Meeting with First Ministers

17 June 2022

Parliament House, Canberra

Record of meeting

1. Acknowledgment of Country, welcome and introduction to the day

The Prime Minister:

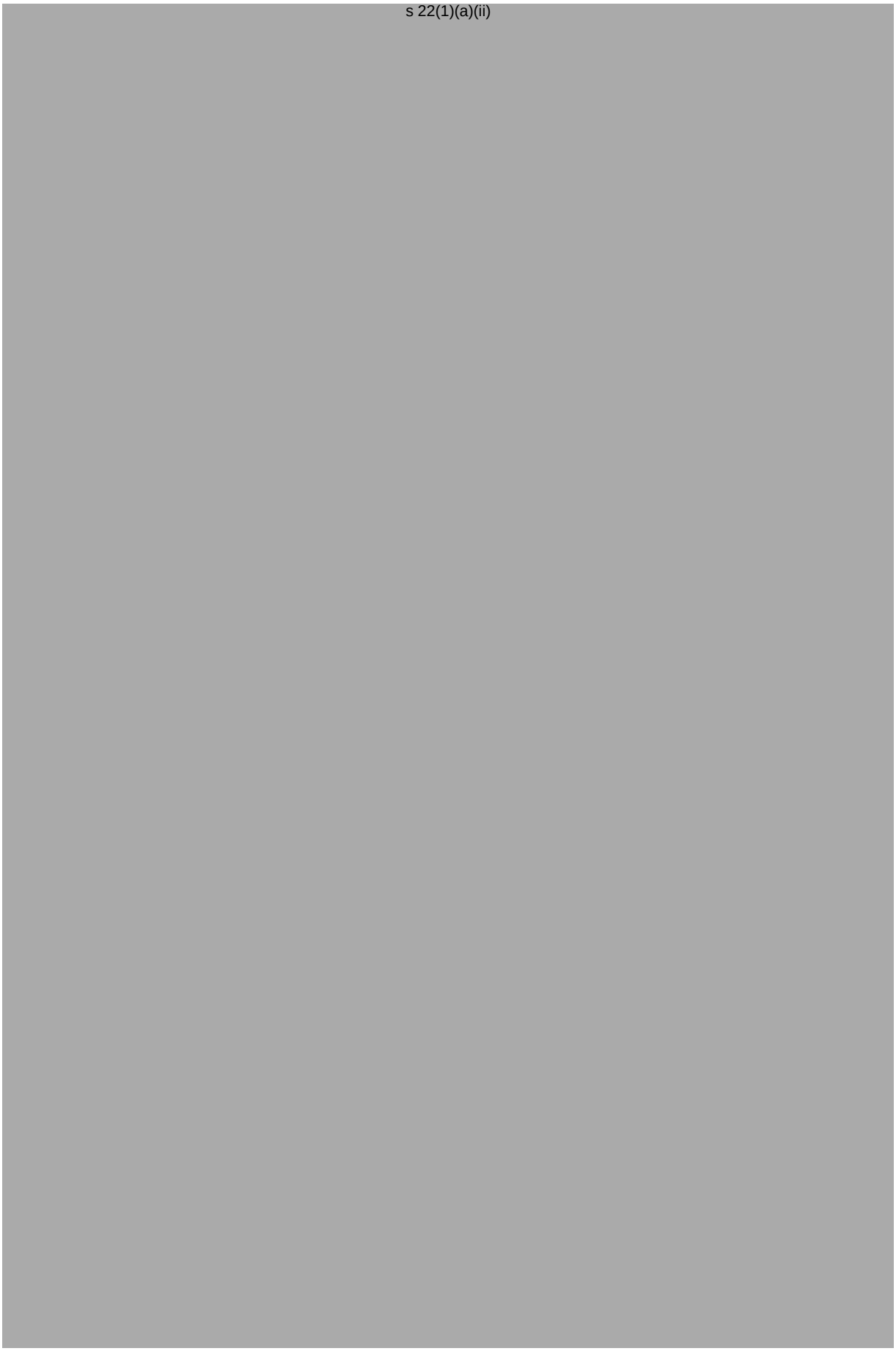
- Provided an acknowledgement of country and welcomed Premiers and Chief Ministers to the meeting.

s 22(1)(a)(ii)

Following the discussion of Commonwealth and state and territory priorities, First Ministers:

- s 22(1)(a)(ii)
- Noted the pressures in the health and hospital system exacerbated by the COVID-19 pandemic and the Commonwealth Government will extend the National Partnership on COVID-19 Response for a further three months to 31 December 2022, at a cost of approximately $760 million with amendments to cease both the Private Hospital Financial Viability Guarantee and funding for Rapid Antigen Tests (RATs) from the end of September 2022.
- s 22(1)(a)(ii)

s 22(1)(a)(ii)



s 22(1)(a)(ii)

Meeting of National Cabinet

16 July 2022 – Virtual attendance

Record of Meeting

1. Acknowledgment of Country, welcome and introduction

The Prime Minister:

- Provided an acknowledgement of country and welcomed Premiers and Chief Ministers to the meeting.

