



Government of the  
Cook Islands

# **COOK ISLANDS**

## **EMERGENCY RESPONSE PLAN TO CORONAVIRUS DISEASE 2019 (COVID-19)**

10 MARCH 2020  
Version 1.0





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## INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is a new respiratory illness affecting the lungs that emerged in Wuhan, Hubei Province, China. In December 2019, China reported cases of a viral pneumonia caused by a previously unknown virus, now identified and recently named as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The virus is suspected to have emerged from an animal source and now spreads through human-to-human transmission.

The proportion of infection and mortality depends on factors such as age and pre-existing medical conditions such as diabetes, cardiovascular disease and cancer. While 80% of cases are reported to be mild to moderate, 5% of cases are thought to be critical requiring intensive care unit (ICU) services. The case fatality rate is estimated to be 2%. There is no specific treatment (vaccine/antivirals). On 30 January 2020, the World Health Organization (WHO) declared COVID-19, a Public Health Emergency of International Concern.

In the first week of March 2020, over 100,000 cases have been reported in more than 90 countries, and over 3,000 deaths. There are no cases reported in the Cook Islands, however WHO has assessed the risk of global spread to be Very High. The Cook Islands is anticipating the arrival of COVID-19 and intense preparatory work is underway.

The Cook Islands Emergency Response Plan to Coronavirus Disease 2019 (Plan) coordinates the nationwide cross-sectoral response efforts to COVID-19.

## PURPOSE

The aim of this Plan is to mitigate the impact of COVID-19 on the health, social and economic status of the Cook Islands population.

The Plan draws from Te Marae Ora Cook Islands Ministry of Health's (TMO) Influenza Pandemic Plan 2009, the National Disaster Risk Management Plan 2017, and other international emergency response plans notably from New Zealand, Australia and Singapore. This plan is a living document that will evolve as more information becomes available.

## OBJECTIVES

**The objectives of this Plan are:**

1. Inter-agency cooperation to coordinate a nationwide response
2. Effective use of legislation and policies to support the management of an epidemic
3. Mobilisation of resources and finances
4. Strategic communications to build public trust and confidence
5. Community and stakeholder engagement across all sectors



## LEGISLATIVE FRAMEWORK

The Disaster Risk Management Act 2007 (DRM Act) establishes the National Disaster Risk Management Council (NDRMC), and is chaired by the Prime Minister. The DRM Act authorises the Prime Minister to declare a State of Emergency, and allows the Police Service Commissioner to become the National Controller if a State of Emergency is declared.

COVID-19 was listed as a transmissible notifiable condition and dangerous condition under the Public Health Act 2004 (PH Act) in February 2020. The PH Act enables health or police officials to segregate a person when it is believed on reasonable grounds that the person is potentially infected with COVID-19 for up to 48 hours, after which Court orders are required to extend the period of segregation for up to a total of 60 days. Certain places can also be declared as restricted places. Due to the limited capacity to adequately quarantine close contacts and suspected cases, quarantine measures will rely on voluntary compliance rather than legal enforcement wherever possible.

The PH Act sets out that someone who believes or suspects they are infected must seek attention and obtain advice from a medical practitioner. They must also take all precautions to prevent transmission of the condition to others, including advising everyone who may be placed at risk. A medical practitioner who has reasonable grounds to suspect a person is infected with COVID-19, can direct a person to present themselves for a medical examination to determine if they are infected. The PH Act allows the Queen's Representative, on the advice of the Minister of Health, to declare a public health emergency if a case of COVID-19 does present in the Cook Islands and sufficient powers are not already available. This would then allow for additional emergency powers to be used where it is believed on reasonable grounds that they are necessary to manage and prevent the spread of COVID-19. The Ministry of Health (International Health Regulations Compliance) Regulations 2014 is legislated through the Ministry of Health Act 2013. It authorises TMO to control disease spread at borders, trace people who are infected or suspected to have a notifiable disease, and ensure they undergo medical examination or treatment.

At the international level, the International Health Regulations (IHR) 2005 is a legal instrument designed to prevent, protect against, control and provide a public health response to the international spread of disease. Under the IHR, the Cook Islands is obligated to notify the WHO of public health events of international concern, and measures implemented which interfere with international trade or travel.

