Cook Islands
Emergency Response Plan
to
Coronavirus Disease 2019
(COVID-19)

April 2021

Version 2

Government of the Cook Islands

Contents

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. 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, more than 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 Emergency Response Plan to Coronavirus Disease 2019 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 Ministry of Health Cook Islands ([Te Marae Ora], 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 maintain 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 (PHA) in February 2020. The PHA 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 PHA 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 PHA 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).

Figure 1: Leadership and governance structure for national emergency response

Figure 1: Leadership and Governance structure
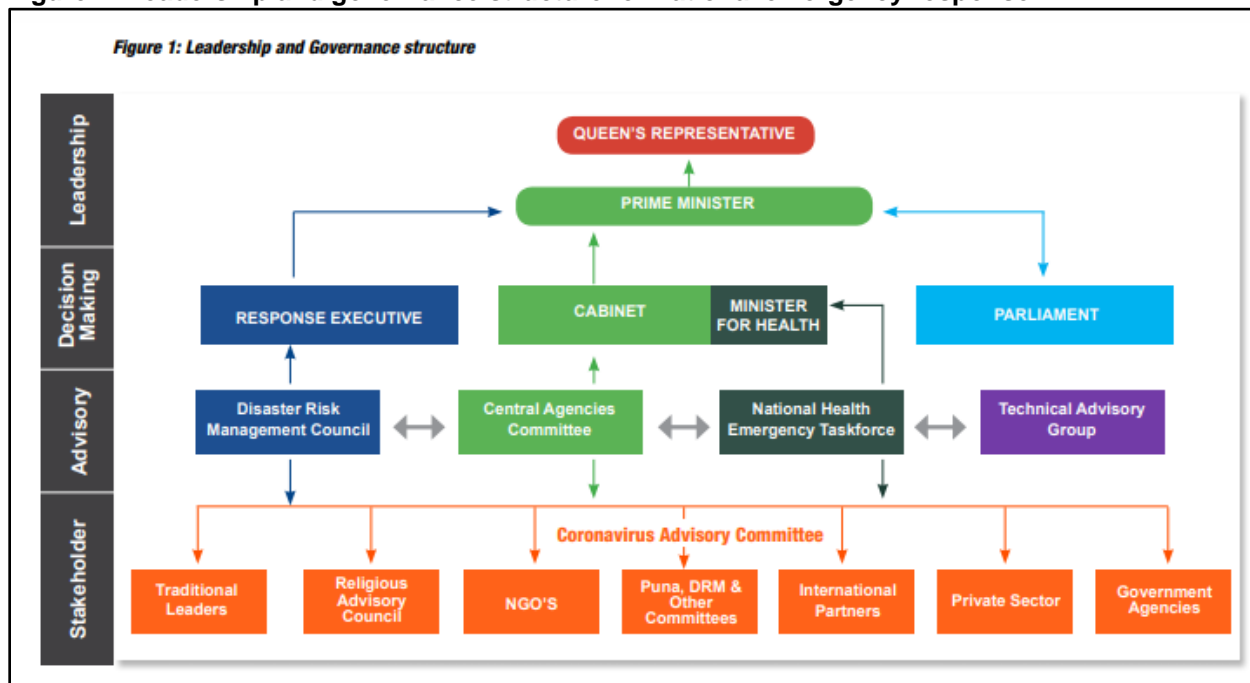
The Prime Minister will lead the national effort in consultation with the Minister of Health and Cabinet. Parliament will be informed at all stages of the response, and may be convened if legislative action is required. The NDRMC, the Central Agency Committee (CAC), and the National Health Emergency 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; 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.

National Health Emergency Taskforce
The National Health Emergency Taskforce (NHET) is responsible for:
1. Providing technical advice to Cabinet Ministers and/or the NDRM Council relating to emergency preparedness, readiness and recovery
2. Overseeing and managing the implementation of government policies and measures to respond effectively to public health emergencies and threats
3. Monitoring and evaluating issues identified and providing solutions to address these.

