

Cook Islands National Pandemic
Preparedness Plan: Respiratory Pathogens
(NPPP)

2024

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TABLE OF ABBREVIATIONS

AAR	After Action Reviews
BET	Border Easement Taskforce
BTIB	Business Trade and Investment Board
CAA	Civil Aviation Authority
CAC	Central Agency Committee
CBAT	COVID-19 Border Agencies Taskforce
CDC	Communicable Diseases Centre
CDEM	Civil Defence Emergency Management
CIAA	Cook Islands Airport Authority
CIPAP	Cook Islands Pandemic Action Plan
CIP	Cook Islands Police
CIRCS	Cook Islands Red Cross Society
CLO	Crown Law Office
DRM	Disaster Risk Management
EOC	Emergency Operations Centre
EMCI	Emergency Management Cook Islands
EMT	Emergency Medical Team
EWARS	Early Warning and Response Systems
HCW	Healthcare Worker
HDU	High Dependency Unit
HIU	Health Intelligence Unit
HO	Health Officers
IHR	International Health Regulations
IHR MEF	International Health Regulations Monitoring and Evaluation Framework
ILI	Influenza-like Illness
IMS	Incident Management Systems
INTAFF	Ministry of Internal Affairs
IPC	Infection Prevention and Control
JEE	Joint External Evaluations
MFAI	Ministry of Foreign Affairs and Immigration
MFEM	Ministry of Finance and Economics Management
MOA	Ministry of Agriculture
MOCD	Ministry of Cultural Development

MOE	Ministry of Education
MOH	Ministry of Health
MOT	Ministry of Transport
NAPHS	National Action Plan for Health Security
NCMC	National Crisis Management Centre
NDRMC	National Disaster Risk Management Council
NEOC	National Emergency Operations Centre
NGO	Non-government Organisation
NHET	National Health Emergency Taskforce
NPPP	National Pandemic Preparedness Plan
NZ	New Zealand
NZDF	New Zealand Defence Force
OPM	Office of the Prime Minister
OPSC	Office of the Public Service Commission
Pa Enuā	Outer Islands
PHEOIC	Public Health Emergency of International Concern
PHSM	Public Health and Social Measures
PMA	Pasifika Medical Association
PPE	Personal Protection Equipment
Puna	Puna Emergency Operation Centre
QFT-A	Quarantine Free Travel Arrangement
RAT	Rapid Antigen Test
SARI	Severe Acute Respiratory Illness
SOH	Secretary of Health
SOP	Standard Operating Procedure
SPAR	State Party Self-Assessment Annual Reporting
TMO	Te Marae Ora Ministry of Health Cook Islands
WHO	World Health Organization

Comments

This Cook Islands National Pandemic Preparedness Plan (NPPP) replaces the Cook Islands Pandemic Action Plan (CIPAP) 2009 - 2012 and draft 2021 CIPAP, as significant revisions were required in the wake of H5N1 influenza, the influenza A (H1N1) 2009 pandemic and most notably the SARS- CoV-2 COVID-19 global pandemic.

The latter has changed the way governments around the globe view their health systems and their all-of-government programmes as well as global arrangements around pandemic planning and protocols. This plan is intended to reflect the lessons through Te Marae Ora Ministry of Health Cook Islands (TMO) and all-of-government protocols and exercises.

This plan will continue to evolve to incorporate further lessons that materialise from the COVID-19 pandemic. If you have any comments, please send them to TMO:

by post to:

Cook Islands Ministry of Health
Tupapa
PO Box 109
Rarotonga, COOK ISLANDS

or by email to: health.intelligence@cookislands.gov.ck

Foreword

It is highly likely that the next pandemic will be caused by a respiratory pathogen. Respiratory pathogens have the potential to cause widespread illness and death, especially in regions with limited health care resources. The emergence of SARS-CoV-2 (the virus that causes COVID-19) and Influenza A (H1N1), both respiratory pathogens, resulted in recent global pandemics that had a significant impact on public health and the economy.

Pacific island countries and areas, in general, are particularly vulnerable to outbreaks of respiratory pathogens due to their remote location, limited access to health care, and the potential for rapid spread of disease due to regional travel and commerce. In the event of a pandemic, it is critical for the Cook Islands to have a comprehensive plan in place to prevent and mitigate the spread of the disease, respond to the outbreak, and recover from its impact.

This pandemic plan draws on the learnings of the COVID-19 pandemic in providing a path forward for pandemic planning in the Health sector and in the Cook Islands as a whole.

1. INTRODUCTION

A comprehensive respiratory pathogen pandemic plan is critical to ensuring the health and well-being of populations in Pacific Island countries and areas around the world by minimising the impact of outbreaks and ensuring an effective response to future outbreaks. Use of a plan that harmonises pandemic preparedness plans for multiple respiratory pathogens maximises available resources, increases coordination and reduces duplication in preparedness and response efforts. A well-designed and well-implemented pandemic plan can provide a framework for preventing, detecting, responding to, and recovering from outbreaks of respiratory pathogens.

1.1. COUNTRY CONTEXT

There are 15 islands in the Cook Islands, 13 of which are populated. The population is approximately 15,000 and the majority of the population (9,000) lives in Rarotonga.

In terms of health services, there is the Hospital, Primary Health Care in Tupapa and five community health clinics on Rarotonga. In the Pa Enua (outer islands), there are also hospitals on Aitutaki, Mangaia, Atiu, Mauke, Mitiaro, Pukapuka, Penrhyn, Manihiki and health centres located on Rakahanga, Nassau and Palmerston. Some of the outer islands are quite remote and, in the event of an emergency illness, patients are collected either via a commercial flight, charter plane or a patrol boat. Patients with complex health conditions are referred to New Zealand hospitals.

The Cook Islands is vulnerable to potential hazards which include cyclones, climate change impacts and infectious diseases outbreaks.

The Cook Islands are self-governed in ‘free association’ with New Zealand; meaning that during a pandemic the Cook Islands would work closely with New Zealand in any pandemic response. Within the Cook Islands there is a shared responsibility and an “All-Risks-All-Hazards -Whole-of-Nation” (NDRM Plan 2022) approach to emergency management.

1.2. PURPOSE AND SCOPE

The key purpose of the *Cook Islands National Pandemic Preparedness Plan* (NPPP) is to prepare for a pandemic, minimise deaths, serious illness and serious disruption to communities and the economy arising from a respiratory pandemic.

This document outlines ‘all-of-government’, and non-government measures that will be considered in response to a respiratory pathogen pandemic and provides an overview of the governance and activities that are being undertaken to ensure the Cook Islands are adequately prepared for a pandemic.

The NPPP focuses on respiratory-type pandemics such as influenza, coronavirus and severe acute respiratory syndrome (SARS) that spread from human to human via the respiratory route. It includes both strategic planning and response aspects of outbreak and pandemic management. It is intended to be a generic preparedness plan that would be superseded by a more specific Incident Action Plan addressing the response requirements of a particular respiratory pathogen during a pandemic. This plan can be used in conjunction with other disease specific plans including the COVID-19 response plan or an influenza pandemic plan.

The NPPP has much in common with the New Zealand Influenza Pandemic Plan 2017 and CIPAP 2021 and is also based on the World Health Organization’s recommendations on developing a respiratory pathogen pandemic preparedness plan. One of the main lessons of the COVID-19 pandemic for the Cook Islands has been the impact of New Zealand’s pandemic status and health systems on the Cook Islands. This impact would be reflected in the Cook Islands’ response to a future pandemic.

The NPPP provides an overarching framework for possible actions during a pandemic. The actions that are implemented in any pandemic will be dependent on the specific pandemic scenario that occurs, assumed for the purposes of this document to be a novel respiratory pathogen. The NPPP is the foundation for responses to future pandemics. Te Marae Ora will use it to customise responses to such pandemics if, and as, required.

To prevent and minimise transmission, morbidity, mortality and socioeconomic impacts of a future respiratory pandemic this plan aims to:

1. Provide a framework/strategy for preparing for and building resilience to a pandemic caused by a novel respiratory pathogen in the Cook Islands;
2. Provide a strategy for preventing the entry of a pandemic-causing novel respiratory pathogen into the Cook Islands;
3. Provide a strategy for the emergency response to a pandemic including emergency coordination collaborative surveillance, community protection, clinical care and access to countermeasures during each operational stage;
4. Inform, engage and empower the public to maximise community resilience.

It is envisioned that individual government agencies will develop their own response plans, manuals, handbooks and standard operating procedures based on the NPPP. These are part of an eco-system of complementary actions, exercises and protocols that will provide information in addition to that contained in the NPPP.

The NPPP is a living document that will be regularly updated as new evidence becomes available. Agencies should refer to the version of the NPPP published on Te Marae Ora's website, as this will always be the most up-to-date version.

1.3. RESPIRATORY PANDEMICS

It is highly likely that the next pandemic will be caused by a respiratory pathogen. Respiratory pathogens are those where person to person transmission is a result of infectious respiratory particles of various sizes (droplets and aerosols) without the need for direct physical contact. Respiratory pathogens have the potential to cause widespread illness and death, especially in regions with limited health care resources.

Respiratory transmission is the route of spread that poses the greatest pandemic threat as containment is very difficult, which could result in rapid global spread¹. WHO estimates that [14.9 million excess deaths](#) were directly or indirectly linked to the COVID-19 pandemic².

Through catastrophic risk modelling, [Metabiota](#) found the probability of another pandemic that results in at least as many deaths as the COVID-19 pandemic to be much higher than many experts might expect:

- the chances are 2.5% to 3.3% in a given year
- 22% to 28% in the next 10 years, and
- 47% to 57% in the next 25 years.

There are a wide range of known pathogens with epidemic and pandemic potential including influenza, SARS-CoV-1, SARS-CoV-2, MERS-CoV, human parainfluenza viruses, and Nipah. The emergence of SARS-

¹ Preparedness for a high impact respiratory pathogen pandemic. John Hopkins Center for Health Security (2019). Available at: [Preparedness for a High-Impact Respiratory Pathogen Pandemic \(centerforhealthsecurity.org\)](#)

² 14.9 million excess deaths associated with the Covid-19 pandemic in 2020 and 2021. World Health Organization (2022). Available at: [14.9 million excess deaths associated with the COVID-19 pandemic in 2020 and 2021 \(who.int\)](#)

CoV-2 (the virus that causes COVID-19) and Influenza A (H1N1), both resulted in recent global pandemics that had a significant impact on public health and the economy.

The recent pandemics of influenza, COVID-19, and the SARS outbreak have highlighted the importance of having a comprehensive respiratory pathogen pandemic plan in place. These pandemics have demonstrated the devastating impact that respiratory pathogens can have on populations, and the need for effective and coordinated responses to contain and mitigate the spread of the disease. They have underscored the need for Pacific Island countries and areas and around the world to be prepared to respond to outbreaks of a respiratory pathogen.

The COVID-19 pandemic has shown the far-reaching impact that respiratory pathogens can have on communities and economies, with the virus affecting virtually every aspect of daily life. The COVID-19 pandemic also highlighted the importance of international cooperation and coordination, as the disease has rapidly spread across borders and has been difficult to contain in many areas. It also underlined the importance of sharing of genomic data, problems with disinformation and vaccine hesitancy, and the importance of supply chains.

The H1N1 influenza pandemic of 2009 demonstrated the need for countries to be prepared to respond quickly to emerging diseases. The rapid spread of the virus across borders and the high rate of infection in young people showed the need for a coordinated response that involves multiple sectors, including health care, education, transportation, and the private sector. The 2009 pandemic also demonstrated the need for flexibility in planning for pandemics.

The SARS outbreak in 2003 demonstrated the importance of early detection and rapid response in controlling the spread of respiratory pathogens. The rapid spread of the virus in areas with weak public health infrastructure and limited capacity for disease surveillance and control showed the need for strengthened public health systems, as well as international cooperation in responding to outbreaks of respiratory pathogens.

The COVID-19 pandemic provided valuable lessons that should be incorporated into a comprehensive respiratory pathogen pandemic plan. Some of the key lessons learned at the global level from the COVID-19 pandemic include:

1. Preparedness works: Investing in functional capacities, interoperable systems, and critical infrastructure makes the world better equipped to deal with emergencies.
2. Health is everyone's business: Pandemic preparedness and response rely on whole-of-government and whole-of-society action. Political leadership, community engagement, and collaboration across institutions, sectors and borders are essential.
3. No-one is safe until everyone is safe: in an interconnected world, what happens in one community affects others. Public health and scientific literacy facilitate acceptance and adoption of lifesaving interventions. Vulnerable populations must be prioritised.
4. Response must be agile and adaptive: as pandemics progress, response systems must rapidly monitor new developments, consider responses for gender equality', as well as 'be mindful of One-Health approach', equity and contingencies, adapt to evolving circumstances, and operationalise lessons learned along the way.

1.4. PREVIOUS PANDEMICS AND THEIR IMPACTS IN THE COOK ISLANDS

1.4.1. COVID-19 PANDEMIC 2020 - 2023

In terms of disease, the COVID-19 pandemic (to March 2023) was a relatively mild event in the Cook Islands. Border closures and the quarantining of passengers delayed the arrival of confirmed cases for

almost two years, with the first case being recorded on 13 February 2022 and by which time the Cook Islands had achieved a COVID-19 vaccination rate of 99%. To March 2023, over 7,000 cases have been reported across six islands. Eighty percent of cases (5,626 cases) were in Rarotonga, followed by Aitutaki (9.5%, 669 cases), Mangaia (3%, 218 cases) and Atiu (3%, 200 cases). Two deaths were attributed to the disease, though both cases had prior co-morbidities. Five cases were hospitalised.

The Cook Islands learned how to respond to the pandemic through consistent engagement and consultation with international partners, agencies and health colleagues, alongside close observation of situational reporting, for example, by monitoring the impact and features of outbreaks in New Zealand, Australia and within the Pacific region i.e. as seen in Fiji and French Polynesia. Borders were not opened until 13 January 2022, leaving the Cook Islands almost two years to prepare for COVID-19 cases. Restrictions were not lifted until vaccines were available and rollout across Rarotonga and Aitutaki completed. New Zealand played a key advisory role for the Cook Islands during the pandemic.

Public Health and Social Measures (PHSM) were implemented under the *COVID-19 Safe Framework*, and included border closures, quarantine and isolation measures, repatriation measures, school closures, lockdowns, mask wearing and church closures. An international travel bubble was formed with New Zealand allowing the free exchange of travellers. This bubble ceased when there were confirmed cases in New Zealand. Internally, Rarotonga and Aitutaki formed a travel bubble and the rest of the Pa Enua formed another bubble. Prior to the rollout of any measures, extensive consultations were undertaken with the community and key stakeholders.

Border closures had a profound economic impact in the Cook Islands as tourism is a major source of income. Social welfare assistance was provided to assist vulnerable populations. The mental health of the Cook Island population was also affected with a three hundred percent increase in mental health referrals, and more than two thousand Cook Islanders attended stress and anxiety workshops.

The COVID-19 pandemic response required significant training of health and other government sector personnel, business providers, community and religious groups, and volunteers. Training covered, among others, infection prevention and control; the requirements for PHSMs; contact tracing; health and safety officer training, which included training for Rapid Antigen Testing (RAT); compliance officer training; community resiliency; and vaccine deployment.

Services designated as essential prior to the pandemic continued to function throughout the pandemic. Staff in some non-essential services were deployed elsewhere to assist with the pandemic response. Of note is that the Cook Islands Tourism Corporation very successfully pivoted their core business to take on the Communications role throughout the pandemic. Hotels were used as quarantine centres for travellers and returning residents.

Community engagement was handled by the TMO public health nursing team and the services of the Disaster Risk Management (DRM) Puna for additional support. Vulnerable populations were identified through a survey facilitated by EMCI, using TMO public health nurses and the DRM Puna teams on Rarotonga and similarly in the Pa Enua. Results were uploaded into EMCI's Geographic Information System (GIS) database, allowing identification of vulnerable populations in Rarotonga and in most of the Pa Enua.

The hospital and primary health care decentralised their services, with the hospital being used only for emergency services and routine care in order to protect patients. Other pandemic-specific responses included phone consultations, implementation of screening stations, limited hours for wound care, ceasing of some services including oral health, opening staffed community health centres in designated Puna, changing pharmacy medications to a monthly schedule, and remobilising health teams to undertake new roles. The Mental Health team diversified their role and provided additional services to ensure continuity of care for vulnerable populations. Public health nurses moved beyond business as

usual to implementing the public health interventions including undertaking contact tracing, mass testing, caring of isolated patients and quarantined individuals, staffing community clinics, and COVID-19 vaccinations.

Vaccines were successfully deployed after extensive community consultations and communications for each target group, with 98% of the population receiving their first vaccine. In Rarotonga the vaccination program was conducted through the hospital, with people being transported to the hospital to receive their vaccine, village by village. The most challenging component was providing vaccines to the Pa Enea because of the remoteness of some of the islands and difficulty with maintaining cold chain over these distances. In one instance a New Zealand navy boat transported the vaccines and the team to carry out the vaccination in Palmerston. New Zealand provided extensive training for the vaccine deployment. Online immunisation training was also provided to the Pa Enea.

1.4.1.1. LESSONS LEARNED DURING THE COVID-19 RESPONSE IN THE COOK ISLANDS

Review of Literature

A significant number of national policies, Standard Operating Procedures (SOPs) and other response guidelines and documents were developed during the COVID-19 response. A few of these are noted below.

Document name/type	Purpose
National Plans	
This is the key document that ensured a whole-of-government response to COVID-19 in the Cook Islands. It provides a potential framework for developing response plans for future respiratory pandemics. The Office of the Prime Minister in conjunction with EMCI led the development of the Cook Islands Emergency Response Plan (ERP) to Coronavirus Disease 2019. They would be responsible for the development of ERPs for future pandemics.	
Cook Islands Emergency Response Plan to Coronavirus Disease 2019	This plan sets out processes for: inter-agency cooperation in coordinating a nationwide response; effective use of legislation and policies to support the management of an epidemic; mobilisation of resources and finances; strategic communications to build public trust and confidence and community and stakeholder engagement across all sectors.
National plans for Quarantine Free Travel Arrangement (QFT-A)	
A range of plans were developed to support a Quarantine Free Travel Arrangement. Depending on nature of future respiratory pandemics, similar arrangements could be established in the future.	
Cook Islands QFT Plan: Process for border information sharing	This document suggests a possible method of epidemiological and public health information sharing and risk escalation between the Cook Islands and New Zealand and other countries. It is not a policy position or a finalised agreement.

Document name/type	Purpose
Cook Islands QFT Plan: Process for public health information sharing	This document sets out a method of epidemiological and public health information sharing and risk escalation between Cook Islands and New Zealand.
COVID-19 Border Management SOP (Aviation and Maritime)	This SOP outlines the border management procedures at aviation and maritime ports in the Cook Islands. This document is an inter-agency procedural document that provides operational-level guidance to border officials and health officials at the border to ensure the maintenance of safe travel procedures as provided for under the QFT-A.
Te Marae Ora Plans/Protocols/Policies/SOP	
A number of health-related plans, protocols, policies, and SOPs were established to respond to COVID-19. Most were health-led, but a small number were developed for partner agencies to implement. They demonstrate the breadth of operational processes that need to be considered.	
Critical Preparedness, and Readiness Response Plan to Coronavirus Disease 2019	This plan outlines Te Marae Ora's critical preparedness, and readiness responses to mitigate the threat and impact of COVID-19.
Public Health Protocol Coronavirus	This protocol provides guidance to all TMO staff involved in the public health response to cases of coronavirus and their contacts. Processes described in the document are intended to reduce the risk of transmission of infection from cases to others (including infected contacts in the pre-symptomatic and asymptomatic phase of the disease); and to ensure outbreaks are managed appropriately.
Supervised Isolation and Quarantine Facility (SIQF) Operations Framework	This document sets out the responsibilities of government agencies in regard to the operations of the designated supervised isolation and quarantine facility. This framework can interchangeably be used for the purpose of a Single-Use or Dual-use Facility with clear delineation between the two parts of the facility for individuals with positive COVID-19 case and individuals categorised as close plus and close contacts.
Public Health Protocols Ill Traveller	This protocol describes the process by which TMO border staff will manage the public health and clinical risks arising from ill travelers arriving at all airports and seaports in the Cook Islands.
Risk Communication and Community Engagement Plan Coronavirus Disease 2019 (COVID-19)	This plan outlines the framework from which TMO will effectively communicate and engage with national and international stakeholders as well as the people of the Cook Islands.
Finance and Administration SOP	This SOP guides the TMO Finance and Administration team processes to develop budgets, allocates resources (people and funds), prepares payments and reports on expenditure in a responsive manner.
Primary Health Care SOP	Provides guidance to TMO Primary Health Care services (phone triaging and screening/follow up at home to manage individuals under their care during COVID-19), and to ensure health practice is safe and transmission of COVID-19 is prevented or minimised.
Hospital SOP	This SOP guides the management of COVID-19 cases within hospital settings.

Document name/type	Purpose
Public Health Nurses SOP	This SOP provides guidance to the public health nurses in the administration of the public health nurse programme during COVID-19. Example includes vaccination programs.
Mental Health SOP	This SOP provides guidance to TMO to manage individuals with mental health conditions under their care during COVID-19. This guidance is to ensure that the health care needs of this vulnerable group of individuals is appropriately addressed.
Mental Health for Prison and Corrective Services SOP	This SOP outlines the steps by which the Ministry of Corrective Services, with the support of the TMO Mental Health Unit, prepares and responds to the mental health and general wellbeing of inmates and staff of the Prison Services. The goal is to prevent COVID-19 from entering into prison and/or contain any exposure of inmates.
Caring for the Elderly SOP	This SOP provides guidance to TMO to manage and support elderly persons under their care during COVID-19 crisis. This guidance is to ensure that the health care needs of this vulnerable group of individuals is appropriately addressed.
Disability SOP	This SOP provides guidance to TMO to provide appropriate health care services and public health information to people or person/s with disabilities under their care during COVID-19.
Family Health and Wellbeing SOP	This SOP provides guidance to TMO in managing and supporting individuals or families that are adversely affected mentally, physically, socially and emotionally by COVID 19.
Containment and Mitigation	
These documents provided guidance to health staff to manage public health aspects of the COVID-19 response.	
Te Marae Ora Ministry of Health Cook Islands Containment and Mitigation Plan Coronavirus Disease 2019 (COVID-19)	This plan outlines health and community systems readiness and response operations for COVID-19 scalability to containment and mitigation.
Case Notification, Case Investigation and Contact Tracing for COVID-19 SOP	This SOP provides processes for Case Notification, Case Investigation and Contact Tracing for COVID-19 cases.
Secretary of Health (SOH) Category Quarantine Orders SOP	Documents the process to be followed for the issue of Category Quarantine Orders by the SOH under section 12 of the COVID-19 Act 2020.
Quarantine and Isolation SOP	Provides guidance to Health Officers (HOs) in connection with the issue of public health quarantine and isolation orders under the Act, including the process and procedures to be followed by HOs.
Supervised Quarantine Policy	This policy provides the shared costs arrangements for an individual or family when identified as positive case of COVID-19; close contact or close plus contact either when enroute to the Cook Islands or whilst in country.

Document name/type	Purpose
Infection Prevention Control in the Health Care Setting SOP and associated documents: <ul style="list-style-type: none"> ○ Environmental Cleaning Policy ○ Outbreak Management Policy ○ Isolation Precautions Policy ○ Standard Precautions Policy ○ Staff Infections Policy ○ Hand Hygiene Policy ○ Waste Management Policy 	Provides guidance to the TMO staff in implementing infection prevention and control when managing confirmed or suspected COVID-19 patients in all health care facilities and SIQF. This guidance is to ensure that working practices are safe and healthcare staff and individuals are protected
Health Intelligence Unit (HIU) Operations	This document details the role and responsibilities of the newly established HIU. This unit will be responsible amongst other things for surveillance activities associated with communicable diseases like COVID-19. It will also be responsible for contact tracing.
Te Marae Ora Ministry of Health Cook Islands Surveillance and Testing Plan Coronavirus Disease 2019 (COVID-19)	This plan outlines TMO's approach to surveillance and testing for COVID-19 to keep out, control, and/or eliminate the virus in the Cook Islands.
Pa Enuā travel Standard Operating Procedure	This SOP provides processes for inter-island travels within the Cook Islands to ensure that people in the Pa Enuā are protected.
Medical Clearance Guide to travel to the Pa Enuā SOP	This document outlines the process for ensuring people travelling to the Pa Enuā are screened to prevent, limit and mitigate the spread of infectious diseases to the Pa Enuā.
COVID-19 Aeromedical Transfer of Patients SOP	This SOP outlines infection prevention precautions when managing patients with confirmed (or probable) COVID-19 infection requiring transportation by commercial aircraft or air ambulance aircraft.
Essential Services Policy	This SOP defines essential services and non-essential services during Alert levels
Restrictions on Funeral and Burial Services policy	This policy is designed to protect the health of population of the Cook Islands from COVID-19, by restricting access to deceased persons before, during and after a deceased person has been laid to rest.
Te Marae Ora Ministry of Health Cook Islands Coronavirus Disease 2019 Easing Border Restrictions Plan	This plan outlines Te Marae Ora's actions regarding the phased and safe easing of border restriction measures while minimising public health risks to Cook Islands residents and visitors.