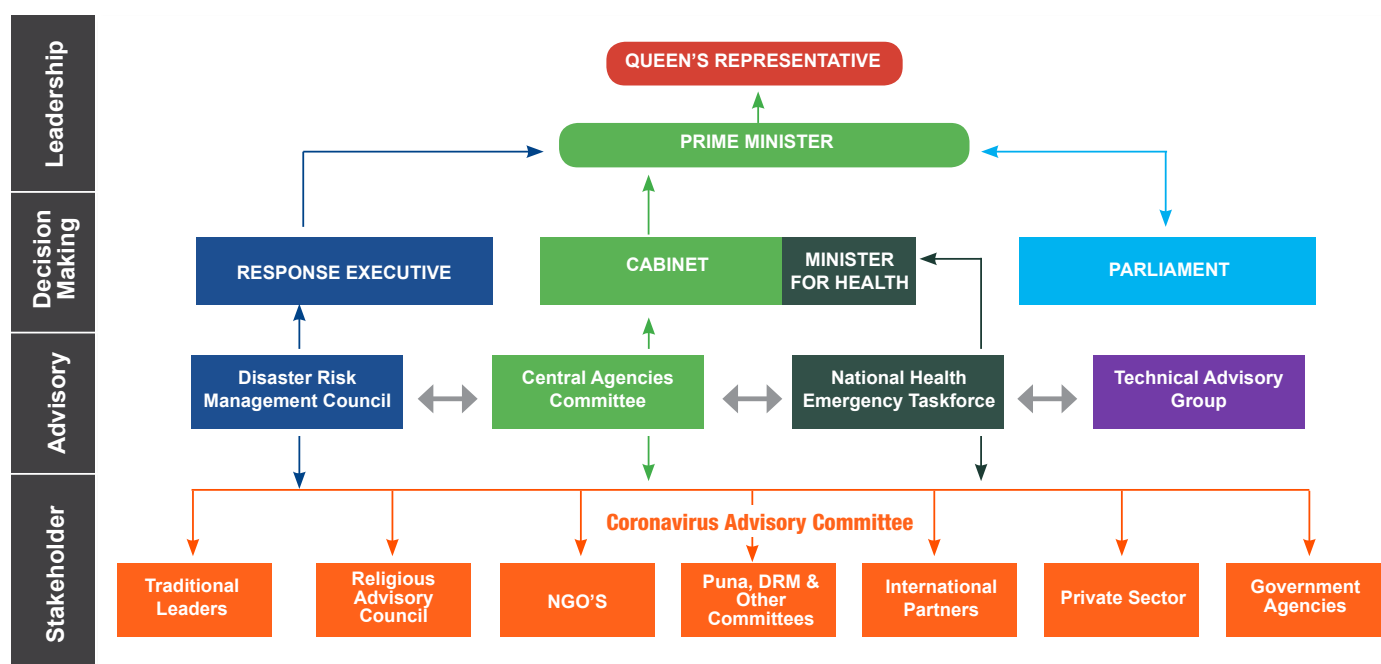
## LEADERSHIP AND GOVERNANCE

Mitigating the impact of COVID-19 will require a whole-of-society and nationwide response (Figure 1).

The Prime Minister will lead the national effort in consultation with the Minister of Health and Cabinet. Parliament will be informed at all stages of the response, and may be convened if legislative action is required. The NDRMC, the Central Agency Committee (CAC), and the National Health Emergency Taskforce (NHET) will provide advice to Cabinet. The NDRMC shall establish the National Emergency Operations Centre (NEOC) from which the National Response Executive (NRE) will direct and coordinate the response.

Various stakeholders will implement the Plan. They include: Traditional Leaders; Religious Advisory Council (RAC); Government Agencies; Non-government Organisations (NGOs); Rarotonga and Pa Enua Puna; Disaster Risk Management (DRM) Committees; Other Community Committees, International Partners and the Private Sector.

**Figure 1: Leadership and Governance structure**



## COMMUNICATION AND CONSULTATION

Clear, timely and effective communication is critical to the execution of this Plan. Communications will target all levels of society to ensure a coordinated response by all stakeholders, whether in the health system or community settings. Nationwide consultation is essential to enable the mobilisation of community action that seeks to protect vulnerable members, such as aged persons, those with non-communicable diseases (NCDs) or disabilities, and others.

TMO will be the lead agency for all communications. Information to the public and relevant stakeholders will be consistent, timely and accurate to maintain public confidence in the national response to COVID-19.

