPC and partners should support PICs to implement formal event-based surveillance as a complement to the indicator-based PSSS.
- 6) PPHSN members and other partners should enhance workforce capacity building models such as the Response and Analysis for Pacific Infectious Disease (RAPID) project, Data for Decision-Making (DDM) course, Strengthening Health Interventions in the Pacific (SHIP) proposal, and Field Epidemiology Training Programme (FETP).
- 7) WHO should explore bulk purchase of personal protective equipment (PPE) for PICs in response to the Ebola threat.
- 8) WHO and SPC should work with PICs to ensure there is in-country capacity to package and transport highly infectious specimens, including Ebola specimens, in-line with IATA requirements. WHO and SPC should also support the logistics of transporting such specimens.
- 9) PICs and partners should participate in the WHO external and internal evaluation of APSED/IHR in 2015.

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Keywords:

<p>Disease outbreaks – epidemiology / Communicable diseases, Emerging / Pacific Islands / Legislation. Health</p>

ABBREVIATIONS

APSED	Asia Pacific Strategy for Emerging Diseases
CHIK	Chikungunya virus
DENV	Dengue virus
DDM	Data for Decision-Making
EBS	event-based surveillance
EID	emerging infectious diseases
EVD	Ebola virus disease
FET(P)	Field Epidemiology Training (Program)
GOARN	Global Outbreak Alert and Response Network
H ₅ N ₁	Hemagglutinin ₅ Neuraminidase ₁
IBS	Indicator-based surveillance
IATA	International Air Transport Association
IHR (2005)	International Health Regulations (2005)
IHRMQ	International Health Regulations Monitoring Questionnaire
IPC	Infection Prevention and Control
MERS	Middle-East respiratory syndrome
PICs	Pacific island countries and areas
PIHOA	Pacific Island Health Officers' Association
PoE	Points of Entry
PPE	Personal protective equipment
PPHSN	Pacific Public Health Surveillance Network
PSSS	Pacific Syndromic Surveillance System
RAPID	Response and Analysis for Pacific Infectious Disease
SAGES	Suite of Automated Global Electronic bio Surveillance
SHIP	Strengthening Health Interventions in the Pacific
SMS	Short Message Servicing (i.e. text messaging)
SPC	Secretariat of the Pacific Community

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