Cook Islands
60 Mataiti, Kavamani Tu Rangatira

MINISTRY OF HEALTH
MANATŪ HAUORA

NEW ZEALAND
FOREIGN AFFAIRS & TRADE
Manatū Aorere

World Health Organization
Samoa, American Samoa, Cook Islands, Niue and Tokelau

Development of the National Action Plan for Health Security:

Strengthening Health Security in the

Cook Islands

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Introduction

As a small island nation, the Cook Islands face multiple, overlapping risks, from cyclones and droughts to dengue outbreaks and global pandemics. The COVID-19 pandemic reminded us how quickly a health threat can disrupt not only our health system but also our economy, tourism industry, and way of life. At the same time, climate change continues to intensify natural disasters, while global health threats such as antimicrobial resistance and zoonotic diseases place new demands on our preparedness.

Health security is the foundation of protecting our people, sustaining our economy, and ensuring that no island or community is left behind. A resilient health security system ensures that emergencies are detected early, responded to effectively, and managed in ways that preserve essential services and maintain public trust.

Why develop a National Action Plan for Health Security (NAPHS)?

Investing in health security is also about meeting our international commitments. The National Action Plan for Health Security (NAPHS) is our roadmap to achieving this resilience. It is a practical, costed, and nationally owned plan that strengthens our systems, builds capacity across sectors, and aligns with international obligations under the International Health Regulations (IHR 2005). It reflects the lessons we have learned from recent emergencies and charts a path forward to safeguard the health of our people and the stability of our nation.

The new amendments to the IHR adopted in 2024 place stronger obligations on countries to be prepared for pandemics and public health threats. Donors and development partners are aligning their support with these frameworks, meaning that a strong, nationally endorsed NAPHS not only protects us at home but also signals our readiness to mobilise international financing, such as from the Pandemic Fund.

International Health Regulations (2005)

The International Health Regulations (IHR 2005), to which the Cook Islands is a signatory, are binding legal instruments designed to strengthen global capacity to prevent, detect, and respond to public health risks. States Parties are required to maintain core capacities for surveillance, diagnostics, and emergency response. Recent amendments adopted by the World Health Assembly in June 2024 introduced a formal definition of “pandemic emergency”, stronger commitments to equity and solidarity, and the requirement for each country to establish a National IHR Authority. These amendments will be complemented by the Pandemic Agreement, endorsed in May 2025, which aims to provide a more robust global framework for pandemic prevention, preparedness, and equitable response.

Joint External Evaluation, May 2025

Monitoring compliance with IHR obligations is carried out through the IHR Monitoring and Evaluation Framework, which includes annual States Parties Self-Assessment Reports (SPAR), voluntary Joint External Evaluations (JEE), and other tools. The Cook Islands submits its annual e-SPAR report and underwent its first JEE in May 2025, which assessed 19 IHR core capacities. While the evaluation noted strong capacities such as immunization, it also identified areas requiring critical attention.

Seven overarching recommendations were issued, including the mapping and alignment of national IHR-related plans and simulation exercises, establishing and resourcing the National IHR Authority, strengthening infection prevention and control and essential service resilience, improving communication and connectivity with the Pa Enua, and developing a costed, prioritized five-year national action plan for health security.

Refer to Annex 4.

What have we done so far?

Following on from the recommendations of the JEE in May 2025, we have started the preparation of a draft NAPHS for the period 2025–2030. On 15–19 September 2025 we convened a multisectoral workshop to review all of the strategic actions in the proposed draft NAPHS, the detailed activities for feasibility and appropriateness in the Cook Islands' context identify responsible agencies and teams for implementation of each strategic action, consider the costing assumptions for each activity and confirm funding availability for each activity.

We are working to ensure efficient use of resources, leveraging of existing capacity, and the benefits of working in partnerships.

Who is involved?

The process to develop the NAPHS 2025–2030 is being led by Te Marae Ora and the following agencies are engaged in the process:

- Office of the Prime Minister
- Emergency Management Cook Islands
- Crown Law Office
- Ministry of Foreign Affairs and Immigration
- Ministry of Agriculture
- Cook Islands Police Service
- Ministry of Finance and Economic Management
- Ministry of Transport
- National Environment Service

In addition, we have received technical support from the World Health Organization and the Polynesian Health Corridors.

What needs to be done?