Key learnings reflected in the documentation were highlighted in a 3-day workshop in March 2023. **Key lessons learned** during the COVID-19 response in the Cook Islands included:

- The importance of flexibility and the ability to pivot as requirements change throughout the course of a pandemic
- Incorporating pandemic futureproofing into business-as-usual operations
- Ensuring that roles and responsibilities are clearly defined, including for the Island Councils
- The importance of trust and remembering the need for 'humanity' during the response

- Using simple, straightforward flowcharts in preference to lengthy documents
- The value in having good writers to prepare relevant policy documents
- Ensuring that legal processes and decision-making are able to be expedited, if required
- Government ministries and the private sector needed to be better prepared for a pandemic
- Taking breaches of orders seriously
- Not forgetting vulnerable members of the community
- Need to diversify the Cook Islands economy, particularly to cushion the economic and social impacts of future outbreaks
- Respect and recognise the expertise of other agencies, and allow them to do their job
- Using a roles-based approach to incident management and that there is contingency planning to ensure that the roles continue to function whether the individual is available or not
- Understanding mandates, roles and responsibilities across government
- The value of cross-agency collaboration to enable a coordinated all-of-Government response that upholds the mandates and expertise of each agency, for example, the Border Easement Taskforce and COVID-19 Border Agencies Taskforce

Communication

- The value in implementing a marketing-style approach to communication that ensures consistency of messages, and that messages are simple, current and able to be understood by all sectors of the community
- Fit for purpose communication, and that confidentiality is maintained
- Capability to counter in a timely way misinformation and disinformation
- The need for good communication both within and between agencies, and ensuring that key notifications are passed down through agencies
- Recognising that decisions change rapidly in a pandemic response and the subsequent need to keep communication materials updated and relevant, and manage the public perception around these perceived inconsistencies in decision-making
- Spreading the burden of being a key spokesperson among relevant public officials – and preserving the Prime Minister as a spokesperson for messages of critical significance
- Ensuring that messaging strategies are accessible to people with disabilities
- Recognising the diversity of cultures within the Cook Islands community (i.e. Fijian, Samoan, Tongan, Filipino) and their language needs are considered in messaging strategies
- The value in developing and implementing online training
- Recognise and acknowledge the role of social media
- While digital messaging has its place, paper continues to be an important messaging medium – posters are particularly useful

Public health and social measures

- The significant impact that closing of educational facilities has on the population
- Understanding the burden that public health and social measures can have on the population
- The importance of community involvement and engagement in any response measure
- The need to promote self-care, self-monitoring and individual accountability
- The value in promoting continued physical activity in safe environments
- The need to look after the wellbeing and personal safety of the workforce
- The importance of maintaining routine health services, including oral health
- Ensuring early access to resources

1.4.2. INFLUENZA IN THE COOK ISLANDS AND ITS IMPACT ON PACIFIC PEOPLES

In the 1918/19 pandemic, in New Zealand it was found that influenza had a severe impact on Māori and Pacific Islanders at a rate of 4.2 percent, which was approximately five to seven times higher than the non-Māori death rate.

Māori and Pacific peoples in New Zealand had higher rates of morbidity for the influenza A (H1N1) 2009 pandemic than other ethnic groups, and data from the United States seemed to indicate similar levels of morbidity for Polynesian people, the highest rate of any ethnicity in the US³.

History and recent experience indicate that Cook Islanders and Pacific peoples are more susceptible to pandemic influenza than other groups in the Pacific region. This has significant implications on the Cook Islands, in that mortality rates in the country could approximately be twice that of New Zealand (Papaa and Asian populations).

1.5. ASSUMPTIONS

The exact characteristics of a respiratory pathogen with pandemic potential cannot be predicted prior to the pandemic event, and planning assumptions are based on earlier coronavirus and influenza pandemics and seasonal respiratory virus outbreaks. An early focus at a global level will be to determine the characteristics of the novel respiratory virus including modes and speed of transmission, severity, incubation periods, asymptomatic transmission and vulnerable populations.

1.5.1. MODES OF TRANSMISSION

Modes of virus transmission of pandemic respiratory pathogen are expected to be similar to those of prior pandemics: via the large droplet or contact (either direct or indirect) route, with a contribution by particle airborne route, or a combination of both. To decrease viral transmission, good hand and respiratory hygiene, isolation of ill people and the use of personal protective equipment are important measures when caring for people with the pandemic respiratory pathogen. Health-care workers should wear eye protection, a gown, clean non-sterile gloves and particulate respirators.

³ NHPI COVID-19 Data Policy Lab as of Feb. 10, 2021

1.5.2. INCUBATION PERIODS AND INFECTIVITY

Incubation periods, latent period, duration of infectiousness and basic reproduction numbers will vary depending on the pathogen.

The incubation period and the duration of infectiousness are useful for planning purposes with regard to: length of isolation for cases; development of a definition for contacts of cases; and the length of quarantine for contacts.

- A relatively short incubation period would make it difficult to stop the spread of pandemic influenza by contact tracing and quarantine.
- Viral shedding before symptoms develop would make it difficult to stop the spread of pandemic influenza solely by screening and isolating clinically ill persons.
- Once the pandemic begins, it will be important for countries to undertake surveillance and special studies to assess the incubation period and the duration of infectiousness of the pandemic virus.
- As new variants of the pandemic respiratory virus arise, these attributes may change.

Influenza pathogens may be expected to have the following characteristics:

- Incubation period: 1–3 days.
- Latent period: 0.5–2 days.
- Duration of infectiousness: about 5 days in adults and possibly longer in children.
- Basic reproduction number (R₀): 1.1–2.0.

The COVID-19 pandemic was characterised by rapidly emerging variants of the ancestral SARS-CoV-2, highlighting that the epidemiological characteristics can change with genomic variations.

Regardless of the epidemiological characteristics of the respiratory infectious disease, it is expected that the following planning assumptions will apply to a respiratory pathogen pandemic:

- **Inevitability but unpredictability of the next respiratory pathogen pandemic:** The time, origin, and type of respiratory pathogen for the next pandemic are unknown and require countries to think of a broad range of potential scenarios that may occur.
- **Severity of the pandemic:** Pandemics may be mild, moderate, and severe in terms of morbidity and mortality. During the early stages of the pandemic, it may be difficult to identify the severity of the pandemic. National, regional, and global pandemic investigations and studies and research efforts can support increased awareness of the pathogen, its transmission patterns, and the severity of its impact.
- **Immunity:** Most people will have little or no immunity to a novel respiratory pathogen. Susceptibility will be different among different population groups and may require affected countries to consider how they will adjust their response measures based on sub-population susceptibility (e.g. if children and/or young people are most affected; if older adults are most affected, etc).
- **Pandemic course:** Multiple global pandemic waves are likely to occur. Countries should be prepared for multiple surges and reductions in cases, hospitalizations, and deaths over the course of the pandemic period.
- **Demand for medicine and supplies:** Demand for medical countermeasures, personal protective equipment, and other supplies are likely to outstrip supply especially early on. Stockpiles of products such as personal protective equipment, ventilators, medicines and

other supplies, storage capacity and location during the response for burn rate and modelling or projections for ongoing need may be considered. When supply is constrained, responders should recall the key principle of equity in access to life-saving products and other essential supplies.

- **Potential for social unrest:** Pandemics are extreme situations. The disruption of normal life, fear, and shortage of supplies including potentially food, fuel, and other everyday items may cause concern among populations and may lead to panic. Countries should actively engage in community protection measures, risk communication and community engagement to empower and enable ownership of actions that protect health and maintain socioeconomic well-being.
- **Absenteeism:** Workplace and school absenteeism will depend on the attack rate and the severity of the pandemic. Absenteeism may disrupt essential services (e.g. transport, education, health system). Countries (multi-sector, multi-level, whole-of-society) should have business contingency plans to prepare for a range of absenteeism levels.
- **Whole-of-society impact:** Pandemics are likely to negatively impact all aspects of society including social, economic and political aspects. Critical infrastructure sectors, including public and private providers, need to have the capacity to surge to minimize disruption.

1.5.3. NEW ZEALAND PLANNING MODEL

The pre-COVID New Zealand planning model for pandemics assumed that without interventions a pandemic could result in:

1. 40% of the population will be ill during the initial wave of the pandemic
2. At this peak a third of the New Zealand's population would be ill, convalescing or just recovered.
3. The standard planning model assumes a total case fatality rate of 2 percent, peaking at the midpoint of the pandemic.

Through the COVID-19 response, we have learned that interventions such as lockdowns, masking, social distancing and border controls were effective in mitigating the rapid spread of a pandemic respiratory pathogen (SARS-CoV-2). Without such measures COVID-19 may have inflicted harm approximate to what was originally modelled.

Revising these modeling assumptions and based on knowledge of the impact of interventions, a respiratory pathogen pandemic could result in the following:

- 40% of the Cook Islands population could become ill i.e. Over 5,900⁴ persons
- Four or five waves/peaks of different variants of the disease may occur over a three-to-four-year period
- There may be different susceptibilities to the pandemic virus by age group, gender and other vulnerabilities
- At its peak, a third of Cook Islands population (over 4,900 persons) could be ill, convalescing or just recovered.
- Considering historical precedence and the level of comorbidities present in the population we would use a model that assumes a total case fatality rate of at least 4% percent, at the peak of the outbreak (at least the first wave).⁵

⁴<https://stats.gov.ck/2016-census-of-population-and-dwellings/>

⁵ This assumes a worst-case scenario where there are no effective measures deployed at mitigating the virus impacts at the time of the first wave.

1.6. TARGET AUDIENCE

The NPPP is intended for anyone involved in planning, preparation or response to a pandemic event. It also provides general information on pandemics and Government planning for the people of the Cook Islands and the general public.

The NPPP summarises many issues. Because of its wide intended audience, it also, where possible, gives references to websites and key documents that provide further information on particular issues.

2. EMERGENCY RESPONSE COORDINATION

2.1. PANDEMIC PLANNING FRAMEWORK

The NPPP is an “all-of-government” document that sets out the various arrangements and actions that need to be carried out in the management of a pandemic. It should be read in conjunction with the National Disaster Risk Management Plan (NDRM, 2022) which sets the overall national objectives in the case of any disaster. During and following a disaster, the DRM ACT and NDRM Plan take precedence over other plans and legislation for powers, priorities, and coordination. For epidemics and pandemics, TMO is the lead agency.

This document works in concert with broader national emergency management plans as part of the broader suite of plans to allow government to respond swiftly to the different emergencies that may arise. Common amongst the different emergencies that might arise is the need to have a formal decision-making structure that allows government to make sound decisions based on the best available information in a timely manner and act decisively in a crisis.

2.2. PRINCIPLES AND ETHICAL CONSIDERATIONS

Recent respiratory pathogen pandemics have highlighted the criticality of ensuring timely and equitable access to medical and other essential products during the emergency. Effective responses require whole-of-government and whole-of-society responses with communities at the heart of any response. In the Cook Islands this means approaching the pandemic response with humanity.

The respiratory pathogen pandemic plan is based on the following principles and ethical considerations.

Equity	Ensuring that care is provided in an equitable manner, recognising the special needs, cultural values and religious beliefs of different members of our community, and ensuring that no one is left behind.
Multisectoral and inclusive	Engagement and ownership from whole-of-government and whole-of-society from across the One Health ⁶ spectrum; taking a community centered approach that places people at the centre.
Agility	Risks need to be assessed and managed as the situation unfolds while accounting for uncertainty.
Community centred	Ensuring that the protection of the entire population remains a primary focus. Community will be at the centre of all considerations and where desired the response will be community led.
Coherence	Reducing duplication and fragmentation and ensuring alignment with local emergency systems and with the International Health Regulations and the Pandemic Influenza Preparedness Framework.
Evidence based	Ensuring that data are available and that leaders strive to make good decisions based on best available evidence and that decisions are proportional to the threat.
Trust	Ensuring that decision makers and the workforce involved strive to communicate in a timely and transparent manner to the public.

⁶One Health is **an approach that recognizes that the health of people is closely connected to the health of animals and our shared environment.** <https://www.cdc.gov/one-health/about/index.html>

Forward looking and continuous improvement	Looking ahead and being proactively prepared, while also learning from past experiences to enable ongoing improvements to pandemic preparedness and response.
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2.3. LEGISLATION

The key legislation for health is Public Health Act 2024.

A key milestone in the early days of COVID-19 was the COVID-19 Act that was passed by Parliament on 25 March 2020. The Act sets out powers for Te Marae Ora to implement measures to protect, limit and mitigate the spread of COVID-19 and its effects. The Act empowers Te Marae Ora and the Minister of Health to issue orders – Ministerial, Isolation, Quarantine, Category – to uphold population health. A series of amendments to the Act were enacted and a range of regulations and order arose from the initial legislation. These are listed in Annex 3.

For a new respiratory pathogen, new legislation will need to be created, but there is precedent in the Cook Islands to be able to do this at pace based on the nature of the new pandemic.

Other relevant legislation is detailed throughout *Annex Three: Inter Sectoral Pandemic Workstreams*. New legislation may need to be developed to address responses to a future pandemic.

2.4. EMERGENCY COORDINATION

A coordinated emergency response is essential to effectively respond to a respiratory pathogen pandemic in the Cook Islands. A whole-of-society and a whole-of-government approach will be used to coordinate the pandemic response. Basic requirements include having a trained health emergency workforce that can quickly respond to crises and is scalable; operational readiness, which involves assessing risks and prioritising critical functions; as well as a standardised emergency response framework to detect and respond to threats in a scalable way. Effective coordination encourages efficient use of resources, consistent messaging, timely response, collaboration, and improved outcomes. The following aspects are other keys to an effective pandemic response:

1. **Efficient use of resources:** A coordinated response ensures that resources such as medical supplies, personnel, and infrastructure are used efficiently and effectively. It is important to also be anticipatory/proactive and as far as possible plan head to avoid depletion/overwhelming of resources. This is particularly important during a pandemic, where resources can quickly become overwhelmed.
2. **Consistency in messaging:** Coordinated responses ensure consistent messaging about the pandemic, including PHSM, risk communication, and vaccination efforts. This can help to prevent confusion and misinformation among the public.
3. **Timely response:** A coordinated response ensures that actions are taken in a timely manner to mitigate the impact of the pandemic. This can include early detection and containment measures, rapid response to outbreaks, and effective distribution of medical supplies and treatments.
4. **Collaborative approach:** A coordinated response allows for collaboration between different sectors and stakeholders, including public health authorities, healthcare providers, government agencies, and community organizations. This collaboration can help to ensure a comprehensive response that addresses the needs of all populations.
5. **Improved outcomes:** Ultimately, a coordinated response can lead to improved outcomes, including reduced morbidity and mortality rates, decreased economic impact, and faster recovery from the pandemic. As a pandemic evolves, continuously looking at outcomes provides an indication of the effectiveness of the response.

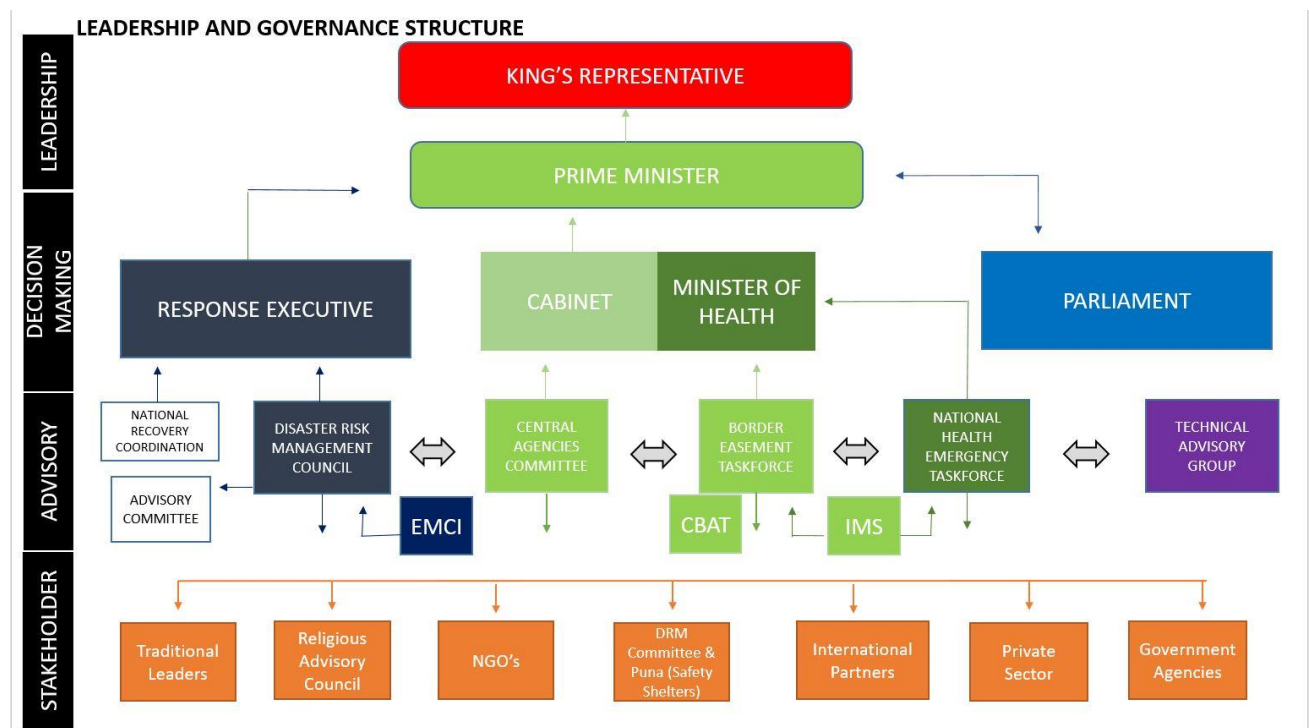
Lessons from the COVID-19 pandemic suggest that incident management systems (IMS) and emergency operations centres (EOCs) should be regularly reviewed to ensure effective coordination across agencies, sectors and multiple levels of government. During interpandemic periods, these systems may be repurposed to address endemic infectious disease threats, as well as other types of emergencies such as mass casualty events or natural disasters. Use of regular simulation exercises will provide opportunities to test pandemic plans, identify gaps and areas for improvement.

2.5. LEADERSHIP AND GOVERNANCE

Mitigating the impact of a pandemic will require a whole-of-government and nationwide response, led by the Prime Minister along with the Minister of Health, Cabinet and Parliament.

A dedicated pandemic Secretariat will be appointed to coordinate interagency response activities of the plan. A description of how this worked during the COVID-19 is contained in *Annex Two*.

Figure 1: Leadership and governance structure for national emergency response



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 National Disaster Risk Management Council (NDRMC), the Central Agency Committee (CAC), and the National Health Emergency Taskforce (NHET) will provide advice to Cabinet.

Functionally, decision-making happens at the Cabinet level unless legislative interventions are required, in which case parliament is called to pass the required legislation, such as the COVID-19 Act of 2020.

At the **advisory level**, the National Health Emergency Taskforce (NHET) is the primary advisory body that directly advises Cabinet on issues pertaining to a pandemic. Their advice is informed by the Technical Advisory group that collates scientific and policy research. CAC or the Central Agency Committee is a vetting body for formal cabinet submissions.

The National Disaster Risk Management Council (NDRMC) establishes the National Emergency Operations Centre (NEOC) from which the National Response Executive (NRE) will direct and coordinate the response. *(For COVID-19 – the NDRMC was activated on the advice of the SOH in consultation with the Minister of Health. Critical intelligence and planning entities such as the Border Easement Taskforce (BET) and the Central Agency Committee (CAC), provide advice to Cabinet, with further consultative support provided by the NHET and the COVID-19 Border Agencies Taskforce (CBAT).)*

Various stakeholders will implement the response. Stakeholders include Traditional Leaders, Religious Advisory Council, government agencies, non-government organisations (NGOs), Rarotonga and Pa Enua Disaster Risk Management (DRM) Committees, other community committees, international partners and the private sector.

External advice and peer review functions are to be provided by the New Zealand Ministry of Health, Ministry of Business, Innovation and Employment and New Zealand Customs service, in addition to Pasifika Medical Association (PMA).

2.5.1. INCIDENT MANAGEMENT STRUCTURE

The Incident Management Structure (IMS) used during a pandemic will be:

- Planning: prepares and documents the Incident Action Plan, collects and evaluates information, maintains resource status, and maintains documentation for the incident.
- Logistics: provides all logistics services needed to meet the operational objectives.
- Operations: conducts tactical operations to carry out the plan; that is, develops the tactical objectives and organisation, and directs all tactical resources.
- Administration: monitors costs related to the incident; provides accounting, procurement, and cost analyses.

2.5.2. EMERGENCY MANAGEMENT COOK ISLANDS

The Emergency Management Cook Islands (EMCI) is established under Section 5 (1) Disaster Risk Management Act 2007 which is currently being updated (2023). Section 5(2) sets out its functions. EMCI consists of the Director appointed by the Prime Minister and staff as appointed by the Director. They are responsible for administering the DRM Act and coordinating the activities of the Rarotonga Puna and Pa Enua DRM Committees, and ensuring that there is consistency with the policies of government especially in the Pa Enua as appropriate. The Pa Enua DRM Committees shall abide by the policies of government.

2.5.3. NATIONAL DISASTER RISK MANAGEMENT COUNCIL

The NDRM is called on advice given by the SOH to EMCI. Based on the analysis given the NDRM Council may move to give advice to the Prime Minister to declare a State of Disaster or Emergency.

Section 9 of the Disaster Management Act 2007 establishes the National Disaster Risk Management Council.

The Council shall consist of nine members being:

- a) the Prime Minister, or their delegate, who will act as the Chair
- b) the Financial Secretary
- c) the Police Commissioner
- d) the Director, EMCI

- e) the Public Service Commissioner
- f) the Chief Executive Officer of Office of the Minister of Island Administration
- g) the Secretary of Ministry of Works (now known as Infrastructure Cook Islands)
- h) the Director of the Meteorological Services
- i) the National Disability Council (pending).

The Council provides advice to the Prime Minister in relation to the declaration of the State of Disaster or Emergency.

Note: There is currently discussion of adding the National Disability Council to the NDRMC.

Section 14 of the DRM Act establishes the **National Emergency Operations Centre** – (1) The Council is to establish the National Emergency Operations Centre and nominate a suitable location for the housing of the Centre. (2) The Response Executive shall operate from the Centre which shall become operational leading up to a likely event and upon the declaration of a State of Emergency or Disaster.

Section 10 of the Act gives the Council the power to establish an Advisory Committee to assist the Council in performing its functions.

Section 19 of the DRM Act. **State of Disaster** – In the event of a Disaster, the Prime Minister may declare a State of Disaster to exist in the whole or any part of the Cook Islands and such declaration shall have immediate effect.

Section 20 of the DRM Act. **State of Emergency** – A State of Emergency exists when - (a) declared by the Prime Minister on recommendation from the Director. When the Prime Minister Declares a State of Emergency or Disaster the Response Executive is activated.

2.5.4. RESPONSE EXECUTIVE

Section 11 (4) establishes the Response Executive consists of:

- a. the National Controller (Police Commissioner), who shall be Chairman;
- b. the Public Service Commissioner;
- c. the Financial Secretary;
- d. the Secretary of Works;
- e. the Chief Executive Officer of Ministry of Outer Islands Administration; and
- f. the Director
- g. in a pandemic, the SOH is deemed to be appointed to the Response Executive under section 11(5) of the Disaster Risk Management Act 2007.

The **Response Executive** shall be convened when any of the following events occur:

- a. there is a State of Disaster
- b. there is a State of Emergency
- c. a Disaster Risk Management Plan calls for the convening of the Response Executive; or
- d. when requested by the Director.

Section 13. **Disaster Recovery Coordinator** – (1) The position of a Disaster Recovery Coordinator is established and is appointed by the Response Executive.

2.5.5. PA ENUA ARRANGEMENTS

Section 15. Disaster Risk Management – (1) Each Island Council shall establish a Disaster Risk Management Committee with the Chair of the Island Council being the Chair of the Committee.

Section 15(4) Each Island Council shall, in consultation with the Director, appoint a Disaster Coordinator.

Section 16. Safety Shelters - (1) The Director shall maintain an up-to-date list of (a) premises to be used as Safety Shelters in times of an event as approved.

