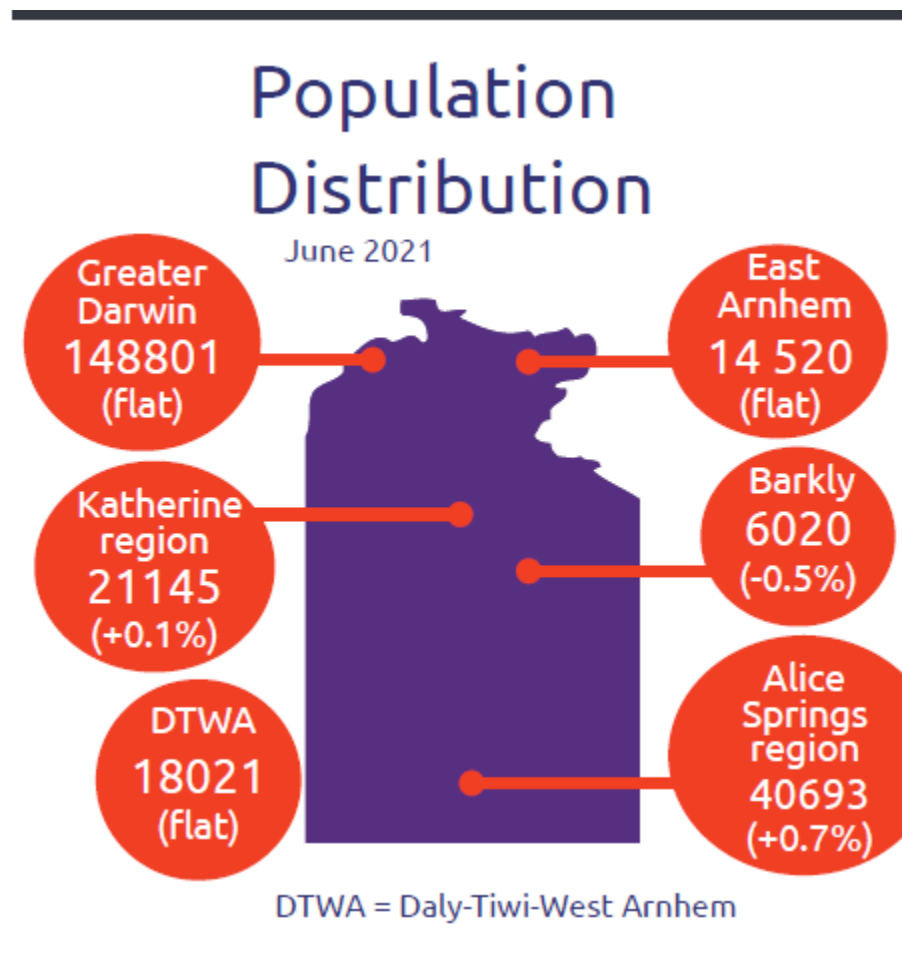


Northern Territory COVID-19 pandemic response

The Northern Territory (NT) prepared a COVID-19 Response Framework which was adapted to meet the unique aspects of the NT logistical challenges and very remote communities. The Northern Territory required a different response to other states and territories, the actions taken for large cities such as Melbourne and Sydney for example would not map to the NT's population distribution.



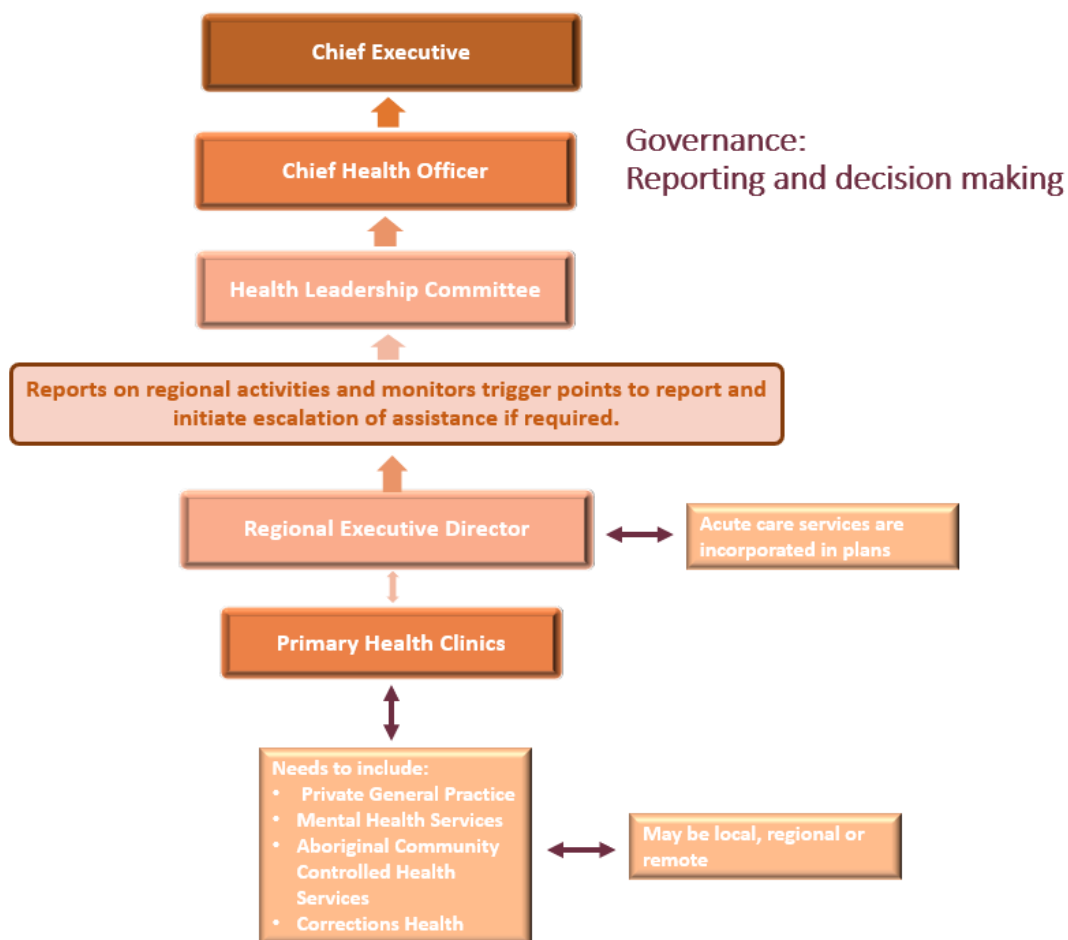
Section 6: Figure 1: NT economy snapshot Population distribution– January 2023¹