The Secretary of Health, as the national IHR focal point leads the NHET and reports to the Minister of Health and Cabinet Ministers on advice and issues raised by the NHET. The NHET membership is comprised of core and non-core members. Core members are responsible for all NHET responsibilities, while non-core members support the effective implementation of government policies and measures.

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.

Te Marae Ora 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 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.

All stakeholders play a critical role in supporting positive community action. Through the support of traditional leaders and the Religious Advisory Council, 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. Te Marae Ora 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
Table 1: Response measures will address the following impacts:

Health system	Economy	Society
• Reduced levels of service and care, to mobilise resources • Influx of patients at hospitals and clinics resulting in patients with less urgent medical problems waiting longer for treatment • Potential shortage of health professionals and frontline staff • Shortage of medicines and consumables requiring prioritisation • Difficulty maintaining normal operations • Reduction in service capacity.	• High rate of absenteeism • Business operations and provision of services affected • Loss of employees due to prolonged period of illness; need to care for family members; fear of infection at work • Limited access to foreign workers due to travel restrictions • Tourism, transport, retail industry affected due to travel restrictions and reduction in business and tourist travel • Ports affected due to slowdown in global trade • Loss of public confidence • Supply chains affected and low stock due to panic buying.	• Lasting psychological impact • Loss of loved ones • Social distancing measures • Stigma and discrimination • Home quarantine • Potential school closures and cancellation of public events • Cultural impact - no kissing when greeting people • Potential civil unrest and crime • Potential disruption of church services • Managing burials for visitors and funeral gatherings • Food supplies affected due to disruptions in imports or closure of food establishments • Rationing certain food and essential products • Economic slowdown affects overall employment and personal income • Households requiring financial assistance.

The Cook Islands Emergency Response Plan to Coronavirus Disease 2019
The Plan has two stages and four levels and phases as outlined below in Table 2.

Table 2: Stages, Levels and Phases

Stage	Level	Phase
Initial action stage	**1**	**Prepare** COVID-19 is not present in Cook Islands and controlled in New Zealand with no cases of community transmission.
Targeted action stage	**2**	**Reduce** COVID-19 is not present in the Cook Islands but there is a community case in New Zealand.

| | 3 | **Restrict**
COVID-19 has been detected in the Cook Islands and community transmission may be occurring. |
| | 4 | **Lockdown**
There is more than one case of COVID-19 in the Cook Islands and community transmission may be occurring. |

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, levels and phases of an Emergency Response
There are four phases identified in the emergency response to COVID-19, across two stages (see Table 3).

Table 3: Threshold and Triggers

Stage	Level	Phase	Threshold and Triggers
Readiness action stage	1	**Prepare** COVID-19 is not present the Cook Islands	Disease is severe and spreads easily from person to person but is occurring outside the Cook Islands. The disease is controlled in New Zealand. Public health measures in place - hand washing, cough etiquette, use of face masks, and physical distancing. Minimal disruption to society such as travel advisories and restrictions.
Targeted action stage	2	**Reduce** COVID-19 is not present in the Cook Islands but there is a community case in New Zealand	Disease is severe and spreads easily from person to person, but occurring outside of the Cook Islands. The disease is not yet detected in the Cook Islands, but there is a community case in New Zealand. Moderate disruption to society, Maintain public health measures; encourage use of face masks on public transport.
	3	**Restrict** COVID-19 has been detected in the Cook Islands and community transmission may be occurring	An unidentified community case has been detected in the Cook Islands. Border restrictions implemented. Intensify COVID-19 testing of population. Early case detection and isolation and aggressive contact tracing and quarantine to limit the number of generations of transmission. Restrictions on mass gatherings. Non-essential services closed for a period of 24 - 48 hours. People encouraged to work from home. Face coverings mandatory.
	4	**Lockdown** There is more than one case of COVID-19 in the Cook Islands and community	More than one case of the disease is present in the Cook Islands. Border restrictions implemented. Self-isolation and quarantine required for recent arrivals for a minimum period of 14 days. Intensify COVID-19 testing of population. Early case detection and isolation and aggressive contact tracing and quarantine to limit the number of

		transmission may be occurring	generations of transmission. No mass gatherings. Non-essential services closed. People encouraged to work from home. Face coverings mandatory.