The current working NAPHS consists of a working operational plan. The final document will include:

a. Narrative
b. Results framework
c. Costings
d. Operational plan
e. Monitoring and evaluation framework

Before November 2025, we plan to:

1. Finalise a first complete draft of the NAPHS.
2. Share the NAPHS with stakeholders for review.
3. Undertake a national validation workshop in November.
4. Incorporate feedback on the draft NAPHS.
5. Approve and endorse the NAPHS.

Call to action

TMO remains committed to the development and upcoming implementation of the NAPHS, which has thus far been successful due to strong collaboration and integration across various government agencies. With their support and the commitment of our partners, and communities across the Cook Islands, together with strong leadership and continual support over the next five years, we can successfully implement the NAPHS by:

- Strengthening our health infrastructure,
- Enhancing disease surveillance, and
- Fostering community awareness and advocacy.

We will build a resilient system capable of preventing, detecting, and responding effectively to health emergencies, ensuring the health and safety of all our people.

Strategic NAPHS overview

Strategic NAPHS

The NAPHS is a whole-of-government and whole-of-society approach that integrates legal, financial, technical, and community systems to build resilience. The plan is costed, time-bound, and aligned with both our national health strategies and international obligations. It is structured around four pillars of action.

Vision

A resilient and healthy Cook Islands, protected from public health threats through strong systems, empowered communities, traditional knowledge, and regional solidarity — ensuring health security in the face of climate change and contributing to a safer Pacific.

Mission

To strengthen national and community capacities to prevent, detect, and respond to public health threats through coordinated, multisectoral action that embraces traditional knowledge, promotes climate resilience, and upholds the International Health Regulations (IHR 2005) — protecting the health and wellbeing of all people in the Cook Islands and supporting health security across the Pacific region.

Four pillars

We propose four pillars which cover prevention, detection, response and preparedness, and IHR-Related Hazards and Points of Entry.

Refer to Annex 1.

Outcome 1: Prevent

Governance, financing, and One Health systems are strengthened to reduce vulnerability to public health threats and ensure resilient implementation of IHR (2005), including an operational IHR Authority, sustainable emergency financing, a costed AMR Action Plan, robust zoonotic and food safety surveillance, biosafety/biosecurity standards, and equitable immunisation coverage for all communities, including marginalised groups.

Outcome 2: Detect

Capacity to rapidly detect priority public health threats is developed through strengthened surveillance, laboratory, and workforce systems, supported by reliable specimen transport and diagnostics, optimised electronic reporting, functioning disease surveillance networks, expanded FETP training, and a multisectoral workforce surge database across human, animal, and environmental health sectors.

Outcome 3: Respond

A coordinated, resilient system enables rapid and effective response to health emergencies while maintaining essential services, supported by a strengthened Health Emergency Operations Centre, reliable communications, robust logistics, updated emergency and case management guidelines, cross-sectoral simulation exercises, and safe, trusted, equitable practices in IPC, RCCE, clinical governance, and community awareness.

Outcome 3: IHR-Related Hazards and Points of Entry

Border and hazard management capacity is enhanced through all-hazards contingency planning, routine risk assessments, skilled POE staff, strengthened chemical and radiation risk mechanisms, laboratory toxicology capacity, and access to international technical assistance to ensure readiness for IHR-related and cross-border hazards.