Section 16 (3) The Ministry of Health, by its designated official, shall appoint and resource a Health official to assist the person approved pursuant to section 16(3) or the Disaster Coordinator at each Safety Shelter before, during and following an event.

2.6. PREVIOUS PANDEMIC (COVID-19) LEADERSHIP AND GOVERNANCE ARRANGEMENTS

During the COVID-19 response, three distinct advisory and operational bodies were established to provide national leadership and governance to the implementation of the Cook Islands COVID-19 response and Quarantine Free Travel Arrangement (QFT-A), namely:

1. Border Easement Taskforce (BET)
2. National Health Emergency Taskforce (NHET)
3. COVID-19 Border Agencies Taskforce (CBAT)

The BET, NHET and CBAT were established to oversee and drive the implementation of the QFT-A. The BET is a multi-agency body by design, noting the all-of-government response and ownership required to prepare for and implement the QFT-A.

Comprehensive details of these advisory and operational bodies are provided in Annex Two.

2.7. FINANCING

Pandemics require extensive funding, which may come from internal and external sources. The Ministry of Finance and Economic Management (MFEM) is the support agency that will manage the appropriation, streamlining and distribution of funds. Contingency funding arrangements will be triggered by the activation of the National Pandemic Preparedness Plan; the Plan in turn is activated by respiratory pathogen with pandemic potential emerging in the community. MFEM will allocate funding to appropriate agencies based on their level of involvement. For TMO, contingency funding arrangements will be managed by Planning and Funding and allocated accordingly internally.

Resources and additional funds will be obtained from donor and international organisations. During a pandemic there is an additional challenge that resources can be scarce, and the Cook Islands are competing with the rest of the world for the scarce resources.

2.8. COMMUNICATION AND CONSULTATION

Clear, timely and effective communication is critical. 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 for a safe and healthy community that seeks to protect vulnerable members, such as aged persons, those with non-communicable diseases (NCDs) or disabilities, and others.

During a respiratory pathogen pandemic, effective communication is a critical function within the health sector, among sector partners, and with the community. Communities should be provided with accurate and relevant information about the pandemic and measures which should be taken to reduce risks, taking account of vulnerable and at-risk groups. A risk communication plan will ensure that appropriate communication occurs in an accurate and timely manner. This will serve to harness public trust and enhance appropriate behaviour. Adequate mechanisms should be put in place to ensure that the right information gets to the right people at the right time.

The Prime Minister through OPM will lead communications on all of government response. On matters that are health specific Te Marae Ora will be the lead agency. Information to the public and relevant stakeholders will be consistent, timely and accurate to maintain public confidence in the national response to a respiratory pathogen pandemic. *(During COVID-19 pandemic, the Cook Islands Tourism Office took on the core role of managing communications. Having a dedicated communications team outside of TMO to undertake this role was vital during the pandemic.)*

A pandemic government website will be developed and will serve as a repository for all current communications and awareness material.

2.9. ESSENTIAL SERVICES

Essential services are crucial in understanding for the successful continuity of the nation. Essential services are considered critical to the safety and protection of households and functioning of the community before, during or after a Public Health Emergency or State of Emergency. Essential Services are outlined in the Schedule to the Disaster Management Act 2007 as:

- All Ministries and offices of Government
- All State owned Enterprises and Authorities
- Cook Islands Red Cross Society
- Vodafone Cook Islands
- Banking Institutions
- Island Councils
- Significant Private Sector enterprises (as notified by the Director pursuant to Section 6(8))
- All educational facilities and tertiary institutions.

The **Essential Services and Restrictions Policy 2021**, developed during the COVID-19 response, further outlines essential services and non-essential services during State of Emergency.

2.10. NON-GOVERNMENTAL RESPONSE

Non-government organisations (NGOs), the Chamber of Commerce and other community organisations and business providers will also significantly contribute to the pandemic response, including volunteering in a variety of roles including testing, training and contact tracing. Accommodation providers may assist with providing quarantine and isolation facilities. Business providers and organisations will need to have business continuity plans ready to implement during a pandemic.

2.11. INTERNATIONAL ASSISTANCE

It is likely that international assistance will be sought during a respiratory pathogen pandemic. Much of this assistance is likely to come from New Zealand and Australia. Depending on the stage of the pandemic

being experienced here, this may impact the scale and type of international Emergency Management Team (EMT) response that can be provided. During the COVID-19 pandemic, New Zealand continued the Polynesian Health Corridors (PHC) programme, a regular dialogue between NZ and Cook Islands Ministry of Health personnel, which provided epidemiological and public health expertise as required to the Cook Islands. New Zealand also provided extensive advisory support with the vaccine deployment. To note the existing PHC team will continue to support while they have ongoing mandate, while also working to strengthen some of the ties with the health system for longer term sustainable support.

Other agencies and donors, including the World Health Organization, UNICEF and the Asian Development Bank, may also provide support.

International Medical Emergency Teams may provide a broad range of assistance.

2.11.1. GLOBAL OUTBREAK AND RESPONSE ALERT NETWORK (GOARN)

Help in responding to and controlling infectious disease outbreaks may also be provided through Global Outbreak Alert and Response Network (GOARN) and epidemiology trainees through regional Field Epidemiology Training programs. GOARN is a partnership between WHO and a team of multilateral organisations, public health, academic institutions, and non-governmental organizations (NGO), working together to rapidly identify, confirm, and respond to public health emergencies of international importance. GOARN can mobilise rapidly, deploying staff and resources to deliver rapid and effective support to prevent and control infectious diseases outbreaks and public health emergencies when requested. Technical assistance can include Case Management, IPC, Epidemiology, Laboratory, and Risk Communications & Community Engagement.

2.11.2. INTERNATIONAL MEDICAL EMERGENCY TEAMS (EMTS)

- TMO will serve as the main focal point for International Emergency Medical Teams (EMTs), also known as Foreign Medical Teams (FMTs).
- EMTs should be internationally certified. Regional and local teams include AusMAT (Australia), NZMAT (New Zealand), Cook Islands Medical Assistance Team (KukiMAT), and the Pasifika Medical Association (PACMAT). WHO has an EMT focal point who can assist with EMT coordination and development.
- EMTs can provide assistance at Rarotonga Hospital with temporary hospital facilities, outpatient and inpatient care and surgical capacities for emergency care, general surgery, and intensive care. They may also send support ships to the outer islands.

3. MANAGING THE RESPONSE

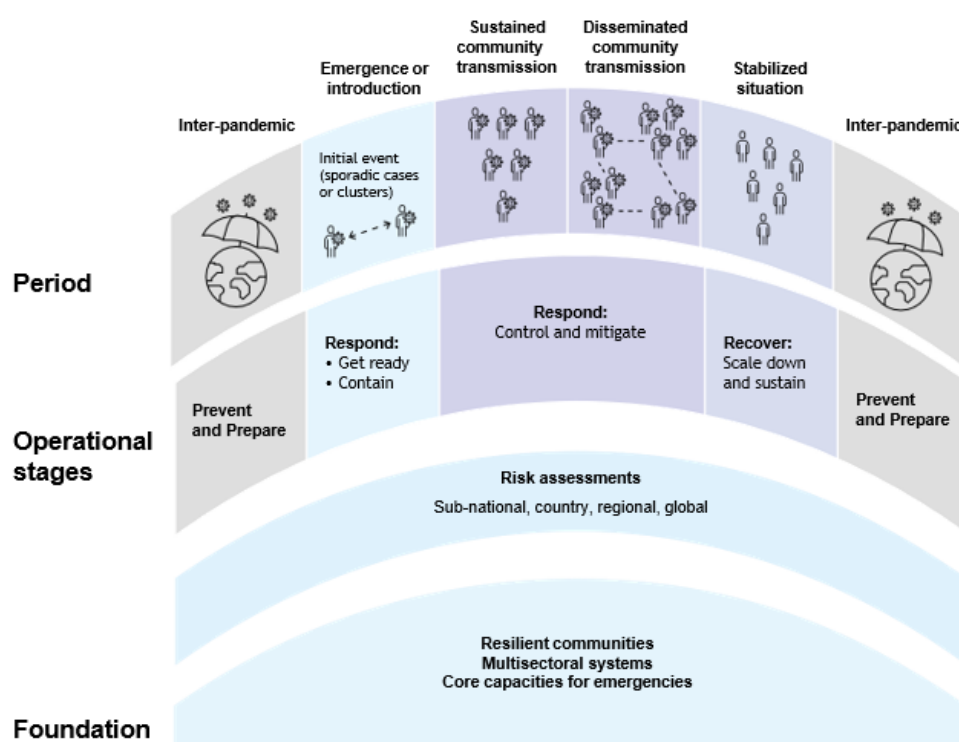
The NPPP is written to be flexible enough to enable a response tailored to the level of severity of a pandemic. Key actions outlined here reflect the more serious end of the scale of national health emergencies but can readily be customised for less serious pandemics.

Multi-sector consultations have taken place during the development of the NPPP. The plan is based on earlier pandemic and emergency response plans and has been updated to include learnings from the COVID-19 pandemic and expert guidance from the World Health Organization.

A worst- case scenario for a pandemic would include a respiratory pathogen that transmits efficiently in the pre-symptomatic phase, has a high case-fatality ratio, disproportionately affects children, presents clinically similar to a known pathogen, for which there is no population immunity, and has no available diagnostic assays².

While each respiratory pathogen outbreak or pandemic will have its own characteristics as well as societal impact, the organising framework (Figure 2) will enable generic pandemic preparedness and response planning.

Figure 2: WHO organising framework for respiratory pathogen pandemic preparedness and response⁷



3.1. RISK ASSESSMENTS

The pandemic risk assessments will be conducted by the public health specialist and their team on an as needs basis, with advice provided to the Secretary of Health via the Director of Public Health. The Secretary for Health determines whether the advice needs to be escalated to the Minister of Health who

⁷ WHO Preparedness and Resilience for Emerging Threats Module 1: <https://iris.who.int/bitstream/handle/10665/376312/9789240084674-eng.pdf?sequence=1>

then informs the Prime Minister if the situation warrants it. An example from COVID, risk assessments covered decisions for when to shift between elimination and suppression strategies, changes to border settings, changes of population measures e.g. testing strategy. The operational stage changes will be covered elsewhere by initial thinking on triggers for each stage.

3.2. PANDEMIC PHASES

As depicted in Figure 2 above, the WHO organising framework helps determine what needs to be done when for respiratory pathogen pandemic planning. The four key organisational stages are:

- Prevent and prepare
- Respond: get ready and contain
- Respond: control and mitigate
- Recover: scale down and sustain

The WHO also defines the five Cs of health emergency prevention, preparedness, response, and resilience.⁸ These are:

- Collaborative surveillance
- Community protection
- Safe and scalable care
- Access to countermeasures, and
- Emergency coordination.

To respond effectively to health emergencies, WHO recommends countries adopt a strategic shift towards strengthening these five interlinked subsystems that occupy the intersection of health security, primary health care, and health promotion.

3.2.1. WHO PREVENT AND PREPARE STAGE

In the **WHO Prevent and Prepare stage**, the Cook Islands will focus on building a strong foundation for response by strengthening their public health systems, improving surveillance and early warning systems, and engaging communities to promote healthy behaviours and build trust.

3.2.2. WHO RESPOND (GET READY, CONTAIN) STAGE

Once a respiratory pathogen with pandemic potential emerges in the community or is introduced to the Cook Islands operations shift to response. In the **WHO Respond (get ready, contain) stage**, the Cook Islands will respond quickly and effectively to undertake a situational or risk assessment, detect, investigate, and contain outbreaks to prevent further spread of the disease, enhance surveillance and monitoring, and scale up health care system capacities. This requires close collaboration between public health authorities, health care providers, and communities. Public health and social measures are aimed at minimising the risk of transmission using strategies for the early detection of cases to prevent onwards transmission. Contact tracing, quarantine and isolation will play important roles and border or Points of

⁸ WHO Strengthening health emergency prevention, preparedness, response and resilience: https://cdn.who.int/media/docs/default-source/emergency-preparedness/who_hepr_wha2023-21051248b.pdf?sfvrsn=a82abdf4_3&download=true

Entry (PoE) measures may be introduced. This WHO phase may be equivalent to the **Cook Islands Stage 1**, previously utilised under the Cook Islands COVID-19 Safe Framework.

Modelling for the Cook Islands done by University of Canterbury's Michael Plank and colleagues provided possible escalation triggers. These were tested with health experts and practitioners in the Cook Islands and based on that triggers for the COVID-19 pandemic were set. These escalation triggers would indicate moving the pandemic event to **Cook Islands Stage 2: Public Health Emergency**, provided the following clinical escalation point is met:

- Five (5) to ten (10) confirmed cases admitted and requiring hospitalisation with two (2) confirmed cases on ventilators. At this point TMO will assess whether a Public Health Emergency is required to be declared. Acceptance of referred patients to New Zealand will also need to be factored in.
- Responses may include:
 - Resourcing will be monitored
 - Community situation will be monitored
 - Potential area or national lockdowns will be considered
 - Essential Services and Restrictions Policy 2021 comes into place (see Annex 1).

When operating under Stage 2, Stage 1 will continue to operate and there could be further stringent public health measures imposed and localised restrictions, suspension or closing of certain activities to manage and reduce the risk or the threat in accordance with the Public Health Act 2004, which is currently being updated, and any relevant pandemic legislation. This will continue until the risk or the threat is contained to a level where the Public Health Emergency can be stood down. Alternatively, if the risk or the threat increases to a level as described above and taking into consideration of other health or capacity risk factors where Stage 2 can no longer be safe to operate, then the Secretary of Health will advise the Minister of Health and the Prime Minister if to move the national response to Stage 3.

3.2.3. WHO RESPOND (CONTROL AND MITIGATE) STAGE

In the **WHO Respond (control and mitigate) stage**, when there is sustained community transmission, the Cook Islands will scale up the response to ensure that all people who need clinical care receive it quickly and safely. This includes providing essential supplies, such as personal protective equipment (PPE) and medications, and supporting clinical management and treatment of the infected individuals. The aim in this stage is to slow transmission to minimise mortality and reduce the burden on health systems while protecting those most at risk of severe infection. The government will be heavily engaged in the response, and multiple government agencies will work collaboratively to effectively respond to the pandemic. Health intelligence will focus on whether the mitigation strategies are having the desired impact.

This WHO phase may equate to the **Cook Islands Stage 3: State of Emergency** used during the later stages of the COVID-19 pandemic under the 'Safe Framework'. The targeted interventions under this stage include 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 support. Localised or general lockdowns and border closures may be utilised in such cases.

The clinical escalation point or trigger for the move to **Stage 3: State of Emergency** includes:

- Over ten confirmed cases admitted and requiring hospitalisation with over two (2) confirmed cases on ventilators. At this point TMO will assess whether an emergency is required to be declared. Acceptance of referred patients to New Zealand will also need to be factored in
- Te Marae Ora can no longer control the situation with evidence of growing numbers of confirmed cases.
- Te Marae Ora to advise Emergency Management Cook Islands (EMCI) who will call the National Disaster Risk Management Council (NDRMC) and a decision will be made to advise Prime Minister on a State of Emergency being declared

Once **Stage 3: State of Emergency** occurs, resourcing and the community situation will be monitored and the Essential Services and Restrictions Policy 2021 comes into place (see Annex 1).

When operating under **Stage 3**, Stage 1 will continue to operate with stronger PHSM and the possible closing of the border. This will continue until the risk or the threat is contained to a level where the State of Emergency can be reduced either to Public Health Emergency or back to Stage 1. During this stage, essential services may only be operating and open so that everyone can continue to have access to essential needs. This stage could also be activated at any time if there is another national emergency other than the pandemic. Even during a stage of another national emergency and there are pandemic cases in the community, Stage 1 will continue to operate in response to the pandemic.

Once community transmission is widespread response actions may need to be adjusted and scaled up or scaled down based on the available evidence. Analysis of surveillance data from multiple sources will be needed to assess the local situation and provide much needed data to assist decision making processes. Various scenarios need to be anticipated to effectively control and mitigate impact over time. In this stage response measures will shift to control and suppress case numbers and reverse epidemic growth to levels that can be supported by the health system. Individual and business responsibility becomes much more important in limiting pandemic impacts, while the government focuses on a controlled removal of some public health and social measures and implementing effective strategies to deploy vaccines to the population.

3.2.4. WHO RECOVER (SCALE DOWN AND SUSTAIN, CONTINUED VIGILANCE) STAGE

As the situation stabilises and risk assessments indicate that response systems can cope under routine non-emergency arrangements, the response moves into the **Recover (scale down and sustain, continued vigilance) stage**. The Cook Islands will then focus on sustaining response efforts and restoring normalcy, while also maintaining vigilance for any resurgence of the disease. This requires careful monitoring of the disease, ensuring that essential health services continue to be available, and the evaluation of the response to the pandemic occurs, to identify opportunities for improvement.

3.3. SURVEILLANCE

Effective, collaborative surveillance is a critical component of any respiratory pathogen pandemic response plan. It helps to detect and monitor the spread of disease, inform the response effort, and provide early warning of a potential outbreak. Collaborative surveillance will provide the data and expertise to undertake situational assessments and risk assessments.

Lessons from the COVID-19 pandemic included the need to strengthen linkages across human and animal sectors for early detection and to assist with surging of workforce, equipment and testing facilities. Data reporting mechanisms need to be streamlined.

Laboratories need to be able to scale up quickly, utilising resources from other sectors and private laboratories when testing demand outpaces capacity. Situating testing facilities close to points of care is important, as is ensuring that supply chains for reagents and materials continue to be available during a pandemic.

The Cook Islands currently collects a range of respiratory-related health intelligence data through the Health Intelligence Unit (HIU). Where possible, these same surveillance systems would be used to capture data from health services during a respiratory pathogen pandemic response, though the data may need to be enhanced or the collections scaled up or down. A novel pathogen may require the development of new forms, systems, or collection pathways depending on the characteristics of new respiratory pathogens and the scale of the emergency. Depending on the pathogen, a One Health approach to surveillance may be required with data collected in collaboration with the Ministry of Agriculture (MOA) and National Environment Service (NES).

Surveillance data requirements will change during the respiratory pathogen pandemic, ensuring that appropriate data are available to inform the response.

3.3.1. SURVEILLANCE DURING THE RESPOND (GET READY, CONTAIN) STAGE

During the initial event when the respiratory pathogen emerges or is introduced, data collection and analysis will be focused on:

- detecting whether the novel respiratory pathogen is in the Cook Islands, determining how quickly it is spreading, and whether there is widespread community transmission
- collecting data suitable for risk assessments
- undertaking a situational analysis or risk assessment and gathering health intelligence to inform pandemic responses
- characterising the disease, including virology, epidemiology, clinical symptoms and treatment
- determining severity
- identifying risk groups
- understanding how the health system is coping
- other requirements specific to the respiratory pathogen.

This local health intelligence will be supported by external sources of data from neighbouring countries and the region, and by organisations such as WHO, CDC, New Zealand MOH and the Secretariat of the Pacific Community (SPC). MFAI would assist in accessing data from international sources.

Triggers for action will be an alert of a novel respiratory pathogen either locally or outside national borders, an increasing trend in acute respiratory infections that may overwhelm the local health system, or declaration by WHO of a Public Health Emergency of International Concern (PHEOIC). Other triggers may include first cases or clusters detected in-country, or alerts from sub-national areas seeking assistance to manage events.

3.3.2. SURVEILLANCE DURING THE RESPOND (CONTROL AND MITIGATE) STAGE

At later stages (once there is sustained or disseminated community transmission) surveillance will concentrate on:

- determining whether the outbreak is continuing to grow or if there are fewer new cases
- monitoring deaths and severe outcomes such as ICU admissions or cases requiring ventilation
- determining whether there are any changes to pandemic respiratory pathogen
- monitoring the effectiveness of interventions
- determining whether the health sector and other sectors are coping
- monitoring case numbers to identify subsequent waves.

Triggers for action will be amplification of the spread of disease either in-country or in other countries. Surveillance may be scaled up or scaled down as the pandemic progresses.

3.3.3. SURVEILLANCE DURING THE RECOVER (SCALE DOWN AND SUSTAIN, CONTINUED VIGILANCE) STAGE

In the recovery stage, surveillance will focus on:

- returning to routine data collection
- monitoring for any resurgence in the pandemic respiratory pathogen
- reviewing and improving surveillance mechanisms utilised during the pandemic.

Triggers for scaling down will be a sustained global reduction in cases, deaths or hospitalisation; advice that the pandemic can be managed under routine arrangements; or termination of the PHEIC by WHO.

3.3.4. SURVEILLANCE STRATEGIES AND MECHANISMS

Early Warning and Response Systems (EWARS) is an existing syndromic surveillance system that detects influenza-like illness (ILI) and severe acute respiratory illness (SARI). EWARS could provide an early indication of the introduction or spread of the respiratory pathogen the Cook Islands and may be expanded or re-purposed to detect other syndromes typical of the new pandemic respiratory pathogen. EWARS is likely to be important in the early days of the pandemic when diagnostic tests are not available or are in short supply. It will also be of importance once the situation has stabilised, as part of the ongoing vigilance for resurgence of the disease.

3.3.4.1. LABORATORY SURVEILLANCE

Laboratory surveillance will be established to detect and monitor the presence of pandemic viruses in the Cook Islands This will be accomplished through the testing of clinical specimens and the use of validated laboratory diagnostic methods.

Laboratory protocols will change during the progression of the emergency response; reflecting changing epidemiological and clinical requirements, and the capacity of laboratories to respond to the demand for their services.

It is expected that the following assumptions will apply to testing protocols:

- Diagnostic tests may not be available early in a respiratory pathogen pandemic or the test availability may be of unknown or poor sensitivity and/or specificity
- Laboratory capacity may be rapidly exceeded in the early stages, at which time restriction of testing will be required, as determined by public health and clinical priorities.
- During the response, when cases are at their peak, laboratory testing will likely be targeted towards more clinically severe probable cases and those with health risk factors. In order to reduce the impact on health systems, cases with less severe disease may no longer be recommended for laboratory confirmation
- Both confirmed and negative cases will be reported.

3.3.4.2. CLINICAL SURVEILLANCE

Clinical surveillance will be established to monitor the incidence and severity of symptoms of the respiratory pathogen, influenza-like illness (ILI) and severe acute respiratory illness (SARI) in healthcare facilities and to report this information to the relevant authorities through the Health Information System (HIS). This will be accomplished through regular reporting by healthcare providers.

Surveillance will include:

- Severity monitoring including bed occupancy, deaths, numbers in ICU and numbers requiring ventilation
- Hospital and other healthcare facility capacity monitoring, including health workforce and routine service disruption
- Supply chain monitoring, including availability of medications, oxygen and PPE.

3.3.4.3. INTERNATIONAL SURVEILLANCE

The Cook Islands will participate in regional and international surveillance networks to monitor the global spread of the pandemic virus and to provide early warning of a potential pandemic. This will be accomplished through the sharing of data and information, including virological and genomic data, with relevant authorities and through regular reporting to international organisations.

3.4. PUBLIC HEALTH, SOCIAL MEASURES AND BORDER PROTECTION

Pandemic respiratory pathogen response measures, including PHSM, will need to be flexible and proportionate to the threat, and able to be adjusted throughout the course of the pandemic. Measures may include individual actions such as good hand and cough hygiene, mask wearing and social (physical) distancing or may include community-level measures such as border controls, school or work closures, cancellation of mass gatherings and quarantine or isolation. Specific response measures will depend on the characteristics of the pathogen and the likelihood of effectiveness, and the needs of high-risk and vulnerable groups. In general, non-pharmaceutical measures are implemented early in a pandemic as vaccines or antivirals will not be available. Implementation of responses would involve coordination with non-health sector organisations and community groups.

At different stages during the pandemic, the Cook Islands may use a Zero Risk approach that aims for maximum suppression of infections, or Non-Zero risk approach as the pandemic progresses, which aims for sustainable management of transmission to ensure that health systems can respond appropriately without overwhelming healthcare capacity.

Implementation of some measures may have a significant impact on the economy and communities. Social protection measures may need to include provision of cash transfers, basic income support, paid leave and provision of housing and food. It is important to ensure these measures are gender sensitive.

Physical distancing is a community level intervention designed to reduce normal population mixing in order to slow the spread of the respiratory pathogen. These can include proactive school closures, reactive school closures, workplace closures, working-from-home and cancellation of mass gatherings. Alternative or complementary risk suppression measures include mask wearing, ventilation, handwashing and vaccination. Other physical distancing measures include isolation of cases and quarantine of contacts.

Quarantine separates and restricts the movement of people (contacts) who were exposed to the respiratory pathogen but who do not yet have symptoms. The aim of quarantine is to reduce transmission of the disease by preventing spread through seclusion of contacts of cases.

