Australian Government

AUSTRALIA'S NATIONAL ACTION PLAN FOR HEALTH SECURITY

2019-2023

Implementation of the recommendations from the Joint External Evaluation of IHR Core Capacities

DECEMBER 2018

The Australian Government Department of Health in collaboration with the Department of Agriculture and Water Resources, state and territory governments and other partners

Table of Contents

# 1	Foreword

In today's global community, all countries are susceptible to infectious diseases and a wide range of other public health risks. Public health threats are inevitable and our first line of defence against them is a strong health security capacity.

The majority of emerging epidemics are zoonoses, that is, infectious diseases that spread between animals and people. Antimicrobial resistance also presents an ongoing challenge for both human and animal health. These threats need to be tackled with a One Health approach that combines the expertise within human, animal and environmental health for a multidisciplinary response.

This document, Australia's National Action Plan for Health Security (NAPHS), represents a commitment to take action to strengthen our defences against acute public health threats. It was developed in response to the recommendations from Australia's Joint External Evaluation (JEE) of the implementation of the *International Health Regulations (2005)* (IHR) conducted from 24 November to 1 December 2017.

The WHO-led international team of experts that assessed our country's capabilities took a great amount of time and careful consideration to supply us with suitable recommendations to further strengthen our already strong capacities. These recommendations are now prioritised for action across the five year time period of the NAPHS.

The Department of Health (Health) will oversee implementation of the NAPHS, but it is important to note that the plan is not only a responsibility of the health sector. Realisation of the NAPHS depends on partnerships extending to many other sectors, including organisations involved in food safety, agriculture, chemical and radiation safety, security and border agencies. All levels of government, private organisations and research institutions, and the general community have a part to play in the NAPHS. Given the dual responsibility for many priorities, Health and the Department of Agriculture and Water Resources (Agriculture) will partner in overseeing the governance and delivery of the NAPHS.

It is critical that Australia's high standards of health security are maintained. Diseases can spread faster and more unpredictably than ever before due to our increasingly interconnected world. New pathogens, rapid epidemics, misuse of harmful biological substances and antimicrobial resistance all demand agile and sophisticated systems and measures of prevention, preparedness, detection and response. It will be important to build on the momentum of cross-sectoral dialogue and dedication seen in the JEE.

Maintaining connections to our international partners, including the WHO and the World Organisation for Animal Health and our fellow Member States, is also central to strengthening global health security. It is in the best interests of the global community, and a moral imperative, to build the capacities of other countries to respond to public health threats.

We are confident that this NAPHS provides a solid framework for the coordination of efforts to continue to improve Australia's already robust capacities to prevent, prepare for, detect and respond to public health threats.
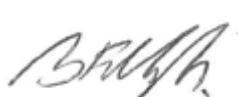
Professor Brendan Murphy	Dr Mark Schipp
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2   Acknowledgement

The efforts and dedication of a multitude of people and organisations made the Joint External Evaluation (JEE) of Australia's IHR implementation in 2017 a highly valuable and constructive exercise. The recommendations from the JEE ultimately formed the basis of Australia's National Action Plan for Health Security (NAPHS). The contributions of all those involved in the JEE and NAPHS processes are greatly appreciated:

- The staff within the Australian Government.

- State and territory governments and the expert committees and organisations across Australia.

- The following WHO entities: the JEE Secretariat of the WHO, WHO Health Emergencies Programme, the Western Pacific Regional Office and the Country Health Emergency Preparedness and IHR Department at WHO Headquarters.

- The governments of Canada, China, Finland, Japan, New Zealand and the United States of America for providing technical experts to Australia's JEE.

- The Food and Agriculture Organization of the United Nations (FAO), the World Organisation for Animal Health (OIE) for their contribution of experts and expertise to Australia's JEE.

3   Executive Summary

Australia completed a JEE of IHR implementation in 2017. Australia was the sixth Member State in the WHO Western Pacific Region and the first country in the Pacific to undertake a JEE.

The JEE provided a unique opportunity to cultivate relationships at both international and national levels to strengthen health security. It was clear that Australia's health security cannot be safeguarded by the health sector alone, and hence collaboration occurred across many sectors, such as agriculture, food and chemical safety, radiation, disaster response, defence, security and foreign affairs.

Australia demonstrated strong regional and global leadership in IHR implementation and a robust capacity to prevent, prepare for, detect and respond to public health threats. However, the JEE highlighted the need to maintain such a high operational functionality, and produced 66 recommendations (in the final JEE Mission Report) to further improve public health capacities.

The purpose of the NAPHS is to provide a high-level framework to guide implementation of the recommendations born out of Australia's JEE. Australia's health security more broadly is guided by a range of existing strategies, plans and legislation.

The multisectoral and multidisciplinary dialogue present in the JEE continued throughout the development of the NAPHS. Ongoing dialogue is essential in obtaining commitment to the realisation of the NAPHS. Collaboration during development of the NAPHS has been, and will continue to be, crucial for avoiding duplication of efforts throughout the five-year lifespan of the plan. Instead, the NAPHS is embedded in existing plans, mechanisms and governance structures.

Prioritisation of the recommendations is central to the NAPHS. Agreeing on priorities for such broad and numerous activities enables resource allocation and planning to be prudent and transparent.

4   Introduction

Following the completion of a JEE Mission, the WHO recommends that countries develop a NAPHS to address the recommendations in the JEE Mission Report. In keeping with the JEE ideology, the NAPHS is developed collaboratively across multiples sectors, with the aim of prioritising the implementation of recommendations to improve IHR compliance and national health security.

Australia's NAPHS outlines the:

- background and purpose;
- vision, mission and objectives;
- methodology for the development of the NAPHS;
- major components of the NAPHS, including top priorities; and
- delivery of the NAPHS, including stakeholder management and project governance.

To enable coordinated implementation across sectors and government, the Planning Matrix (see Appendix):

- ranks the recommendations from the JEE Mission Report;
- tracks implementation status;
- assigns responsibility for progress;
- includes key stakeholders; and
- describes implementation platforms.