2. Update from Chief Medical Officer

The Commonwealth Chief Medical Officer, Professor Paul Kelly:

- Provided an update on the COVID-19 pandemic, including new variants and their potential impact, and the impacts on hospital capacity and broader health system. Australia is beginning to see a new wave of COVID-19 infections driven by the BA.4 and BA.5 Omicron sub variants, which will increase the pressure on our health system.
- Noted that this wave comes at a time when health systems are already under pressure responding to the earlier winter influenza season.
- Provided advice on potential public health mitigations.

Following the discussion of the current COVID-19 situation, First Ministers:

- **Noted** the advice of the Commonwealth Chief Medical Office.

3. Next Steps

- The Prime Minister advised that the Commonwealth has **agreed** to reinstate the Pandemic Leave Disaster Payment to 30 September 2022. Eligibility for the payment will be backdated to 1 July 2022, to ensure that anyone unable to work owing to isolation requirements in this period, without access to paid sick leave, is supported.
- All First Ministers **agreed** to share the costs of the payment 50:50 between the Commonwealth and the States and Territories, with State and Territory shares to reflect the proportion of their populations receiving the payment.
- The Commonwealth **advised** that it has further agreed to create a new, temporary telehealth item so GPs can spend longer with their patients to assess their suitably for oral COVID-19 antivirals. This will enable those most vulnerable to COVID-19 to quickly access medical treatments and help ease the burden on hospitals.
- State and Territory Premiers and Chief Ministers also shared updates from across each jurisdiction, including noting initiatives such as increasing access to supplies of Rapid Antigen Tests (RATs).
- All First Ministers **agreed** that jurisdictions will utilise existing RAT stocks funded through 50/50 cost share arrangements with the Commonwealth to support the public health response.

- All First Ministers **agreed** that jurisdictions and the Commonwealth will provide consistent health messaging encouraging Australians to follow the Australian Health Protection Principal Committee's recommendations on health behaviours including wearing masks indoors, getting tested and practising good respiratory hygiene.
- The Prime Minister **agreed** to consider extension of Australian Defence Force (ADF) assistance in residential aged care facilities, subject to the impact on ADF resources of other pressures, such as support to flood-affected areas.

s 22(1)(a)(ii)

National Cabinet

AGENDA

Thursday 4 August 2022

8.30am-9.15am AEST

MCN Telepresence

Agenda item	Presenter
1. Acknowledgment of Country Welcome and introduction	Prime Minister
2. Update from Chief Medical Officer a) COVID-19 b) s 22(1)(a)(ii)	Professor Paul Kelly
s 22(1)(a)(ii)	

Meeting of National Cabinet

4 August 2022 – Virtual attendance

Record of Meeting

1. Acknowledgment of Country, welcome and introduction

The Prime Minister:

- Provided an acknowledgement of country and welcomed Premiers and Chief Ministers to the meeting.

s 22(1)(a)(ii)

[redacted]

3. Update from Chief Medical Officer

The Commonwealth Chief Medical Officer, Professor Paul Kelly:

- Provided an update on the COVID-19 pandemic, including uptake of vaccine booster doses and COVID-19 treatments.
- Advised that the peak is likely to have passed for the current BA.5 Omicron sub variant wave.
- Noted that further waves are likely to occur every four to six months, with the next likely to coincide with the Australian summer and northern hemisphere winter.
- s 22(1)(a)(ii)
- [redacted]

Following the discussion of the current COVID-19 situation s 22(1)(a)(ii), First Ministers:

- **Noted** the advice of the Commonwealth Chief Medical Office and **agreed** to further work to plan and prepare for future waves of COVID-19 at an upcoming National Cabinet meeting.
- **Agreed** to consider further public messaging and advertising material to support the continued uptake of COVID-19 vaccine booster doses, highlighting the risks of future waves.
- **Agreed** to further work led by the First Secretaries Group to support the uptake of antiviral treatments, including investigating use of PBS and other data as relevant.
- **Agreed** that any health modelling considered for public release will first be reviewed by National Cabinet.