Isolation is used to separate cases from others who do not yet have the disease. Isolation may be used in conjunction with IPC measures to reduce the risk of transmission to household contacts, other community members or to prevent nosocomial transmission in hospitals.

Contact tracing is also a crucial strategy in controlling the spread of respiratory pathogen pandemics, and was a key measure used in the COVID-19 pandemic once cases arrived in the Cook Islands to reduce transmission. Contact tracing during a pandemic requires careful planning, resource allocation, and collaboration with the public to be successful.

Points of entry (PoE) and border measures may be implemented to delay the entry or minimise the spread of illness to or from affected countries. These measures may include providing public advice to travellers, targeted testing or quarantine of travellers, undertaking risk assessments and developing risk management procedures for cross border travel, developing entry and exit signs, and ensuring contingency plans are in place to allow for maintenance of essential travel such as humanitarian aid, essential personnel, repatriations and cargo transport for essential supplies.

Risk assessments for determining POE measures include: (1) the nature of the disease and risk of importation; and (2) the Cook Islands vulnerability and capacity to respond to importation of the pandemic respiratory pathogen.

3.5. CLINICAL CARE

During a respiratory pathogen pandemic, the Cook Islands aims to maintain clinical care that is safe and scalable, with effective IPC that protects, patients, health workers and communities; and ensure that resilient health systems can maintain essential health services throughout the different stages of the pandemic.

Lessons from the COVID-19 pandemic included the need to be able to scale up bed-capacity (including for high dependency unit [HDUs]); challenges in providing non-COVID-19 services, particularly childhood immunisation, and the resulting excess morbidity and mortality for non-COVID-19 conditions; decreasing demand on hospital services by providing community-based case management, home care and self-managed care; the importance of proper IPC practices; and having programs and resources in place to protect healthcare workers both physically and mentally.

3.5.1. CASE MANAGEMENT

Case management for the pandemic respiratory pathogen will depend on the pathogen's clinical, virological and epidemiological characteristics. Up-to-date information will be sought from WHO and health authorities in New Zealand.

3.5.2. INFECTION PREVENTION AND CONTROL (IPC)

IPC measures will include screening, triage, source control measures training, environmental cleaning, provision of PPE and training.

Infection prevention and control measures, such as hand hygiene, respiratory etiquette, are likely to be among the most effective measures for a pandemic respiratory pathogen which can be implemented by individuals to minimise their exposure to the disease and limit further spread of the disease in the community.

Personal Protective Equipment (PPE) is used as part of a package of IPC measures by healthcare worker (HCWs) and frontline workers in direct contact with symptomatic patients. Early in the pandemic, PPE can be used without specific knowledge of the respiratory pathogen to provide some protection to HCWs and frontline workers. Staff should be well trained in donning, doffing and disposal of PPE.

3.5.3. EMERGENCY DEPARTMENT

The Rarotonga Emergency Department (ED) is likely to be the first point of contact with health services for pandemic respiratory pathogen cases. Depending on the characteristics of the respiratory pathogen, pandemic stage, the number and severity of cases, age and symptoms of the patients, and the capacity of the ED to respond, cases may either be:

- triaged on entry into a part of the ED where they can easily be separated from other patients, or
- triaged prior to entry into the ED and directed to a separate respiratory clinic.

3.5.4. SAFE PATIENT FLOW

Considerations for safe patient flow during a respiratory pathogen pandemic response include:

- safe access, between carpark or ambulance bay to the ED or the pandemic respiratory pathogen triage area, while minimising potential exposure to others
- minimising potential exposures to staff and other patients while patient moves through the ED or respiratory clinic, or within the hospital
- physical separation of suspected and confirmed pandemic respiratory pathogen patients.

3.5.5. HEALTH WORKFORCE

Healthcare workers (HCWs) may be at risk of the pandemic respiratory pathogen through their own comorbidities and/or community and healthcare-related exposures. Exposure risks may be mitigated by adherence to IPC principles, and by education and training. Protocols specific to the pandemic respiratory pathogen will be developed to guide hospitals in implementing appropriate measures to reduce exposure risks in the health workforce. High risk health workers- e.g. immunocompromised, pregnant will be prioritised for additional protection via relocation to work in areas of reduced exposure i.e. no direct patient contact.

Staff who have had contact with a suspected or confirmed case should follow the guidance provided by the Director of Medical Services or Public Health Specialist, which may include self-monitoring for pandemic respiratory pathogen symptoms and/or excluding themselves from the workplace. HCW cases should be reported to the Health Intelligence Unit (HIU).

3.5.6. MENTAL HEALTH

The pandemic is likely to have a significant impact on the mental health of the Cook Islands population. Consideration needs to be given to the likely impact of PHSM, and how front-line workers will be affected. Additional resourcing will be required throughout the pandemic to proactively manage the additional anxiety and stress felt by the population.

3.5.7. SURGING

Health service needs increase during a pandemic. A progressive de-escalation of services or a prioritising of services may be necessary if demand exceeds capacity during the pandemic response. Hospitals may also need to consider ceasing the delivery of services if there is significant personal risk to staff despite the use of appropriate medical countermeasures.

Additional workers could be recruited through temporary hiring, mobilisation of retirees (for roles that minimise their exposure to and/or risk from cases) and private sector workforce, redeployment, optimisation of roles, or temporary relaxation of regulatory requirements. When surging staff, health services will need to consider staff accreditation and additional training requirements.

Activities to increase available staff may also include:

- redeployment of staff from non-critical areas to the clinical response areas
- priority staffing:
 - ED
 - Te Kou (isolation) ward
 - Respiratory clinics, HDU
 - other areas determined critical by hospital authorities
- cancelling leave and requesting staff return from holidays
- recruiting external staff or requesting additional assistance from international agencies or from within the region.

Activities to create additional capacity may include:

- repurposing ED areas to create separate assessment areas for suspected cases
- opening respiratory clinics
- cohorting patients.

3.5.8. PA ENUA

During a respiratory pathogen pandemic response, patients in remote areas may be at risk of poor outcomes because of limited access to specialist clinical care, and it may be difficult to surge staff. Strategies which utilise health clinics, nursing posts, telehealth, in-home health or community care services, or volunteers may be appropriate for remote areas. Different isolation and quarantine requirements to Rarotonga's are likely to be implemented in the Pa Enua to suit the differing needs of

the outer islands. As an example, during COVID-19 flags were used to designate a quarantine/isolation household – one person was allowed to feed the pigs or go fishing without contact of anyone else from another household – this was monitored by compliance officers.

3.5.9. MEDICAL COUNTERMEASURES

Medical countermeasures including vaccines and therapeutic medications are unlikely to be available early in the respiratory pathogen pandemic. Once available, vaccinations are a crucial element of the framework for the protection of the population. The vaccination campaign will likely follow earlier community protection measures that may have resulted in economic and social hardship; consideration should be given to maintaining or implementing less stringent measures as vaccination rates rise.

Key considerations include: (1) supply chain management including commodity planning, people profile and processes, and logistics (critical area, given logistics for key supplies and vaccine requirements for transport, and other medicines) and transport mechanisms; and (2) regulatory systems for new medicines, therapeutics, and vaccines, and diagnostic tools.

Overall, the lessons learned from COVID-19 and other emergency vaccine introductions can be used to strengthen access to countermeasures by addressing preparedness gaps and adopting a multisectoral collaboration approach. By doing so, the Cook Islands can better prepare for and respond to future pandemics and health emergencies.

Lessons from the COVID-19 pandemic have revealed preparedness gaps that need to be addressed to strengthen access to countermeasures such as vaccines. These gaps include inadequate, inequitable or delayed access to vaccines, a lack of key information for decision-making, insufficient risk communication, community engagement and infodemic management, and logistics and cold chain capacities constraints.

The existence of seasonal influenza vaccination programmes proved beneficial in the implementation of vaccine rollout during pandemic responses because of swifter regulatory approval for pandemic vaccines and established procedures for vaccination of adult populations, including determining priority groups for vaccination and safety monitoring.

Countries should arrange for advance supply contracts and agreements and streamline regulatory authorisations for emergency use of medicines and vaccines.

3.6. VACCINE DEPLOYMENT PLAN

Building on existing seasonal influenza and other immunisation plans, including the COVID-19 vaccine deployment plan, the Cook Islands will develop a generic pandemic respiratory vaccine deployment plan that can be updated to address the specific requirements of the pandemic respiratory pathogen. The plan will follow extensive community consultation, including informed consent and ethical considerations.

The Cook Islands vaccine deployment plan will use a multisectoral collaboration approach and will be aligned with wider health emergency preparedness plans to ensure legal frameworks and regulatory mechanisms, and planning and coordination structures and processes are available to support rapid pandemic vaccine introduction.

The plan will also include strategies to:

- identify target populations for vaccination,
- include different vaccination delivery strategies and related arrangements for the supply chain management,

- discuss how to maintain a core cadre of trained staff,
- provide information on the vaccine to the public. and
- continuously nurture a trustful relationship with the public and other important stakeholders to support vaccine acceptance and demand activities.

Recognising that pandemic vaccination challenges can be product specific (doses per person, doses per vial, route of administration, cold chain requirements, type of syringe required, shelf life, availability, and affordability), or system based (e.g., availability of infrastructure and resources). The Cook Islands should ensure supply chain system functionality, including cold chain, tracking of vaccines including vaccine wastage, and waste management of hazardous material such as syringes, needles, and vaccine vials.

Legal frameworks for the importation and use of vaccines may require updating or amending during the inter-pandemic period, and lengthy processes should be anticipated. Emergency use authorisation, WHO prequalification, and other supporting documents for quality safety and efficacy may also be required.

Target populations for vaccination should be defined, identified, and prioritised, and vaccine delivery strategies should be developed based on equity, vaccine properties, availability, and characteristics of the target population. Health officials should engage with the community to understand their preferred timing, strategy, and public versus private sector engagement to maximize vaccine uptake. Adequate human resources with appropriate skill sets will be key to an effective pandemic response, and health staff engaged in pandemic vaccination will require training. Infection prevention and control precautions need to be followed during vaccination activities to prevent the spread of the pandemic during these activities.

3.7. MEDICATION AND MEDICAL SUPPLIES

3.7.1. MEDICATION DONATIONS

Medications intended for donations or for EMTs to use directly to provide medical services can be imported into the Cook Islands. Donated medicines must be at least 24 months from their expiry date on arrival. They must be transported appropriately, and cold chain must be maintained until they reach their intended recipients.

Medicines must be appropriately labelled in ENGLISH with their generic name, batch number, dosage form, strength, manufacturer name, quantity in container, storage conditions and expiry date.

4. POST PANDEMIC

4.1. DEBRIEF

There should be ongoing discussions/monitoring and improvement/debrief before the final debrief. If possible, a final debriefing of the pandemic event will take place within three months of the pandemic response being deactivated. The debriefing and evaluation will be coordinated by the Secretary of Health.

Following the debrief, the NPPP will be updated to capture learnings from the pandemic including the development of a Priority Action Plan to improve pandemic preparedness capacities.

4.2. INTRA-ACTION REVIEWS AND AFTER-ACTION REVIEWS

In collaboration with the World Health Organization, Intra-Action reviews (during the pandemic) and/or After-Action reviews (post-pandemic) may also be organised to capture learnings from the pandemic. The NZ MoH should also be included if seeking support or advice from them. These reviews identify:

- what was supposed to happen?
- what happened?
- why there was a difference?
- what did we learn from this? and
- what capacities need to be improved?

4.3. PANDEMIC PREPAREDNESS EVALUATION

One of the most important ways to mitigate the impact of health emergencies, including pandemics, is to ensure effective country level preparedness through implementation of the International Health Regulations. All states parties are required to have all developed minimum core public health capacities to implement the International Health Regulations [IHR] (2005) effectively. Each year states parties must report to the World Health assembly on their progress of implementing the IHR (2005); this helps WHO to monitor the development of country core capacities.

States parties annual reporting is one of four components that make up WHO's IHR monitoring and evaluation framework (IHR MEF). Annual reporting through the SPAR (State Party Self-Assessment Annual Reporting) tool is mandatory and the other three are voluntary; Joint External Evaluations (JEE), After Action Reviews (AAR) and simulation exercises.

1. Annual reporting through the SPAR monitors progress towards implementation of the IHR core capacities using a self-assessment tool.
2. JEEs evaluate the existence and strength of capacities and is designed to be implemented every four to five years. JEEs use a peer-to-peer approach.
3. After Action Reviews (ARR) should be performed, preferably, within three months of a public health event to assess the functionality of capacities during real life events. They help to identify the gaps that existed during a public health event and support national level capacity building.
4. Simulation exercises also identify gaps but they test the practicality, adequacy, sufficiency and efficiency of proposed plans and procedures for health emergencies that could occur in the future. They should be done regularly depending on the country's requirements.

The findings of one or all of the IHR MEF components can serve as a basis for the Cook Islands to develop and implement their national action plan for health security (NAPHS). NAPHS are a country owned multi-year planning process that can accelerate the implementation of IHR core capacities.

Following any evaluation, the NPPP will be updated to include any lessons learned.

KEY REFERENCES

Centres for Disease Control One Health website (2024): <https://www.cdc.gov/one-health/about/index.html>

Johns Hopkins Centre for Health Security Preparedness for a High-Impact Respiratory Pathogen Pandemic (2019): <https://centerforhealthsecurity.org/sites/default/files/2023-02/190918-gmpbreport-respiratorypathogen.pdf>

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WHO Preparing for pandemics website (2024): <https://www.who.int/westernpacific/activities/preparing-for-pandemics>

ANNEX ONE: ACTIONS DURING OPERATIONAL STAGES

Table 1 summarises the phases in the Cook Islands Influenza Pandemic Plan, relating them to the New Zealand and WHO equivalent phases and the international situation.

Table 1: Comparative summary of phases in the Cook Islands National Pandemic Preparedness Plan

Cook Islands phase	Cook Islands situation and triggers	Indicative health sector alert code	Comparable WHO phase	Continuum of Pandemic Phases	International situation
Plan For It	No human cases in Cook Islands, New Zealand, Australia or any country with air access to the Cook Islands	Code White (information/ advisory)	Phase 1	Interpandemic Phase (Preparedness)	No viruses among animals have been known to cause human infections.
			Phase 2	Alert Phase (Preparedness/Response) Increased vigilance and careful risk assessment, at local, national and global levels, are characteristic of the Alert phase.	An animal influenza virus or other zoonotic respiratory pathogen is known to cause infection in humans and is a specific pandemic threat.
			Phase 3	Alert Phase (Response)	An animal or human–animal influenza reassortment virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
Keep It Out	No human cases in Cook Islands	Code Yellow or Code Red, if there is a case of community	Phase 4		Human-to-human transmission of an animal or human–animal influenza reassortment virus able to sustain community-level outbreaks has been verified.

Cook Islands phase	Cook Islands situation and triggers	Indicative health sector alert code	Comparable WHO phase	Continuum of Pandemic Phases	International situation
		transmission in New Zealand and Australasian region	Phase 5	Pandemic Phase (Response)	The same identified virus has caused sustained community-level outbreaks in two or more countries in one WHO region.
Stamp It Out	First case identified in Cook Islands	Code Red,			
	Clusters of cases in Cook Islands		Phase 6		The same identified virus has caused sustained community-level outbreaks in two or more countries in the region affected in WHO phase 5.
Manage It	Increased and substantial transmission in the general population	Code Red,			
Manage It: Post-Peak	Wave decreasing; possibility of a resurgence or new wave	Code Yellow or Red, depending on the situation and on district/region	Post-peak	Transition Phase (Response/Recovery)	Levels of pandemic influenza in most neighbouring countries with adequate surveillance have dropped below peak levels.
Recover From It	Pandemic over and/or population protected by vaccine	Code Green	Post-pandemic	Interpandemic Phase (Recovery)	Levels of influenza & or similar viral infections have returned to the levels seen for seasonal influenza in most countries with adequate surveillance.

PLAN FOR IT

(Planning and preparedness)

Objective

To establish and strengthen systems that will minimise the health, social and economic impact of a pandemic in the Cook Islands.

Key issues to be addressed in planning

We seek to:

- strengthen pandemic preparedness at national, regional and local levels
- minimise risk of transmission to humans, and rapidly detect transmission.

We will achieve our aims through:

- planning, coordination and reporting (among all agencies, using a One Health approach as appropriate)
- intelligence, through data collection, collation and surveillance
- laboratory surveillance testing, including for zoonotic diseases as appropriate
- public health programme planning for containment
- health care and emergency response planning
- communications and health education planning
- training
- simulation exercises
- preparation in all sectors at local, national and international levels
- incorporating pandemic response issues into business continuity planning.

In the planning phase we will:

- develop and exercise relationships, plans and procedures
- establish capability and capacity through training and exercising, and maintain systems and structures for responding to a pandemic and other emergencies
- ensure pandemic-related issues are incorporated into business continuity plans
- manage any disease in animals in Cook Islands
- maintain an appropriate level of engagement within and across agencies during low-risk or low-activity times
- establish likely priorities for a national response.

Plan For It Phase

One of the following situations applies:



- No influenza or other novel respiratory virus circulating among animals has been reported to cause infection in humans.
- An animal influenza or other virus novel respiratory virus is known to have caused infection in humans, so is considered a specific pandemic threat.
- An animal or human–animal influenza reassortment virus or other novel respiratory virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.



There are no human cases in Cook Islands.

Function	Action	Responsibility	Authority	Further information in the CIPAP 2021
Planning, coordination and reporting	<ul style="list-style-type: none"> Strengthen pandemic preparedness nationally and locally. Incorporate pandemic response issues into business continuity planning. Develop and implement action plans for the organisation or sector to address lessons learned in response to the COVID-19 global pandemic. Maintain sector-specific guidelines and protocols for planning, response and communications. Establish, revise and exercise pandemic plans locally and nationally. Maintain a legal framework for pandemic interventions. Maintain a communication plan and resources for the organisation or sector at national and local levels. Train staff and exercise agency and intersectoral plans. Prepare to implement pandemic plans at short notice should circumstances change. 	<p>All agencies</p> <p>Lead agency: TMO</p>	No powers required	Part A, Intersectoral Response, Summary of Roles

Function	Action	Responsibility	Authority	Further information in the CIPAP 2021
	<ul style="list-style-type: none"> Maintain a communication plan and resources (addressing, for example, public information, health systems' disease assessment and management tools, information for other authorities). Maintain stockpiles of critical pandemic supplies (e.g., PPE, antivirals and antibiotics) and mechanisms to access a virus-specific pandemic vaccine. Maintain plans and policies for the use of vaccines. Plan for laboratory services assessment facilities, and antiviral and vaccine delivery mechanisms (including registers of individuals who have received each). Plan local quarantine/isolation facilities and public health measures. Promote the uptake of inter-pandemic influenza vaccination and personal hygiene. 	TMO		Parts A, C, D
	<ul style="list-style-type: none"> Plan to minimise the risk of animal influenza virus or other novel respiratory virus transmission from animals to humans and to rapidly detect transmission. 	Ministry of Agriculture (Bio-security), TMO	Biosecurity Act 2008	Part A, Intersectoral Response, Biosecurity work stream
	<ul style="list-style-type: none"> Assess the likelihood of animal or bird infection being the vector to Cook Islands. 			Part C, Intelligence
	Assess animal response options and maintain response plans.	Ministry of Agriculture (Biosecurity)	Biosecurity Act 2008,	Part A, Intersectoral Response, Biosecurity work stream
	<ul style="list-style-type: none"> As required provide public advice on limiting the risk of transmission from animals. 	Ministry of Agriculture Biosecurity		Part A, Intersectoral Response, Biosecurity work stream

Function	Action	Responsibility	Authority	Further information in the CIPAP 2021
	<ul style="list-style-type: none"> • Ensure appropriate workplace guidelines, protection and training for animal workers and exposed humans to reflect WHO guidelines and Cook Islands guidelines and legislation. • Yearly table top multi-sectoral exercise 	<p>INTAFF/Ministry of Agriculture Biosecurity All agencies</p>	<p>ERA 2012 Part 7</p>	<p>Part A, Intersectoral Response, Biosecurity and workplaces work streams</p>
Public health interventions: border	<ul style="list-style-type: none"> • Ensure national and local multi-sectoral plans are in place. • Ensure plans are nationally consistent, so stakeholders are aware of their responsibilities and roles irrespective of their location. • Assess and audit core capacity requirements regularly. • Ensure national and local border emergency management groups meet regularly and that all relevant stakeholders for relevant locations (for example international airports) meet regularly and update plans. • Review assessment policies and procedures at the border. 	<p>All stakeholders active in border operations nationally and at each international port of entry</p>	<p>No powers required</p>	<p>Part C, Containment Measures, Border management</p>
Public health interventions	<ul style="list-style-type: none"> • Maintain the capability, preparedness and training to mount border control and cluster control operations when required. • Identify sources of additional staffing locally from health or non-health agencies, to enable an intensive cluster control operation to be sustained if required. • Use training material to develop a local orientation package for these additional staff. 	<p>TMO, border agencies</p>	<p>No powers required</p>	<p>Part C, Containment Measures, Border management; Cluster control</p>

Function	Action	Responsibility	Authority	Further information in the CIPAP 2021
Intelligence	<ul style="list-style-type: none"> • Monitor the situation overseas. 	TMO and Ministry of Foreign Affairs and Immigration	No powers required	Part A: Intersectoral Response, Biosecurity and Health work streams
	<ul style="list-style-type: none"> • Ensure human surveillance systems can identify a novel influenza virus or other novel respiratory virus and a developing pandemic within Cook Islands following an alert from WHO. 	TMO, Ministry of Agriculture Biosecurity		
	<ul style="list-style-type: none"> • Maintain the capability to track and monitor the impact of a pandemic in Cook Islands in order to inform action at different phases. 	TMO, Ministry of Agriculture Biosecurity		Part C, Intelligence
	<ul style="list-style-type: none"> • Maintain animal surveillance as required. • Link human and animal monthly surveillance reports • Maintain a response evaluation framework focusing on outcome, output and process evaluation. 	All agencies		
Health care and emergency response	<ul style="list-style-type: none"> • Review, update and exercise plans for managing a pandemic. • Prepare for an expansion in demand for key services including intensive care, primary care, ambulance services, laboratory services, 0800 helplines and other hospital services. 	TMO	No powers required	Part A, Pandemic Planning,

Function	Action	Responsibility	Authority	Further information in the CIPAP 2021
	<ul style="list-style-type: none"> • If a new strain emerges overseas, or there is a resurgence of an existing strain overseas, consider, as required: • informing key stakeholders • promulgating key messages (e.g., personal protection and preparedness, where to go for help (0800 helplines, websites, etc), and the likely impact of pandemics • informing the public about what the authorities will do in a pandemic • providing travel advice relevant to the threat • reviewing and updating key messages and communication channels • coordinating communications across and within sectors • creating web-based information sources, such as frequently asked question sheets and guides • initiating background briefings for spokespeople. 	TMO in coordination with Ministry of Agriculture Biosecurity, and other agencies as required		

If there is an outbreak of a pandemic virus among animals in Cook Islands posing a risk of human disease, then the following additional actions will be considered in all phases.

