



Australian Government

Department of Health and Ageing

NATIONAL HEALTH EMERGENCY

RESPONSE ARRANGEMENTS

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Chair
Australian Health Protection Committee

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AUTHORITY

In recognition of the need for a whole of nation approach to health protection, the Australian Government, National Health Emergency Response Arrangements (NatHealth Arrangements) are produced under the authority of the Australian Health Minister's Advisory Council (AHMAC).

In June 2006, AHMAC established the Australian Health Protection Committee (AHPC) as the peak national health emergency management committee with the authority to plan, prepare and coordinate the national health response to significant incidents.

The AHPC, with the assistance of the Department of Health and Ageing (DoHA), has prepared the NatHealth Arrangements to articulate the strategic arrangements and mechanisms for the coordination of the Australian health sector in response to emergencies of national consequence.

Chair
Australian Health Protection Committee

2011

1. INTRODUCTION

The NatHealth Arrangements direct how the Australian health sector (incorporating state and territory health authorities and relevant Commonwealth Agencies) would work cooperatively and collaboratively to contribute to the response to, and recovery from, emergencies of national consequence. Emergencies of national consequence are defined in the *Model Arrangements for Leadership During Emergencies of National Consequence* as emergencies that require consideration of national level policy, strategy and public messaging or inter-jurisdictional assistance, where such assistance is not covered by existing arrangements.

The NatHealth Arrangements operate within the context of Australian Government National Security framework including the provisions of *National Emergency Coordination Framework*, the *Commonwealth Disaster Plan (COMDISPLAN)*, the *National Counter-Terrorism Plan (NCT-P)* the *National Counter-Terrorism Handbook (NCT-H)* and the Council of Australian Governments (COAG) endorsed *Model Arrangements for Leadership during Emergencies of National Consequence*.

National Security has historically incorporated traditional defence and intelligence themes. The Australian Government has broadened the concept of National Security to include non-conventional threats such as climate change, biosecurity, natural disasters and the economy to facilitate a whole-of-nation approach to National Security.

Health protection is intrinsically linked to National Security. Most, if not all, large scale emergencies or disasters have the potential to cause adverse impacts on the health of affected communities and populations.

Emergent and re-emergent disease; health impacts of natural disasters and acts of terrorism (including mass casualties, Chemical, Biological, Radiological and Nuclear (CBRN) threats and acts) can develop very rapidly – so emergency preparedness and planning are essential components in minimising the impacts of these threats on the public.

2. AIM

The NatHealth Arrangements outline the strategic authorities, responsibilities, arrangements and the mechanisms that enable a coordinated national health sector response to emergencies of national consequence.

The NatHealth Arrangements are to be used to:

1. inform and guide a coordinated Australian health sector response to, and recovery from, emergencies of national consequence; and
2. provide a strategic planning framework for guidance to the future revisions of existing health sector emergency plans.

2.1 OBJECTIVES

The aim of the NatHealth Arrangements is achieved by detailing the national health sector coordination arrangements to emergencies of national consequence through:

- describing key national governance and administrative arrangements for the Australian health sector;
- identification of supporting state and territory and Commonwealth legislation that may be utilised in an emergency of national consequence;
- identification of the roles and functions of the AHPC;
- identification of the roles and functions of state and territory health authorities;
- providing guidance to high level health communications, including coordinating public health messaging;
- authorising an operational national health sector planning hierarchy;
- describing the indicative execution mechanisms for the NatHealth Arrangements; and
- describing the review and maintenance requirements for the NatHealth Arrangements.

3. SCOPE

The NatHealth Arrangements are based on a number of nationally recognised contemporary crisis and consequence management concepts.

The *Comprehensive Approach* allows for risks to the community and the environment to be managed in a rational and strategic manner through a continuum of strategies for, prevention, preparedness, response and recovery (PPRR). The NatHealth Arrangements describes authority and mechanisms for emergency (crisis and consequence) management, **Response** coordination and **Recovery** arrangements for the Australian health sector. It does not describe the routine **Prevention** and **Preparedness** arrangements that are the domain of the AHPC, the Office of Health Protection (OHP) and the state and territory health authorities.