5   NAPHS Background / Context

Australia's population experiences relatively good health, with high life expectancy rates and relatively low rates of communicable diseases. The country's geographical isolation, strong public health system and biosecurity measures contribute to the absence of many serious communicable diseases found in the Western Pacific Region, such as malaria, yellow fever, typhoid fever and cholera. The National Immunisation Program is very strong, with Australia being declared polio free in 2000, free of endemic measles in 2014, and to have eliminated the transmission of endemic rubella in 2018. Foodborne disease is an ever-present concern in Australia. The leading causes of death in the country are due to non-communicable diseases.

Universal access to health-care in Australia is provided though a system known as Medicare. Medicare is based on principles of choice, access and universality, and combines free access to public hospital services and subsidised access to medical services and pharmaceuticals, with higher subsidies for those using a higher volume of services and people with low incomes. Australia's health system provides targeted assistance for particular groups, such as funding of community-controlled health services for Aboriginal and Torres Strait Islander people.

Responsibility for health lies across all levels of government (federal, state and territory and local), with different, and often shared, roles as funders, policy developers, regulators and service deliverers. Health manages responses to national health emergencies, including how the public health sector will manage and respond to communicable disease outbreaks, epidemics or pandemics. Health manages the National Focal Point (IHR NFP) through the National Incident Room which provides the national coordination function of incident management and

communication for health security. State and territory government health departments have primary operational responsibility for responding to an incident in their jurisdiction.

The governance of Australia's public health system is complex with numerous actors at different levels of government and in different sectors. The JEE highlighted that despite its complexity, the network of committees and institutional actors is highly functional and cohesive in its operations. Strong linkages and coordination mechanisms also exist between the human and animal public health systems.

The *Australia-WHO Country Cooperation Strategy 2018-2022* represents Australia's commitment to strongly supporting global efforts to strengthen health security. Australia is a contributor of voluntary flexible funds to WHO, and a strong contributor to shaping the global and regional health agendas. Sharing experiences and learning from other countries are highly valued by the nation for addressing health challenges and leveraging new technologies in cost-effective ways.

Australia is committed to supporting health security through regional investments in the broader Asia Pacific region. Over the next five years, the Australian Government's Health Security Initiative for the Indo-Pacific will contribute to the prevention and containment of communicable disease outbreaks with the potential to cause adverse economic impacts on a national, regional or global scale through assisting countries to implement the IHR. The initiative will accelerate research on new drugs and diagnostics and develop strategic partnerships and people-to-people connections to build health security capacity.

As a member of the WHO Western Pacific Region, Australia uses the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* as the action framework to achieve implementation of IHR core capacities.

5.1   The International Health Regulations (2005)

The IHR is an international legal agreement that is binding on 196 State Parties, including all WHO Member States. The IHR was adopted at the 58th World Health Assembly in May 2005, and subsequently entered into force on 15 June 2007.

The purpose and scope of the IHR are "to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade". State Parties are required by the IHR to develop certain minimum core public health capacities. Australia has been compliant with the IHR since their commencement.

5.2   International Health Regulations Monitoring and Evaluation Framework

The JEE forms one component of the IHR Monitoring and Evaluation Framework, which provides guidance for reviewing the implementation of country core public health capacities under the IHR. The Framework was developed in 2016, in collaboration with related initiatives such as the Global Health Security Agenda and the Performance of Veterinary Services (PVS) Pathway. A key tenet is mutual accountability of State Parties and the IHR Secretariat for global public health security through ongoing communication and transparent reporting.

The remaining three components of the Framework consist of:

- **Annual Reporting to the World Health Assembly (mandatory):**

Australia has participated in the annual reporting component since its inception in 2010, and recently participated in the consultation processes for the new IHR Self-Assessment Annual Reporting Tool.

- **Simulation Exercises:**

  Australia participates in WPRO's annual IHR Crystal communications exercise, with the objectives of practising the NFPs' assessment of public health events and the use of the decision-making tool instrument in Annex 2 of the IHR. Other multisectoral and multidisciplinary coordination and communication mechanisms are tested regularly through exercises within Health as well as whole of government exercises.

- **After-action Review:**

  Whole-of-government after action reviews are conducted for significant events, with recommendations made on potential improvements.

5.3 Australia's Joint External Evaluation

Australia's JEE process took place throughout 2017, and follows a PVS Evaluation of Australia by the OIE in 2015. The JEE self-evaluation phase occurred between January and October 2017, and included consultation with over 25 Australian Government agencies, expert committees and organisations, as well as all eight state and territory governments. Australia's JEE Self-Evaluation Report was finalised and submitted to the WHO approximately three weeks before the JEE Mission.

Australia's JEE Mission was conducted between 24 November and 1 December 2017. It consisted of eight site visits to key public health preparedness and response facilities, and 19 technical panel discussions in Melbourne and Canberra. More than 100 subject matter experts from across Australia gathered in Canberra to participate in the technical panel sessions. This demonstrated both the high-level of interest built over the self-evaluation process and the breadth of expertise across a variety of agencies and organisations. The external evaluation team comprised experts from Finland, Canada, China, Japan, New Zealand, United States of America, representatives from the WHO and the World Organisation for Animal Health, as well as observers from Canada and New Zealand.

The 66 recommendations from Australia's JEE can be found in the Appendix: Planning Matrix.

Australia's capabilities were particularly noteworthy in the following technical areas:

- **Points of Entry:**

  A comprehensive system of border and biosecurity measures at international airports and sea ports reduces the risks of pathogens and pests being imported.

- **Microbiological Laboratory Capacity:**

  Cutting edge laboratories ensure a high level of preparedness for emerging diseases.

- **Biorisk Management:**

  The country remains a benchmark for other countries in the management of biorisks, both of natural and intentional causes.

Although the JEE recognised the outstanding progress made for IHR requirements, a number of observations were made to further strengthen public health capacities.

Opportunities remain for greater coordination of activities between the human and animal health sectors, although steps have been taken to ensure a collaborative approach. Genomics for infectious disease surveillance could be better harnessed, considering Australia is currently leading the research field in complete genome based laboratory techniques. Recommendations were also made to ensure the longevity of a skilled public health workforce, to develop an all-hazards protection framework and to strengthen joint training and exercising across sectors, agencies and jurisdictions, including sharing and implementation of lessons.