The NT COVID response priorities included:

- Prioritising access to primary health recognising that the NT DALY* is significantly higher than other regions, particularly in relation to injury (external causes) and mental/substance use as presented in the 2018 measure of the burden of disease by the Australian Institute of Health and Welfare available in [Appendices A²](#)
- Include staff in decision-making on COVID response plans and support staff during these times (recognising the impact that COVID-19 has had on work life balances).
- Provide Territorians with the ability to receive care on country and at home where possible (this is in reference to receiving care in rural and remote communities and not needing to travel away from home and family).
- Establishing a coherent triage system to ensure those who are unwell are linked to acute care services and available treatments.
- Involving regional stakeholders in decision-making for effective and culturally appropriate responses adaptable to the presenting circumstances.
- Acknowledge the varying levels of community health literacy and ability to seek health care and establish equity in services.
- Remain abreast of COVID-19 variants and resulting impacts and present a reactive approach that maintains the above priorities.

*DALY is in reference to disability-adjusted life years and forms part of the burden of disease estimates in Australia.

The Northern Territory is divided into regional areas each with its own Regional Executive Director who oversees the health services for their community region.



Section 6: Figure 2: the Governance hierarchical structure for reporting and decision making.

As depicted in Figure 2, each of the areas are responsible for reporting the impacts of COVID-19 on their regions and monitoring trigger points which would initiate additional response planning. Trigger points are those factors that indicate the potential or actual requirement for further support and services. These include factors recognised as:

- Community transmission rate and trends with considerations to:
 - Numbers of vulnerable community members such as aged care residential outbreaks.
 - Wastewater testing indications.
 - The COVID variant which is identified through genomic sequencing (relative to variants of concern).
 - International trends and variants.
- Staff furlough and reasons (infection rates, family demands).
- Staff capacity and staffing backup if required.

The territory-wide response includes a strategic and realistic action plan for each of the above areas. This is mapped across the NT responses priority areas with additional consideration to acute care services impact, PPE stores and the demands of the aged care sector.

Whilst the frontline health COVID-19 response was established, government strategies were in place to reduce the impact of COVID-19 on the wider NT community and work towards limiting social and economic effects.

These initial actions (occurring within the first 6 months of the COVID-19 pandemic and declaration of a public health emergency) included:³

- Adapting practices in alignment with the Australian government's request such as recommendations against holding events with 500 people or more.
- A Jobs rescue and Recovery Plan (initiated by the Chief Minister) and a Small Business Survival Fund.
- Implementing the National Cabinet in-principle agreement for the Biosecurity Act (Cth) to protect people living in remote communities by restricting travel in and out of 76 remote communities.
- Implementing strict border restrictions with interstate travellers facing a mandated 14-day quarantine period (noting International travel fluctuated across total bans to mandated quarantine restrictions).
- Introduction of the temporary closure of non-essential businesses and services such as gyms, theatres and bars. This was accompanied by a Small Business Survival Fund, to reduce the impact on those industries which would be most affected by the COVID-19 pandemic, such as hospitality and tourism.
- Restricting travel to remote communities (as requested by the Land Councils and the National Aboriginal and Community Controlled Health Organisation).
- Implementing a supportive platform via Territory Jobs Hub, which sought to connect employers with job seekers (aimed at those whose employment was directly affected by COVID-19).
- Supporting schools to offer external classes.
- Implementing a Worker & Wellbeing Fund offering supporting services such as financial and relationship counselling to support local workers struggling with the economic effects of the COVID-19 pandemic.

Access to the full NT COVID Response Framework can be requested via the NT Department of Health.