3.1 APPLICATION

Unlike a plan that is activated in times of need, the NatHealth Arrangements remain in place at all times. Traditional hazard specific plans will be developed by DoHA in conjunction with the AHPC to align with the NatHealth Arrangements to give operational guidance to Commonwealth agencies and state and territory health authorities for efficient and coordinated response to the health aspects of emergencies of national consequence.

3.2 CONTROL, COMMAND AND COORDINATION

Control, Command and Coordination are central response concepts of emergency management. Cooperation and collaboration between the states and territories and the Commonwealth are also key functional mechanisms of the NatHealth Arrangements.

Control refers to the overall direction of the activities, agencies or individuals concerned. Control operates horizontally across all agencies / organisations, functions and individuals. **Situations or incidents are controlled.** The NatHealth Arrangements do not relate to the concept of **control** of the Australian health sector, nor is it intended to direct or replace incident management arrangements by individual jurisdictions or health authorities. Control exists within responding Commonwealth agencies and within responding state and territory agencies but does not extend between the two.

Command refers the direction of members and resources of an agency/organisation in the performance of the agency/organisation's roles and tasks. Authority to command is established by legislation or by agreement with the agency/organisation. **Command relates to agencies / organisations only, and operates vertically within the agency/organisation. Command specifically relates to jurisdictional Agency level.**

Coordination is the act of managing interdependencies between activities. In emergency management **coordination involves the bringing together of many organisations to pursue a common goal and to share resources, information, expertise and decision making.** There are numerous mechanisms to coordinate of which command and control is one, and cooperation and collaboration is another.

The Australian Constitution provides the Australian Government the statutory authority to give directions to states and territories on issues specifically included in the Constitution. In general the management of emergencies is not one of these issues. Hence the strategic coordination of

national emergencies is reliant on cooperative and collaborative mechanisms with states and territories for the management of health emergencies of national consequence.

The Control, Command and Coordination mechanisms of the NatHealth Arrangements are represented at Annex A.

3.3 EVENT TRIGGERS

The NatHealth Arrangements may be utilised in response to a domestic or international event that:

- impacts or threatens to impact two or more states and/or territories and across jurisdictional borders;
- has the potential to overwhelm or exhaust a state and/or territory's health assets and resources; or
- its scale or complexity warrants a nationally coordinated response.

The NatHealth Arrangements may also be utilised for an international health emergency such as a border health event or overseas health emergency affecting Australian interests, Australian nationals or other designated persons.

3.3.1 Domestic Events

The NatHealth Arrangements acknowledge that primary responsibility for managing the impacts of domestic emergencies lies with the state and territory and local governments within their respective jurisdictions. Each state and territory has a mandate under jurisdictional emergency legislation for the prevention of, and if they occur, management of emergencies and disasters. This includes existing plans, arrangements and mechanisms describing how state and territory health authorities integrate with their respective emergency services to undertake a whole of jurisdiction response to, and recovery from, emergencies and disasters.

3.3.2 International Events

The NatHealth Arrangements may be used to coordinate a national health sector response to an international emergency. An international emergency may include natural disasters, mass casualty events, emergent and re-emergent disease events involving Australian interests and/or Australian nationals or designated persons.

4. GOVERNANCE AND ADMINISTRATION

The following outlines the key governance and administrative arrangements that underpin the NatHealth Arrangements including roles and functions of relevant agencies.

4.1 DEPARTMENT OF HEALTH AND AGEING

DoHA seeks to promote, develop, and fund health and aged care services for the Australian public. In the event of an emergency of national consequence, the primary role of DoHA is to provide leadership and national health sector coordination. Functionally, this may include provision of expert health advice and national policy development, logistical coordination of extra jurisdictional health sector resources (human, equipment and peripherals) and linkages to international health authorities and bodies.

4.1.1 Office of Health Protection

The Office of Health Protection (OHP) is a division within DoHA with the objective to manage, prevent and respond to health risks faced by the Australian population. OHP leads the prevention policy agenda at a national level. OHP designs and implements evidence-based and targeted programs, which contribute to the sustainability of the Australian health system by reducing preventable illness and mortality during an emergency. OHP supports the administration of the AHPC and maintains the National Incident Room (NIR).

4.2 STATE AND TERRITORY HEALTH AUTHORITIES

State and territory health authorities have well established emergency management legislation, and well rehearsed and integrated emergency management arrangements.