6   NAPHS Vision, Mission and Objectives

Vision: A nation that is effective in its ability to prepare for, detect, prevent and respond to any acute public health event. A nation that has coordinated, adaptable and resilient systems that evolve with changes in disease, society, technology and information.

Mission: To build upon national strengths and continue to develop systems for health security across the IHR core capacities.

Goal: To reduce human morbidity and mortality associated with public health events.

Objectives:

1. To strengthen and maintain capacity to PREVENT and reduce the likelihood of disease outbreaks and other public health events through regulation; activities at points of entry; immunisation; surveillance; biosafety; and other activities.

2. To strengthen and maintain capacity to PREPARE for public health events by reviewing, updating and testing emergency response plans for relevant biological, chemical, radiological and nuclear hazards; mapping of potential hazards, resources and capacities; and provision of medical countermeasures.

3. To strengthen and maintain capacity to rapidly and accurately DETECT and assess disease outbreaks and public health events through surveillance; laboratory testing; communication; and risk assessment.

4. To strengthen and maintain capacity to rapidly and appropriately RESPOND to and RECOVER from emerging diseases and public health events through comprehensive preparedness and coordination mechanisms; and personnel deployment.

5. To build, strengthen and maintain STRATEGIC PARTNERSHIPS under a One Health, all-hazards, whole of government and whole of society approach. This includes sharing and incorporating lessons learnt into multisectoral coordination and communication mechanisms and national plans to continuously improve systems.

6. To practise LEADERSHIP in IHR implementation at the regional and global levels. This includes leading by example and actively supporting other Member States in achieving their core capacities under IHR.

Guiding Principles:

- **Country Ownership:** The Australian Government leads and coordinates the NAPHS, its progress and implementation, to ensure that all activities align with national plans, strategies and guidelines.

- **Human Rights Principles:** NAPHS activities will be consistent with the IHR with regard to protecting the human rights of all persons and travellers. Policies and programs will be non-discriminatory and equitable.

- **Community Engagement:** People and communities are central in addressing health security. Dynamic listening and involving communities during emergencies and post-emergencies is important for sharing lessons learnt.

- **Partnerships and Collaboration:** Health security is a shared responsibility that cannot be achieved by a single government agency or actor. Strong partnerships between different sectors, disciplines, government agencies, the private sector, research and academic institutions are essential, as well as timely and transparent collaboration.

- **WHO Partnership:** The NAPHS upholds Australia's long-standing partnership with the WHO to protect and promote health security for Australia and other countries.

- **Alignment with Other Strategies:** The NAPHS will be implemented synergistically, through integration into existing plans and strategies of policy and technical areas where appropriate. The NAPHS is in keeping with the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies.*

- **Evidence-led:** Activities under the NAPHS will be forward-looking and informed by objective evidence, including data and information on emerging trends, risks and health innovations. Information shared via inter-country, regional, sub-regional and cross-border partnerships will also be considered.

- **Continuous Improvement:** Activities, plans and strategies are to be reviewed and improved based on lessons learnt, new evidence, or changes in health threats, policy and legislation. Some NAPHS activities build upon others, therefore flexibility in their implementation is required.

7   Methodology for the Development of the NAPHS

Following the completion of the JEE program, Health developed a Planning Matrix that details all 66 recommendations (see Appendix). For each recommendation, the matrix describes its implementation status, implementation mechanisms, lead stakeholders responsible for driving actions and a ranking for implementation.

Careful thought was given to the ranking of each recommendation. Each recommendation was ranked high, medium or low after consideration of several factors, as follows.

- Scope, impact and efficiencies gained by implementation.
- Stakeholder involvement level.
- Current project status, including whether the project had commenced.
- Timeframe for completion.
- Resourcing.

As the coordinator of the NAPHS, Health will continue to cultivate the relationships established and built on during the JEE process. Given the multisectoral nature of the recommendations, it will be important for all relevant organisations to be consulted on the priorities and the steps for achieving them. As the JEE recognised Australia's governance and committee structures as a key strength, these will be leveraged to address the recommendations.

The timing of the development of the Planning Matrix aligned with the business planning cycle at Health, which allowed the recommendations to be integrated into business plans, and available resources are used to maximum efficiencies.

8 Major Components of the NAPHS

Some of the highest priority recommendations from the JEE to be progressed in the NAPHS include:

- Creating an all-hazards health protection framework, by building on the existing national framework for communicable disease control.

- Developing a strategy for the use of full genome microbial data for national disease surveillance.

- Strengthening animal and human health linkages by improving the coordination of activities. This includes the following.

    o Creating a mechanism for routine communication, coordination and collaboration for AMR-related assessment, planning and response across all jurisdictions and sectors (animal, human, food and environment).

    o Establishing an interoperable, interconnected electronic disease surveillance system for both human and animal sectors, coordinated at the national level and incorporating an outbreak management system, to ensure a consistent platform across and within jurisdictions.

- Strengthening risk communications activities by introducing a training program for relevant staff, improving guidance for the use of social media during emergencies, monitoring community engagement activities and sharing lessons learnt with other sectors and stakeholders.

Key stakeholders are identified for each action in the Planning Matrix. Various areas within Health and Agriculture will be pivotal for driving implementation of many actions, as well as other agencies and all states and territories.

A large proportion of the priority actions in the NAPHS are consistent with those marked for priority action in other national work plans.

9 Delivery of the NAPHS

The NAPHS is a multisectoral plan with multisectoral ownership for action. Lead areas, mainly within Health, will be responsible for monitoring progress through a 6-monthly reporting process within the Planning Matrix described earlier. There are a significant number of actions that build on the results achieved through implementation of other recommendations. It will be

important to monitor the implementation of recommendations that impact the manner in which others are progressed, so that adjustments occur as appropriate.