Costing

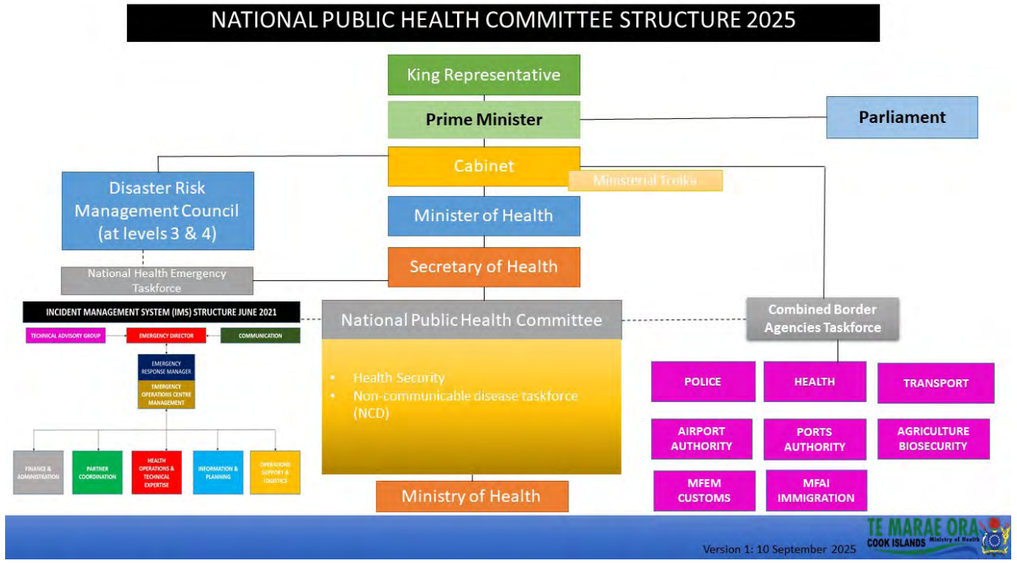
We have undertaken a costing for all proposed activities. The total cost of the plan is estimated to be US$ 6.7 million, of which 17% is from existing and available budgets and 83% to be mobilized from additional financing through the development partners.

Refer to Annex 3.

Governance arrangements

The governance of the NAPHS will be positioned within the Health Security Sub-Committee of the National Public Health Committee. While the overall oversight and strategic direction of the NAPHS will remain under the National Public Health Committee, the Health Security Sub-Committee will be responsible for the day-to-day implementation and reporting. This structure ensures clear accountability, streamlined coordination, and alignment with national public health priorities.