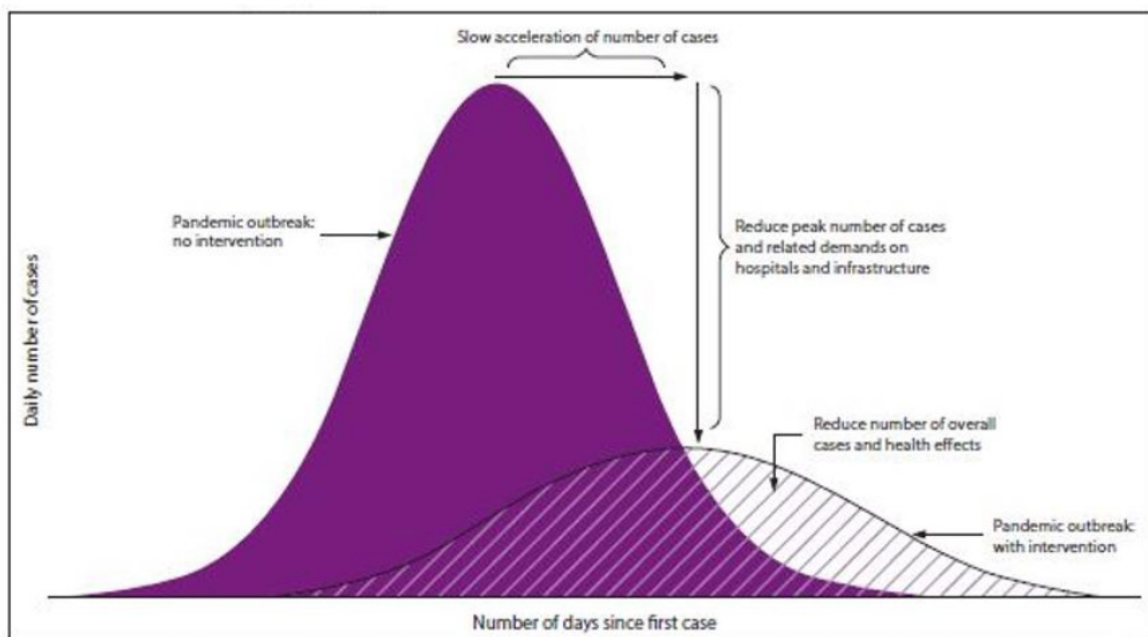
## PUBLIC HEALTH AND NATIONWIDE RESPONSE

SARS-CoV-2, the virus that causes COVID-19, is transmitted through the following modes: (1) Large droplet spread; (2) Transmission through aerosolised spread (for example coughing, sneezing); (3) Contact – direct or indirect – with respiratory secretions (for example contaminated surfaces). The incubation period (time between infection and onset of symptoms) is estimated to be 14 days, and it is understood that the virus can be transmitted to others during this period.

An epidemic occurs when new cases of a disease, within a certain population, during a certain time period, is higher than expected and exceeds the baseline. The rapid spread of COVID-19 globally in the past two months suggests SARS-CoV-2 is highly infectious. Given the susceptibility of the Cook Islands population to this new disease and the lack of a vaccine or anti-viral medication, COVID-19 has the potential to become an epidemic in the Cook Islands.

An epidemic would see a steep rise in the number of people infected, reaching a peak and then a reduction. Preventative measures implemented early in an epidemic can slow the transmission of infection and reduce the peak number of cases (Figure 2).

**Figure 2: Epidemic Curve – Effect of targeted intervention to slow the spread of disease transmission**



Source: Adapted from: CDC. Interim pre-pandemic planning guidance: community strategy for pandemic influenza mitigation in the United States—early, targeted, layered use of nonpharmaceutical interventions. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. <https://stacks.cdc.gov/view/cdc/11425>.

This Plan seeks to flatten the epidemic curve and slow the spread of infection, and therefore alleviate the burden on the nation's health system, economy and society. This will require targeted interventions that optimise good hand hygiene practices and cough etiquette, as well as social distancing practices in school, work and other community settings. For cases not requiring hospitalisation, self-isolation at home is critical, while close contacts will require self-quarantine.

All stakeholders play a critical role in supporting positive community action. Through the support of Traditional Leaders and the RAC, the Rarotonga Puna and Pa Enua DRM committees will help operationalise this Plan by supporting those requiring quarantine or isolation usually for a period of 14 days. This would include ensuring such individuals and families continue to have access to food, water, medicines and other essential items or services.



The NGOs as well as other community groups such as youth, and ethnic-specific groups will help address the specific needs of vulnerable communities. Government agencies will coordinate the mobilisation of government resources, assets and finances to support the nationwide response. TMO will lead the health response, in collaboration with relevant community and international partners. The private sector will work alongside government to minimise disruption to business continuity.

## IMPACT ASSESSMENT

Response measures will address the following impacts:

HEALTH SYSTEM	ECONOMY	SOCIETY
<ul style="list-style-type: none"> <li>• Reduced levels of service and care, to mobilise resources</li> <li>• Influx of patients at hospitals and clinics resulting in patients with less urgent medical problems waiting longer for treatment</li> <li>• Potential shortage of health professionals and frontline staff</li> <li>• Shortage of medicines and consumables requiring prioritisation</li> <li>• Difficulty maintaining normal operations</li> <li>• Reduction in service capacity</li> </ul>	<ul style="list-style-type: none"> <li>• High rate of absenteeism</li> <li>• Business operations and provision of services affected</li> <li>• Loss of employees due to prolonged period of illness; need to care for family members; fear of infection at work</li> <li>• Limited access to foreign workers due to travel restrictions</li> <li>• Tourism, transport, retail industry affected due to travel restrictions and reduction in business and tourist travel</li> <li>• Ports affected due to slowdown in global trade</li> <li>• Loss of public confidence</li> <li>• Supply chains affected and low stock due to panic buying</li> </ul>	<ul style="list-style-type: none"> <li>• Lasting psychological impact</li> <li>• Loss of loved ones</li> <li>• Social distancing measures</li> <li>• Stigma and discrimination</li> <li>• Home quarantine</li> <li>• Potential school closures and cancellation of public events</li> <li>• Cultural impact - no kissing when greeting people</li> <li>• Potential civil unrest and crime</li> <li>• Potential disruption of church services</li> <li>• Managing burials for visitors and funeral gatherings</li> <li>• Food supplies affected due to disruptions in imports or closure of food establishments</li> <li>• Rationing certain food and essential products</li> <li>• Economic slowdown affects overall employment and personal income</li> <li>• Households requiring financial assistance</li> </ul>