One of the Guiding Principles of the NAPHS is alignment with other strategies. Further strengthening of Australia's health security system will be undertaken within existing strategies, plans and legislation, including but not limited to the following:

- Australian Government Crisis Management Framework

- *Biosecurity Act 2015*

- *National Health Security Act 2007*

- National Health Emergency Response Arrangements

- Emergency Response Plan for Communicable Disease Incidents of National Significance

- Australian Health Management Plan for Pandemic Influenza

- National Antimicrobial Resistance Strategy

- National Immunisation Strategy

- Australia's Foodborne Illness Reduction Strategy 2018-2021+

Governance of the NAPHS will occur through existing mechanisms, including the Australian Health Protection Principal Committee, which provides health protection policy oversight and manages responses to national health emergencies. Regular progress reports will be provided to the committee to harness its strategic leadership, advice and assistance in the implementation of the five year plan. Given the dual responsibility for many priorities, Agriculture will also be a valued partner for overseeing the delivery of the NAPHS. Formal meetings between Agriculture and Health will provide an opportunity to discuss progress and identify issues and opportunities. Utilising existing committees and structures within Health and Agriculture will be important for ensuring both the successful implementation of recommendations and keeping appropriate stakeholders informed of progress.

The Senior Executive Service of the Office of Health Protection, Health, will be the first points of contact for governance-related issues of the NAPHS.

Costing of activities will occur on a case-by-case basis, but for the most part will be funded through existing budget processes and allocations.

10   Appendix: Planning Matrix

10.1   National Legislation, Policy and Financing

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
1	Build on the existing *National Framework for Communicable Disease Control* to create an all-hazards health protection framework.	Health Protection Policy Branch/ Communicable Disease and AMR Policy Section	High	Underway	S&T, CDNA, relevant Commonwealth government departments.	Not yet identified.
2	Undertake an analysis of policies related to the *International Health Regulations (2005)* (IHR) to identify gaps and potential overlap in existing policies.	Health Emergency Management Branch/ Border Health Section	Medium	Underway	EPRS, CDESS, HECS.	Not yet identified.
3	Update legislation and policies to allow for protected information under the *Biosecurity Act 2015* (Biosecurity Act) to be shared with the National IHR Focal Point (IHR NFP).	Health Emergency Management Branch/ Border Health Section	High	Complete	Agriculture, EPRS.	Biosecurity Act 2015.
4	Review the *National Health Security Act 2007* and the National Health Security Agreement to consider possible amendments taking into account technological advancements in communicable disease surveillance and control while ensuring consistency with the Biosecurity Act.	Health Emergency Management Branch/ Border Health Section	Medium	Underway	CDESS, HECS, EPRS, LSB, AGD, NSC, CDNA, AHPPC.	NSC, CDNA, AHPPC.
5	Document and publish administrative arrangements and policies from various sectors, in order to encourage cross-sectoral collaboration.	Health Emergency Management Branch/ Border Health Section	Low	Not Yet Commenced	Agriculture, Health broadly, S&T, AIC agencies.	Not yet identified.
6	Consider simultaneous reporting to states and territories and IHR NFP from national reference laboratories, chemical sector and radiation sector for urgent and high risk hazards.	Health Emergency Management Branch/ Emergency Preparedness and Response Section	Low	Not Yet Commenced	HECS, ARPANSA, S&T, RPB, enHealth.	Not yet identified.

10.2   IHR Coordination, Communication and Advocacy

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
7	Use the lessons identified through exercises and after-action reviews (AARs) to update health emergency plans in a timely manner and share with stakeholders as appropriate.	Health Emergency Management Branch/ Health Emergency Countermeasures Section	High	Underway	EPRS, Border Health Section, CDESS, S&T, CDNA, enHealth, NHEMS, AHPPC, ARPANSA.	Department of Health process, list of lessons identified are accessible via Sharepoint (internal collaborative website). Implement monthly review of list.
8	Formalise annual feedback on the status of IHR implementation to relevant stakeholders through stakeholder meetings and annual report.	Health Emergency Management Branch/ Border Health Section	High	Not Yet Commenced	OHP, AHPPC, Agriculture.	NFP, AHPPC.
9	Further empower the IHR NFP in disseminating information to, and consolidating input from relevant sectors.	Health Emergency Management Branch/ Emergency Preparedness and Response Section	Medium	Underway	S&T, AHPPC, Agriculture, DFAT, Department of Home Affairs.	NFP.

10.3   Antimicrobial Resistance (AMR)

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
10	Extend detection, surveillance, infection prevention and control (IPC), and stewardship to non-hospital (primary care and community) settings.	Health Protection Policy Branch/ Communicable Disease and AMR Policy Section	Medium	Underway	ACSQHC, Agriculture, S&T, Australian College of Rural and Remote Medicine, RACGP, National Centre for Antimicrobial Stewardship (NCAS), Australasian College for Infection Prevention and Control.	Not yet identified. The Australian Government has established a GP AMR Expert Group to advise the Department of Health on activities to improve antimicrobial stewardship in primary care and community settings.
11	Align antimicrobial susceptibility testing methodology across the country, including a balance of testing by genome sequencing and Polymerase Chain Reaction (PCR) with traditional culture and sensitivity.	Health Protection Policy Branch/ Communicable Disease and AMR Policy Section	Medium	Not Yet Commenced	Public health laboratories, S&T, ACSQHC, RCPA, AGAR, Agriculture, ASTAG, NATA.	Not yet identified.
12	Establish a plan for AMR surveillance and antimicrobial susceptibility testing and reporting in the animal health sector based on risk assessment, and following further assessment, consider including food. Include in the plan a requirement and mechanisms for: o reporting of AMR in microbial agents from animals to subnational level and Department of Agriculture and Water Resources (Agriculture); and o information sharing between Agriculture and the Department of Health (Health).	Health Protection Policy Branch/ Communicable Disease and AMR Policy Section	Medium	Not Yet Commenced	**Agriculture - jointly led by Agriculture and Health.** S&T, Public Health Laboratories, DoEE, Primary Industries, FSANZ.	Not yet identified.
13	Create a mechanism for routine communication, coordination, and collaboration for AMR-related assessment, planning, and response (including outbreaks) across all jurisdictions and sectors (at least animal, human, food, and environment).	Health Protection Policy Branch/ Communicable Disease and AMR Policy Section	High	Underway	ACSQHC, Agriculture, S&T, FSANZ, Public Health Laboratories, DoEE, CDNA, AHPPC, ASTAG, FRSC, primary industries and food industries.	Not yet identified.