National Cabinet

AGENDA

Wednesday 31 August 2022

3.00pm – 4.30pm

Sydney Commonwealth Parliament Office, 1 Bligh Street, Sydney

Agenda item	Format	Presenter
1. Acknowledgment of Country Welcome and introduction	Oral Update	Prime Minister
2. COVID-19 a) Update from the Acting Chief Medical Officer b) COVID Settings c) Update on Planning for Future Waves	Oral Update Discussion Paper for Noting	Professor Michael Kidd

s 22(1)(a)(ii)

ITEM 2: Planning for Future COVID-19 Waves

NATIONAL CABINET **31 August 2022**

AUTHOR: COMMONWEALTH
FOR INFORMATION

RECOMMENDATIONS

That First Ministers:

1. Note work underway in planning for future waves of COVID-19.

KEY POINTS

1. While the recent BA.4/BA.5-driven wave of COVID-19 infections has peaked, we know that Australia (as with the rest of the world) will continue to experience waves of infection in coming years – potentially placing pressure on the health system and community more broadly.

2. The Commonwealth Government will continue to reassess the prevailing epidemiology and to recalibrate the COVID-19 response as necessary, based on the medical advice. The response will require all Governments to continue to work together at various levels, including through the National Cabinet, the Health Ministers' Meeting (HMM), the Health Chief Executives Forum, and the Australian Health Protection Principal Committee (AHPPC).

3. Commonwealth, states and territories will continue to recalibrate the public health response which will include considering testing and isolation policies; and ongoing surveillance to assess the impact of the COVID-19, including new variants of concern if and when they occur; and refreshing communication approaches.

4. Work is also underway for longer term public health management in the context of planning for the establishment of an Australian Centre for Disease Control (CDC). The Commonwealth has commenced consultation with the states and territories as critical partners, including with Chief Health Officers, the AHPPC, Chief Executives and Health Ministers. An Australian CDC will, in partnership with states and territories, enhance national coordination and improve preparedness for future pandemics and health emergencies and strengthen public health capacity.

5. Our key defence mechanism is to protect the most vulnerable Australians from severe disease and protect the health system to not become overburdened by potential new COVID-19 waves or the impact of new variants of concern. Planning for this includes:

    a. Tailored communication and supports for those most at risk of severe COVID-19 infection.

        i. For example, working with states and territories to target communication around treatments, vaccination, boosters and risk mitigation.

b. How Australia can be well positioned to have access and secure supply of any new vaccines and treatments.

    i. For example, the Commonwealth continues to work with vaccine manufacturers to negotiate the earliest possible access to variant-specific vaccines, and is also working with pharmaceutical companies to encourage them to apply for Therapeutic Goods Administration approval of new vaccines and treatments.

c. Providing clear guidance to industry and business sectors to equip the private sector with the tools and knowledge to most effectively manage risk as appropriate to their individual circumstance.

    i. For example, through regular National Coordination Mechanism meetings and via peak bodies.

6. Planning will draw on the expertise of relevant expert advisory committees including the Australian Health Protection Principal Committee.

7. The Commonwealth has also continued to support Australia's response to COVID-19 by investing in a number of supports to strengthen the health and aged care response. This has included:

    a. Extending funding support to state and territory hospital systems through the National Partnership Agreement on COVID-19 Response (the Partnership).

    b. Launching information campaigns to promote the critical importance of getting booster shots, antivirals and COVID safe behaviours. Current campaigns include:

        i. 'Boost' campaign for First Nations audiences commenced on 23 June. It encourages people to stay up to date with COVID-19 vaccinations.

        ii. 'COVID-19 oral antiviral treatments' campaign commenced on 22 July. It increases awareness of eligibility and promotes availability of antiviral treatments.

        iii. 'COVID safe behaviours' campaign commenced on 2 August. It encourages people to follow public health advice to help slow the spread of COVID-19.

    c. Undertaking an independent review of existing COVID-19 vaccine and treatment procurement arrangements which will provide recommendations and inform on future purchasing strategies.

    d. Expanding access to the fourth dose of COVID-19 vaccines and COVID-19 treatments.

    e. Introducing new temporary MBS items so GPs can spend longer with their patients to assess their suitability for oral COVID-19 treatments, which enables those most vulnerable to COVID-19 to quickly access medical treatments and help keep people out of hospital.

f. Supporting aged care residents and workers through the release of the Winter Plan for aged care residents to strengthen our first line of defence against COVID-19 in aged care.