# THE COOK ISLANDS EMERGENCY RESPONSE PLAN TO CORONAVIRUS DISEASE 2019

The Plan has three stages, four codes and four phases as outlined below.

STAGES	CODE	PHASE
INITIAL ACTION STAGE	BLUE	<b>PREPARATION AND READINESS</b> (Delay entry of disease)
TARGETED ACTION STAGE	YELLOW	<b>ALERT</b> (Delay widespread disease transmission)
	RED	<b>ACTIVATION</b> (Mitigate impact of the disease)
STAND-DOWN STAGE	GREEN	<b>POST-EVENT</b> (Recovery)

Within each of the action stages are targeted interventions under the following functions: governance and legislation, surveillance and intelligence, border measures, resources and logistics, communication and consultation, health clinical care and public health management, and social welfare and support. Annex II Incident Management System refers to specific roles and responsibilities.

## STAGES, CODES AND PHASES OF AN EMERGENCY RESPONSE

There are four phases in an emergency response to COVID-19, across three stages:

STAGES	CODE	PHASE	THRESHOLDS/TRIGGERS
INITIAL ACTION STAGE	BLUE	<b>PREPARATION AND READINESS</b> (Delay entry of disease)	Disease is severe and spreads easily from person to person but is occurring outside the Cook Islands. Measures focus on delaying entry of the disease through hand washing, cough etiquette and social distancing. Minimal disruption to society such as travel advisories and restrictions. Reducing business as usual.
TARGETED ACTION STAGE	YELLOW	<b>ALERT</b> (Delay widespread disease transmission)	Disease is severe AND spreads easily from person to person, but the disease is not spreading widely in the Cook Islands and is being contained. Moderate disruption to society such as quarantine and isolation.
	RED	<b>ACTIVATION</b> (Mitigate impact of the disease)	Disease is severe AND is spreading widely. The health system is unable to cope with the situation. Major disruption to society such as school closures, work from home notices and disruption of law and order in the community.
STAND-DOWN STAGE	GREEN	<b>POST-EVENT</b> (Recovery)	When the disease is declining, and can be managed under normal business arrangements. Transition from emergency response to business as usual.