10.4 Zoonotic Diseases

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
14	Introduce a formal process through committee structures between Health and Agriculture to regularly review a joint list of priority zoonotic diseases. Consider designating zoonotic diseases of public health importance in Australia as nationally notifiable in animals.	Health Protection Policy Branch/ Communicable Disease Epidemiology and Surveillance Section	Medium	Underway	**Agriculture - jointly led by Agriculture and Health**, CDNA, NAMAC, ASID, state and territory agriculture departments, AHC.	Not yet identified.
15	Establish a dedicated multisectoral national zoonosis committee or ensure reciprocal animal and human sector representation on their respective national zoonotic disease-related committees to enhance communications, bridge knowledge gaps and strengthen collaborative responses.	Health Protection Policy Branch/ Communicable Disease Epidemiology and Surveillance Section	Medium	Underway	**Agriculture - jointly led by Agriculture and Health**, CDNA, PHLN, AHPPC, AHC.	AHPPC, AHC and subcommittees of both.
16	Consider standardising/aligning laboratory case definitions and typing between human and animal health sectors to enhance data comparison of their surveillance systems.	Health Emergency Management Branch/ Health Emergency Countermeasures Section	Low	Not Yet Commenced	PHLN, AHC.	PHLN.

10.5　Food Safety

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
17	Work towards an integrated multisectoral and multidisciplinary electronic surveillance and outbreak management system, coordinated by Health that includes diagnostic and epidemiological data from food animals, food products, and humans.	Health Protection Policy Branch/ Communicable Disease Epidemiology and Surveillance Section	High	Underway	CDNA, AHC, Agriculture, PHLN, enHealth, FSANZ and industry groups.	OzFoodNet.
18	Identify and prioritise food safety/food chain issues of specific concern (e.g. salmonellosis) that require working across sectors to decrease incidence.	Preventive Health Policy Branch/ Food and Nutrition Policy Section	Medium	Complete	CDNA, FSANZ, FRSC, ISFR and industry groups.	FRSC and AHPPC.
19	Establish a mechanism to engage industry in monitoring and response.	Preventive Health Policy Branch/ Food and Nutrition Policy Section	Low	Underway	FRSC, ISFR, FSANZ.	FRSC.
20	Establish standard national protocols to ensure some proportion of culture based testing.	Health Emergency Management Branch/ Health Emergency Countermeasures Section **and** Health Protection Policy Branch/ Communicable Disease Epidemiology and Surveillance Section	Low	Not Yet Commenced	OzFoodNet, CDNA, PHLN, ARPANSA.	Not yet identified.

10.6 Biosafety and Biosecurity

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
21	Consider consolidating inspections and audits undertaken into single joint assessment visits for facilities operating under different regulatory frameworks and sectors (i.e. the Security Sensitive Biological Scheme Regulatory Scheme, Office of the Gene Technology Regulator, Agriculture).	Regulatory Policy Branch/ Best Practice Section	N/A	Complete	HECS, OGTR, Agriculture, NATA, PHLN.	SSBA Regulatory Scheme.
22	Consider reviewing the regulatory framework to take into account risks of synthetic biology.	Health Emergency Management Branch/ Health Emergency Countermeasures Section	Low	Not Yet Commenced	OGTR, AIC agencies, Industry.	SSBA Regulatory Scheme.

10.7 Immunisation

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
23	Maintain and improve measles immunisation coverage for all populations, in particular hard-to-reach populations (such as those in remote areas, indigenous populations and migrant groups) and those in areas with lower coverage, to achieve 2020 target of 95%.	Immunisation Branch/ Immunisation Programs Section	High	Underway	State and territory health departments, immunisation providers and key immunisation stakeholders.	National Immunisation Program, National Partnership on Essential Vaccines.
24	Promote community confidence in the National Immunisation Program (NIP) through effective communication strategies that support immunisation and overcome vaccine hesitancy.	Immunisation Branch/ Immunisation Programs Section	Medium	Underway	States and territory health departments, immunisation providers and key immunisation stakeholders.	National Immunisation Program, National Partnership on Essential Vaccines, 'Get the facts about immunisation' campaign.
25	Establish a single National Vaccination Registry that allows for detailed population-based analysis and reporting of vaccination coverage for all ages and at national, state, territory and local levels.	Immunisation Branch/ Immunisation Registers Section	High	Underway	State and territory health departments, immunisation providers and key immunisation stakeholders, Department of Human Services.	Australian Immunisation Register (AIR).
26	Monitor variations in vaccine supply to minimise the impact on the delivery of the NIP.	Immunisation Branch/ Immunisation Procurement and Contract Management Section	Medium	Underway	Pharmaceutical companies, state and territory health departments.	Contractual arrangements with companies.
27	Identify and mitigate factors leading to vaccine wastage to ensure efficient use of vaccines.	Immunisation Branch/ Immunisation Programs Section	Medium	Underway	State and territory health departments, immunisation providers.	National Partnership on Essential Vaccines.

10.8   National Laboratory System

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
28	Consider developing a OneHealth National Strategy to guide public health laboratory testing and disease surveillance, engaging the veterinary livestock, zoonosis and food safety on all jurisdictional levels.	Health Protection Policy Branch/ Communicable Disease Epidemiology and Surveillance Section **and** Health Emergency Management Branch/ Health Emergency Countermeasures Section	Medium	Not Yet Commenced	HECS, PHLN, CDNA, AHC, Agriculture.	Not yet identified.
29	Develop a strategy for the systematic use of full genome microbial data for national disease surveillance.	Health Emergency Management Branch/ Health Emergency Countermeasures Section	High	Underway	CDESS, PHLN, CDNA, AHPPC.	Using model of Human Genomics Framework, range of existing expert committees.
30	Consider developing mechanisms to support transport of veterinary samples for public health purposes.	Health Emergency Management Branch/ Health Emergency Countermeasures Section	Low	Not Yet Commenced	Agriculture, AHC, PHLN.	Existing regulation and accreditation systems.

