

2. Strengthened health security in Pacific island countries and areas

Pacific island countries and areas have progressed well in implementing the core capacities of the International Health Regulations, also known as IHR (2005), for surveillance, risk assessment and response. These core capacities have helped strengthen surveillance and response in the Pacific. At the Pacific IHR (2005) Meeting on Public Health Emergency Preparedness at International Points of Entry in Nadi, Fiji, in November 2015, Pacific island countries reaffirmed the need to continue to strengthen core preparedness and response capacities at designated points of entry, with a focus on testing the interagency public health emergency contingency plans developed for each facility.

The Pacific Syndromic Surveillance System (PSSS) was established in 2010. This early warning surveillance network for influenza surveillance across 21 Pacific island countries and areas, as well as Papua New Guinea and New Zealand, has facilitated increased alert detection and data sharing. PSSS detected over 650 alerts in 2014–2015, 188 of which were confirmed as disease outbreaks. All alerts and updates are shared in a weekly email bulletin for Pacific island countries and their partners. PSSS is flexible and modifiable and has the surge capacity to monitor large outbreaks or to transition to a post-disaster early warning alert and response system. Following Cyclone



Vulnerable coastal populations, such as this impoverished community in unsafe housing, are most at risk from rising sea levels due to climate change.

Winston in Fiji in February 2016, the most powerful storm on record to make landfall in the Southern Hemisphere, the number of sentinel syndromic surveillance sites increased from 12 to 34, and the number of syndromes under surveillance increased from five to nine.

The investment in capabilities, guided in part by the *Asia Pacific Strategy for Emerging Diseases* (APSED) and the *Pacific Ebola Action Plan (2014–2015)*, has strengthened emergency preparedness planning, incident management and coordination, infection prevention and control, isolation facilities, the rational use of personal protective equipment, and capacity at points of entry. In 2016, WHO began rolling out the *Pacific Zika Action Plan* to

support countries and areas to respond to Zika outbreaks and prevent infection in vulnerable groups, particularly pregnant women and women of reproductive age because of the risk of microcephaly and other severe birth defects. Both Pacific action plans were modelled on the regional frameworks for action that adapt the generic preparedness and response platform built through IHR/APSED implementation for specific public health emergencies.

In an effort to strengthen regional health security, eight States Parties in the Pacific have met the IHR (2005) core capacity requirements, and the remaining five are on track to reach them by June 2016 deadline. ■