# NATIONAL RESPONSE FRAMEWORK

	Initial Action Stage	Targeted Action Stage		Stand-Down Stage
	CODE BLUE	CODE YELLOW	CODE RED	CODE GREEN
Governance and Legislation	<ul style="list-style-type: none"> <li>Emergency governance arrangements – NDRMC, NHET, NRE</li> <li>COVID-19 declared transmissible notifiable condition and dangerous condition</li> <li>Activation of Health Emergency Operations Centre and Incident Management System (IMS)</li> <li>Activate IHR reporting requirements</li> </ul>	<ul style="list-style-type: none"> <li>Assess and advise on declaration of State of Emergency</li> <li>Convene NDRMC, NRE and NHET</li> <li>24/7 coverage of National Emergency Operations Centre</li> <li>Possibility of Parliament convening urgently to pass relevant legislation</li> </ul>	<ul style="list-style-type: none"> <li>Declaration of State of Emergency</li> <li>Emergency response fully activated</li> <li>Circumstances to allow Parliament to extend a public health emergency</li> <li>Police to maintain law and order</li> </ul>	<ul style="list-style-type: none"> <li>No longer State of Emergency</li> <li>Debriefing sessions – NDRMC, NRE, NHET and IMS</li> </ul>
Surveillance and Intelligence	<ul style="list-style-type: none"> <li>Activate national capacity for disease surveillance and containment</li> <li>Air/sea/land traffic surveillance</li> <li>Weather reports</li> <li>Monitor official and non-official reports</li> </ul>	<ul style="list-style-type: none"> <li>Monitor and analyse information</li> <li>Monitor flu-like symptoms presenting at clinics</li> <li>Community surveillance</li> <li>Testing lab samples overseas</li> <li>Monitor official and non-official reports</li> </ul>	<ul style="list-style-type: none"> <li>Intensify surveillance</li> <li>Monitor all surveillance systems</li> <li>Community surveillance</li> <li>Testing lab samples overseas</li> <li>Monitor official and non-official reports</li> </ul>	<ul style="list-style-type: none"> <li>Review/evaluate surveillance systems</li> <li>Monitor official and non-official reports</li> <li>Update protocols</li> </ul>
Border Measures	<ul style="list-style-type: none"> <li>Monitor incoming passengers for signs/symptoms</li> <li>In-flight, airport and maritime announcements</li> <li>Liaise with airlines/shipping operators</li> <li>Assess entry to the Pa Enua</li> <li>Health declaration and travel history</li> <li>Early travel restrictions (quarantine) to delay entry</li> </ul>	<ul style="list-style-type: none"> <li>Assess travel restrictions and revise</li> <li>Health declaration and travel history</li> <li>Assess entry to the Pa Enua</li> <li>Cargo staging areas to minimise interactions between cargo handlers at ports and workers in country</li> <li>Strict infection control procedures observed and regular decontamination</li> <li>Provide logistical assistance to repatriate foreign nationals</li> </ul>	<ul style="list-style-type: none"> <li>Assess travel restrictions and revise</li> <li>Assess entry to the Pa Enua</li> <li>Maintain cargo staging areas to minimise interactions</li> <li>Strict infection control procedures observed and regular decontamination</li> <li>Provide logistical assistance to repatriate foreign nationals</li> </ul>	<ul style="list-style-type: none"> <li>Review travel restrictions and revise</li> <li>Transition airlines/shipping operators back to normal business arrangements</li> <li>Update in-flight, airport and maritime announcements</li> </ul>
Resources and Logistics	<ul style="list-style-type: none"> <li>Stockpile of personal protective equipment (PPE) e.g. face masks, hand gel, full gear</li> <li>Health system capacity e.g. isolation areas, flu clinics, HDU/ICU capability</li> <li>Standby accommodation and infection control providers</li> <li>Secondment of public servants</li> <li>Capacity to maintain essential services</li> <li>Prepare to transition from business as usual to emergency response</li> <li>Review financial mechanisms to support business continuity and response</li> </ul>	<ul style="list-style-type: none"> <li>Assess stockpiles of PPE in case of shortages</li> <li>Additional resources and finances mobilised as needed</li> <li>Monitor health system capacity and establish triggers if full capacity is reached</li> <li>Health professionals on standby as needed</li> <li>Maintain essential services (food, water, energy, waste disposal, mortuary services, financial services, law enforcement, ICT, transport, infrastructure)</li> </ul>	<ul style="list-style-type: none"> <li>Transition to standby accommodation for isolation if full capacity is reached in health facilities</li> <li>Additional resources mobilised</li> <li>Emergency funds mobilised</li> <li>Reassess HDU/ICU capability</li> <li>Maintain essential services</li> </ul>	<ul style="list-style-type: none"> <li>Assess the status of stockpiles e.g. PPE, medicines, consumables, food</li> <li>Replenish stocks as appropriate</li> <li>Update plans and protocols</li> <li>Transition essential services to normal business arrangements/operations</li> <li>Activate business continuity plans</li> </ul>