Function	Additional action	Responsibility	Authority	Further information from CIPAP 2021
Planning, coordination and reporting	<ul style="list-style-type: none"> • Update human detection and clinical care guidelines. • Issue a case definition. 	TMO		Part C, Legislation; Intelligence, Surveillance

Function	Additional action	Responsibility	Authority	Further information from CIPAP 2021
	<ul style="list-style-type: none"> Develop and implement surveillance of animal workers. 	TMO, Ministry of Agriculture Biosecurity, INTAFF	Potential application of Ministry of Health Act 2013, section 77 (power of medical officer of health to enter any premises and examine persons)	
	<ul style="list-style-type: none"> Investigate rapidly any reported possible human cases. 	TMO , INTAFF		
	<ul style="list-style-type: none"> Enhance laboratory diagnostic capacity for a novel strain. 	TMO		
	<ul style="list-style-type: none"> Prepare for possible release of pre-pandemic vaccine if available. 	TMO		
	<ul style="list-style-type: none"> Implement pandemic pathogen response plans. 	Ministry of Agriculture Biosecurity	Biosecurity Act 1993	Part A, Summary of Roles; Intersectoral Response, Biosecurity work stream
	<ul style="list-style-type: none"> Ensure appropriate protection and training for animal workers and other exposed humans (those who work with poultry and pigs are most at risk) to reflect WHO guidelines and Cook Islands guidelines and legislation. 	Ministry of Agriculture Biosecurity, INTAFF(Labour)	Employment Relations Act 2012	Part A, Summary of Roles; Intersectoral Response, Biosecurity and workplaces work streams
	<ul style="list-style-type: none"> Restrict movement of animals or any at-risk goods from affected areas in Cook Islands as required. 	Ministry of Agriculture Biosecurity	Biosecurity Act 2008,	Part A, Summary of Roles; Intersectoral Response, Biosecurity work stream

Function	Additional action	Responsibility	Authority	Further information from CIPAP 2021
Health care and emergency response	Prepare for possible cases of zoonotic influenza or other novel respiratory virus by activating enhanced infection control, laboratory procedures, clinical guidelines and isolation facilities, among other measures.	TMO		
Intelligence	Target the surveillance of humans in areas where animals are affected, and place primary health care providers on enhanced alert for the detection and notification of the first zoonotic cases.	TMO, Public Health Community Clinics and Ministry of Agriculture Biosecurity	Biosecurity Act 2008,	Part C, Intelligence, Surveillance Part A, Intersectoral Response, Biosecurity work stream
Communications and health education	Inform key stakeholders of the increased risk regarding infection in animals. Disseminate guidance materials and key messages for employers, employees and other workplace participants to help them plan, prepare for and respond to a pandemic event.	Ministry of Agriculture Biosecurity, INTAFF	No powers required	Part A, Intersectoral Response, Biosecurity work stream

Function	Additional action	Responsibility	Authority	Further information from CIPAP 2021
	<p>Review, update and increase the frequency of communications for all audiences.</p> <p>Regularly update whole-of-government communications to ensure appropriate key messages and material are presented to relevant sectors, including health, agriculture, education, border control (incoming travellers), foreign affairs and trade (for posts, travellers), police, fire, ambulance, civil defence and emergency management, welfare, travel and tourism, business and unions, Island Government and non-governmental organisations.</p> <p>Liaise with the relevant lead agency and with the current provider of the national 0800 Healthline, and use regular monitoring of calls to refresh scripts for information and triage.</p>	TMO with the support of other agencies as required	No powers required	Part C and Appendix A, Public Information Management Strategy
	<p>Initiate web, talkback and media monitoring. Initiate wide distribution of short videos, and secure their broadcast.</p> <p>Regularly brief Government stakeholders for media interviews, and increase the frequency of media updates.</p> <p>Review and formalise all media and communications protocols.</p> <p>Initiate the production of new materials for paid media advertising in next and ensuing phases (and arrange for an 'authority figure' presenter to regularly present key messages).</p>		No powers required	Part C and Appendix A, Public Information Management Strategy

Function	Additional action	Responsibility	Authority	Further information from CIPAP 2021
	Initiate a buying plan for advertising in national media for the next phase.			
	Carry out ongoing liaison with WHO, the New Zealand Ministry of Health.	TMO		
	Enter information for the health and disability sector into the Emergency Management Information System.			
	Communicate with foreign governments and travellers about the Cook Islands situation.	Ministry of Foreign Affairs and Immigration		Part A, Intersectoral Response, External work stream
Other cross-sectoral actions	Ensure appropriate engagement with the lead agency, Ministry of Agriculture Biosecurity Cook Islands.	All agencies	No powers required	Part A, Summary of Roles; Pandemic Planning;
	Ensure each agency's single point of contact details are disseminated to other agencies.			Intersectoral Response, Biosecurity work stream
	Maintain a contact list of other agencies.			
	Keep relevant staff and sector updated as the situation evolves.			
	Revisit, review and revise plans and prepare to activate if or when the situation escalates.			

KEEP IT OUT

(Border management)

Potential trigger

Community-level outbreaks overseas through verified human-to-human transmission, significant increase in risk of a pandemic.

Objective

To prevent or delay the arrival of the pandemic virus into the Cook Islands by implementing border management controls, and to prepare for the next phases.

Key decisions

The extent and level of border controls (sea and air) to be implemented will be determined by the actual and potential degree of severity of the pandemic and its ongoing development overseas, and will include iterative consideration of:

- health advice and alerts and travel advisories
- moving to positive practice and travel restrictions
- screening travellers
- measures to manage symptomatic and/or exposed travellers
- implementing exit measures
- authorising special powers and infectious disease management powers under the Ministry of Health Act 2013 and/or considering the need for an epidemic notice
- preparing for a possible release of a pre-pandemic vaccine, if available
- preparing for a possible release of antivirals for use according to policy
- ordering a pandemic vaccine following a pandemic declaration by WHO
- briefing the Minister of Health and Cabinet on options for an elevated response in advance (e.g., by limiting arrivals, managing visa applications, issuing a Notice to Airmen or implementing enhanced quarantine) and implementing approved programmes and agreed options as quickly as possible
- warning people intending to travel to Cook Islands of the escalating situation regarding the threat of a respiratory pathogen pandemic, and warning that, should it be deemed justified, travellers may be placed in mandatory quarantine for a certain period on arrival.
- commencing vaccination, if a vaccine is available.
- In extreme events (like COVID19) restricting access to the Cook Islands to some or all external countries and no-Cook Island citizens

Keep It Out phase



Sustained human-to-human transmission of an animal or hybrid animal–human influenza virus or other novel respiratory virus causing community-level outbreaks has been verified (there has been a significant increase in the risk of a pandemic).



There are no human cases in Cook Islands.

Function	Additional action	Responsibility	Authority
Planning, coordination and reporting	<ul style="list-style-type: none"> Activate or prepare to activate pandemic plans at short notice when notified by the Ministry of Health. 	All agencies	No powers required
	<ul style="list-style-type: none"> Regularly monitor, evaluate and report on the actual and anticipated impact of the pandemic and response activities in individual sectors. Report on these-activities to the NHET. 	All agencies	
	<ul style="list-style-type: none"> Issue a case definition and provide technical advice to inform action in health and other settings. 	TMO	No powers required
	<ul style="list-style-type: none"> Activate emergency management organisational structures and the Health Sector Emergency Management Information System as required. 	TMO	No powers required
	<ul style="list-style-type: none"> Activate the National Health Emergency Taskforce, the Border Easement Taskforce and other pandemic work groups as required. 	TMO	No powers required
	<ul style="list-style-type: none"> Plan for an escalation to the Stamp It Out and Manage It phases, and review recovery plans. 	All agencies	No powers required
	<ul style="list-style-type: none"> Prepare for a possible release of pre-pandemic vaccine (if available) under the Pre-Pandemic Vaccine Usage Policy. 	TMO	No powers required

Function	Additional action	Responsibility	Authority
	<ul style="list-style-type: none"> Order pandemic vaccine (if available) following a pandemic declaration by WHO. Release national reserve volumes of antivirals, and consider pre-positioning bulk supplies for use according to policy in border management operations. Monitor antiviral usage. 	TMO	
Intelligence	<ul style="list-style-type: none"> Introduce enhanced staff surveillance and sickness reporting – follow up any influenza-like illness. Review recent surveillance of influenza-like illness Carry out intensive surveillance (Contact Tracing) through collection and collation of data provided by primary health care service providers, accident and medical centres, hospital emergency departments, infectious disease physicians and laboratories to detect possible imported cases and secondary cases. Implement surveillance of influenza-like illness, viral characteristics, and monitoring of trends in Healthline calls, and prepare to implement sentinel site surveillance (e.g., of workforce absence). Monitor the situation overseas. Create intelligence summaries. Carry out surveillance at the border as required by the Ministry of Health. Advise WHO of any border measures implemented as required under the International Health Regulations 2005, and provide WHO with the rationale for and relevant scientific information concerning their implementation. 	<p>All agencies</p> <p>TMO</p> <p>TMO Hospitals/Public Health Community Clinics/Primary Health Care and private general practices (GPs)</p> <p>TMO</p> <p>TMO (lead), supported by NHET agencies</p> <p>TMO (lead), supported by NHET agencies</p> <p>TMO</p>	<p>No powers required</p> <p>No powers required</p> <p>No powers required</p> <p>No powers required</p> <p>No powers required</p> <p>No powers required</p>

Function	Additional action	Responsibility	Authority
	<ul style="list-style-type: none"> Commence response-evaluation programmes. 	All agencies, informed by TMO	No powers required
Public health interventions: border management	<ul style="list-style-type: none"> Use resources such as templates, guidelines and orientation programmes developed for border management in emergencies. Activate coordination mechanisms between border agencies at local levels to ensure planning and programmes are well coordinated. Issue travel advisories as appropriate. Define the area of concern within which border measures may be applied. Provide information to incoming and outgoing travellers. Advise on exit procedures in areas of concern, and on border measures being used in other countries. Alert agencies managing facilities that are to be used for quarantine. Require additional declarations from masters of maritime vessels, stating whether anyone has joined the vessel since its last port of call and the place of origin of any such people. A declaration is required from those vessels that have gone out to sea after receiving pratique and that might have taken crew on board. Compliance with national protocols is required. 	<p>Customs and Immigration (lead)</p> <p>NHET and BET</p> <p>TMO, Ministry of Foreign Affairs and Immigration, CLO</p> <p>Customs and Immigration</p> <p>TMO in liaison with other border agencies; Ministry of Foreign Affairs and Immigration & Tourism</p> <p>Ministry of Foreign Affairs and Trade</p> <p>TMO</p> <p>Maritime operators and shipping agents</p>	<p>No powers required</p> <p>No powers required</p> <p>No powers required</p> <p>No powers required</p> <p>No powers required</p> <p>No powers required</p> <p>No powers required</p> <p>Health Act 2013</p>

Function	Additional action	Responsibility	Authority
	<ul style="list-style-type: none"> Assist with measures for ocean-going yacht arrivals and arrivals of non-commercial flights that land at airports served by the Cook Islands Customs Service. 	Ministry of Agriculture Biosecurity, Cook Islands Customs Service and	No powers required
	<ul style="list-style-type: none"> Identify aircraft from areas of concern and passengers on other aircraft who are from areas of concern, using advanced passenger notification systems and direct questioning. 	Cook Islands Customs Service	2
	<ul style="list-style-type: none"> Sanitise aircraft. 	Ministry of Transport, Airlines,	
	<ul style="list-style-type: none"> Grant pratique to craft once the public health risk has been managed. 	Public Health	
	<ul style="list-style-type: none"> Consider moving to positive pratique (100 percent health status reporting required from all incoming aircraft). 	TMO	No powers required
	<ul style="list-style-type: none"> Establish public health presence at points of entry and implement processes for referral, assessment and screening of travellers. 	Public Health Protection - Border	No powers required
	<ul style="list-style-type: none"> Require contact-tracing information from passengers arriving from areas of concern, either through the Cook Islands mandatory form or the WHO passenger locator form. 	Airlines and Cook Islands Customs Service	Customs Revenue and Border Protection Act 2012
	<ul style="list-style-type: none"> Request the Minister of Health give conditional authorisation for the use of special powers by the medical officer of health under the Ministry of Health Act 2013. Brief the Minister on options for an elevated response in preparation for escalation of the situation. 	TMO	Ministry of Health Act 2013 ; Health Regulations 2014

Function	Additional action	Responsibility	Authority
	<ul style="list-style-type: none"> Ask Ministers to agree to Cook Islands' coordinated response to the pandemic situation, for example: in limiting or refusing arrivals of craft or individuals from areas of concern in issuing Notices to Airmen in managing visa applications in implementing enhanced quarantine measures. 	TMO, in consultation with border agencies	Ministry of Health Act 2013
	<ul style="list-style-type: none"> Implement the above interventions approved by Ministers. 	TMO, Immigration Cook Islands, Ministry of Foreign Affairs and Immigration and Hospitals/Public Health Community Clinics	Ministry of Health Act 2013
	<ul style="list-style-type: none"> Advise all people intending to travel to Cook Islands by air of the escalating situation regarding the threat of a respiratory pathogen pandemic, and warn them that, should it be deemed justified, they may be placed in mandatory quarantine for a certain period on arrival. Alert airlines to symptoms of concern. 	TMO, Ministry of Foreign Affairs and Immigration and airlines	Ministry of Health Act 2013,
Public health interventions: other	<ul style="list-style-type: none"> Implement or prepare to implement cluster control activities. Renew advice to healthcare workers to have seasonal vaccination. Consider establishing regional emergency operations centres. 		No powers required
Health care and emergency response	<ul style="list-style-type: none"> Assess suspect cases at the border using WHO case definitions and travel history, as advised by the Ministry of Health. 	Medical officer of health, Public Health Community Clinics and Hospitals	Ministry of Health Act 2013,

Function	Additional action	Responsibility	Authority
	<ul style="list-style-type: none"> If a suspect case is reported, arrange for the person to be met and transported to hospital or another designated facility. Ensure the emergency department (or facility) is advised of the case being transported and that appropriate laboratory testing is undertaken. Apply the antivirals policy. Quarantine those whose symptoms do not require hospitalisation. If a case is positive for a novel respiratory pandemic pathogen virus (using the polymerase chain reaction (PCR) test), manage other symptomatic people (and other suspected cases) according to set management procedures for suspected cases. Prepare and disseminate clinical guidelines, including for the use of personal protective equipment, antivirals and antibiotics, and vaccination procedures (if applicable). Commence targeted immunisation once vaccine is available. 	<p>, in liaison with ambulance services and Hospitals</p> <p>TMO, Hospitals</p> <p>TMO, Hospitals</p>	<p>Ministry of Health Act 2013,</p> <p>Ministry of Health Act 2013</p> <p>No powers required</p> <p>No powers required</p>
Communications and health education	<ul style="list-style-type: none"> Review and update materials for employers, employees and other workplace participants containing key messages for workplaces to help them plan for, prepare for and respond to a pandemic. Establish a pandemic website or web page to provide key information for the public and agencies to guide their planning and response. Review key messages and promulgate new messages reflecting health action (e.g., border controls). Review and increase the frequency of media conference updates (to once or twice daily). Review and update public information in conjunction with all key agencies (ongoing). Liaise with WHO and New Zealand Ministry of Health (ongoing). 	<p>INTAFF</p> <p>TMO with support from other agencies as required</p>	<p>No powers required</p> <p>No powers required</p>

Function	Additional action	Responsibility	Authority
	<ul style="list-style-type: none"> Regularly review the Public Information Management Strategy, incorporating feedback from talkback monitoring, media monitoring, call centre reports, web monitoring, sector intelligence and other agency intelligence (ongoing). 	TMO with support from other agencies as required	No powers required
	<ul style="list-style-type: none"> Provide information to overseas visitors in Cook Islands. 	Ministry of Foreign Affairs and Immigration in liaison with TMO, Tourism Cook Islands and the Tourism Industry Association	No powers required
	<ul style="list-style-type: none"> Evaluate and refresh paid media campaigns (ongoing). 	TMO	
	<ul style="list-style-type: none"> Expand services through a toll free national Healthline number to provide information and clinical advice to the public, and use regular monitoring of calls to refresh scripts and provide data on influenza-like illness to inform national policy. 	TMO	
	<ul style="list-style-type: none"> Introduce as appropriate vaka or island-based support as back-up to the national Healthline, to ensure timely information and advice is provided to the public about the local response, for triage, and to inform members of the public who require information on services to assess influenza-related symptoms. 	TMO	
	<ul style="list-style-type: none"> Coordinate communications with foreign governments on the situation in Cook Islands, and advise Cook Islanders overseas. 	Ministry of Foreign Affairs and Immigration	No powers required
	<ul style="list-style-type: none"> Distribute situation reports and intelligence summaries. 	TMO	
	<ul style="list-style-type: none"> Review planning documents and information, with special reference to border control, the tourism and travel sectors, and education (international). 	All agencies	

Function	Additional action	Responsibility	Authority
Other cross-sectoral actions	<ul style="list-style-type: none"> • Brief staff and key decision-makers. • Keep up to date with national policy and advice issued by the Ministry of Health. • Lead communications, planning and response within the agency and with the sector they serve. • Answer queries from the relevant sector. • Maintain coordination with other agencies through established national and island-based mechanisms. • Ensure each agency's single point of contact details are disseminated to other agencies. • Maintain a contact list of other agencies. • Ensure response staff are given the opportunity for rest and recuperation. 	All agencies	No powers required

STAMP IT OUT

(Cluster control)

Potential trigger

Novel influenza virus or other novel respiratory virus case (cases) detected in the Cook Islands.

Objective

To control and/or eliminate any clusters that are found in Cook Islands.

Key decisions

- Prepare authorisation for use of special powers and an epidemic notice, if needed.
- Consider declaring a state of local or national emergency under the Disaster Risk Management Act 2007.
- Release antivirals for use according to policy, and monitor antiviral usage.
- Order the pandemic vaccine, if available, after a pandemic declaration by WHO.
- Commence vaccination if and when the vaccine becomes available.
- Release the pre-pandemic vaccine, if available, under the pre-pandemic vaccine usage policy.
- Introduce exit-assessment procedures, depending on the Cook Islands situation and the risk of exporting the disease.
- Issue domestic and/or international ‘don’t travel’ notices.
- Agree on a policy for preventing people leaving the country in order to prevent spread of the disease.
- Close educational facilities in affected areas, as appropriate.
- Restrict regional public gatherings and venues, as appropriate.
- Activate our community health clinics.
- Establish regional response structures.
- Isolate the Cook Islands areas affected, if possible.
- Protect unaffected islands.
- Health systems are not overwhelmed

Stamp It Out phase

- ★ There have been sustained community-level outbreaks in two or more countries overseas.



Two situations are covered by this phase. The extent of implementation of control measures will depend on the particular characteristics of the pandemic, and will need to be reviewed if situation one escalates to situation two. Additionally, the extent of control measures necessary may vary from one island to another.

Situation one: The first laboratory-confirmed human case in the Cook Islands has been identified.

Situation two: There are clusters of cases in the Cook Islands.

Maintain actions implemented in the Keep It Out phase, and implement the following actions. Regularly review actions applied to take account of changes in the situation.

Function	Action	Responsibility	Authority
(If arising from contact with Cook Islands animals)	<ul style="list-style-type: none"> Implement actions detailed in the Keep It Out phase in addition to the actions noted below. 	Ministry of Agriculture Biosecurity, TMO INTAFF	
Planning, coordination and reporting	<ul style="list-style-type: none"> Review actions and decisions in the context of the information provided by the Ministry of Health, and increase the response as necessary and in accordance with agency response plans. 	All agencies	No powers required
	<ul style="list-style-type: none"> Ensure ongoing surveillance information informs policy and operational decisions on implementing the Coordinated Incident Management System (CIMS), regional response plans and preparation for an escalated response. 	TMO	No powers required
	<ul style="list-style-type: none"> Prepare to activate business continuity plans, in anticipation of staff or supply chains being disrupted by the pandemic internationally or within Cook Islands. 	All agencies	No powers required
	<ul style="list-style-type: none"> Prepare for the Manage It phase and review recovery plans. 	All agencies	No powers required
	<ul style="list-style-type: none"> Activate the emergency management organisational structure (CIMS), including the NHET. 	TMO	No powers required

Function	Action	Responsibility	Authority
	<ul style="list-style-type: none"> Shift to the Manage It phase at 15 percent or higher attack rate or a doubling of the death rate). 	TMO	No powers required
	<ul style="list-style-type: none"> Release antivirals for use according to policy, and monitor antiviral usage. 	TMO	No powers required
	<ul style="list-style-type: none"> If appropriate, release pre-pandemic vaccine under the pre-pandemic vaccine usage policy. 	TMO	No powers required
	<ul style="list-style-type: none"> Prepare authorisation for use of emergency powers and an epidemic notice, if required. 	TMO	Ministry of Health Act 2013,
	<ul style="list-style-type: none"> Order pandemic vaccine, if available, following the pandemic declaration by WHO. 	TMO	No powers required
Intelligence	<p>Actions on the identification of a first case will depend on case history. Factors to consider include the following:</p> <ul style="list-style-type: none"> If the case has travelled overseas recently (within eight days), increase monitoring and surveillance at the border Exposure to animal sources of infection If the case has not travelled overseas within eight days and there has been no animal or bird exposure, assume human-to-human transmission within Cook Islands. Ensure contact-tracing information informs policy and programmes. Conduct intensive surveillance and contact tracing to detect other cases, possible secondary cases and contacts. Carry out surveillance through border management. Monitor influenza-like illness. Enhance laboratory surveillance. 	TMO, Ministry of Agriculture Biosecurity,	Notification requirements.
			No powers required
		TMO	No powers required

Function	Action	Responsibility	Authority
	<ul style="list-style-type: none"> Carry out surveillance of the spread of influenza or other novel respiratory viruses through and between regions. Monitor the load on and capacity of the health and disability sector. Monitor Healthline calls 	TMO	No powers required
	<ul style="list-style-type: none"> Monitor staff absence through sentinel surveillance in hospitals, Public Health Community Clinics schools and other workplaces. 	Public Service Commission, Ministry of Education and TMO	No powers required
	<ul style="list-style-type: none"> Ensure surveillance information informs policy and operational decisions on implementing the IMS, vaka and island response plans and preparation for a full response. 	TMO and Hospitals	No powers required
	<ul style="list-style-type: none"> Monitor the situation overseas. Create intelligence summaries. 	TMO (lead), Ministry of Agriculture Biosecurity and Ministry of Foreign Affairs and Immigration	No powers required
	<ul style="list-style-type: none"> Ensure laboratories have sufficient viral test primer and capacity, clarify supply constraints, and ensure resources are available to provide a timely response to increased service requirements. 	TMO, and Hospitals	No powers required
	<ul style="list-style-type: none"> Carry out national and international reporting, including to WHO. Advise WHO of the first and subsequent cases identified in Cook Islands. 	TMO	International Health Regulations 2005
	<ul style="list-style-type: none"> Review surveillance of animals in the area or areas where humans are affected. 	Ministry of Agriculture Biosecurity	Biosecurity Act 2008
Public health interventions: border management	<ul style="list-style-type: none"> Review Keep It Out phase actions and consider exit assessment procedures, initially on a voluntary basis, depending on the Cook Islands situation, WHO advice and the risk of exporting disease. 	Ministry of Foreign Affairs and Immigration, Customs in liaison with TMO	Special powers may be required under the Ministry of Health Act 2013,

Function	Action	Responsibility	Authority
	<ul style="list-style-type: none"> Agree on a policy for preventing people from leaving the country in order to prevent the spread of the disease. 	Ministry of Foreign Affairs and Immigration, Customs with OPM and TMO	Ministry of Health Act 2013;
	<ul style="list-style-type: none"> Implement Keep It Out Phase actions, exit assessment and other procedures as agreed above. 	Border agencies	
	<ul style="list-style-type: none"> Carry out contact tracing, voluntary quarantine and the dissemination of advice to contacts on physical distancing and symptoms. Provide antivirals. 	TMO	Ministry of Health Act 2013
	<ul style="list-style-type: none"> Ensure those in quarantine (voluntary or enforced) can access food, medications and treatment for existing conditions, and are referred to welfare agencies for any income support needs. 	TMO (lead), in liaison with local authorities	
	<ul style="list-style-type: none"> Use national and local contact-tracing resources produced for emergencies. 	Hospitals, Public Health Community Clinics and TMO	No powers required
	<ul style="list-style-type: none"> Obtain and train additional staff from outside Public Health Community Clinics to assist with contact-tracing duties, as required. 	TMO	
	<ul style="list-style-type: none"> Monitor contacts' health while in-home quarantine and on antiviral prophylaxis. 		
	<ul style="list-style-type: none"> Promote hygiene and physical distancing measures. 	TMO, Hospitals, all agencies	No powers required
	<ul style="list-style-type: none"> Issue domestic and/or international travel advisories. 	TMO and Ministry of Foreign Affairs and Immigration	No powers required
	<ul style="list-style-type: none"> Prepare authorisation for use of emergency powers. 	TMO	Ministry of Health Act 2013

Function	Action	Responsibility	Authority
	<ul style="list-style-type: none"> Consider declaring a state of local emergency if not already in force. 	Island Government, Emergency Management Cook Islands and Emergency Management and NSS	Disaster Risk Management Act 2007,
	<ul style="list-style-type: none"> If authorised by the Minister of Health, or if an epidemic notice is in force, or if an emergency has been declared under the Disaster Risk Management Act 2007, close educational facilities in affected area(s). 	Ministry of Education and medical officer of health	Public Health Act 2004; Disaster Risk Management Act 2007; Ministry of Health Act 2013,
	<ul style="list-style-type: none"> If authorised by the Minister of Health, or if an epidemic notice is in force, or if an emergency has been declared under the Disaster Risk Management Act 2007, consider closure of premises of a stated kind, and/or forbid people to congregate in outdoor places of amusement or recreation. 	Ministry of Education and medical officer of health	Public Health Act 2004; Disaster Risk Management Act 2007; Ministry of Health Act 2013
	<ul style="list-style-type: none"> If authorised by the Minister of Health, if an epidemic notice is in force or if an emergency has been declared under the Disaster Risk Management Act 2007, consider isolating or quarantining patients. 	Medical officer of health, Public Health Community Clinics and Hospitals	Ministry of Health Act 2013 , Public Health Act 2004; Disaster Risk Management Act 2007;
	<ul style="list-style-type: none"> Isolate Cook Islands area affected, if possible and if agreed by Cabinet 	Cook Islands Police and New Zealand Defence Force	Public Health Act 2004; Disaster Risk Management Act 2007; Ministry of Health Act 2013 ,
	<ul style="list-style-type: none"> Identify potentially vulnerable groups and institutional settings in the community to inform communications and enable the targeting of control interventions, as required. 	Hospitals and Public Health Community Clinics	No powers required