Jurisdictional health authorities have existing command and control structures for the management of health facilities, public health units and pathology laboratory services. Additionally, in some jurisdictions ambulance services also come under the health authority response arrangements.

Each state and territory is responsible for determining its own internal coordination mechanisms to give effect to the NatHealth Arrangements, both as an affected jurisdiction in requesting national coordination and as an unaffected jurisdiction that may provide resources and assistance.

4.3 THE AUSTRALIAN HEALTH PROTECTION COMMITTEE (AHPC)

The Australian Health Protection Committee (AHPC) is the peak national health emergency forum chaired at Deputy Secretary level by DoHA. The peak committee has senior representatives from the Commonwealth, Australian states and territories, Defence, the Attorney-General's Department Emergency Management Australia and New Zealand. The core membership of the AHPC is responsible for high level cross jurisdictional collaboration in public health protection, planning, preparedness, response and recovery in relation to public health emergencies arising from man made emergencies or natural disasters.

The Chief Health Officer (CHO) of each state and/or territory or their delegate or equivalent is permanently represented on the AHPC. At the AHPC the CHO reports on state and territory activities and represents the interests of their respective jurisdiction. The CHO has the authority

to make requests for assistance to the AHPC and to offer physical assistance on behalf of their respective state and/or territory.

In accordance with the agreed AHPC Terms of Reference, the roles and responsibilities of the AHPC that underpin the NatHealth Arrangements include:

- national coordination of emergency operational activity in health response to disasters;
- facilitating development and adoption by states and territories of national health protection policies, guidelines and standards; and
- promoting alignment of state and territory strategic plans and activities with agreed national priorities.

4.4 LEGISLATION

A number of legislative levers exist that may be utilised by the Commonwealth and the states and territories to coordinate and assist in an emergency of national consequence.

4.4.1 Commonwealth Legislation

The Quarantine Act 1908

The objectives of quarantine activities and the *Quarantine Act 1908* are to prevent the introduction of specified diseases into Australia and prevent the spread of such diseases within Australia. The Commonwealth Minister for Health and Ageing and the Commonwealth Minister for Agriculture, Fisheries and Forestry share responsibility for quarantine measures and administration of the *Quarantine Act 1908*. The Australian Quarantine and Inspection Service (AQIS) have primary responsibility for the implementation of the Act at Australia's borders. AQIS administers the human quarantine provisions on behalf of DoHA.

The Governor-General can also make a proclamation under the *Quarantine Act 1908* to authorise actions to respond to an epidemic or the danger of an epidemic, and to allow the Commonwealth Minister for Health and Ageing to invoke emergency powers to take action to remove or respond to this threat. These powers could be applied to respond to an influenza pandemic.

The states and territories have concurrent legislative powers with the Commonwealth with respect to quarantine. Chief Quarantine Officers (CQOs) are appointed in each state and territory to undertake the functions of the *Quarantine Act 1908*.

National Health Security Act 2007

The *National Health Security Act 2007* provides for the exchange of public health surveillance information (including personal information) between the Commonwealth and the states and territories and, where relevant, the World Health Organization (WHO). The legislation enhances the early identification of, and timely responses to, public health events of national or international significance, such as an influenza pandemic.

National Health Security Agreement

The National Health Security Agreement has been signed by the Commonwealth, states and territories to support the practical operation of the *National Health Security Act 2007*. It

formalises decision-making and coordinated response arrangements that have been refined in recent years to prepare for health emergencies such as pandemic and mass casualty events.

4.4.2 State and Territory Legislation

States and territories have a broad range of powers available to authorised officers under both public health legislation (Public Health Acts or equivalents) and emergency management legislation (Emergency Management Acts or equivalents) for responding to emergencies within their respective jurisdictions. The CHOs may utilise powers in their respective public health acts in conjunction with other jurisdictional emergency management arrangements to facilitate a coordinated response to an emergency of national consequence.

4.4.3 International Legislation

The *International Health Regulations 2005* (IHR) are an international public health treaty that commits signatory countries to a number of obligations to strengthen prevention, detection, protection, and control of public health events that may interfere with international trade and travel. As a signatory country Australia is obligated to rapidly identify and report public health events of international significance to the WHO.