	Initial Action Stage	Targeted Action Stage		Stand-Down Stage
	CODE BLUE	CODE YELLOW	CODE RED	CODE GREEN
Communication and Consultation	<ul style="list-style-type: none"> <li>Central communications hub and strategy</li> <li>Resilient ICT e.g. email, remote access, internet</li> <li>Liaise with international counterparts</li> <li>Liaise with private sector and community stakeholders</li> <li>Internal communications e.g. situation reports, memos</li> <li>Health line details</li> <li>Advice on cough etiquette, hand-washing, prepare home supplies</li> <li>Advice and information to prevent stigma, discrimination and harassment</li> </ul>	<ul style="list-style-type: none"> <li>Maintain cough etiquette, hand-washing, stock up on non-perishable items as needed</li> <li>Stay up-to-date with health advice</li> <li>Health line details</li> <li>Advise those with the virus to take all measures to prevent infecting others</li> <li>Advise those at risk to take precautions to avoid infection</li> <li>Advise those who suspect they have the virus to call a medical practitioner/hospital/clinic first, or the health line (29667) for advice</li> <li>Advice and information to prevent stigma, discrimination and harassment</li> </ul>	<ul style="list-style-type: none"> <li>Urge communities to maintain social distancing</li> <li>Request voluntary compliance to isolation/quarantine as needed</li> <li>Continue to advise on cough etiquette, hand-washing</li> <li>Urge those with virus to take all measures to prevent infecting others</li> <li>Urge those at risk to take precautions to avoid infection</li> <li>Urge those who suspect they have the virus to call a medical practitioner/hospital/clinic first, or the health line (29667) for advice</li> <li>Advice and information to prevent stigma, discrimination and harassment</li> </ul>	<ul style="list-style-type: none"> <li>Notify public services will resume to normal business arrangements</li> <li>Monitor feedback and refine risks communications</li> <li>Acknowledge the community and other partners for their cooperation</li> <li>Activate destination recovery programme through marketing</li> <li>Advice and information to prevent stigma, discrimination and harassment</li> </ul>
Clinical Care and Public Health Management	<ul style="list-style-type: none"> <li>Frontline training on infection control</li> <li>Contact tracing as needed</li> <li>Develop and refine case and contact definition as needed</li> <li>Redirect people with flu-like symptoms to flu clinics</li> </ul>	<ul style="list-style-type: none"> <li>Laboratory testing capability</li> <li>Isolate and manage cases</li> <li>Quarantine and contact trace</li> <li>Prepare cases for transfer overseas if HDU/ICU capacity is overwhelmed</li> <li>Flu clinics treat cases</li> <li>Separate infected patients from at-risk patients e.g. elderly, disabled, chronic illness</li> </ul>	<ul style="list-style-type: none"> <li>Intensify monitoring and reporting of cases</li> <li>Transfer cases where HDU/ICU capacity is overwhelmed</li> <li>Isolate and manage cases</li> <li>Quarantine and contact trace</li> <li>Distribute vaccine if available</li> <li>Separate infected patients from at-risk patients e.g. elderly, disabled, chronic illness</li> <li>Appropriate management of deceased persons</li> </ul>	<ul style="list-style-type: none"> <li>Resume elective procedures</li> <li>Review policies and processes</li> <li>Review/revise plans and protocols</li> <li>Trauma and psychosocial support</li> <li>Appropriate management of deceased persons</li> </ul>
Social Welfare and Support	<ul style="list-style-type: none"> <li>Welfare of residents and visitors</li> <li>Coordinate services to at-risk population e.g. elderly, disabled, chronic illness</li> <li>Individuals make necessary arrangements e.g. stockpile essential items, childcare</li> <li>Coordinate assistance for elderly, disabled and chronic illness groups who do not live with any family members</li> <li>Activities to build social resilience e.g. counselling</li> </ul>	<ul style="list-style-type: none"> <li>Voluntary self-quarantine/isolation</li> <li>Possible school closures</li> <li>Restrict mass gatherings e.g. nightclubs, cultural or sports events, churches</li> <li>Limit access and visitation to closed communities, hospital wards, isolation areas, prisons</li> <li>Coordinate provision of supplies e.g. medicines, food to isolated or quarantined people</li> <li>Individuals make necessary arrangements e.g. stockpile essential items, childcare</li> <li>Health checks in the community</li> </ul>	<ul style="list-style-type: none"> <li>Strict visitor restrictions and access to closed communities, hospitals, isolation areas, prisons</li> <li>Support for grieving families and communities</li> <li>Mandatory self-quarantine/isolation</li> <li>Coordinate provision of services to at-risk populations e.g. elderly, disabled, chronic illness</li> <li>Coordinate provision of resources e.g. medicines, food, financial assistance, special leave</li> <li>Individuals make necessary arrangements e.g. stockpile essential items, childcare</li> <li>Strict health checks in the community</li> </ul>	<ul style="list-style-type: none"> <li>Maintain morale and social resilience</li> <li>Support for grieving families and communities</li> <li>Coordinate assistance e.g. financial/welfare to at-risk populations</li> <li>Coordinate assistance e.g. financial/welfare to people and businesses affected</li> <li>Re-open schools</li> <li>Resume mass gathering events e.g. churches, sports events, concerts</li> <li>Revise visitor restrictions and access to closed communities</li> <li>Support communities to transition back to normal daily life</li> </ul>

## CONCLUSION

This document outlines the general objectives and framework for preparing, delaying and mitigating the impact of an outbreak of COVID-19 in the Cook Islands.

This plan provides an overview of the components for response that will be considered across: governance and legislation, surveillance and intelligence, border measures, resources and logistics, communication and consultation, clinical care and public health management, and social welfare and support.

Given the severity and wide global spread of COVID-19, the need for flexibility in the response plan to address different scenarios is required. There is a need to continue engaging and working with the public to raise the level of preparedness at the individual, community and national level. Through our collective efforts, we will be ready to implement a robust and sustainable national response to COVID-19.