Figure 1: Governance structure



ANNEXES

Annex 1: Draft results framework

Goal	**Strengthened preparedness and resilience of Cook Island's health security system**					
Results area	**Prevent**		**Detect**	**Respond**		**IHR related hazards & PoE**
Outcomes	Systems are strengthened to reduce public health vulnerabilities and ensure resilient implementation of IHR, including surveillance, emergency financing, AMR action, biosafety, and equitable immunisation.		Rapid detection of priority health threats is enabled through integrated surveillance, laboratory, workforce capacity, electronic reporting, and multisectoral early-warning systems.	A coordinated, resilient response system ensures effective emergency management while maintaining essential services, supported by logistics, communication, guidelines, simulation exercises, and safe, trusted practices.		Border and hazard management is strengthened through contingency planning, risk assessment, skilled staff, chemical and radiation readiness, and access to international technical support.
Outputs	An IHR implementation plan for the 2025 amendments is developed and operational.	Surveillance and investigation of foodborne diseases are strengthened.	A strengthened specimen referral and transport system is in place.	A process for reviewing the multihazard emergency response plan is established.	Systems for health service data segregation and use in planning are improved.	All-hazards contingency plans are developed and in place.
	A gender and vulnerability analysis is conducted and informs national health security planning.	A food safety emergency response plan is established and operational.	An annual diagnostic demand review is conducted.	Reliable communication systems, including upgraded infrastructure in Pa Enua, are in place.	Pa Enua workforce capacity is strengthened.	Regular risk assessments using WHO tools are conducted.
	Health emergency financing is embedded within national financing mechanisms.	Engagement with INFOSAN is improved.	Electronic systems for surveillance of communicable diseases and public health events, including information sharing, are optimised.	The Health Emergency Operations Centre is strengthened and functional.	Clinical governance, including feedback and incident reporting, is strengthened.	POE staff are upskilled and refreshed annually.
	The National IHR Authority is operationalised.	Laboratory support for foodborne events is optimised.	FETP training is expanded.	Simulation exercises are coordinated and conducted regularly.	Plans to ensure continuity of essential health services during emergencies are updated and implemented.	Mechanisms for chemical event management are strengthened.
	National health security response is implemented and coordinated effectively.	Procedures for safe specimen collection and transport are standardised.	Health and agriculture staff are cross trained on biosafety, specimen collection, and referral procedures.	Health workforce capacity for emergency management is strengthened.	An IPC plan and policy are endorsed and implemented.	The enabling environment for chemical event management is strengthened.
	The National AMR Action Plan is finalised and activated.	Biosafety cabinet maintenance and certification are secured.	Workforce plans for agriculture and health are revised and refreshed.	Logistics and supply chain management systems are strengthened.	Additional human resources are invested to strengthen IPC quality, training, and development.	Improved capacity of laboratory to detect and manage toxicological cases through enhances testing and referral systems
	Human AMR surveillance and reporting systems are strengthened.	Routine monitoring of public perception and vaccine hesitancy is implemented.	Occupational safety and health in health care facilities are strengthened.	Mechanisms to identify key research questions during emergencies are established.	Simple IPC indicators (hand hygiene, HCAIs) are introduced.	Regulatory and policy frameworks for radiological events are strengthened.
	A basic antimicrobial stewardship (AMS) programme is established.	National vaccine access and delivery are optimised.	A workforce and surge database is created and maintained.	Interagency communication and reporting are strengthened.	A monitoring and audit system for IPC is established.	Enhanced national capacity to assess and respond to ionizing radiation risks through trained personnel, standardized assessment tools and integrated risk management protocols.
	One Health AMR engagement mechanisms are established.	Vaccine delivery to marginalised populations is strengthened.		Cross-sectoral capacity is developed through joint training and professional exchanges.	An RCCE system for emergencies is established.	Access to international technical assistance, laboratory facilities, and medical support (including pharmaceuticals) for radiation emergencies is secured.
	Surveillance systems for key zoonotic diseases are strengthened.	Strengthened multisectoral capacity to identify, assess and mitigate biosafety risks across human, animal and agricultural systems		Case management guidelines are updated and implemented.	An RCCE programme of activities is implemented.	
				Emergency response guidelines are updated and resources mapped.	Community awareness campaigns are developed and delivered.	
				Strengthened resilience and safety of refurbished households through updated building codes and evidence-based design assessments.	Improved timeliness and coordination of emergency responses through real-time intelligence sharing enabled by early warning systems and integrated reporting mechanism.	
Associated JEE indicators	P1 Increased JEE scores in Legal Instruments P2 Increased JEE scores in Financing Mechanims and accountability for health emergency preparedness P3 Increased JEE scores for IHR Coordination and National IHR Focal Points functions P4 Increased JEE scores in Antimicrobial Resistance P5 Increased JEE scores in Zoonotic Disease P6 Increased JEE scores in Food Safety P7 Increased JEE scores in Biosafety and Biosecurity P8 Increased JEE scores in Immunization		D1 Increased JEE scores in National Laboratory System D2 Increased JEE scores in Surveillance D3 Increased JEE scores in Human Resources	R1 Increased JEE scores in Health Emergency Management R2 Increased JEE scores in Linking Public Health and Security Authorities R3 Increased JEE scores in Health Services Provision R4 Increased JEE scores in Infection Prevention and Control P5 Increased JEE Scores in Risk Communication & Community Engagement		PoE Increased JEE scores in Points of Entry & Border Health CE Increased JEE scores in Chemical Events RE Increased JEE scores Radiation Emergencies