10.9   Real Time Surveillance

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
31	Establish an interoperable, interconnected electronic disease surveillance system for both human and animal sectors, coordinated at the national level and incorporating an outbreak management system, to ensure a consistent platform across and within jurisdictions.	Health Protection Policy Branch/ Communicable Disease Epidemiology and Surveillance Section	High	Underway	CDNA, enHealth, AHPPC, Agriculture, AHC.	National Health Security Act 2007, National Health Security Agreement.
32	Enhance consistent collection and analysis of laboratory data by establishing or strengthening mechanisms to improve quality of denominator data and share data on overall laboratory testing (where relevant) at national, state and territory level.	Health Protection Policy Branch/ Communicable Disease Epidemiology and Surveillance Section	Medium	Not Yet Commenced	HECS, PHLN, enHealth, CDNA	PHLN, CDNA.
33	Promote innovative surveillance methods, including whole genome sequencing.	Health Protection Policy Branch/ Communicable Disease Epidemiology and Surveillance Section	High	Complete	HECS, enHealth, PHLN.	OzFoodNet, CDNA.

10.10　Reporting

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
34	Strengthen communication between the IHR NFP and the World Organisation for Animal Health (OIE) National Delegate, chemical sector and radiation sector, among others, through a formalized mechanism on potential public health risks reporting and information sharing.	Health Emergency Management Branch/ Emergency Preparedness and Response Section	Medium	Not Yet Commenced	Agriculture, S&T, ARPANSA, enHealth.	Not yet identified - Health to liaise with Agriculture.
35	Improve understanding of international obligations to meet WHO and OIE requirements on IHR events and animal diseases notification among national, state and local stakeholders through multisectoral discussions.	Health Emergency Management Branch/ Emergency Preparedness and Response Section	Low	Not Yet Commenced	Agriculture, S&T, CDESS.	Not yet identified - Health to liaise with Agriculture.
36	Enhance multisectoral joint assessment among agencies on Public Health Emergencies of International Concern (PHEIC) notifications to WHO and animal disease notifications to OIE	Health Emergency Management Branch/ Emergency Preparedness and Response Section	Medium	Not Yet Commenced	Agriculture, S&T, CDESS, CDNA, enHealth.	Not yet identified - Health to liaise with Agriculture.

10.11   Workforce Development

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
37	Use existing data sources, including relevant accreditation schemes, to define the public health workforce for conducting forward planning, recruitment of appropriate categories of staff (including toxicology and radiation specialists) and development of future credentialing schemes.	Australian Health Protection Principal Committee	Low	Not Yet Commenced	HWD, HEMB, HPPB, ARPANSA, Radiation Health Committee, enHealth, S&T, medical colleges, learned societies.	Not yet identified.
38	Work with states and territories to ensure sustainable mechanisms for epidemiologists and other public health professionals at state, territory and local level.	Australian Health Protection Principal Committee	Low	Not Yet Commenced	HWD, HEMB, HPPB, ARPANSA, Radiation Health Committee, enHealth, S&T, medical colleges, learned societies, Agriculture, NCEPH.	Not yet identified.
39	Develop a long-term strategy that uses current and new channels to increase the international experience of the public health workforce.	Australian Health Protection Principal Committee	Low	Not Yet Commenced	Not yet identified.	Not yet identified.

10.12   Preparedness

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
40	Collate and regularly update the national public health risk profile to include both infectious hazards and other IHR-relevant hazards built on the existing risk assessment on communicable diseases.	Health Emergency Management Branch/ Emergency Preparedness and Response Section	High	Underway	HECS, CDESS, GHPEHC, Border Health Section (Health).	Internal process (Health).
41	Include Rapid Response Teams and stockpiles into resource mapping to relatively and rapidly address the gaps identified at national, state and territory levels based on risk assessment of all IHR relevant hazards.	Health Emergency Management Branch/ Emergency Preparedness and Response Section	Medium	Not Yet Commenced	HECS, NMSAG, AHPPC, CDESS.	Internal process (Health).
42	Ensure public health emergency response plans at multiple levels and multiple sectors are linked appropriately and efficiently to facilitate a coordinated response across the country and across the agencies.	Health Emergency Management Branch/ Health Emergency Countermeasures Section	Medium	Underway	PHLN, CDNA, NHEMS, enHealth, AHPPC, Home Affairs (EMA), DFAT, ARPANSA, VSPN.	We aim to ensure health sector plans are complementary to and consistent with other agencies' and Whole of Government plans.

10.13 Emergency Response Operations

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
43	Enhance the existing public health exercise program to address all IHR-relevant hazards and to integrate multisectoral and multijurisdictional elements.	Health Emergency Management Branch/ Health Emergency Countermeasures Section	Medium	Underway	EPRS, Border Health Section, ARPANSA, other Australian Government agencies.	Existing 2 year exercise program
44	Develop policies and procedures to ensure the timely release of surge staff during times of response.	Health Emergency Management Branch/ Emergency Preparedness and Response Section	High	Underway	OHP, Health.	Concept of Operations Document underway.
45	Assess the feasibility of using the Incident Management System for daily use across the preparedness cycle.	Health Emergency Management Branch/ Emergency Preparedness and Response Section	High	Underway	OHP.	OCA (web-based incident management system)

10.14 Link Public Health and Security Authorities

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
46	Develop and implement an annex under the Memorandum of Understanding (MoU) between Health and Agriculture to clearly articulate roles and responsibilities of agencies during times of escalated public health activity at points of entry, in consultation with Chief Human Biosecurity Officers from each state and territory.	Health Emergency Management Branch/ Border Health Section	High	Underway	Agriculture, CHBOs, OHP.	CHBOs
47	Establish clear mechanisms for coordinating regular information sharing and joint risk assessments across health and security agencies at the Australian Government, state and territory levels.	Health Emergency Management Branch/ Health Emergency Countermeasures Section	Low	Not Yet Commenced	AIC agencies, DFAT.	MoU with the Department of Home Affairs, MoU with AFP
48	Establish a joint exercise program and joint training across health and security agencies, engaging all levels of government (including state and territory, and local government) and ensure lessons are shared with all parties and reflected in work programs.	Health Emergency Management Branch/ Health Emergency Countermeasures Section	Low	Not Yet Commenced	AIC agencies.	ANZCTC, CAC. Links to recommendation 43