National Response Framework
The COVID-19 Response Framework and Targeted Interventions
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 critical care and public health management; and social welfare and support (Table 4).

Table 4: COVID-19 response framework and targeted interventions

Functions	Readiness action stage	Targeted action stage		
	Level 1: Prepare The disease is not present the Cook Islands	**Level 2: Reduce** The disease is not yet detected in the Cook Islands but there is a community case in New Zealand	**Level 3: Restrict** The disease has been detected in the Cook Islands (first case) and community transmission may be occurring	**Level 4: Lockdown** The disease has been detected in the Cook Islands. There is more than one case of and community transmission may be occurring
Governance and Legislation	• Assess and advise on declaration of State of Emergency • Convene NDRMC, NRE, NHET.	• Emergency governance arrangements – NDRMC, NHET, NRE.	• COVID-19 declared transmissible notifiable condition and dangerous condition • Assess and advise on declaration of State of Emergency • Convene NDRMC, NRE and NHET • 24/7 coverage of National Emergency Operations Centre • Possibility of Parliament convening urgently to pass relevant legislation • Activation of Health Emergency Operations Centre and Incident Management System (IMS).	• Declaration of State of Emergency • Emergency response fully activated • Circumstances to allow Parliament to extend a public health emergency • Police to maintain law and order.
Surveillance and Intelligence	• Intensify surveillance at ports of entry • Sentinel populations • ILI/SARI surveillance • Test selected ILI/SARI samples to identify undetected virus circulation • Laboratory surveillance • EBS	• Intensify surveillance at ports of entry • Air/sea/land traffic surveillance • Weather reports • Monitor official and non-official reports • Test all contacts.	• Monitor and analyse information • Monitor flu-like symptoms presenting at clinics • Community surveillance • Testing lab samples overseas • Monitor official and non-official reports.	• Intensify surveillance • Monitor all surveillance systems • Community surveillance • Testing lab samples overseas • Monitor official and non-official reports.

Functions	Readiness action stage	Targeted action stage		
	Level 1: Prepare The disease is not present the Cook Islands	**Level 2: Reduce** The disease is not yet detected in the Cook Islands but there is a community case in New Zealand	**Level 3: Restrict** The disease has been detected in the Cook Islands (first case) and community transmission may be occurring	**Level 4: Lockdown** The disease has been detected in the Cook Islands. There is more than one case of and community transmission may be occurring
	• Test hospital admissions with respiratory presentations • Test all contacts • Conduct targeted testing for high-risk individuals and settings.			
Border Measures	• Monitor incoming passengers for signs/symptoms • Assess travel restrictions and advise e.g. test before travel +/- quarantine on arrival • Health declaration and travel history • Assess entry to the Pa Enua • Maintain cargo staging areas to minimise interactions • Strict infection control procedures observed and regular decontamination • Provide logistical assistance to repatriate foreign nationals.	• Monitor incoming passengers for signs/symptoms • In-flight, airport and maritime announcements • Liaise with airlines/shipping operators • Assess entry to the Pa Enua • Health declaration and travel history.	• Assess travel restrictions and revise • Health declaration and travel history • Assess entry to the Pa Enua • Cargo staging areas to minimise interactions between cargo handlers at ports and workers in country • Strict infection control procedures observed and regular decontamination • Provide logistical assistance to repatriate foreign nationals.	• Assess travel restrictions and revise • Assess entry to the Pa Enua • Maintain cargo staging areas to minimise interactions • Strict infection control procedures observed and regular decontamination • Provide logistical assistance to repatriate foreign nationals.
Resources and Logistics	• Transition to standby accommodation in communities if hospital capacity is reached • Additional resources mobilised • Emergency funds mobilised	• Stockpile of personal protective equipment (PPE) example. face masks, hand gel, full gear • Health system capacity example isolation areas, flu clinics, HDU/ICU capability • Standby accommodation and infection control providers	• Assess stockpiles of PPE in case of shortages • Additional resources and finances mobilised as needed • Monitor health system capacity and establish triggers if full capacity is reached	• Transition to standby accommodation for isolation if full capacity is reached in health facilities • Additional resources mobilised • Emergency funds mobilised • Reassess HDU/ICU capability • Maintain essential services