Annex 2: Strategic actions and responsible authorities

Technical area	Indicator	Strategic action	Responsible authority
PREVENT			
P1. Legal instruments	P1.1. Legal instruments	Develop an IHR implementation plan for the 2025 IHR amendments	Health Security Sub-committee of the National Public Health Committee
	P1.2. Gender equity and equality in health emergencies	Conduct a gender and vulnerability analysis for health emergencies	Te Marae Ora (TMO)
P2. Financing	P2.2. Financing for public health emergency response	Embed health emergency financing into national mechanisms	Te Marae Ora (TMO)
P3. IHR coordination, National IHR Focal Point functions and advocacy	P3.1. National IHR Focal Point functions	Operationalise the National IHR Authority	Executive Council (Cabinet)
	P3.2. Multisectoral coordination mechanisms	Ensure implementation and coordination of national health security response	Health Security Sub-committee of the National Public Health Committee
P4. Antimicrobial resistance (AMR)	P4.1. Multisectoral coordination on AMR	Finalize and activate the National AMR Action Plan	Health Security Sub-committee of the National Public Health Committee
	P4.2. Surveillance of AMR	Strengthen human AMR surveillance and reporting	Te Marae Ora Laboratory
	P4.4. Optimal use of antimicrobial medicines in human health	Establish basic antimicrobial stewardship (AMS) programme	Te Marae Ora (TMO)
	P4.5. Optimal use of antimicrobial medicines in animal health and agriculture	Establish One Health AMR engagement	Health Security Sub-committee of the National Public Health Committee
P5. Zoonotic disease	P5.1. Surveillance of zoonotic diseases	Strengthen surveillance of key zoonotic diseases	Ministry of Agriculture (MOA) Te Marae Ora (TMO)
P6. Food safety	P6.1. Surveillance of foodborne diseases and contamination	Strengthen surveillance and investigation for foodborne diseases	Te Marae Ora (TMO)
P6. Food safety (continued)	P6.2. Response and management of food safety emergencies	Establish a food safety emergency response plan	Te Marae Ora (TMO)
	P6.2. Response and management of food safety emergencies	Improve INFOSAN engagement	Te Marae Ora (TMO)
	P6.2. Response and management of food safety emergencies	Optimise laboratory support for foodborne events	Te Marae Ora Laboratory
P7. Biosafety and biosecurity	P7.1. Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities	Standardise safe specimen collection and transport	Te Marae Ora Laboratory
	P7.1. Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities	Secure biosafety cabinet (BCS) maintenance and certification	Te Marae Ora Laboratory
	P7.2 Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	Implement biosafety risk assessment process across human, animal and agriculture sectors.	Te Marae Ora Laboratory Ministry of Agriculture Laboratory
P8. Immunization	P8.2. National vaccine access and delivery	Implement routine monitoring of public perception and vaccine hesitancy	Te Marae Ora Public Health
	P8.2. National vaccine access and delivery	Optimise national vaccine access and delivery	Te Marae Ora Public Health
	P8.2. National vaccine access and delivery	Outreach to marginalised populations	Te Marae Ora Public Health
DETECT			
D1. National laboratory systems	D1.1. Specimen referral and transport system	Strengthen specimen collection, referral and transport system	Ministry of Agriculture
	D1.3. Laboratory testing capacity modalities	Run an annual exercise to identify priority testing needs and align capacity with demand	Te Marae Ora Laboratory Ministry of Agriculture Laboratory

Technical area	Indicator	Strategic action	Responsible authority
D2. Surveillance	D2.1. Early warning surveillance function	Optimise electronic systems for surveillance of communicable diseases and public health events, including for the purposes of information sharing	Te Marae Ora Public Health
	D2.1. Early warning surveillance function	Ensure functioning surveillance mechanisms for priority diseases	Te Marae Ora Public Health
	D2.1. Early warning surveillance function	Expand FETP training	Te Marae Ora Public Health Ministry of Agriculture
D3. Human resources	D3.1. Multisectoral workforce strategy	Review and refresh workforce plans (health and agriculture)	Te Marae Ora Ministry of Agriculture
	D3.1. Multisectoral workforce strategy	Strengthen occupational safety and health in health care facilities	Te Marae Ora
	D3.2. Human resources for implementation of IHR	Create a workforce and surge database for health emergencies	Te Marae Ora Human Resource
	D3.3. Workforce training	Cross-train health and agriculture staff (biosafety, specimen collection, and referral procedures)	Te Marae Ora Public Health
RESPOND			
R1. Health emergency management	R1.1. Emergency risk assessment and readiness	Establish process for reviewing the multihazard emergency response plan.	Emergency Management Cook Islands
	R1.1. Emergency risk assessment and readiness	Ensure reliable communication systems by upgrading communications and connectivity infrastructure, especially in Pa Enua.	Te Marae Ora ICT Emergency Management Cook Islands
	R1.2. Public health emergency operations centre (PHEOC)	Strengthen Health Emergency Operations Centre	Te Marae Ora Public Health
	R1.3. Management of health emergency response	Coordinate simulation exercises	Emergency Management Cook Islands Te Marae Ora Public Health

Technical area	Indicator	Strategic action	Responsible authority
R1. Health emergency management (continued)	R1.4. Activation and coordination of health personnel in a public health emergency	Strengthen health workforce capacity for health emergency management	Te Marae Ora
	R1.5. Emergency logistic and supply chain management	Strengthen logistics and supply chain management	Te Marae Ora
	R1.6. Research, development and innovation	Identify key research questions during emergencies	Office of the Prime Minister
R2. Linking public health and security authorities	R2.1. Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological, chemical or radiological event	Strengthen interagency communication and reporting	Combined Law Agencies Group
	R2.1. Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological, chemical or radiological event	Promote real-time intelligence sharing via early warning systems and integrated reporting	All agencies
	R2.1. Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological, chemical or radiological event	Develop cross-sectoral capacity through joint training and professional exchanges	Combined Law Agencies Group
R3. Health services provision	R3.1. Case management	Update and implement case management guidelines	Te Marae Ora Hospital Health Services
	R3.2. Utilization of health services	Improve health service data segregation during health emergencies including use for planning	Te Marae Ora Primary Healthcare Services
	R3.3. Continuity of essential health services (EHS)	Update emergency response guidelines and map resources	Te Marae Ora