Function	Action	Responsibility	Authority
	<ul style="list-style-type: none"> Implement intensive, targeted cluster control activities and other programmes in higher risk populations and settings. 	TMO, Hospitals and Public Health Community Clinics	No powers required
	<ul style="list-style-type: none"> Protect unaffected islands if authorised by the Minister of Health, if an epidemic notice is in force, or if an emergency has been declared under the Disaster Risk Management Act 2007 (that is, forbid people or things from an infected place entering a healthy district; forbid people from leaving a healthy district or a place within it; and consider detaining people attempting to leave or enter an affected area). 	TMO, Cook Islands Police and Cook Islands Defence Force	Public Health Act 2004; Disaster Risk Management Act 2007; Ministry of Health Act 2013 ,
	<ul style="list-style-type: none"> Commence immunisation once vaccine is available. 	TMO, Hospitals and Public Health Community Clinics	No powers required
Health care and emergency response	<ul style="list-style-type: none"> Isolate cases and treat according to clinical advice and antiviral policies. 	Medical officer of health	Ministry of Health Act 2013
	<ul style="list-style-type: none"> Use human resource guidelines and policies prepared by TMO Ministry of Health for major emergencies to implement human resource programmes as required. 	Hospitals and Public Health Community Clinics	No powers required
	<ul style="list-style-type: none"> Track all staff contacts of cases and review their health status. Report on staff absences to TMO to inform national policy. 	Hospitals and Public Health Community Clinics	Ministry of Health Act 2013
	<ul style="list-style-type: none"> Test suspect cases, using the applicable test; test cases in the community or in a hospital when clinically indicated; provide information to suspect cases by telephone. 	Hospitals and general practices, in liaison with Public Health Community Clinics	No powers required
	<ul style="list-style-type: none"> Liaise with local ambulance service to provide updated information on service requirements. 	Hospitals and Public Health Community Clinics	No powers required

Function	Action	Responsibility	Authority
	<ul style="list-style-type: none"> Consider activating Community Health Clinics to support cluster control responses. 	Hospitals and TMO	No powers required
	<ul style="list-style-type: none"> Activate local and regional response structures (Puna system). 	EMCI	No powers required
Communications and health education	<ul style="list-style-type: none"> Coordinate communications to foreign governments and Cook Islanders overseas about the situation in Cook Islands. 	Ministry of Foreign Affairs and Trade	No powers required
		TMO with the support of other agencies as required	No powers required
		All agencies: TMO with the support of other agencies as required	
		TMO, Hospitals and Public Health Community Clinics	No powers required
	<ul style="list-style-type: none"> Implement a multi-media campaign: <ul style="list-style-type: none"> Hygiene physical distancing self-care and caring for others staying safe limiting spread control interventions accessing advice and help Distribute information to their staff, sector and clients through their normal channels at national and local levels. 	TMO, with the support of other agencies as required	No powers required

Function	Action	Responsibility	Authority
	<ul style="list-style-type: none"> • Ensure material is customised and uses appropriate channels to reach populations who may be more susceptible, such as: <ul style="list-style-type: none"> - non-English and non-Maori-speaking communities - Vulnerable groups inclusive of people with disabilities, as informed by epidemiological data. 	All agencies: TMO, Hospitals and Public Health Community Clinics, with the support of other agencies as required	
	<ul style="list-style-type: none"> • Expand the capacity of telephone helplines to meet an increase in demand from the public and health professionals. • Distribute situation reports and intelligence summaries. 	TMO, Hospitals and Public Health Community Clinics	No powers required
	<ul style="list-style-type: none"> • Provide customised information to overseas visitors in Cook Islands. 	MBIE – in liaison with the Ministry of Health, Tourism Cook Islands and the Tourism Industry Association	No powers required
Other cross-sectoral actions	<ul style="list-style-type: none"> • Focus on ensuring and maintaining appropriate engagement with the TMO as the lead agency in order to inform action. • Ensure contact details for each agency are up to date. • Keep staff and sectors updated on the evolving situation. • Ensure response staff are given the opportunity for rest and recuperation. 	All agencies	No powers required

MANAGE IT

(Pandemic management)

Potential triggers

- Multiple clusters in Cook Islands at separate locations or clusters spreading out of control.
- Logistically impossible to maintain cluster control activities.
- Sustained and substantial transmission in the population.

Objective

To reduce the impact of a respiratory pathogen pandemic on Cook Islands population.

Key decisions

- Release antivirals for use according to policy, and monitor antiviral usage.
- Order pandemic vaccine, if available, following pandemic declaration by WHO.
- Consider the need for an epidemic notice, if one is not already in force, and/or declaring a state of local or national emergency under the Disaster Risk Management Act 2007, and review their implementation on an ongoing basis.
- Review the need for containment measures, and implement as necessary.
- Consider setting national prioritisation criteria for the distribution and usage of critical goods and services that may be in short supply.

Manage It phase



An animal or hybrid animal–human influenza virus or other novel respiratory virus has caused clusters of disease in at least two of the following geographical regions: Africa, Asia, Europe, the Americas or Oceania (pandemic probability is certain).



There is increased and substantial transmission in the general population.

The application of “Manage It” phase actions will depend on the epidemiology of the pandemic virus and its spread in different regions. Some districts or regions may remain at the “Stamp It Out” phase, while others move to the “Manage It” Phase. Movement from the “Manage It” phase into the “Manage It: Post-Peak” phase may also vary. Targeted ‘Stamp It Out’ programmes may be maintained in these phases to protect populations at greater risk.

Function	Action	Responsibility	Authority
Planning, coordination and reporting	<ul style="list-style-type: none"> Review actions and decisions and adjust to the current situation. Full activation of NHET coordination centre Implement new actions as the evolving situation demands. 	All agencies TMO	No powers required
	<ul style="list-style-type: none"> Deliver vaccine to target age group or vulnerable persons Actively pursue vaccination of other age groups 	TMO	No powers required
	<ul style="list-style-type: none"> Establish clinical treatment protocols within hospital 	TMO	No powers required
	<ul style="list-style-type: none"> Work with Community Health services to implement home-based management guidelines Determine options and assess feasibility for isolating remote Islands within the Cook Islands. 	All agencies	No powers required
	<ul style="list-style-type: none"> Implement national prioritisation criteria for the distribution and use of critical goods and services that may be in short supply. 	All agencies	Disaster Risk Management Act 2007, Ministry of Health Act 2013 ; other sector-specific legislation
Intelligence	<ul style="list-style-type: none"> Undertake modelling of the impact of the type of virus in highly vaccinated population Assess situation of the virus within different populations with focus on Pacific island people Assess economic impact on continued border controls Monitor new variants and maintain capacity to close border if this is required as a precautionary measure Change the overall emphasis in surveillance activities from detection of cases in tourists who have been in locations of interest to assessment of the general spread, the health and social impacts of the pandemic, and the efficacy of control measures. 	TMO, Hospitals, Public Health Community Clinics and agencies focused on social and economic impact MFEM BET, NHET, TMO	No powers required

	<ul style="list-style-type: none"> • Consider targeting containment surveillance programmes in higher-risk settings and in vulnerable population groups. • Assess the role of rapid antigen tests in the Cook Island context • Monitor community concerns • Monitor information from CBACs, primary care services and hospitals on patients seen; clinical status; capacity of critical services such as emergency departments, laboratory services and ICUs; and usage of national reserve supplies. • Monitor workforce absence at sentinel sites. • Monitor the load on, and capacity of, the health and disability sector. • Monitor laboratory capacity and prioritise services, if required. • Monitor the situation overseas 	TMO, Hospitals, Public Health Community Clinics and Event Surveillance Report (ESR) INTAFF, Tourism	No powers required
	<ul style="list-style-type: none"> • Distribute situation reports and intelligence summaries. 	TMO, Ministry of Agriculture Biosecurity and Ministry of Foreign Affairs and Immigration	No powers required
Public health interventions: border management	<ul style="list-style-type: none"> • Re-evaluate border measures and ensure a nationally consistent approach. • Mandated vaccination for incoming travellers • Implement exit assessment if required. 	Border agencies	No powers required Ministry of Health Act 2013,

	<ul style="list-style-type: none"> • Re-evaluate actions and critical decisions implemented in the Stamp It Out phase. Consider the value of maintaining, increasing, targeting or reducing interventions such as: • measures to slow the spread of the pandemic, including closure of the education sector, use of face masks, physical distancing, advice on staying home, focusing on hygiene, reduction or restriction of travel, restrictions on public gatherings and venues, and voluntary quarantine of contacts • programmes tailored to high-risk populations or settings. 	TMO (lead), Public Health Community Clinics, Hospitals and other Government agencies	No powers required
Health care and emergency response	<ul style="list-style-type: none"> • Action national and island plans locally as necessary or directed, including for primary care, CBACs, hospital services, and antiviral and antibiotic distribution. • Increase and support national, regional and local telephone triage as necessary, and monitor demand. • Community consultation to prepare community • Ongoing meetings with agencies regarding community response • Provide relevant and accessible information to higher-risk populations and settings. • Engage with intensivists and monitor ICU capability and capacity. • Apply national human resource guidelines and resources locally. • Review core competencies required to deliver critical services under pressure (e.g., in a HDU or primary health care) in order to inform any reprioritisation of health resources locally, regionally or nationally. • Monitor the impact on critical hospital services; postpone electives if required and liaise with other Hospitals to make best use of available regional and national resources. • Report to the Te Marae Ora (Ministry of Health) on service capacity, as required. • Comply with any national service or resource priority criteria the Te Marae Ora (Ministry of Health) establishes. • 	Hospitals and TMO	No powers required
		INTAFF, Office of the Public Service Commission (OPSC)	
		TMO & Hospitals	No powers required

	<ul style="list-style-type: none"> • Monitor use of personal protective equipment and respond to Hospitals and islands' requests for use or distribution of such equipment from the National Supply. • Mass burials process implemented 	TMO	No powers required
Communications and health education	<ul style="list-style-type: none"> • Community awareness on recovery and • Determine agreed National plan for managing Covid as endemic disease • Implement measures applicable to the Stamp It Out phase, and additionally: <ul style="list-style-type: none"> - review the communications strategy, with special reference to audiences and key messages, incorporating feedback from media monitoring and other agencies' channels and intelligence (ongoing) - evaluate and refresh paid media campaigns and inter-agency communications and consultation (ongoing) - liaise with WHO and the Australian Department of Health and Ageing on all issues (ongoing) - coordinate communications to foreign governments about the situation in Cook Islands, and advise Cook Islanders overseas - create and distribute situation reports and intelligence summaries. - Mass burial – SoP - 	TMO with support from other agencies as required	No powers required
		TMO	No powers required
		Ministry of Foreign Affairs and Trade	No powers required
		Ministry of Health	
		RAC, TMO	

Other cross-sectoral actions	<ul style="list-style-type: none"> • Implement measures applicable to the Stamp It Out phase, and in particular: <ul style="list-style-type: none"> - focus on ensuring and maintaining appropriate engagement with the TMO as the lead agency - keep contact details of each agency up to date - re-establish flow of tourists utilising vaccination certification and ensuring they have not been in Locations of Interest - keep staff and sector of each agency updated on the evolving situation - monitor staff absence - undertake preparatory actions for the “Manage It: Post-Peak” and “Recover From It” phases - ensure response staff are given the opportunity for rest and recuperation. - use Framework for psychosocial support in emergencies TMO (Ministry of Health) 2016c) to inform recovery planning. 	All agencies	No powers required
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MANAGE IT: POST-PEAK

Potential trigger

Wave decreasing, but the possibility of a resurgence or new wave remains.

Objective



To move towards the restoration of normal services, expediting recovery, while preparing for a re-escalation of the response.

Key decisions

Many actions for this phase are common to all pandemics, whether mild or moderate. Additional actions relate to key decisions on:

- establishing recovery offices
- implementing vaccination programmes
- re-opening schools
- lifting travel restrictions
- lifting restrictions on public gatherings
- preparing to re-introduce interventions from earlier phases at short notice, if required, should there be a resurgence or a new wave of the pandemic.

Manage It Post-Peak phase

-  Levels of the respiratory pathogen pandemic in most countries with adequate surveillance have dropped below peak levels.
-  The wave of the respiratory pathogen pandemic is decreasing, but there is the possibility of a resurgence or a new wave.

It is likely that actions applied in the **Manage It** phase will be slowly stood down, and that actions for the Recovery phase will be introduced and strengthened at this point. (See tables pertaining to the **Manage It** and **Recover from It** phases for more information.) This phase may occur at different times across the country, reflecting local circumstances. At this stage, the maintenance of surveillance and intelligence activities is particularly important in order to obtain early warning of any change in circumstances that requires action. Should there be a resurgence of the pandemic, the actions implemented in previous phases may need to be re-introduced at short notice.

Function	Action	Responsibility	Authority
	<ul style="list-style-type: none">• Inform agencies of the change in phase.	TMO	

Function	Action	Responsibility	Authority
Planning, coordination and reporting	<ul style="list-style-type: none"> Review actions and decisions, in particular actions relating to key decisions made in earlier phases. Stand down controls and programmes when feasible, noting that they may need to be re-introduced quickly if there is a resurgence. 	All agencies	No powers required
	<ul style="list-style-type: none"> Debrief staff and agencies, and collate lessons learned in order to better inform planning and future responses. 	All agencies	No powers required
	<ul style="list-style-type: none"> Evaluate the effectiveness of measures used and update plans, guidelines, protocols and algorithms accordingly. 	All agencies	No powers required
	<ul style="list-style-type: none"> Collate report on lessons learned in the Cook Islands health and intersectoral response in order to inform planning and future responses, using an evaluation framework. 	TMO	No powers required
	<ul style="list-style-type: none"> Collate resources and store material developed in the response for use in future pandemics. 	All agencies	No powers required
	<ul style="list-style-type: none"> Review activation of the NHET and National Crisis Management Centre (NCMC), and prepare to transition to the Recovery phase coordination mechanism, the Plan For It Phase. 	TMO	No powers required
	<ul style="list-style-type: none"> Review the ongoing need for an epidemic notice or the activation of special legislative powers. 	TMO, Minister of Health and Prime Minister	Public Health Act 2004
	<ul style="list-style-type: none"> Review the ongoing need for a declaration of a state of local or national emergency under the Disaster Risk Management Act 2007. 	Island Government and EMCI	Disaster Risk Management Act 2007,
	Review usage of national reserve supplies, and consider re-ordering supplies.	TMO	No powers required

Function	Action	Responsibility	Authority
	<ul style="list-style-type: none"> Implement activation of recovery arrangements as required. 	All agencies	May require Disaster Risk Management Act 2007,
	<ul style="list-style-type: none"> Prepare to re-introduce interventions from earlier phases at short notice, if required, should there be a resurgence. 	All agencies	No powers required
Intelligence	<ul style="list-style-type: none"> Review surveillance programmes applied in earlier phases in order to focus activities on early detection of any resurgence. Distribute situation reports and intelligence summaries. Monitor the load on and capacity of the health and disability sector. Continue antiviral resistance monitoring. Analyse epidemiological data in order to inform programmes to be re-introduced in a resurgence. 	TMO	No powers required
	<ul style="list-style-type: none"> Review the surveillance of animals in areas where humans are affected. 	Ministry of Agriculture Biosecurity	Biosecurity Act 2007
	<ul style="list-style-type: none"> Monitor the situation overseas to identify any changes in frequency and severity of the pandemic, and in management plans and guidance from critical international bodies (such as WHO). 	TMO, Ministry of Agriculture Biosecurity and Ministry of Foreign Affairs and Trade	No powers required
Public health interventions	<ul style="list-style-type: none"> Re-evaluate measures that have been put in place, and return to business as usual when justified. 	All border agencies, Public Health Community Clinics	All previous phases
	<ul style="list-style-type: none"> Continue or commence a pandemic vaccination programme, as required. 	Hospitals and Public Health Community Clinics	No powers required
	<ul style="list-style-type: none"> Reopen educational institutions and childcare facilities, when justified. 	Ministry of Education, TMO and Public Health Community Clinics	Ministry of Health Act 2013; Disaster Risk Management Act 2007

Function	Action	Responsibility	Authority
	<ul style="list-style-type: none"> Lift any internal travel restrictions, when justified. 	TMO and Public Health Community Clinics	Ministry of Health Act 2013; Disaster Risk Management Act 2007
	<ul style="list-style-type: none"> Lift any restrictions on public gatherings, when justified. 	TMO and Public Health Community Clinics	Ministry of Health Act 2013; Disaster Risk Management Act 2007
Health care and emergency response	<ul style="list-style-type: none"> Review actions and decisions and stand down controls and pandemic programmes when feasible, noting that they may need to be introduced quickly if there is a resurgence. Prepare to return to business as usual. 	Hospitals, Public Health Community Clinics and TMO	No powers required
Communications and health education	<ul style="list-style-type: none"> Update the public and agencies on any changes to the status of the pandemic (ongoing). Ensure the public and agencies are aware it is possible that the pandemic will resurge or that a second wave will occur, so they remain vigilant. Review the communications strategy, with special reference to audiences and key messages, incorporating feedback from media monitoring and other agencies' channels and intelligence (ongoing). Evaluate or refresh awareness campaigns (ongoing). Initiate development of a recovery campaign with reference to post-trauma knowledge and best practice. Consult with all key agencies (ongoing). Liaise with WHO and the New Zealand Ministry of Health 	TMO	No powers required
	<ul style="list-style-type: none"> Disseminate key messages on the post-peak situation, consistent with communications released by the TMO (Ministry of Health). 	All agencies	No powers required

Function	Action	Responsibility	Authority
	<ul style="list-style-type: none"> Update advice on travel. 	Ministry of Foreign Affairs and Immigration	No powers required
	<ul style="list-style-type: none"> Disseminate information on travel to Cook Islands. 	Ministry of Foreign Affairs and Immigration – in liaison with TMO, Tourism Cook Islands and the Tourism Industry Association	No powers required
	<ul style="list-style-type: none"> Coordinate communications to foreign governments on the situation in Cook Islands, and advise Cook Islanders overseas. 	Ministry of Foreign Affairs and Immigration	No powers required
Other cross-sectoral actions	<ul style="list-style-type: none"> Ensure response staff are given the opportunity for rest and recuperation. Maintain appropriate engagement with the TMO as the lead agency. Ensure each agency's single point of contact details are disseminated to other agencies. Maintain a contact list of other agencies. Keep staff updated of the evolving situation. Framework for psychosocial support in emergencies TMO (Ministry of Health)2016c) to inform recovery planning. 	All agencies	No powers required

RECOVER FROM IT

(Recovery)

Potential trigger

Population protected by vaccination or pandemic abated in Cook Islands.

Objective

To expedite the recovery of population health, communities and society where they have been affected by the pandemic, pandemic management measures or disruption to normal services.

Key decisions

Most decisions listed for this phase are common to all pandemics, whether mild or severe, and focus on phasing out programmes introduced in earlier phases, noting that recovery takes time and that some controls and programmes may need to be retained for a period while society gradually returns to normal. In a mild pandemic there may be no need for a specific recovery phase. In more severe pandemics, decisions may need to be made on:

- the establishment of recovery offices
- setting or maintaining national prioritisation criteria for the distribution and usage of critical goods and services temporarily in short supply.

Recover From It phase



The level of the respiratory pathogen pandemic virus in most countries with adequate surveillance has returned to that normally seen for seasonal influenza.



The pandemic is over and/or the population has been protected by vaccination.

Function	Action	Responsibility	Authority
Planning, coordination and reporting	<ul style="list-style-type: none"> Review actions and decisions, and develop phased plans for ceasing programmes introduced in earlier phases, starting or continuing recovery-specific programmes, and returning to business-as-usual activities. 	All agencies	No powers required
	<ul style="list-style-type: none"> Give iterative consideration to activating or standing down recovery activities as demanded by the situation. 	All agencies	No powers required
	<ul style="list-style-type: none"> Review the ongoing need for an epidemic notice. 	TMO, Minister of Health and Prime Minister	Public Health Act 2004
	<ul style="list-style-type: none"> Review the ongoing need for a declaration of a state of local or national emergency under the Disaster Risk Management Act 2007. 	Island Government, EMCI	Disaster Risk Management Act 2007,
	<ul style="list-style-type: none"> Review antiviral, antibiotic and other national reserve supply stocks, recall unused supplies to the national reserve, and reassess the need to re-order. 	TMO	No powers required
	<ul style="list-style-type: none"> Deactivate, when appropriate, the NHET and other emergency operations centres. 	All agencies	No powers required
	<ul style="list-style-type: none"> Reassess national prioritisation criteria for the distribution and usage of critical goods and services temporarily in short supply. 	All agencies	Disaster Risk Management Act 2007; Ministry of Health Act 2013, other sector-specific legislation
Intelligence	<ul style="list-style-type: none"> Review current surveillance activities and maintain those required during the transition to full recovery (e.g., those providing information on health service impact). 	TMO	No powers required
	<ul style="list-style-type: none"> Distribute situation reports and intelligence summaries 	TMO and Hospitals	

Function	Action	Responsibility	Authority
	<ul style="list-style-type: none"> • Monitor the load on and capacity of the health and disability sector. • Return to Plan For It activities when recovery is complete. 	All agencies	No powers required
Public health interventions	<ul style="list-style-type: none"> • Move to routine measures as implemented in the Plan For It phase. 	All border agencies, Public Health Community Clinics	No powers required
Health care and emergency response	<ul style="list-style-type: none"> • Implement a phased stand-down of response activities. • Focus on recovery activities. • Assess priorities for business resumption. • Resume business-as-usual services gradually. • Organise debriefings. • Review the lessons learned. • Revisit, review and revise plans accordingly. • Move to routine measures as implemented in the Plan For It phase. 	All agencies	No powers required
Communications and health education	<ul style="list-style-type: none"> • Review the communications strategy, with special reference to audiences and key messages, incorporating feedback from monitoring and information from other agencies (ongoing). • Initiate recovery information and actions campaign. • Coordinate communications to foreign governments and Cook Islanders overseas about the situation in Cook Islands. 	TMO with the support of other agencies Ministry of Foreign Affairs and Trade	No powers required No powers required

Function	Action	Responsibility	Authority
Other cross-sectoral actions	<ul style="list-style-type: none"> • Implement a phased stand-down of response activities. • Focus on recovery activities. • EMCI and TMO resources to inform recovery planning. • Assess priorities for business resumption. • Resume business-as-usual services gradually. • Ensure each agency's single point of contact details are disseminated to other agencies. • Maintain a contact list of other agencies. • Organise debriefings. • Review the lessons learned. • Revisit, review and revise plans accordingly. • Move to actions implemented in the Plan For It phase. 	All agencies	

ANNEX TWO: COVID-19 ARRANGEMENTS

This Section summarizes the response that was implemented during the COVID-19 pandemic in the Cook Islands.

Prior to the first confirmed case of COVID-19 in the Cook Islands, the national approach to COVID-19 had been one of preparedness, with key efforts centered on fortifying our borders (air and sea ports), as well as educating the general public on the concept of flattening the epidemic curve to slow the spread of the disease in order to alleviate the burden on the nation's health system, economy and society (should the COVID-19 virus arrive in the Cook Islands).

BORDER EASEMENT TASKFORCE

The BET had similarly focused on health and border preparedness since its establishment in July 2020, as mandated by Cabinet.