10.15   Medical Countermeasures and Personnel Deployment

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
49	Further develop, formalise and test arrangements and procedures to accept international health personnel into Australia during a disaster in a manner consistent with Australia's regulatory standards.	Health Emergency Management Branch/ Emergency Preparedness and Response Section	Low	Not Yet Commenced	EPRS, NCCTRC, Home Affairs (EMA), state and territory health departments (NHEMS), DFAT, Defence, ARPANSA, AHPRA.	NHEMS, AHPPC
50	Engage with relevant departments and stakeholders on guidance to confer liability protection in relation to the manufacture, testing, development, distribution, administration, and use of medical countermeasures during a response.	Health Emergency Management Branch/ Health Emergency Countermeasures Section	Low	Not Yet Commenced	AGS, S&T - NMSAG, AHPPC.	National Medical Stockpile Policy
51	Develop a policy defining parameters on how and when Australia would consider sharing medical countermeasures with other countries.	Health Emergency Management Branch/ Health Emergency Countermeasures Section	Low	Not Yet Commenced	DFAT, AHPPC, Defence, ARPANSA.	Internal policy decision.
52	Consider proactive engagement with the public to convey relevant information about medical countermeasures as a key component of preparedness.	Health Emergency Management Branch/ Health Emergency Countermeasures Section	Low	Not Yet Commenced	CDESS, CDNA, AHPPC, Defence.	Not yet identified.
53	Consider developing a policy on engaging alternative sources for medical countermeasures from overseas manufacturers, along with support to local development of medical countermeasures.	Health Emergency Management Branch/ Health Emergency Countermeasures Section	Low	Underway	Industry, NMSAG, CDNA, AHPPC, Defence.	Ongoing regular activity, current investigations around health protection pharmaceuticals supply options.

10.16   Risk Communication

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
54	Implement a risk communication training program for communications staff, emergency response employees, senior management decisions-makers and other relevant staff to establish a common understanding and expertise.	Health Emergency Management Branch/ Emergency Preparedness and Response Section	High	Not Yet Commenced	OHP, Media Unit and Communication and Change Branch (Health), Minister's Office, ARPANSA.	WHO Open Learning and Branch Exercises.
55	Develop guidance for the strategic use of social media in emergencies that includes protocols for coordination among jurisdictions, sectors and stakeholders.	Health Emergency Management Branch/ Emergency Preparedness and Response Section	High	Not Yet Commenced	NHEMS, S&T, enHealth, DWG, ARPANSA, Communication and Change Branch (Health).	AHPPC.
56	Establish a mechanism that monitors community engagement activities across jurisdictions and shares lessons learned to inform risk communication planning and message development in emergencies.	Health Emergency Management Branch/ Emergency Preparedness and Response Section	High	Not Yet Commenced	S&T, NHEMS, enHealth, Communication and Change Branch (Health).	AHPPC, Focus Groups.

10.17   Points of Entry

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
57	Develop an all-hazards multisectoral exercise programme for designated and non-designated PoEs, engaging states and territories and external stakeholders.	Health Emergency Management Branch/ Border Health Section	Low	Not Yet Commenced	PoEs, state and territory health departments, Agriculture, Department of Home Affairs.	CHBOs, MoU with Agriculture, CDNA, AHPPC, Whole-of-Government Emergency Response Plan for Communicable Disease Incidents of National Significance.
58	Establish electronic systems for storing and transmitting information between all relevant stakeholders related to the assessment of ill travellers at the border and the provision of passenger information for contact tracing purposes.	Health Emergency Management Branch/ Border Health Section	High	Underway	State and territory health departments, Agriculture, Department of Home Affairs.	CHBOs, MoU with Agriculture, Digitisation of the Traveller with Illness Checklist and the Deceased Traveller Report, Department of Home Affairs' Incoming Passenger Card (IPC) decommission project, BIISA.
59	Develop and implement a sustainable mechanism of training for biosecurity officers on public health aspects of PoEs.	Health Emergency Management Branch/ Border Health Section	Medium	Not Yet Commenced	State and territory health departments, Agriculture.	MoU with Agriculture, Agriculture work instructions, Health biosecurity policies.
60	In future reviews of national PoE standards, consider revising requirements for ill traveller assessment facilities, to include size of facility and further identified areas for appropriate management of public health risks.	Health Emergency Management Branch/ Border Health Section	Low	Not Yet Commenced	PoE, Agriculture, Department of Infrastructure, Regional Development and Cities.	Airport Operators Guide, NPFC, NSPFC.

10.18   Chemical Events

No.	Recommendations	Lead Branch/Section (Department of Health)	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
61	Develop a reporting schema for Poison Information Centres / Poison Treatment Centres to provide early warning of chemical exposures.	Regulatory Policy Branch/ Chemicals Policy Section	Low	Not Yet Commenced	S&T (Poisons Information Centres), Office of Chemical Safety, FSANZ, TGA, Agriculture/APVMA, enHealth.	Not yet identified.
62	Integrate all chemical monitoring and surveillance reporting from the different sectors into a national common operating picture of chemical exposures.	Regulatory Policy Branch/ Chemicals Policy Section	Low	Not Yet Commenced	Office of Chemical Safety, RPB, DoEE, Commonwealth risk managers, state and territory risk managers, enHealth.	Not yet identified.
63	Enhance mechanisms for responsible agencies to consistently apply chemical management standards and guidelines.	Regulatory Policy Branch/ Chemicals Policy Section	Low	Underway	Office of Chemical Safety, RPB, DoEE, Commonwealth risk managers, state and territory risk managers, enHealth.	**1)** The reforms to NICNAS will clarify the relationship between AICIS and risk managers and a national risk management committee will be established to facilitate the interaction between AICIS and risk managers across the broad framework of worker health and safety, public health, environment, transport and consumer safety. **2)** DoEE is progressing work on the National Standard for the Environmental Risk Management of Industrial Chemicals and will introduce legislation to implement a framework which addresses the recommendation.