Technical area	Indicator	Strategic action	Responsible authority
R3. Health services provision (continued)	R3.3. Continuity of essential health services (EHS)	Strengthen Pa Enua workforce capacity	Te Marae Ora
	R3.3. Continuity of essential health services (EHS)	Strengthen clinical governance with feedback/incident reporting	Te Marae Ora Hospital Health Services
	R3.3. Continuity of essential health services (EHS)	Update and define plans to ensure that essential health services are maintained during emergencies	Te Marae Ora
R4. Infection prevention and control (IPC)	R4.1. IPC programmes	Endorse and implement the IPC plan and policy	Te Marae Ora
	R4.2. HCAI surveillance	Invest in additional human resources to increase the capacities of IPC quality, training and development	Te Marae Ora
	R4.2. HCAI surveillance	Introduce simple IPC indicators (hand hygiene, HCAIs	Te Marae Ora
	R4.3. Safe environment in health facilities	Establish monitoring and audit system	Te Marae Ora
	R4.3. Safe environment in health facilities	Develop a building code review and EDA project for the refurbishment of households	Cook Islands Infrastructure
R5. Risk communication and community engagement (RCCE)	R5.1. RCCE systems for emergencies	Establish an RCCE system for emergencies	Te Marae Ora
	R5.2 Risk communication	Implement RCCE programme of activities	Multisectoral RCCE Technical Working Group
	R5.3. Community engagement	Develop community awareness campaigns	Te Marae Ora
IHR-RELATED HAZARDS AND POINTS OF ENTRY			
POE. Points of entry and border health	POE1. Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	Develop all-hazards contingency plans at points of entry	Ministry of Transport

Technical area	Indicator	Strategic action	Responsible authority
POE. Points of entry and border health (continued)	POE1. Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	Conduct regular risk assessments with WHO Points of Entry tools	Ministry of Transport Te Marae Ora
	POE2. Public health response at PoEs	Upskill and refresh POE staff annually	Te Marae Ora
CE. Chemical events	CE1. Mechanisms established and functioning for detecting and responding to chemical events or emergencies	Strengthen chemical event mechanisms	Ministry of Transport
	CE2. Enabling environment in place for management of chemical event	Strengthen enabling environment for management of chemical events	Te Marae Ora Hospital Health Services
	CE2. Enabling environment in place for management of chemical event	Build basic lab toxicology and referral capacity	Te Marae Ora Laboratory
RE. Radiation emergencies	RE1. Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies	Strengthen regulatory and policy framework for managing radiological risks.	Combined Law Agencies Group
	RE1. Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies	Access international technical assistance, laboratory facilities and medical support (including pharmaceuticals) for radiation emergencies.	Te Marae Ora
	RE2. Enabling environment in place for management of radiological and nuclear emergencies	Build capacity for ionizing radiation risk assessments	Te Marae Ora (supported by Airport Authority)

Annex 3: Costing

Costing by JEE technical areas	Sum of detailed activity cost (NZD)
PREVENT	
P1. Legal instruments	191,800
P2. Financing	3,520
P3. IHR coordination, National IHR Focal Point functions and advocacy	209,620
P4. Antimicrobial resistance (AMR)	214,506
P5. Zoonotic disease	61,640
P6. Food safety	188,470
P7. Biosafety and biosecurity	98,190
P8. Immunization	501,750
DETECT	
D1. National laboratory systems	89,610
D2. Surveillance	222,160
D3. Human resources	269,460
RESPOND	
R1. Health emergency management	1,951,350
R2. Linking public health and security authorities	83,200
R3. Health services provision	695,828
R4. Infection prevention and control (IPC)	137,050
R5. Risk communication and community engagement (RCCE)	429,660
IHR-RELATED HAZARDS AND POINTS OF ENTRY	
POE. Points of entry and border health	220,550
CE. Chemical events	731,710
RE. Radiation emergencies	434,750
GRAND TOTAL	**6,734,824**