The BET provides focused national leadership and governance to the following areas:

Preparation (closed/restricted border)

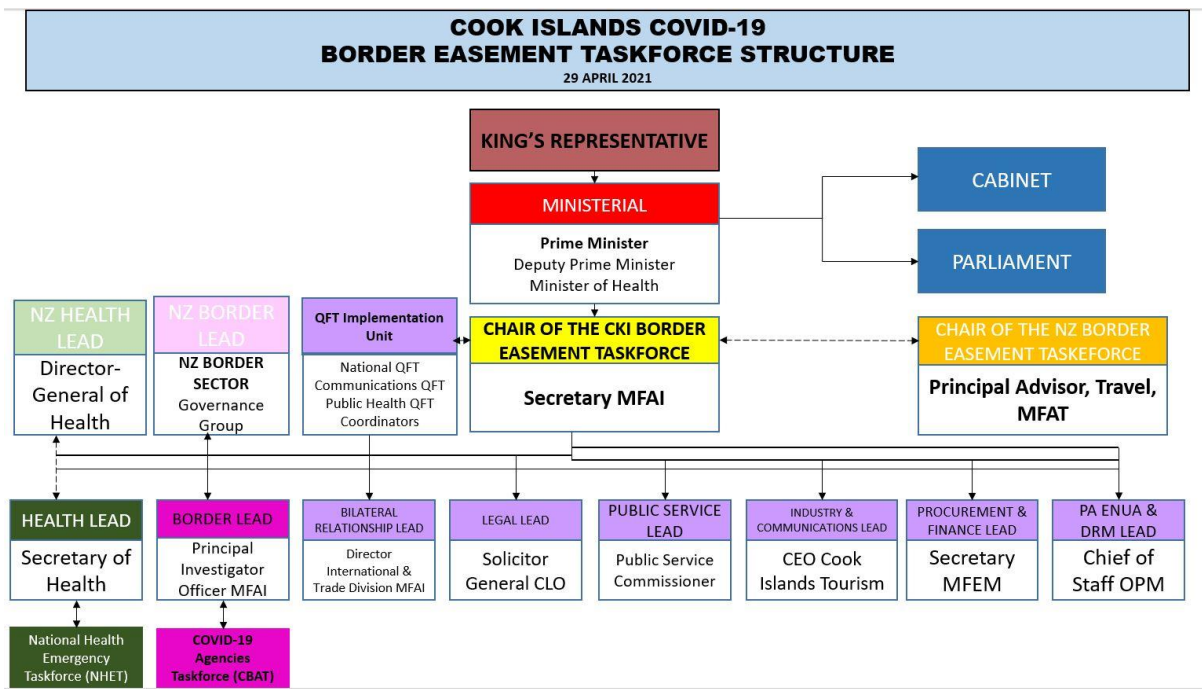
1. Progress readiness to mitigate against the risks associated with the re-opening of travel between the Cook Islands and New Zealand
2. Ensure all requisite agencies (including the private sector) have the necessary plans, resources and personnel in place to safely manage and implement the Arrangement and its Annexes
3. Contingency planning and systems strengthening in the event COVID-19 arrives in the Cook Islands; and
4. Ensure that the public are kept informed of the work of the BET.

Implementation (two-way quarantine-free travel is operational)

1. Continue monitoring of material settings in New Zealand and the Cook Islands to inform regular risk assessments
2. Continue monitoring and evaluation of implementing agencies (including the private sector) to ensure safe management and implementation of processes to operationalise the Arrangement and its Annexes
3. Manage and share information related to the QFT-A; and,
4. Respond as required to changes in material settings in both New Zealand the Cook Islands in accordance with the 'Process for Public Health Information Sharing' and the 'Process for Border Information Sharing'.

The Cook Islands BET formalised its Terms of Reference (TOR) to articulate the roles and responsibilities of its constituent members, as well as the role of the BET in overseeing the implementation and management of e-travel under quarantine-free arrangement.

Figure 3: Border Easement Taskforce structure

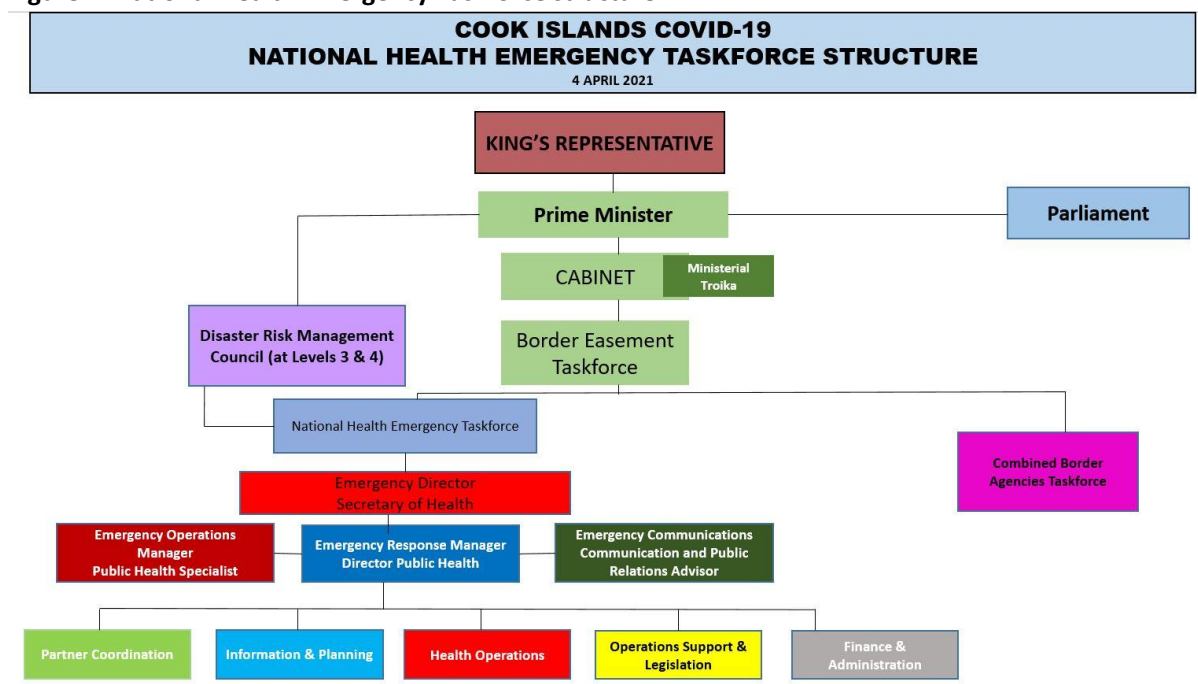


NATIONAL HEALTH EMERGENCY TASKFORCE

The **National Health Emergency Taskforce** (NHET) is intended to provide policy and operational guidance and implementation capabilities to the SoH regarding public health interventions as may be required to mitigate against a pandemic event.

The NHET meets monthly to coordinate public health actions in collaboration with the Rarotonga health centres/Puna and the Pa Enua. Should the Cook Islands shift to a Public Health Emergency the NHET will take over all domestic coordination efforts and liaise with EMCI on whether to activate the DRMC for a State of Emergency. Meetings under a Public Health Emergency will be conducted daily via Zoom and in-person for essential members of the NHET at the Emergency Operations Centre (EOC) in Tupapa.

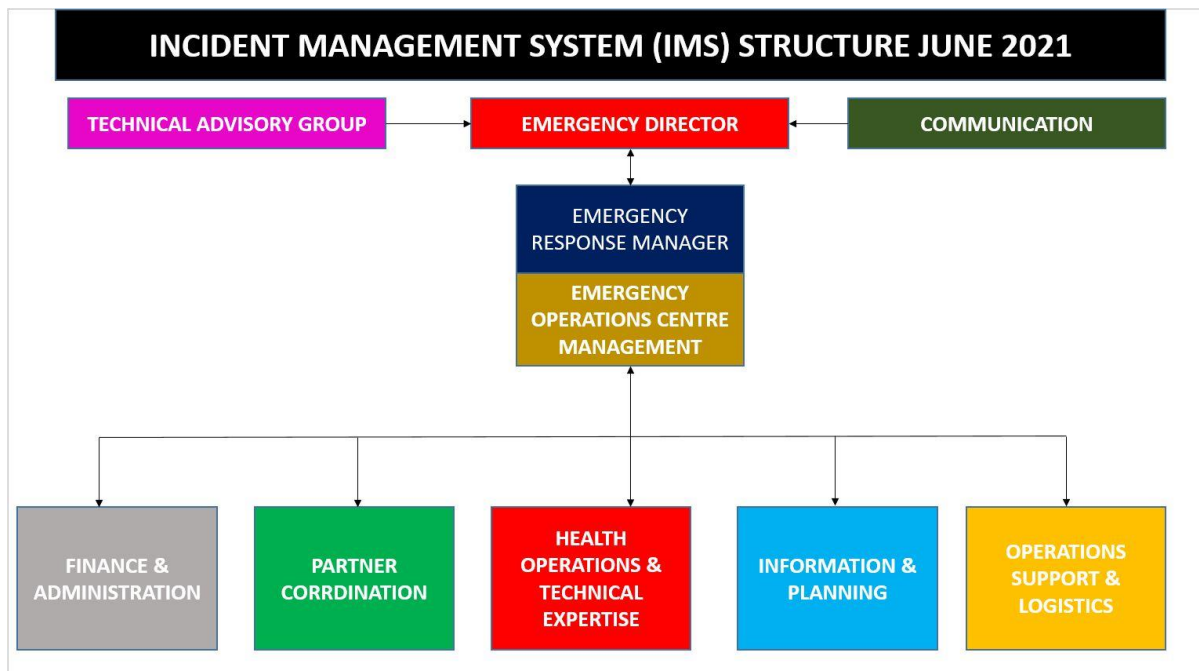
Figure 4: National Health Emergency Taskforce structure



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 is specific to TMO. 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 5: Incident Management System structure



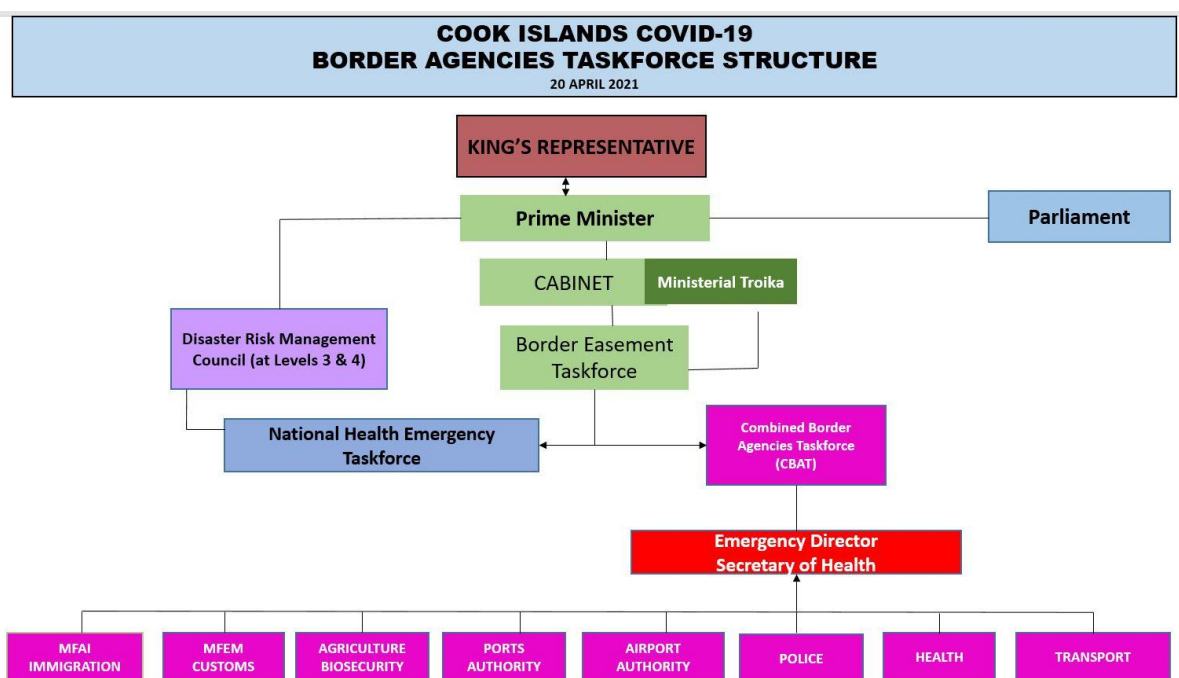
COVID-19 BORDER AGENCIES TASKFORCE

During COVID-19, the COVID-19 Border Agencies Taskforce (CBAT) was functioning informally since March 2020, and was formalized in April 2021. It is chaired by the Principal Immigration Officer (PIO) of the Ministry of Foreign Affairs and Immigration (MFAI).

The Chair of the CBAT consults with industry partners as may be required in the enforcement of and ensuring compliance to border restrictions, including Air New Zealand and relevant shipping agents/companies. The CBAT is intended to provide policy and operational guidance as well as implementation capabilities to the PIO and BET regarding border measures and interventions as may be required to mitigate against COVID-19.

The CBAT meets when required to coordinate regular border monitoring review(s), post- processing debriefs, and review/update the Border Standard Operating Procedures (SOP) as may be required.

Figure 6: COVID-19 Border Agencies Taskforce structure



ANNEX THREE: INTERSECTORAL PANDEMIC WORK STREAMS

Each Government agency informed and directed by Te Marae Ora as lead agency, is responsible for leading planning, preparedness and response in the sectors it serves. Agencies also play an important role in intelligence: for example, by tracking workforce or student absence, movements at the border and impacts on the economy and critical infrastructure. To manage a pandemic crisis effectively it is crucial that agencies carry out these responsibilities in a well-coordinated fashion.

Te Marae Ora works with the wider public sector through the National Health Emergency Taskforce (NHET), which coordinates work streams to plan for and respond to a pandemic. These work streams focus on critical areas of the national pandemic response. Each work stream is led by a particular agency and other agencies having clear roles and responsibilities (Table 2) are also involved. For example, Immigration leads the Border work stream. This work stream also involves the Ministry of Transport, Customs, the Ports Authority and the Airport Authority, Ministry of Agriculture and other border management agencies.

Table 2: Intersectoral Pandemic Group work streams

	Work stream lead agency
Health	Te Marae Ora
Biosecurity	Ministry of Agriculture
Law and order and emergency services	Crown Law Office, Cook Islands Police
Civil defence emergency	Emergency Management Cook Islands (OPM - EMCI), Cook Islands Red Cross Society
Welfare	Ministry of Internal Affairs
Education	Ministry of Education
Border	Ministry of Foreign Affairs and Immigration
External	Ministry of Foreign Affairs and Immigration
Economy	Ministry of Finance and Economic Management
Infrastructure	Infrastructure Cook Islands
Workplaces	Ministry of Internal Affairs, Office of the Public Service Commissioner
Complaints	Office of the Ombudsman

During a pandemic, multi-agency groups will also address all-of-government communications (led by TMO), legislation issues (led by Crown Law Office) and coordination (led by the Office of the Prime Minister and TMO).

The following section provides more information about the scope of each of the different work streams.

HEALTH WORKSTREAM

AGENCIES

Government agency– Te Marae Ora (lead)

Other agencies – Private Pharmacies and GPs, Cook Island Red Cross Society

LEGISLATION

- Ministry of Health Act 2013
- COVID-19 Act 2020
- Ministry of Health (International Health Regulations Compliance) Regulations 2014
- Ministry of Health (Pharmacy and Therapeutic Products) Regulations 2014
- Public Health Act 2024

KEY DOCUMENTS

- National Pandemic Preparedness Plan 2023
- WHO Preparedness and Readiness for Emerging Threats 2023
- Cook Islands Emergency Response Plan to COVID-19 2021
- Infection Prevention and Control Guidelines
- TMO QFT Public Health Assessment Guide in Relation to Increased Risk in New Zealand 2021
- Supervised Quarantine and Medical Clearance Policy 2021
- Critical Preparedness, Readiness and Response to COVID-19 Plan 2020
- Risk Communication and Community Engagement Plan COVID-19 2020
- Containment and Mitigation Plan to COVID-19 2020
- Public Health Protocol Corona Virus 2020
- Public Health Protocol Ill Traveller 2020
- Surveillance and Testing Plan COVID-19 2020E
- Essential Services Policy 2020All relevant Standard Operating Procedures (SOPs)

WEBSITES

- Te Marae Ora website: <https://www.health.gov.ck/>
- Cook Islands COVID-19 Website: <https://covid19.gov.ck/>
- Emergency Management Cook Islands: <http://www.emci.gov.ck/>
- Ministry of Health, Emergency Management: www.health.govt.nz/your-health/healthy-living/emergency-management
- Ministry of Health, Being Prepared (Ministry of Health 2013b): www.health.govt.nz/your-

[health/healthy-living/emergency-management/being-prepared-pandemic](#))

- WHO, Pandemic Preparedness: www.who.int/features/qa/pandemic-influenza-preparedness/en/
- Guidance on Infectious Disease Management under the Health Act 1956 www.health.govt.nz/publication/guidance-infectious-disease-management-under-health-act-1956

ROLES AND RESPONSIBILITIES

Te Marae Ora

Te Marae Ora is the lead agency for planning and responding to a pandemic on a national scale. The Ministry of Health's particular responsibilities include:

- activating a national emergency response, including activating and running the National Health Incident Management System
- Maintaining standard operating procedures for the National Health Incident Management System
- clearly identifying roles and responsibilities consistent with the IMS strategy identified in the National Health Emergency Plan
- ensuring sufficient staff are trained and exercised to participate in the National Health Incident Management System at short notice, and maintaining a knowledge base on pandemic planning and response
- undertaking national intelligence and planning, including liaising with NZ Ministry of Health, and reporting to, WHO and other international bodies responsible for providing high-level advice and recommendations to national authorities
- convening advisory groups and disseminating clinical and public health advice nationally
- providing information and advice to Ministers
- liaising nationally with, and advising, other Government agencies
- advising the OPM to activate the National Disaster Risk Management Council if necessary
- collating information for dissemination and use in the Cook Islands with the support of the best expert advice available
- providing inter-regional support for health services
- overseeing the health and disability sector response nationally to ensure consistency of advice and action across the country in all pandemic phases
- providing public information, including through public awareness and information campaigns, telephone advice lines and the internet, and links to information such as travel advisories that border control agencies produce
- instigating and standing down universal or targeted public health assessments
- coordinating services and resources nationally, as required.
- responsible for coordinating national, real-time notifiable disease surveillance and data analysis, so transmission patterns throughout Cook Islands can be monitored.

Public Health and Community, Pa Enuā

Public health units are responsible for:

- developing and implementing plans for public health emergencies
- maintaining and enhancing surveillance of public health
- maintaining and enhancing border health response activities
- investigating ‘cases’ (sick people) and ‘contacts’ (people who may have been exposed to the virus, but who have not yet developed, or may not develop symptoms)
- using control measures (including statutory powers) as necessary
- integrating public health planning and response with TMO planning and response
- accessing support from TMO and other agencies to maintain core functions
- advising local agencies and lifeline utilities about the public health aspects of their planning and response
- investigating, assessing and responding to events involving risks to public health
- ensuring advice and actions are consistent across the country.
- serve as a key contact to facilitate communication among, and provide scientific advice to, agencies within the Cook Islands and internationally.

INTERNATIONAL SUPPORT

Ministry of Health – New Zealand (MoH NZ)

In all stages of the pandemic plan MoH NZ is strategic in providing clinical and allied support. Vaccine supplies, logistics, roll-out, together with coordinated response with border and public health measures, will all be vital/pivotal towards the delivery of the actions within the plan:

- NZMAT support
- Pasifika Medical Association (PMA) health checks at border, surge capacity of staff

Ongoing work

The health work stream is responsible for addressing five key areas, each with their own objectives:

- health intelligence
- health and disability sector capability and capacity
- Ministry of Health logistics
- government and sector leadership and coordination
- public information management.

Key legislation for COVID-19

Amendments to the COVID-19 Act 2020 were enacted by Parliament on 30 April 2020 and 30 November 2020.

COVID-19 Regulations:

- COVID-19 (Ministry of Health) Regulations 2022 – 29 July 2022

- COVID-19 (Border Entry Requirements) Regulations 2022 – 1 May 2022
- COVID-19 (Public Health Measures) Regulations 2022 – 1 May 2022
- COVID-19 (Public Health Measures) Amendment Regulations (No3) 2022 – 31 March 2022
- COVID-19 (Public Health Measures) Amendment Regulations (No2) 2022 – 25 January 2022
- COVID-19 (Public Health Measures) Amendment Regulations– 12 January 2022
- COVID-19 (Public Health Measures) Regulations – 23 December 2021
- COVID-19 (Air Border) Regulations 2022 – 17 March 2022
- COVID-19 (Air Border Entry Requirements) Amendment Regulations (No 2) 2022 – 24 February 2022 *[Revoked]*
- COVID-19 (Air Border Entry Requirements) Amendment Regulations 2022 – 27 January 2022 *[Revoked]*
- COVID-19 (Air Border Entry Requirements) Regulations – 23 December 2021 *[Revoked]*

Ministerial Orders & Executive Council Orders:

- Ministerial Order - Pa Enea– 8 July 2022
- Ministerial Order - Pa Enea– 11 June 2022
- Ministerial Order - Pa Enea– 27 May 2022
- Ministerial Order - Pa Enea– 30 April 2022
- Ministerial Order - Public Health Measures– 27 April 2022
- Ministerial Order - Indoor & Outdoor Events and Social Gatherings on Rarotonga and Aitutaki, and Contact Sports– 24 April 2022
- Ministerial Order - Pa Enea Travel – 15 April 2022
- Ministerial Order - Indoor & Outdoor Events and Social Gatherings on Rarotonga and Aitutaki, and Contact Sports– 15 April 2022
- Ministerial Order - Indoor & Outdoor Events, Social Gatherings, Contact Sports and Pa Enea Travel – 31 March 2022
- Ministerial Order - Indoor & Outdoor Events, Social Gatherings, Contact Sports and Pa Enea Travel– 17 March 2022
- Ministerial Order - Indoor & Outdoor Events, Social Gatherings, Contact Sports and Pa Enea Travel– 10 March 2022
- Ministerial Order - Indoor & Outdoor Events and Social Gatherings– 6 March 2022
- Ministerial Order - Indoor & Outdoor Events and Social Gatherings, Contact Sports, Pa Enea Travel– 2 March 2022
- Ministerial Order - School Closure– 27 February 2022
- Ministerial Order – Pa Enea Travel – 25 February 2022
- Ministerial Order – Pa Enea Travel – 13 February 2022
- Ministerial Order - New Public Health Measures – 25 January 2022

- Ministerial Order - Specified Educations Institutions to be closed temporarily Updated – 25 January 2022
- Ministerial Order - Specified Educations Institutions to be closed temporarily – 24 January 2022
- Ministry of Health (Pa Enea Travel and Gatherings) – 30 August 2021
- Ministry of Health (Pa Enea Travel and Gatherings) – 23 August 2021 [Revoked]
- Ministry of Health (Pa Enea Travel and Gatherings) – 19 August 2021 [Revoked]
- Ministry of Health (COVID-19: Domestic Travel Restrictions) Regulations 2020 - 20 March, 2020 [Revoked]
- Ministry of Health (COVID-19: Supervised Quarantine on Arrival in Rarotonga) Regulations 2020 - 23 March, 2020 [Revoked]
- Ministerial Order No. 1 - School Holidays Extended - 31 March, 2020 [Expired]
- Ministerial Order No. 2 - Sale of Alcohol and Social Gatherings - 2 April, 2020 [Revoked]
- Ministerial Order No. 3 - Social Gatherings - 17 April, 2020 [Revoked]
- Executive Council Order - Revocation of Domestic Travel Regulations - 17 April, 2020
- Ministerial Orders No.1 & No.2 Revoked - 27 April, 2020
- Secretary of Health Category Quarantine Order - 31 August, 2020

Category Quarantine Orders (Section 12 of the COVID-19 ACT 2020):

- 1: Category Quarantine Order for International Arrivals on Friday 4 September 2020 - ends 18 September 2020
- 1: Public Notice of Quarantine Release for International Arrival on Friday 4 September 2020
- 2: Category Quarantine Order for International Arrivals on Friday 11 September 2020 - ends 25 September 2020
- 2: Category Quarantine Order Variation for International Arrivals on Friday 11 September 2020
- 3: Category Quarantine Order for International Arrivals on Friday 18 September 2020 - ends 2 October 2020
- 4: Category Quarantine Order for International Arrivals on Friday 25 September 2020 - ends 9 October 2020
- 5: Category Quarantine Order for International Arrivals on Friday 2 October 2020 - ends 16 October 2020
- 6: Category Quarantine Order for International Arrivals on Friday 9 October 2020 - ends 23 October 2020
- 7: Category Quarantine Order for International Arrivals on Friday 16 October 2020 - ends 30 October 2020
- 8: Category Quarantine Order for International Arrivals on Friday 23 October 2020 - ends 06 November 2020
- 8: Category Quarantine Order for International Arrivals on Friday 23 October 2020 - Maori - ends 06 November 2020

BIOSECURITY WORKSTREAM

AGENCIES

Central government agencies

Ministry for Agriculture (lead)

LEGISLATION

- Biosecurity Act 2008
- Agriculture Act 2021

WEBSITES

- Ministry of Agriculture, Biosecurity: <https://agriculture.gov.ck/biosecurity/>

ROLES AND RESPONSIBILITIES

Ministry of Agriculture

The Ministry of Agriculture is responsible for monitoring animal populations for influenza and responding to disease outbreaks in animals. The Ministry for Agriculture will also report to the World Organisation for Animal Health, the international veterinary agency responsible for international animal health issues.