Functions	Readiness action stage	Targeted action stage		
	Level 1: Prepare The disease is not present the Cook Islands	**Level 2: Reduce** The disease is not yet detected in the Cook Islands but there is a community case in New Zealand	**Level 3: Restrict** The disease has been detected in the Cook Islands (first case) and community transmission may be occurring	**Level 4: Lockdown** The disease has been detected in the Cook Islands. There is more than one case of and community transmission may be occurring
	• Assess stockpiles of PPE in case of shortages • Maintain essential services.	• Capacity to maintain essential services • Review financial mechanisms to support business continuity and response.	• Health professionals on standby as needed • Maintain essential services (food, water, energy, waste disposal, mortuary services, financial services, law enforcement, ICT, transport, infrastructure) • Prepare to transition from business as usual to emergency response.	
Communication and Consultation	• Encourage compliance with recommended public health measures • Conduct monitoring activities and address issues as they emerge e.g. use of unverified treatments or reports of people avoiding health facilities • Request compliance isolation/quarantine • Urge those with virus to take all measures to prevent infecting others • Urge those at risk to take precautions to avoid infection • Urge those who suspect they have the virus to call Healthline for medical attention • Advice and information to prevent stigma	• Central communications hub and strategy • Resilient ICT example. email, remote access, internet • Liaise with international counterparts • Liaise with private sector and community stakeholders • Internal communications example situation reports, memos • Healthline details • Advice on cough etiquette, hand-washing, prepare home supplies • Advice and information to prevent stigma, discrimination and harassment.	• Maintain cough etiquette, hand-washing, stock up on non-perishable items as needed • Stay up-to-date with health advice • Health line details • Advise those with the virus to take all measures to prevent infecting others • Advise those at risk to take precautions to avoid infection • Advise those who suspect they have the virus to call a medical practitioner/hospital/clinic first, or the Healthline (0800 1801) for advice • Advice and information to prevent stigma, discrimination and harassment.	• Urge communities to maintain social distancing • Request voluntary compliance to isolation/quarantine as needed • Continue to advise on cough etiquette, hand-washing • Urge those with virus to take all measures to prevent infecting others • Urge those at risk to take precautions to avoid infection • Urge those who suspect they have the virus to call a medical practitioner/hospital/clinic first, or the Healthline (0800 1801) for advice • Advice and information to prevent stigma, discrimination and harassment.