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## ANNEX I: COMMUNITY MANAGEMENT STRUCTURES

Figure 3. Map showing community districts (Puna) for Rarotonga



### RAROTONGA PUNA

### PA ENUA DRM COMMITTEES

NGATANGIIA

MANGAIA

MATAVERA

AITUTAKI

TUPAPA, MARAERENGA

ATIU

TAKUVAINA, TUTAKIMOA

MAUKE

TITIKAVEKA

MITIARO

MURIENUA

PENRHYN

AKAOA

MANIHIKI

RUAU

RAKAHANGA

NIKAO

PALMERSTON

AVATIU, RUATONGA, ATUPA

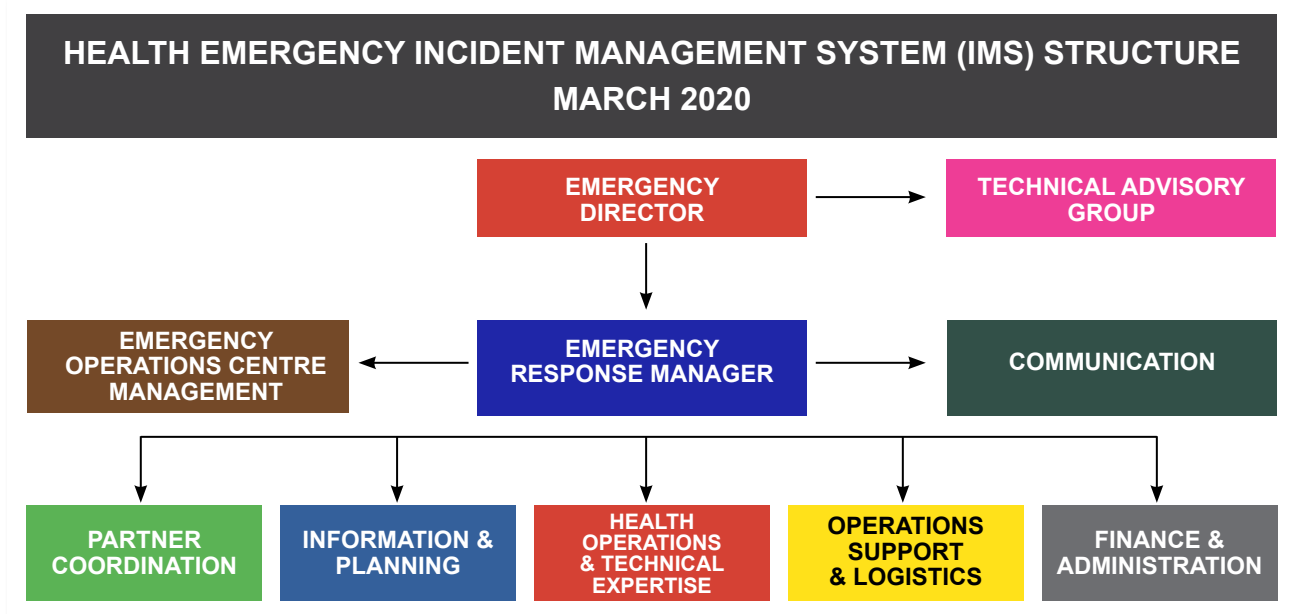
PUKAPUKA

NASSAU

## ANNEX II: INCIDENT MANAGEMENT SYSTEM

The Incident Management System (IMS) structure provides a structured approach to managing a national response to public health events and emergencies. It ensures best practice in emergency management through seven critical functions: Leadership; Partner Coordination; Information and Planning; Health Operations and Technical Expertise; Operations Support and Logistics; Finance and Administration; and International Expertise (refer to Figure 4 below).

**Figure 4: Health Emergency IMS Structure**



**Table 1: Roles and Responsibilities**

ROLE	RESPONSIBILITIES
<b>Emergency Director</b>	<ul style="list-style-type: none"> <li>Is responsible for strategic leadership, day-to-day oversight, and overall management of the response</li> <li>Works with other partners to agree on priorities and objectives for the health response</li> <li>Works closely with technical experts (WHO, SPC, NZ/AU).</li> </ul>
<b>Emergency Response Manager</b>	<ul style="list-style-type: none"> <li>Supports the Emergency Director and acts in place of the Emergency Director when required</li> <li>Supervises the team leads for other IMS functions.</li> </ul>
<b>Emergency Operations Centre Management</b>	<ul style="list-style-type: none"> <li>Ensures all of the EOC systems (hardware and software) and staff support tools are well maintained and operational when needed</li> <li>Is responsible for management of staffing rosters for EOC overall management</li> <li>Ensures safety and wellbeing of all staff, including occupational health measures, access to medical care, psychosocial services, counselling.</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>Responds to media and public queries. Develops and disseminates internal and external communication messages. Works with technical experts to take a pro-active approach to risk communication</li> <li>Delivers health messages using appropriate means for the population</li> <li>Is responsible for media liaison, interviews, information and press releases.</li> </ul>