Annex 4: JEE 2025 Cook Islands scores

Technical areas	Indicator number	Indicator	Score
PREVENT			
P1. Legal instruments	P.1.1	Legal instruments	**2**
	P.1.2	Gender equity and equality in health emergencies	**2**
P2. Financing	P.2.1	Financing for International Health Regulations (2005) implementation	**3**
	P.2.2	Financing for public health emergency response	**4**
P3. IHR coordination, National IHR Focal Point functions and advocacy	P.3.1	National International Health Regulations (2005) Focal Point functions	**2**
	P.3.2	Multisectoral coordination mechanisms	**3**
	P.3.3	Strategic planning for International Health Regulations (2005), preparedness or health security	**2**
P4. Antimicrobial resistance	P.4.1	Multisectoral coordination on antimicrobial resistance	**1**
	P.4.2	Surveillance of antimicrobial resistance	**2**
	P.4.3	Prevention of multi-drug-resistant organisms	**3**
	P.4.4	Optimal use of antimicrobial medicines in human health	**2**
	P.4.5	Optimal use of antimicrobial medicines in animal health and agriculture	**1**
P5. Zoonotic disease	P.5.1	Surveillance of zoonotic diseases	**1**
	P.5.2	Response to zoonotic diseases	**1**
	P.5.3	Sanitary animal production practices	**2**
P6. Food safety	P.6.1	Surveillance of foodborne diseases and contamination	**3**
	P.6.2	Response and management of food safety emergencies	**1**
P7. Biosafety and biosecurity	P.7.1	Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities	**3**
	P.7.2	Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	**3**

Technical areas	Indicator number	Indicator	Score
P8. Immunization	P.8.1	Vaccine coverage (measles) as part of national programme	5
	P.8.2	National vaccine access and delivery	4
	P.8.3	Mass vaccination for epidemics of vaccine preventable diseases	5
DETECT			
D1. National laboratory systems	D.1.1	Specimen referral and transport system	4
	D.1.2	Laboratory quality system	4
	D.1.3	Laboratory testing capacity modalities	3
	D.1.4	Effective national diagnostic network	4
D2. Surveillance	D.2.1	Early warning surveillance function	4
	D.2.2	Event verification and investigation	3
	D.2.3	Analysis and information sharing	3
D3. Human resources	D.3.1	Multisectoral workforce strategy	3
	D.3.2	Human resources for implementation of International Health Regulations (2005)	4
	D.3.3	Workforce training	3
	D.3.4	Workforce surge during a public health event	2
RESPOND			
R1. Health emergency management	R.1.1	Emergency risk assessment and readiness	4
	R.1.2	Public health emergency operations centre	1
	R.1.3	Management of health emergency response	4
	R.1.4	Activation and coordination of health personnel in a public health emergency	4
	R.1.5	Emergency logistic and supply chain management	4
	R.1.6	Research, development and innovation	1
R2. Linking public health and security authorities	R.2.1	Public health and security authorities (e.g. law enforcement, border control, customs) are linked during a suspect or confirmed biological, chemical or radiological event	4
R3. Health services provision	R.3.1	Case management	2
	R.3.2	Utilization of health services	3
	R.3.3	Continuity of essential health services	2

Technical areas	Indicator number	Indicator	Score
R4. Infection prevention and control	R.4.1	Infection prevention and control programmes	2
	R.4.2	Healthcare associated infections surveillance	2
	R.4.3	Safe environment in health facilities	3
R5. Risk communication and community engagement	R.5.1	Risk communication and community engagement systems for emergencies	1
	R.5.2	Risk communication	1
	R.5.3	Community engagement	3
IHR-RELATED HAZARDS AND POINTS OF ENTRY			
POE: Points of entry and border health	POE.1	Core capacity requirements at all times for points of entry (airports, ports and ground crossings)	3
	POE.2	Public health response at points of entry	3
	POE.3	Risk-based approach to international travel-related measures	3
CE. Chemical events	CE.1	Mechanisms established and functioning for detecting and responding to chemical events or emergencies	2
	CE.2	Enabling environment in place for management of chemical event	2
RE. Radiation emergencies	RE.1	Mechanisms established and functioning for detecting and responding to radiological and nuclear emergencies	2
	RE.2	Enabling environment in place for management of radiological and nuclear emergencies	3