ONGOING WORK

The Ministry for Agriculture is the lead agency for planning and responding to an outbreak of highly pathogenic influenza in animal species. It also has a role in the response phase to human pandemic influenza. In particular, Ministry of Agriculture is responsible for:

- surveillance of influenza in animals
- responding with investigation and laboratory diagnosis to public enquiries about sick animals, including through the pest and exotic disease hotline
- preparing technical and other information on influenza in animals
- preparing technical response policies considering such matters as detection, vaccination, culling and disposal
- establishing and implementing import health standards to control the risk of notifiable influenza in animals entering the Cook Islands through the importation of animal material.

LAW AND ORDER, EMERGENCY SERVICES WORKSTREAM

AGENCIES

Government agencies

Cook Islands Police (lead), Fire Service, Ministry of Justice, Department of Corrections, Emergency Management Cook Islands, Crown Law Office, Office of the Prime Minister

LEGISLATION

- Cook Islands Disaster Risk Management Act 2007
- Police Amendment Act 2021

WEBSITES

- Cook Islands Police: www.police.gov.ck

ROLES AND RESPONSIBILITIES

Cook Islands Police

Police responsibilities in a pandemic are the same as in any emergency. Police must:

- maintain law and order
- respond to requests from a medical officer of health
- take all measures within their power and authority to protect life and property, and to assist with the movement of rescue, medical, fire and other essential services
- assist the coroner as required
- coordinate movement control over land, including communications and traffic control.

Crash Fire Service

Fire service roles and responsibilities in a pandemic are the same as they are in any emergency:

- firefighting to control, contain and extinguish fires
- containing releases and spills of hazardous substances
- undertaking urban search and rescue
- redistributing water for specific needs (e.g., to preserve health and hygiene in stricken areas).

Ministry of Justice

the Ministry of Justice's role in a pandemic response is to provide services to support law and order. It is responsible for providing essential court services, coronial services, support to the judiciary and policy advice, and will also advise and inform the Ministers for Courts and Justice on the provision of essential services and other matters that may arise. They are also responsible for identity services (e.g., births, deaths and marriages; and passports and citizenship in support of passports, if required)

Ministry of Corrective Services

The Ministry of Corrective Services' role in a pandemic response is to prevent and manage widespread transmission of disease, to ensure the safe and secure containment of the country's prison facility and continue monitoring of high-risk offenders.

Crown Law Office

The Crown Law Office is involved in the preparing of legislation, managing the oversight of legislative drafting across government e.g. COVID-19 Act 2020.

Office of the Prime Minister and Cabinet

The Office of the Prime Minister advises the Prime Minister and Cabinet, and helps to coordinate the work of core public service departments and ministries. Its role in pandemic planning and response is to assist in coordinating all-of-government activities through the NDRMC - the mechanism used to formulate advice for Cabinet and through which strategic direction from the Government is channelled for implementation.

Emergency Management Cook Islands

Emergency Management Cook Islands will support sector-specific groups, their leadership and island government to address the expected consequences of the pandemic on their communities.

INTERNATIONAL SUPPORT

New Zealand Defence Force (NZDF)

During a pandemic, the NZDF will offer aid to the Cook Islands government as part of their mandate with the Cook Islands being part of the Realm of New Zealand. However, in addition to a possible reduction through illness of available personnel, the resources of the NZDF may be compromised by other commitments, and responsibilities for other NZ Government-directed contingency tasking.

Where available, NZDF equipment and personnel may be able to assist in situations where normal services are under pressure. Coordination with NZDF will be crucial in any assistance with remote outer islands, especially those without airports (Nassau, Palmerston and Rakahanga).

ONGOING WORK

The focus in this workstream is to be able to mitigate the impacts of the pandemic and to be able to maintain law and order, provide essential emergency services which will contribute towards the control or elimination of the virus in-country.

The objectives of this work stream are to:

- determine national and island-specific law and order responses
- identify areas in which health agencies, the Police and other agencies and their designated officers (particularly medical and other officers of health) will require support
- update Cook Islands Police national and island emergency plans
- develop internal and external Crash Fire Service contingency plans
- assist in the Ministry of Corrective Services internal and external planning
- work with other agencies to clarify the role of the NZDF between and during pandemics, and identify trigger points for that support

The work stream is convened as required to address law and order and emergency services planning and response issues.

DISASTER RISK MANAGEMENT WORKSTREAM

AGENCIES

Central government agencies

Emergency Management Cook Islands (EMCI - OPM) (lead), Ministry of Health, Police, Ministry of Internal Affairs, Ministry of Foreign Affairs and Immigration, Ministry of Finance and Economic Management

OTHER AGENCIES

Ports Authority, Airport Authority, Local Government /Island Councils, Local businesses

LEGISLATION

- Police Act 2012
- Disaster Management Act 2007

KEY DOCUMENTS

- The Strategic Roadmap for Emergency Management (SREM) in the Cook Islands (2018 – 2023)
- The Country Preparedness Package (CPP) 2018
- Island Disaster Risk Management Plans

WEBSITES

- Emergency Management Cook Islands: www.emci.gov.ck

ROLES AND RESPONSIBILITIES

Emergency Management Cook Islands

The roles and responsibilities of the EMCI in the response phase, in support of TMO as the lead agency, are to:

- Support Island and Puna DRM Committees and local government to manage the consequences of the pandemic on their communities
- facilitate local emergency support to the social sector and INTAFF to enable the social and commercial sector to maintain sufficient food and grocery supplies to point of sale during a pandemic
- coordinate the disaster/emergency welfare, infrastructure and lifeline utility aspects of a pandemic.

Te Marae Ora

See information on the health work stream above.

Ministry of Internal Affairs

See information on the welfare work stream.

Ministry of Transport

See information on the Infrastructure work stream

Disaster Risk Management Groups

The role of puna and DRM Committees in the response phase, in support of the Health-led response, is to prioritise and coordinate the regional DRM interagency responses to the consequences of the pandemic necessary to support communities. They do this through:

- providing or arranging the provision of suitably trained and competent personnel (including volunteers) and an organisational structure for the DRM committee and allocated staff
- providing, arranging the provision of, or making available materials, services, information and any other resources necessary to support the health-led response to pandemic influenza
- responding to and managing the non-health DRM adverse effects of the pandemic in its area
- reporting on the coordination of DRM welfare, infrastructure and lifeline utility aspects of a pandemic.

Island Government

The roles and responsibilities of local authorities in the response phase, in support, will be to provide local leadership, maintain essential local government services, provide local DRM response to a pandemic and support the activities of their DRM committee/s to address the community consequences of the pandemic

Fast-moving consumer goods sector

Representatives of the economic sector will coordinate during a pandemic event to maintain essential food and grocery supplies to point of sale. Coordinating organisations include, but are not limited to, the Chamber of Commerce, the Growers Association, Red Cross, and various food retailers.

ONGOING WORK

The DRM work stream is focused on facilitating the development of plans to identify and deal with pandemic preparedness and response issues. This includes supporting local government to address its roles in providing community leadership and managing community services and assets, and their CDEM functions in support of the health and disability sector.

The objectives of the DRM workstream are to:

- support island government to provide ongoing local government leadership and governance in their communities
- support DRM Committees to develop contingency plans to identify and deal with Island DRM pandemic preparedness and response roles
- support the economic sector to develop plans to maintain the food and commercial goods supply chain and retail operations
- develop a DRM support plan for a pandemic response
- coordinate the DRM welfare, infrastructure and lifeline utility aspects of a pandemic response.

WELFARE WORKSTREAM

AGENCIES

Central government agencies

Ministry of Internal Affairs (lead), Emergency Management Cook Islands, TMO, Ministry for Agriculture, Ministry of Finance and Economic Management, Ministry of Education, Ministry of Foreign Affairs and Immigration.

Non-governmental agencies

Cook Islands Red Cross Society, Are Pa Metua, Cook Islands Disability Council

LEGISLATION

- Education Act 2012
- Disaster Risk Management Act 2007
- Ministry of Finance and Economic Management Act 1996
- Social Security Act 1964
- Tax Administration Act 1994

KEY DOCUMENTS

- Individual welfare agencies' pandemic plans and guidelines
- (to be developed)

WEBSITES

- Ministry of Internal Affairs: www.intaff.gov.ck
- Emergency Management Cook Islands: www.emci.gov.ck
- Ministry of Health – TMO: www.health.gov.ck

ROLES AND RESPONSIBILITIES

Ministry of Internal Affairs

The Ministry of Internal Affairs is responsible for:

- continuing ongoing payments to existing clients
- providing financial assistance to new clients
- providing care and protection, youth justice and residential services
- working with other Government agencies and non-Government agencies to provide a coordinated welfare response

Ministry of Health

Within the welfare work stream, the Ministry of Health's primary role is to:

- coordinate the provision of psychosocial welfare support at the national level
- promote evidence-based best practice and principles for psychosocial support interventions

- liaise with hospitals and clinics and other health and disability sector providers (for example primary health organisations and non-governmental organisations) to facilitate the coordination of planning and interventions during all phases.
- activating the 0800 Government Helpline, which will provide immediate, coordinated information about the services and assistance available to people affected by an adverse event or emergency (declared or non-declared).

The Ministry of Health is also responsible for working with agencies to establish whether Health clinics and DRM committees, health and disability service providers and the public have a need for further information or guidance concerning welfare arrangements and psychosocial support issues.

Emergency Management Cook Islands

See information on the Disaster Risk Management work stream

Ministry for Agriculture

As part of the welfare work stream, Ministry for Internal Affairs (INTAFF) undertakes a liaison role between the welfare sector and growers and farmers. Agriculture - Biosecurity is primarily concerned with the impacts on, and support mechanisms available for, the agricultural sector.

Cook Islands Tourism

In a pandemic the Cook Islands Tourism role is to act as a liaison point for the wider tourism sector, including providing information to visitors about support that may be available if required.

Business Trade and Investment Board

Work with TMO's Mental Health Unit to roll out TMO's community resiliency program.

Ministry of Education

As part of the welfare work stream, the Ministry of Education acts as a liaison point for the wider education sector (see information on the education work stream).

Ministry of Foreign Affairs and Trade

See information on the external work stream

Tax Department (MFEM)

See information on the economy workstream

Cook Island Red Cross Society, Are Pa Metua, Te Vaerua, Creative Centre, National Disability Council, Te Kainga

Non-governmental agencies play an important role in the welfare work stream. Depending on the scale of the event and the specific welfare arrangements in existence at the local level, such agencies perform both an advisory role at the national level and an operational role and assistance to puna and DRM committees at a local level. Input from these agencies is critical.

ONGOING WORK

The NWCG is a national, strategic welfare group that plans, supports and helps coordinate welfare activity when assistance or support is required at a national level. At the community level, welfare is planned for and delivered through the DRM structure, which includes Island and tapere DRM committees. The “Welfare Grouping” supports the local and regional response through representation of these groups.

In pandemic planning, the objectives of the Welfare workstream are to:

- coordinate the provision of an integrated Government welfare response
- support Government agencies to identify and address welfare issues such as the provision of accommodation, the delivery of food to vulnerable households, financial assistance and the care of children
- ensure welfare agencies continue to provide essential services during a pandemic.

EDUCATION WORKSTREAM

AGENCIES

Central government agencies

Ministry of Education (lead)

Other agencies

Cook Islands Teachers Union, Cook Islands Tertiary Training Institute, University of the South Pacific (Cook Islands).

LEGISLATION

- Biosecurity Act 2008
- Education Act 2012

KEY DOCUMENTS

- Education Master Plan
- Education Disaster Risk Management Plan/Policy 2018

WEBSITES

- Ministry of Education, Disaster Risk Management Plan: http://www.education.gov.ck/wp-content/uploads/2018/06/GMP-02-004_Disaster-Risk-Management-Plan.pdf

ROLES AND RESPONSIBILITIES

Ministry of Education

The role of the Ministry of Education is to co-ordinate the response for the education sector and ensure response arrangements are publicised for:

- early childhood education services
- schools
- tertiary education organisations
- education agencies (the Ministry of Education, CITTI and the University of the South Pacific Cook Islands' campuses)

ONGOING WORK

The Education work stream coordinates pandemic planning and response for the education sector, including early childhood education services, schools, tertiary education organisations, and education agencies. This involves about four thousand people, including staff and students.

The objectives of the education work stream are to help education agencies and providers to:

- prepare suitable response plans
- incorporate their pandemic plans in their organisation's emergency management plan
- identify their essential services in a pandemic and take steps to ensure these services can be effectively carried out in a pandemic.

BORDER WORKSTREAM

AGENCIES

Government agencies

Ministry of Foreign Affairs and Immigration (lead). Cook Islands Customs Service, Ministry of Health, Ministry of Transport, Airport Authority, Ports Authority, Ministry of Agriculture, Police, Office of the Prime Minister.

LEGISLATION

- Customs Revenue Border Protection Act 2012
- Public Health Act 2004
- Immigration Act 2021
- International Health Regulations 2005

WEBSITES

- Ministry of Foreign Affairs and Immigration: www.mfai.gov.ck
- Customs Service: www.mfem.gov.ck/customs

ROLES AND RESPONSIBILITIES

Ministry of Foreign Affairs and Immigration

MFAI chairs the multi-agency Border Working Group, which is responsible for developing border management options that can be used during a pandemic threat. These options range from enhanced assessment to restrictions on trade and travel.

In the response phase, MFAI will be involved in implementing such measures at airports and seaports. Many of the responses will be at the direction of health officials subject to legislation such as the Covid-19 Act (2020) and Public Health Act 2023 (pending).

Ministry of Health

As a member of the Border Working Group, the Ministry of Health is responsible for national intelligence and planning, including liaison with WHO and the other international bodies responsible for providing high-level advice and recommendations to national authorities, and providing public information, including through the internet, and facilitating public access to travel advisories that border control agencies produce.

Ministry of Transport

The Ministry of Transport will be among those agencies assisting the Ministry of Health and the Customs in the Border Working Group by providing advice to the group and liaising with the transport sector.

Airport Authority

The Airport Authority will assist with operational aspects of a pandemic response at international airports by, for example, carrying out perimeter patrols and foot patrols and providing airside escorts to ensure aviation security is not compromised. Additionally, they may assist Customs with other airport-related tasks if it has resources available.

Ports Authority

Ports will provide advice to the Border Working Group on ship and port safety and security.

Ministry of Agriculture

See information on the biosecurity work stream

Police

See information on the law and order and emergency services work stream

Ministry of Finance and Economic Management

See information on the economy work stream

Office of the Prime Minister

See information on the law and order and emergency services work stream

ONGOING WORK

The border work stream is primarily focused on the 'Keep It Out' phase of the Cook Islands pandemic response; that is, preventing or delaying a pandemic influenza outbreak from reaching the country. A range of border management options is possible. Priority will be accorded to responses at the air border first, followed by the sea border (considered more manageable).

The objectives of the border Workstream are to:

- maintain and enhance possible border responses to a range of pandemic scenarios
- maintain a flexible suite of responses that can be used independently or in combination, to manage flows of travel and trade in order to limit the spread and impact of pandemic influenza
- consider decision-making processes, logistical issues, legislative powers or restrictions, and the costs and implications of the proposed response
- identify trigger points and understand the roles of other responsible agencies.

EXTERNAL WORKSTREAM

AGENCIES

Government agencies

Ministry of Foreign Affairs and Trade (lead), TMO- Ministry of Health, Crown Law, Customs, Ministry of Finance and Economic Management (MFEM) Ministry of Agriculture, Cook Islands Tourism,

LEGISLATION

- None applicable to a pandemic.

WEBSITES

- Ministry of Foreign Affairs and Immigration: <https://mfai.gov.ck/>
- Cook Islands Tourism: <https://cookislands.travel/home>

ROLES AND RESPONSIBILITIES

Ministry of Foreign Affairs and Immigration

The Ministry of Foreign Affairs and Immigration is responsible for:

- reporting on international pandemic developments and liaising with other governments on pandemic response measures
- providing pandemic -related information to Cook Islanders abroad
- providing consular assistance to Cook Islanders abroad affected by the pandemic
- providing foreign missions in the Cook Islands information to help them provide consular assistance to their nationals during a pandemic
- facilitating Cook Islands' contribution to international efforts to prepare for and respond to a pandemic, including:
- providing development assistance to partners to support preparedness for pandemics
- responding to requests for assistance from developing countries, in conjunction with other countries and agencies.

Ministry of Health, Police, Ministry of Agriculture and Customs

As part of the external work stream, the Ministry of Health, Police, Ministry of Agriculture and Customs provide advice and assistance as required to the Ministry of Foreign Affairs and Immigration as the lead agency.

Tourism

As required, leads a tourism work stream including Tourism, the Tourism Industry Council, Business Trade and Investment Board (Major Events), the Ministry of Education (secondary and tertiary students overseas), the Ministry of Foreign Affairs and Immigration (trade policy), the TMO (Communications). The role of this group is to assess the impact of the pandemic on the tourism and education sectors and to develop and disseminate targeted information to international visitors, intending visitors and the wider tourism sector network.

ONGOING WORK

The external work stream focuses on the international dimension of the Cook Islands pandemic planning. Aided by reporting from Cook Islands missions abroad (NZ & Fiji), the group monitors international planning efforts, and in the event of pandemic influenza will monitor the global spread of pandemic

influenza and international efforts to respond to a pandemic. The work stream focuses on planning and coordinating with New Zealand's international activities.

The objectives of the external workstream are to:

- develop a consular response for Cook Islanders overseas
- prepare Cook Islands posts in NZ and Fiji to respond to a pandemic
- develop an external communications strategy

ECONOMY WORKSTREAM

AGENCIES

Government agencies

MFEM (lead), Ministry of Internal Affairs, Business Trade and Investment Board, Ministry of Foreign Affairs and Immigration, Public Service Commission, Emergency Management Cook Islands, Te Marae Ora.

LEGISLATION

- Ministry of Finance and Economic Management Act 1996

WEBSITES

- Ministry of Finance and Economic Management: www.mfem.gov.ck

ROLES AND RESPONSIBILITIES

MFEM

MFEM is the Government's primary economic and financial advisor. Its pandemic planning has included commissioning work looking at measures to mitigate the economic shock from a pandemic and encourage a rapid recovery, and contributing to working groups looking at more specific issues with significant economic implications.

MFEM's primary role in the response phase of a pandemic will include the continued running of the Government financial system and advising on measures to mitigate economic impacts.

The Tax Department plays a key role in the economic and social well-being of all Cook Islanders by ensuring revenue is available to fund Government programmes and ensuring people receive the payments they are entitled to. Some normal compliance and information services may need to be suspended during a pandemic. However, to the greatest possible extent, the Tax Department will ensure that in the event of a pandemic revenue collection services are maintained and customers receive their entitlements.

ONGOING WORK

The agencies in the economy work stream have looked at measures to mitigate the economic shock from a pandemic and encourage a rapid recovery. When required, these agencies also advise TMO - Ministry of Health on specific pandemic planning measures, such as the purchase of pandemic vaccine.

The objectives of the economy work stream are to:

- protect the Government financial system – this involves contingency planning to ensure that Government payments keep running in a pandemic, and that MFEM, the Ministry of Internal Affairs and other applicable agencies regularly update and review their business continuity plans
- maintain financial stability – the updating of business continuity plans and meeting with the private sector and banks to discuss their preparedness and business continuity plans
- formulate macroeconomic policy – the Reserve Bank of New Zealand and the Treasury have examined the robustness of monetary and fiscal policy frameworks to withstand a potential shock of this nature and scale
- firms' preparedness – including work to assist firms with their preparedness to cope with disruptions to their supply chains and markets and other effects

- provide support to firms and households.

OFFICE OF THE OMBUDSMAN

The Office of the Ombudsman is an independent and impartial office of, and responsible to, Parliament. During a pandemic, the Ombudsman would be able to investigate complaints received from the general public about the pandemic response, but is also mandated to initiate an investigation of its own motion. It is also responsible for investigating complaints under the Official Information Act, Disability Act and the Police Act. It was tasked by Cabinet to set up a Human Rights mechanism within the Cook Islands.

ANNEX FOUR: ACKNOWLEDGEMENTS

Stakeholders consulted in the development of this plan include: Te Marae Ora, Police, Ombudsman, Agriculture, Corrective Services, Ports Authority, Education, Internal Affairs, Puna, Airport Authority, Transport, Infrastructure Cook Islands, Emergency Management Cook Islands, Office of the Prime Minister Central Policy and Planning, Tourism, NZ High Commission, Foreign Affairs and Immigration, Office of the Public Service Commissioner and the University of the South Pacific.

The CIPAP 2021 plan was originally drafted by Petero Okotai, and updated by Dr Beverley Paterson, World Health Organization, Metua Bates, Acting Director of Public Health and Karen Ngamata, Manager, Health Intelligence Unit.

A consultative National Pandemic Preparedness Plan workshop was held in Rarotonga 27-29 March 2023 with the following attendees, who provided their expertise, time and enthusiasm to ensure an all-of-government approach to pandemic planning.

No	NAME	ABREVIATION	AGENCY
1	Akaiti Porea	Airport Authority	Cook Islands Airport Authority (CIAA)
2	Stephano Tou	EMCI	Emergency Management Cook Islands
3	Lydia Sijp	EMCI	Emergency Management Cook Islands
4	Jeannine Daniel	ICI	Infrastructure Cook Islands
5	Memory Vainerere-Patia	ICI	Infrastructure Cook Islands
6	Angeylie Ngaoire	Agriculture	Ministry of Agriculture
7	Parai Taramai	Agriculture	Ministry of Agriculture
8	Aashqeen Hasan	Corrective Services	Ministry of Corrective Services
9	Jane Wichman Poa	MOCD	Ministry of Cultural Development
10	Sanjinita Sunish	Education	Ministry of Education
11	Heather Worth	Education	Ministry of Education
12	Kairangi Samuel	MFAI	Ministry of Foreign Affairs & Immigration
13	Teinaki Howard	Police	Ministry of Police
14	Junior Ngatokorua	Transport	Ministry of Transport
15	Piri Maa	Agriculture	Ministry of Agriculture
16	Mary Strickland	MFEM	Ministry of Finance and Economics and Management
17	Grace Chynoweth	Internal Affairs.	Ministry of Internal Affairs
18	Elizabeth Hosking	Internal Affairs.	Ministry of Internal Affairs

No	<u>NAME</u>	<u>ABREVIATION</u>	<u>AGENCY</u>
19	Mercie Tongia	NZ High Comm	New Zealand High Commission
20	Liz Nootai	Ombudsman's Office	Office of the Ombudsman
21	Niki Rattle	Ombudsman's Office	Office of the Ombudsman
22	Valery Wichman	OPM CPAP	Office of the Prime Minister Central Policy and Planning
23	Dorothy Solomona	OPSC	Office of the Public Service Commissioner
24	Tepaeru Tauraki	OPSC	Office of the Public Service Commissioner
25	Bernadette Teremoana	Ports Authority	Ports Authority
26	Mirella Simpson	Whitireia	Private Training Institute
27	Daryl Rairi	Minister Mac Mokoroa's office - Nikao Puna	Puna
28	Ina Tararo	Ngatangia Puna	Puna
29	Patrick Arioka	Puaikura Puna	Puna
30	Frances Akaruru	TMO	Te Marae Ora
31	Rangi Tairi	TMO	Te Marae Ora
32	Dr May	TMO	Te Marae Ora
33	Nga Manea	TMO	Te Marae Ora
34	Noel Mani	TMO	Te Marae Ora
35	Shane Marcus	TMO	Te Marae Ora
36	Bob Williams	TMO	Te Marae Ora
37	Charlie Ave	TMO	Te Marae Ora
38	Apii Mateariki	TMO	Te Marae Ora
39	Maryann Pakitoa	TMO	Te Marae Ora
40	Ngatamaine Rongo	TMO	Te Marae Ora
41	Dr Dawn Ngatokorua	TMO	Te Marae Ora
42	Dr Seema Kumar	TMO	Te Marae Ora
43	Dr Danny Areai	TMO	Te Marae Ora
44	Dr Koko Lwin	TMO	Te Marae Ora
45	Karen Ngamata	TMO	Te Marae Ora
46	Ngatokorua Tupuna	TMO	Te Marae Ora
47	Munokoa Takai	TMO	Te Marae Ora
48	Ella Napara	TMO	Te Marae Ora
49	Dr Kirianu Nio	TMO	Te Marae Ora

No	<u>NAME</u>	<u>ABREVIATION</u>	<u>AGENCY</u>
50	Dr Manoj Kumar	TMO	Te Marae Ora
51	Andrew Orange	TMO	Te Marae Ora
52	Douglas Tou	TMO	Te Marae Ora
53	Rufina Tutai	TMO	Te Marae Ora
54	Metua Bates	TMO	Te Marae Ora
55	Karla Eggelton	Tourism Cook Islands	Tourism
56	Shakila Naidu	WHO	World Health Organization
57	Dr Beverley Paterson	WHO	World Health Organization