Functions	Readiness action stage	Targeted action stage		
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	discrimination and harassment.			
Clinical Care and Public Health Management	• Conduct rigorous case investigation to identify and quarantine close contacts • Conduct contact tracing • Triage cases and test people with symptoms • Reinstate restrictions as needed example gatherings, quarantine/isolation.	• Frontline training on infection control • Contact tracing as needed • Develop and refine case and contact definition as needed • Redirect people with flu-like symptoms to flu clinics.	• Laboratory testing capability • Isolate and manage cases • Quarantine and contact trace • Prepare cases for transfer overseas if HDU/ICU capacity is overwhelmed • Flu clinics treat cases • Separate infected patients from at-risk patient's example elderly, disabled, chronic illness.	• Intensify monitoring and reporting of cases • Transfer cases where HDU/ICU capacity is overwhelmed • Isolate and manage cases • Quarantine and contact trace • Distribute vaccine if available • Separate infected patients from at-risk patients e.g. elderly, disabled, chronic illness • Appropriate management of deceased persons.
Social Welfare and Support	• Strict visitor restrictions and access to closed communities, hospitals, isolation areas, prisons • Restricted activities at higher-risk settings example bars, pubs, nightclubs • Support for grieving families and communities • Mandatory self-quarantine/isolation • Coordinate provision of services to at-risk populations example elderly, disabled, chronic illness • Coordinate provision of resources, food, financial assistance, special leave	• Welfare of residents and visitors • Coordinate services to at-risk population example elderly, disabled, chronic illness • Individuals make necessary arrangements example stockpile essential items, childcare • Coordinate assistance for elderly, disabled and chronic illness groups who do not live with any family members • Activities to build social resilience example counselling • Strict health checks in the community.	• Voluntary self-quarantine/isolation • Possible school closures • Prohibit mass gatherings example nightclubs, cultural or sports events, churches • Limit access and visitation to closed communities, hospital wards, isolation areas, prisons • Coordinate provision of supplies example medicines, food to isolated or quarantined people • Individuals make necessary arrangements example stockpile essential items, childcare • Health checks in the community.	• Strict visitor restrictions and access to closed communities, hospitals, isolation areas, prisons • Support for grieving families and communities • Mandatory self-quarantine/isolation • Coordinate provision of services to at-risk populations example elderly, disabled, chronic illness • Coordinate provision of resources example medicines, food, financial assistance, special leave • Individuals make necessary arrangements example stockpile essential items, childcare • Strict health checks in the community.

Functions	Readiness action stage	Targeted action stage		
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	• Individuals make necessary arrangements example stockpile essential items, childcare.			

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

	Rarotonga Puna		Pa Enua DRM Committees
1.	Ngatangiia	1.	Mangaia
2.	Matavera	2.	Aitutaki
3.	Tupapa Maraerenga	3.	Atiu
4.	Takuvaine Tutakimoa	4.	Mauke
5.	Titikaveka	5.	Mitiaro
6.	Murienua	6.	Penrhyn
7.	Akaoa	7.	Manihiki
8.	Ruaau	8.	Rakahanga
9.	Nikao Panama	9.	Palmerston
10.	Avatiu, Ruatonga, Atupa	10.	Pukapuka
		11.	Nassau

Figure 2. Map showing community districts (Puna) for Rarotonga

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 3 below).

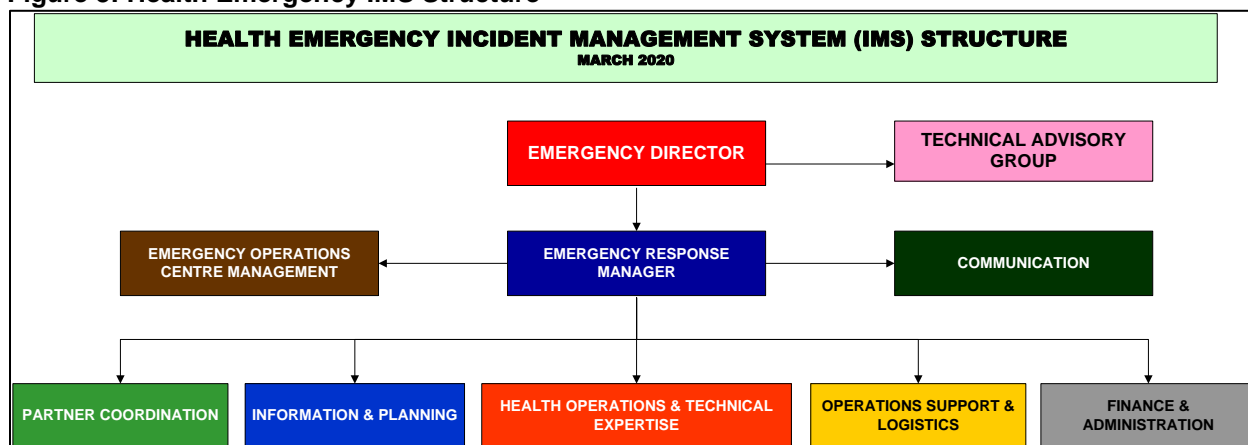**Figure 3: Health Emergency IMS Structure**