The *National Health Security Act 2007* and *National Health Security Agreement* have been developed to give legal and operational effect to Australia's specified responsibilities under the IHR (2005). The *Act* and *Agreement* enabled the establishment of a National Focal Point (NFP) to liaise and exchange information with nominated *Responsible Bodies* including Commonwealth, state and territory agencies within Australia in relation to public health events of national significance. The NFP provides a central point of coordination with WHO on all matters related to the IHR (2005).

4.5 LINKAGES TO NATIONAL SECURITY POLICY

As outlined in part one, the NatHealth Arrangements utilises a National Security approach to guide national health sector coordination for consequence management and crisis management operations.

Consequence management activities relate to the management of the impact of an emergency on the community. This includes, but is not limited to, developing strategies to manage emergencies, protecting public health and safety, restoring essential services and providing emergency relief and recovery to affected business and individuals usually as a result of natural disasters.

Crisis management activities relate to measures taken to manage crime including terrorist related incidents. The primary aims of crisis management are response, isolation, containment, evacuation, resolution, investigation, and the provision of resources to support whole of government efforts with the objective of maintaining public safety and security.

The NatHealth Arrangements have been developed to integrate with existing national security functions and plans. The following guidance is given to articulate the relationship between the NatHealth Arrangements and other strategic national plans.

4.5.1 COMDISPLAN

The *Commonwealth Government Disaster Response Plan* (COMDISPLAN) provides the framework for addressing state and territory requests for Commonwealth physical assistance arising from any type of emergency. COMDISPLAN is activated when Commonwealth assistance for emergency response or short-term recovery is requested or likely to be requested.

The NatHealth Arrangements can operate independently of COMDISPLAN, in that COMDISPLAN does not need to be activated for the NatHealth Arrangements to function. States and territories can request national health sector assistance under the NatHealth Arrangements, such as deployment of components of the National Medical Stockpile (NMS) independently of the mechanisms in COMDISPLAN.

If COMDISPLAN is activated the NatHealth Arrangements must acknowledge the formal COMDISPLAN pathways and request for national health sector assistance must follow the prescribed arrangements for COMDISPLAN in requests being directed from the nominated State Controller to EMA and EMA tasking to DoHA/AHPC.

4.5.2 National Counter-Terrorism Plan and Handbook

The National Counter-Terrorism Committee (NCTC) has established cooperative plans between the Australian Government and States and Territories to manage terrorist incidents or threats. These combine the efforts of Australian and state/territory governments and all law enforcement, security, intelligence and emergency service agencies. The *National Counter-Terrorism Plan* (NCT-P) outlines responsibilities, authorities and the mechanisms to prevent, or if they occur, manage acts of terrorism and their consequences within Australia.

The NatHealth Arrangements can operate independently of NCT-P, such as in a national response to a natural disaster where NCT-P arrangements do not apply. If the NCT-P is activated, the NatHealth Arrangements operations must acknowledge the mechanisms stipulated in the NCT-P and NCT-H, particularly in relation stated roles and functions of DoHA, and the AHPC and to the maintenance of information security and critical infrastructure protection.

4.6 FINANCE

The Australian Government will not ordinarily seek financial reimbursement from states or territories for providing assistance under the NatHealth Arrangements when COMDISPLAN is likewise activated for the same event.

When the NatHealth Arrangements are utilised independently of COMDISPLAN to assist an affected jurisdiction, the costs associated with any response under the plan will be borne by the affected jurisdiction. However, the Commonwealth Government will assume costs for a national border health response or the response to an overseas event involving Australian interests.

When assistance is requested for activities not directly related to the preservation of life and property, or that could reasonably be expected to be handled within state or territory resources, the Australian Government may seek reimbursement. Advice that cost recovery may apply will be provided to the requesting authority when the request for assistance is being considered.

5. ARRANGEMENTS PLANNING HIERARCHY

The NatHealth Arrangements have four pillars which will form the key functional hazard specific supporting plans to support the strategic coordination mechanisms of the NatHealth Arrangements. These supporting plans facilitate the operational integration of national and jurisdictional arrangements and mechanisms, whilst operating under the authority and direction and guidance of the strategic overarching NatHealth Arrangements.