References

1. Department of Industry, Tourism and Trade. (2023, Jan 27). NT economy snapshot – January 2023.
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2. Australian Institute of Health and Welfare (2023) Australian Burden of Disease Study 2018: Interactive data on disease burden. State and territory estimates.
<https://www.aihw.gov.au/reports/burden-of-disease/abds-2018-interactive-data-disease-burden/contents/state-and-territory-estimates>
3. Storen.R. & Corrigan.N. COVID-19: a chronology of state and territory government announcements (up until 30 June 2020) Table 6: announcements made by the Northern Territory Government Parliament of Australia. (2020)
https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/pubs/rp/rp2021/Chronologies/COVID-19StateTerritoryGovernmentAnnouncements#_Toc52275796

Content Acknowledgement

Content in this resource has been created and, in some cases, directly copied with permission from documents and resources owned and prepared by the Northern Territory Government, Department of Health, Centre for National Resilience, Howard Springs Quarantine Facility and the National Critical Care and Trauma Response Centre.

Appendices A

Australian Institute of Health and Welfare (2023) Australian Burden of Disease Study 2018: Interactive data on disease burden. State and territory estimates.

Australian Burden of Disease Study 2018

Select from the following:

Measure: DALY State/territory: NT Sex: Persons Year: 2018 Disease group: All Disease or injury: All

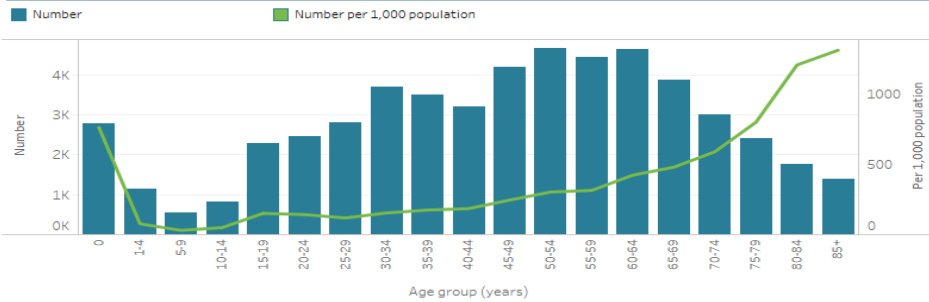
DALY= Disability-adjusted life years; YLD= Years lived with disability; YLL= Years of life lost



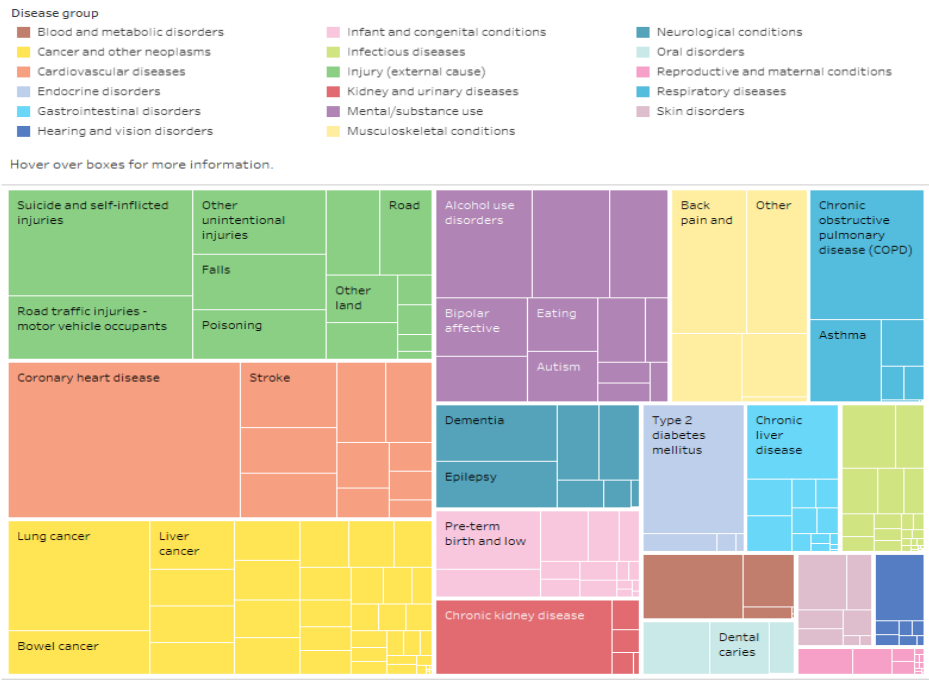
In NT in 2018 there were 53,603 DALY in Persons in the disease/s selected, equivalent to 254.8 DALY per 1,000 population.

Note: Diseases displaying a number with a rate of 0.0 per 1,000 population refer to a rate <0.05 per 1,000 population.

DALY in Persons, NT, 2018



DALY in Persons by disease, NT, 2018



Notes: Rates were age-standardised to the 2001 Australian Standard Population and are expressed as per 1,000 population. As burden of disease estimates are to some extent based on modelled deaths and prevalence data, individuals cannot be identified where there are small numbers reported.
Source: AIHW Australian Burden of Disease Database. <http://www.aihw.gov.au>