10.19   Radiation Emergencies

No.	Recommendations	Lead	Project Priority	Progress Tracker	Key Stakeholders	Platform for implementation
64	Enhance the interoperability of federal and state/territory radiation operations through broad multisectoral/multijurisdictional exercises.	Australian Radiation Protection and Nuclear Safety Agency	High	Underway	NHEMS, AHPPC, VSPN, S&T responders, Australian Nuclear Science and Technology Organisation, Radiation Health Committee, enHealth.	Radiation scenarios have been included in HEMB exercise program. ARPANSA conducts its own internal exercises to ensure adequate preparedness for a radiological or nuclear emergency and also facilitates Nuclear Powered Warship related exercises through its involvement in the interdepartmental committee, VSPN. The CBRNSSC conducts exercises for responders that bring together emergency services and defence for security related scenarios but no equivalent program exists for safety scenarios. ARPANSA is not resourced to coordinate or conduct broader multi-jurisdictional exercises - further resourcing would be required to undertake this activity. Additionally no coordinated program exists to involve all relevant roles from first responder through to senior policy and decision makers in exercises. It is likely that this issue may also be raised as an outcome in the upcoming Integrated Regulatory Review Service (IRRS) mission in November 2018.
65	Develop federal guidance for jurisdictional first responder occupational exposures.	Australian Radiation Protection and Nuclear Safety Agency	Medium	Underway	NHEMS, AHPPC, VSPN, S&T responders, Australian Nuclear Science and Technology Organisation, Radiation Health Committee, enHealth.	The Draft ARPANSA Radiation Protection Series RPS G-3 - Emergency Exposure Guide provides a consistent set of dose criteria for emergency workers which satisfies this recommendation. This is currently under public consultation and is expected to be finalised by the end of 2018. The adoption of the recommended values will need further engagement with the relevant stakeholders and is planned to commence in 2018-19. With regard to informing and protecting medical workers, the Australian Clinical Guidelines for Radiological Emergencies (2012) should be reviewed and updated for consistency with G-3 and best practice.
66	Conduct a national hazard assessment, to include creating an inventory of radiation sources, and establish a national radiation capability register.	Australian Radiation Protection and Nuclear Safety Agency	High	Underway	NHEMS, AHPPC, VSPN, CBRNSSC, Australian Nuclear Science and Technology Organisation, enHealth, Radiation Health Committee.	National Hazard Assessment is included in RPS G-3: Guide for Radiation Protection in Emergency Exposure Situations–The Framework (to be published by end 2018). A national sealed source register was previously established but has been discontinued. If this is to be re-established then further resourcing would be required. ARPANSA and Health are investigating whether there are broader government (all-hazard) registers in operation or under construction which may be expanded to include radiation sources, but if this is not possible a separate register for radiation sources would need to be established. An all-hazards national capability register may already be an initiative underway by Home Affairs - EMA or the CBRNSSC. If so, ARPANSA could contribute towards the radiation-specific elements. This aligns with our role as National Capability Advisor for RANET, however an appropriate system to collate this information is yet to be identified or established.

10.20   Acronym List

acronym	meaning
ACSQHC	Australian Commission on Safety and Quality in Health Care
AFP	Australian Federal Police
AGAR	Australian Group on Antimicrobial Resistance
AGD	Attorney-General's Department
Agriculture	Department of Agriculture and Water Resources
AGS	Australian Government Solicitor
AHC	Animal Health Committee
AHPPC	Australian Health Protection Principal Committee
AHPRA	Australian Health Practitioner Regulation Agency
AIC	Australian Intelligence Communities
AICIS	Australian Industrial Chemicals Introduction Scheme
AMR	Antimicrobial resistance
ASID	Australasian Society for Infectious Diseases
ASTAG	The Australian Strategic and Technical Advisory Group on AMR
ANZCTC	Australia-New Zealand Counter-Terrorism Committee
APVMA	Australian Pesticides and Veterinary Medicine Authority
ARPANSA	Australian Radiation Protection and Nuclear Safety Agency
BIISA	Biosecurity Integrated Information and Analytics System
CAC	Crisis Arrangements Committee
CBRN	Chemical, Biological, Radiological, Nuclear (hazards)
CBRNSSC	Chemical, Biological, Radiation and Nuclear Security Safety Committee
CDAMR	Communicable Disease and Antimicrobial Resistance Policy Section, Department of Health.
CDESS	Communicable Disease Epidemiology and Surveillance Section, Department of Health
CDNA	Communicable Diseases Network Australia
CHBOs	Chief Human Biosecurity Officers
DFAT	Department of Foreign Affairs and Trade
DoEE	Department of Environment and Energy
DWG	Deployment Working Group
EMA	Emergency Management Australia Division, Department of Home Affairs
enHealth	Environmental Health Standing Committee
EPRS	Emergency Preparedness and Response Section, Department of Health
FRSC	Food Regulation Standing Committee
FSANZ	Food Standards Australia New Zealand
GHPEHC	Global Health Protection and Environmental Health Coordination Section, Department of Health
Health	Department of Health

acronym	meaning
HECS	Health Emergency Countermeasures Section, Department of Health
HEMB	Health Emergency Management Branch, Department of Health
HPPB	Health Protection Policy Branch, Department of Health
HPV	Human papillomavirus
HWD	Health Workforce Division, Department of Health
ISFRA	Implementation Subcommittee for Food Regulation
LEADDR	Laboratories for Emergency Animal Disease Diagnosis and Response network
LSB	Legal Services Branch, Department of Health
MoU	Memorandum of Understanding
NAMAC	National Arbovirus and Malaria Committee
NAPHS	National Action Plan for Health Security
NATA	National Association of Testing Authorities
NCCTRC	National Critical Care and Trauma Response Centre
NCEPH	National Centre for Epidemiology and Population Health, Australian National University
NFP	National Focal Point
NHEMS	National Health Emergency Management Standing Committee
NICNAS	National Industrial Chemicals Notification and Assessment Scheme
NMSAG	National Medical Stockpile Advisory Group
NPFC	National Passenger Facilitation Committee
NSC	National Security Committee (of cabinet)
NSPFC	National Sea Passenger Facilitation Committee
OECD EPRs	Organisation for Economic Co-operation and Development Environmental Performance Reviews
OGTR	Office of the Gene Technology Regulator
OHP	Office of Health Protection, Department of Health
OIE	World Organisation for Animal Health
PHLN	Public Health Laboratory Network
PoE	Points of Entry
RACGP	The Royal Australian College of Practitioners
RANET	Response and Assistance Network (maintained by the International Atomic Energy Agency)
RCPA	Royal College of Pathologists of Australasia
RPB	Regulatory Policy Branch, Department of Health
S&T	state and territory government departments
SSBA	Security Sensitive Biological Agents
TGA	Therapeutic Goods Association
VSPN	Visiting Ships Panel (Nuclear)
WHO	World Health Organization

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All information in this publication is correct as at December 2018