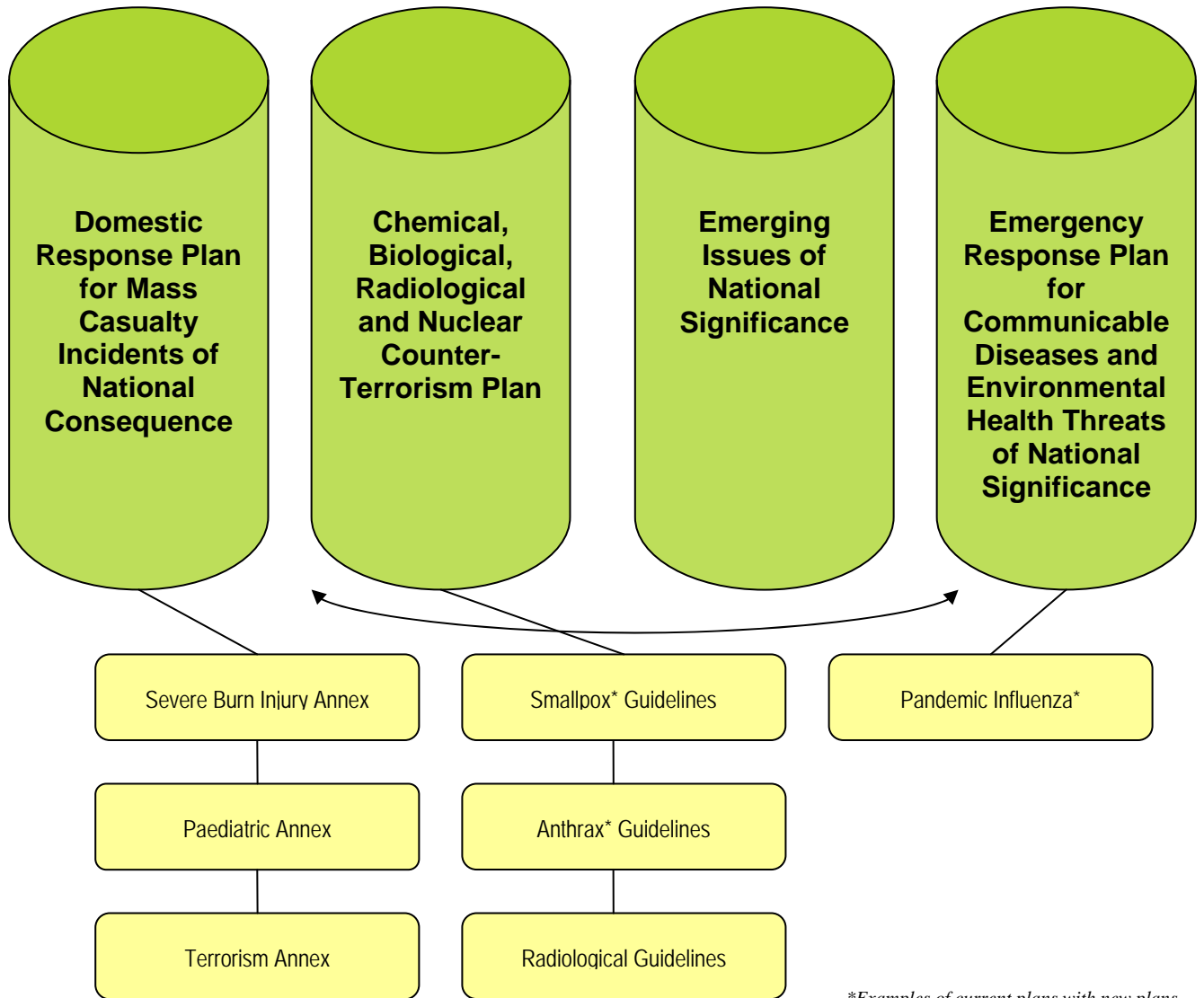
5.1 SUPPORTING PLANS

The AHPC has agreed the supporting plans to the NatHealth Arrangements will include the:

- a. *Domestic Response Plan for Mass Casualty Incidents of National Consequence* (AUSTRAPLAN), which provides the planning for sudden impact emergencies causing mass casualties (incorporating mass trauma and burns);
- b. *Chemical, Biological, Radiological and Nuclear Counter-Terrorism Plan* (CBRNPLAN);
- c. *Emergency Response Plan for Communicable Diseases and Environmental Health Threats of National Significance* (CDEHPLAN), including communicable disease control (epidemic and pandemic arrangements) and environmental health (response to climate change and natural disasters).; and
- d. *Emerging Issues of National Significance*.