Table 1: Roles and Responsibilities

ROLE	RESPONSIBILITIES
<b>Partner Coordination</b> <ul style="list-style-type: none"> <li>Liaison</li> </ul>	<ul style="list-style-type: none"> <li>Coordinates activities to resource mobilisation, donor relations, and support implementation of IMS plans</li> <li>Engages stakeholders in risk assessments and needs assessments, planning, information management and sharing, service delivery, monitoring, quality assurance, and advocacy</li> <li>Responds to requests or concerns from stakeholder groups. The Liaison Officer brings an issue to the attention of the Emergency Response Manager with a recommended course of action</li> <li>Requests assistance from external agencies if indicated by the Emergency Response Manager or Emergency Director.</li> </ul>
<b>Information and Planning</b> <ul style="list-style-type: none"> <li>Risk and needs assessment</li> <li>Surveillance</li> <li>Monitoring and evaluation</li> <li>Strategic and operational planning</li> </ul>	<ul style="list-style-type: none"> <li>Collects, analyses and disseminate information on health risks, needs, service coverage, gaps and performance of the response</li> <li>Uses information to develop and continually refine the response as well as inform recovery planning</li> <li>Coordinates the development of response, recovery and contingency planning and contingency plans, business continuity plans</li> <li>Is responsible for on-going risk assessments. Needs assessment is the systematic process that determines the overall impact and health consequences of the emergency, functionality and performance of health services, identifies gaps in capacities and operations to inform prioritisation and implementation of the response</li> <li>Collects, analyses and communicates any information used to detect, verify and investigate health risks</li> <li>Tracks the evolution of the emergency and progress of the health sector response in meeting the objectives of the operational response plan</li> <li>Coordinates development of plans with input from other functions - Health Operations and Technical Expertise</li> <li>Seeks contributions from governmental agencies, NGOs, private sector and others</li> <li>Undertakes research, forecasting and project management.</li> </ul>
<b>Health Operations and Technical Expertise</b> <ul style="list-style-type: none"> <li>Prevention and control measures</li> <li>Community engagement</li> <li>Health service delivery</li> <li>Technical expertise, science, and research</li> <li>Training of health staff</li> </ul>	<ul style="list-style-type: none"> <li>Optimises coverage and quality of health services in response to emergencies</li> <li>Provides up-to-date evidence-based field operations, policies, and guidance and technical expertise</li> <li>Provides technical assistance on laboratory services, specimen transport, vaccination campaigns, mass prophylaxis, clinical management (and management of contacts in a transmissible disease outbreak), infection prevention and control, vector control, enhanced water, sanitation and hygiene, food safety, prepositioning of drugs and medical supplies</li> <li>Develops tailored and targeted messages for dissemination, ensuring they are technically socio-culturally appropriate</li> <li>Delivers on essential packages of health services</li> <li>Mobilises Emergency Medical Teams, clinical care, case management, distribution of emergency kits, medicines and vaccines.</li> <li>Operationalises rapid response teams for rapid investigation, assessment and response</li> <li>Ensures health operations are informed by best available technical expertise and guidance and adhere to recognised standards and best practices</li> <li>Works in conjunction with technical experts e.g. WHO/SPC.</li> </ul>



ROLE	RESPONSIBILITIES
<b>Operations Support and Logistics</b> <ul style="list-style-type: none"> <li>• Supply chain management</li> <li>• Field support</li> <li>• Health logistics</li> </ul>	<ul style="list-style-type: none"> <li>• Ensures staff have a reliable operational platform in order to deliver effectively</li> <li>• Ensures end-to-end, timely, and efficient provision of consumables and equipment. Includes selection, forecasting, procurement, transportation, customs clearance, storage, and distribution of these materials</li> <li>• Provides field support to response teams including accommodation, functional and secure work spaces and equipment, communications, transport and effective fleet management</li> <li>• Provides technical expertise, tools, methods and means to meet specific logistical needs of medical facilities, cold chain management, laboratories and blood banks.</li> </ul>
<b>Finance and Administration</b> <ul style="list-style-type: none"> <li>• Finance budget/ grants management</li> <li>• Procurement</li> <li>• Human resources and surge</li> </ul>	<ul style="list-style-type: none"> <li>• Provides finance, management and administrative support to enable smooth functioning of the response</li> <li>• Ensures decisions made by the Emergency Director trigger the provision of services and availability of funds</li> <li>• Develops work-plans and budgets; manage funding allocations; track and report on finances against budget; support, monitor and report on financial implementation; support resource mobilisation and facilitate payments</li> <li>• In coordination with Operations Support and Logistics, procure all necessary supplies for the response</li> <li>• Provides for the human resource needs of the response team as determined by the Emergency Director, including sourcing, recruitment, medical clearance, entry formalities, briefing and training, on-site administrative support, de-briefing, and performance evaluations.</li> </ul>
<b>Technical Advisory Group</b>	<ul style="list-style-type: none"> <li>• Provides international expertise and specialised technical assistance when needed.</li> </ul>







*Government of the Cook Islands*