HEALTH EMERGENCY INCIDENT MANAGEMENT SYSTEM (IMS) STRUCTURE
MARCH 2020

Table 5: Roles and Responsibilities

Role	Responsibilities
Emergency Director	• Is responsible for strategic leadership, day-to-day oversight, and overall management of the response • Works with other partners to agree on priorities and objectives for the health response • Works closely with technical experts (WHO, SPC, NZ/AU).
Emergency Response Manager	• Supports the Emergency Director and acts in place of the Emergency Director when required • Supervises the team leads for other IMS functions.
Emergency Operations Centre Management	• Ensures all of the HEOC systems (hardware and software) and staff support tools are well maintained and operational when needed • Is responsible for management of staffing rosters for EOC overall management • Ensures safety and wellbeing of all staff, including occupational health measures, access to medical care, psychosocial services, counselling.
Communication	• 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 • Delivers health messages using appropriate means for the population • Is responsible for media liaison, interviews, information and press releases.
Partner Coordination - **Liaison**	• Coordinates activities to resource mobilisation, donor relations, and support implementation of IMS plans

	• Engages stakeholders in risk assessments and needs assessments, planning, information management and sharing, service delivery, monitoring, quality assurance, and advocacy • 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 • Requests assistance from external agencies if indicated by the Emergency Response Manager or Emergency Director.
Information and Planning - **Risk and needs assessment** - **Surveillance** - **Monitoring and evaluation** - **Strategic and operational planning**	• Collects, analyse and disseminate information on health risks, needs, service coverage, gaps and performance of the response • Uses information to develop and continually refine the response as well as inform recovery planning • Coordinates the development of response, recovery and contingency planning and contingency plans, business continuity plans • 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 • Collects, analyses and communicates any information used to detect, verify and investigate health risks • Tracks the evolution of the emergency and progress of the health sector response in meeting the objectives of the operational response plan • Coordinates development of plans with input from other functions - Health Operations and Technical Expertise • Seeks contributions from governmental agencies, NGOs, private sector and others • Undertakes research, forecasting and project management.
Health Operations and Technical Expertise - **Prevention and control measures** - **Community engagement** - **Health service delivery** - **Technical expertise,**	• Optimises coverage and quality of health services in response to emergencies • Provides up-to-date evidence-based field operations, policies, and guidance and technical expertise • 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 • Develops tailored and targeted messages for dissemination, ensuring they are technically socio-culturally appropriate • Delivers on essential packages of health services • Mobilises Emergency Medical Teams, clinical care, case management, distribution of emergency kits, medicines and vaccines.

science, and research - **Training of health staff**	• Operationalises rapid response teams for rapid investigation, assessment and response • Ensures health operations are informed by best available technical expertise and guidance and adhere to recognised standards and best practices • Works in conjunction with technical experts e.g. WHO/SPC.
Operations Support and Logistics - **Supply chain management** - **Field support** - **Health logistics**	• Ensures staff have a reliable operational platform in order to deliver effectively • 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 • Provides field support to response teams including accommodation, functional and secure work spaces and equipment, communications, transport and effective fleet management • Provides technical expertise, tools, methods and means to meet specific logistical needs of medical facilities, cold chain management, laboratories and blood banks.
Finance and Administration - **Finance budget/grants management** - **Procurement** - **Human resources and surge**	• Provides finance, management and administrative support to enable smooth functioning of the response • Ensures decisions made by the Emergency Director trigger the provision of services and availability of funds • 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 • In coordination with Operations Support and Logistics, procure all necessary supplies for the response • 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.
Technical Advisory Group	• Provides international expertise and specialised technical assistance when needed.