The AHPC may develop additional supporting plans to the NatHealth Arrangements in future. The supporting plans will be augmented by annexes and existing clinical guidelines.

National Health Emergency Response Arrangements



**Examples of current plans with new plans to be developed, e.g., Henipah viruses*

- Enablers**
- Australian Health Protection Committee
 - National Health Emergency Management Subcommittee
 - Australian Medical Assistance Teams
 - Disaster Mental Health Working Group
 - Public Health Laboratory Network
 - Australian Bioterrorism Laboratory Network
 - Communicable Disease Network Australia
 - Environmental Health Committee
 - National Medical Stockpile
 - National Incident Room
 - National Critical Care Trauma Response Centre
 - Australian Emergency Hospital Response

6. EXECUTION

The execution of the NatHealth Arrangements relies on collaborative and cooperative partnerships between the states and territories and the Commonwealth through the AHPC. The following is an indicative guide to the key execution mechanisms underpinning the NatHealth Arrangements.

6.1 EVENT IDENTIFICATION

DoHA, through the NIR, will maintain a continuous watching brief for domestic and international health protection events and threats.

The state and territory health authorities will maintain a watching brief for health protection events and threats within their respective jurisdictions.

6.2 EVENT COMMUNICATION

DoHA and the state and territory health authorities may exchange information on health protection events and threats under the provisions of the *National Health Security Act 2007* and the *National Health Security Agreement*.

6.3 NATIONAL COORDINATION

When a significant event or emerging threat is identified, an emergency AHPC teleconference may be called at the discretion of the Chair.

The National Incident Room (NIR) may be activated at the discretion of the Chair of the AHPC to support the functions of the committee.

For a domestic event, a delegate from the affected jurisdiction/s will provide a concise verbal briefing to the committee incorporating the current situation and likely developments, and details of any current or potential national coordination needs.

For an international event, a senior OHP representative will provide the situational briefing.

The AHPC will analyse and consider the *high level strategic* health protection consequences and risks arising from the event/threat.

The AHPC will confirm that the event constitutes an emergency of national consequence and will utilise the NatHealth Arrangements for guidance and implementation during subsequent response and recovery operations.

The AHPC will note national level plans currently activated and activate any relevant health sector plans referenced in part Five.

The AHPC will develop and provide strategic national policy advice on how to most efficiently and effectively meet any national policy coordination needs arising from the event/threat including assessment of the need for coordinated national public health messaging.

The AHPC may task, activate or deploy a number of established enablers relevant to the event/threat.

The AHPC will continue to meet to monitor and review the event/threat and the effectiveness of the *National Coordination Plan* (NCP) as required throughout the duration of the response and recovery period. Deactivation of the NIR and the AHPC is at the discretion of the Chair.

The Chair of the AHPC or delegate will contribute to the Commonwealth Coordination Framework on behalf of the committee through the provision of advice on situational intelligence, progress of national health sector coordination activities (NCP) and outlook. The Chair may also take tasking from the Commonwealth Coordination Framework to refer back to the AHPC for action.

For domestic events that meet the notification requirements DoHA, in consultation with the AHPC, will provide notification to the WHO under the provision of the IHR (2005).

6.4 RECOVERY

The chair of the AHPC or delegate will contribute to the Commonwealth recovery operations through the Australian Government Disaster Recovery Committee (AGDRC) on behalf of the AHPC through the provision of advice on health protections aspects, progress of national health sector coordination activities and outlook. The Chair may also take tasking from the Commonwealth recovery to refer back to the AHPC for action.

6.5 NATHEALTH ARRANGEMENTS ENABLERS

There are a number of national health sector enablers available to the AHPC in response to an emergency of national consequence. The enablers currently include expert committees, working groups, operational teams, equipment caches and specialist health facilities available to the AHPC for the provision of advice, support and operational input across the key functional areas in response and recovery. The AHPC may task, activate and deploy any or all of these enablers in response to an emergency of national consequence.

6.5.1 Enabling Groups

National Health Emergency Management Subcommittee

The *National Health Emergency Management Subcommittee* (NHEMS) addresses the operational aspects of disaster medicine and health emergency management in an all hazards context with a focus on preparedness and response. The NHEMS reports to the AHPC. In an emergency the AHPC may task NHEMS to provide advice on operational aspects of the response.

Australian Medical Assistance Teams

The AHPC oversees a national civilian medical assistance team program. *Australian Medical Assistance Teams* (AUSMATs) are jurisdictional based civilian medical assistance teams with self-sustaining field deployment capabilities for deployment to domestic and international response. The AHPC may task the deployment of AUSMATs to affected jurisdictions or overseas.

Disaster Mental Health Working Group

The *Disaster Mental Health Working Group* (DMHWG) reports to the AHPC. During an emergency of national consequence the AHPC may task the DMHWG to provide advice on mental health and welfare recovery aspects of the emergency.

Public Health Laboratory Network

The *Public Health Laboratory Network* (PHLN) is a collaborative group of pathology and veterinary laboratories, nominated by State and Territory health departments, which have expertise and provide services in public health microbiology. The PHLN reports to the AHPC. During an emergency of national consequence the AHPC may task PHLN to provide advice on the laboratory diagnostic and surveillance aspects of the emergency.

Communicable Disease Network Australia

The *Communicable Diseases Network Australia* (CDNA) provides national public health coordination on communicable disease surveillance, prevention and control, and offers strategic advice to governments and other key bodies on public health actions to minimise the impact of communicable diseases in Australia and the region. The CDNA reports to the AHPC. During an emergency of national consequence the AHPC may task CDNA to provide advice on communicable disease, infectious disease and infection control aspects of the emergency

6.5.2 Enabling Items

National Medical Stockpile

DoHA manages the National Medical Stockpile (NMS), a strategic cache of pharmaceuticals and medical equipment, for use in a pandemic or other emergency. The NMS provides a reserve of essential medicines and equipment to protect Australians from the effects of terrorism or a major communicable disease outbreak. Components of the NMS can be rapidly deployed to affected jurisdictions through the coordination of the NIR. Request for the deployment of the stockpile are through the NIR to the CMO who has authority for release.

6.5.3 Enabling Facilities

National Incident Room

The NIR is an operational response capability located within the OHP. The NIR acts a conduit for response and recovery operations within DoHA and between state and territory health authorities, other Commonwealth operations centres and the international health community.

The NIR supports the AHPC. The NIR is activated at the direction of the Deputy Secretary of DoHA. When active the NIR will provide agreed outputs including AHPC minutes and outcomes, NIR Situation Reports (SitReps), Ministerial briefings and management of the logistical requirements for the coordination of support to affected jurisdictions.

National Critical Care Trauma Response Centre

DoHA currently has a funding agreement with the Northern Territory Department of Health and Families (DHF) to establish a National Critical Care and Trauma Response Centre (NCCTRC) at the Royal Darwin Hospital (RDH) and maintain it in a state of readiness to respond to a major regional incident and emergencies.

The NCCTRC is available for national priorities in the event of a major incident, and can be directed to meet national priorities in an emergency. The NCCTRC's Commonwealth funded resources would be directed to meet needs such as reception of patients arising from an overseas mass casualty event.

7. REVIEW

The AHPC and the OHP, in consultation with agencies having responsibilities under the NatHealth Arrangements, will review the NatHealth Arrangements periodically to ensure they reflect the most contemporary capabilities and mechanisms. The current version of the NatHealth Arrangements will be permanently posted to the Health Emergency Website www.healthemergency.gov.au

7.1 OPERATIONAL REVIEW

The AHPC and the OHP, in consultation with agencies having responsibilities under the NatHealth Arrangements, will review the NatHealth Arrangements after each operational use. Changes and amendments to the arrangements arising from any operational review will require that a new version of the NatHealth Arrangements being posted to the Health Emergency Website.

7.2 VALIDATION BY EXERCISE

At suitable intervals DoHA will conduct and/or participate in exercises to practice, test and validate the NatHealth Arrangements. DoHA will seek opportunities to incorporate exercising of the NatHealth Arrangements as a component in exercises of other agencies relevant National Security exercises including in the NCTC Capability Program.

The strategic lessons identified from exercises utilising the NatHealth Arrangements will be considered during reviews.

ANNEX A: THE NATHEALTH ARRANGEMENTS GOVERNANCE STRUCTURE