RISKS AND SENSITIVITIES

8. The current wave of COVID-19 infections has peaked, but it is most likely that Australia will continue to experience waves of COVID-19 infection every four to six months. It is critical that Australia maintains the capability to predict and manage future waves effectively through scalable, flexible interventions and measures.

NEXT STEPS

9. Representatives of all Governments will continue to plan together through existing fora including the AHPPC and HMM. Further advice regarding the potential reduction of COVID-19 case isolation periods and the refresh of communication materials is anticipated within the next fortnight.

10. A further formal update on planning work will be provided at the next National Cabinet meeting.

Meeting of National Cabinet

31 August 2022 – CPO, Sydney

Record of Meeting

…

COVID-19

The Commonwealth Acting Chief Medical Officer, Professor Michael Kidd:

- Provided an update on the COVID-19 pandemic, including uptake of vaccine booster doses and COVID-19 treatments.
- s 22(1)(a)(ii)

Following the discussion of the current COVID-19 situation s 22(1)(a)(ii), First Ministers:

- **Agreed** to reduce isolation periods for COVID-19 positive cases from seven to five days following a positive test, for people with no symptoms at five days. Seven days isolation remains for workers in high risk settings including aged care, disability care, and those providing care in the home. This will come into effect from Friday 9 September.
- **Agreed** the Australian Health Protection Principal Committee (AHPPC) will come back to National Cabinet by 9 September 2022 with further advice on isolation requirements for health care settings.
- **Agreed** to remove the mandatory wearing of masks on domestic air travel from Friday 9 September.
- **Noted** that decisions on requirements for wearing masks on public transport are a matter for each jurisdiction, taking into account their own circumstances.
- **Agreed** to meet again in mid-September for a further discussion on the future of the PLDP.
- **Noted** the work underway in planning for future waves of COVID-19.

s 22(1)(a)(ii)

National Cabinet

AGENDA

Wednesday 14 September 2022

10.00am – 10.45am AEST

MCN Telepresence

Agenda item	Presenter
1. Acknowledgment of Country Welcome and introduction	Prime Minister
2. Update from Chief Medical Officer	Professor Paul Kelly
3. Pandemic Leave Disaster Payments	Prime Minister
s 22(1)(a)(ii)	

NATIONAL CABINET

ITEM 3: PANDEMIC LEAVE DISASTER PAYMENT

14 SEPTEMBER 2022

AUTHOR: COMMONWEALTH
FOR DECISION

RECOMMENDATIONS

That First Ministers:

1. Agree that the Pandemic Leave Disaster Payment (PLDP) should only continue as long as mandatory isolation periods are applied by jurisdictions;

2. Agree to extend the PLDP at current rates beyond 30 September 2022 while mandatory isolation periods are in effect. Note that this is proportionate and was reduced from seven to five days for non-high risk workers from 9 September 2022;

3. Agree to continue existing 50:50 cost-sharing arrangements for as long as all states and territories apply mandatory isolation periods; and

4. Agree to cap the maximum number of PLDP claims a person can make in a six month period to three effective from 1 July 2022.

KEY POINTS

1. The Pandemic Leave Disaster Payment (PLDP) is scheduled to end on 30 September 2022. PLDP has been an important lever to support people who have tested positive to COVID-19, or care for someone who has tested positive, to comply with state and territory requirements to isolate and slow the spread of COVID-19.

2. On 31 August 2022, the National Cabinet agreed to reduce mandatory isolation periods for positive COVID-19 cases, close contacts and carers from seven to five days from 9 September 2022, providing that they no longer have symptoms on day five. This is a proportionate response at this time in the pandemic and it is appropriate that these payments be adjusted to reflect these changes.

3. The ongoing step down of PLDP will signal the National Cabinet's intention to cease the payment in the near future, especially if mandatory isolation requirements are removed, and as Australia transitions to living with COVID-19 similar to other endemic diseases.

4. While it is still in place, PLDP should become more targeted to support people who work in high risk settings, such as health and aged care workers. A modified two tiered system could be considered in the future to ensure appropriate support for workers in high risk settings and a lighter touch for the rest of the population.

RISKS AND SENSITIVITIES

s 47C

NEXT STEPS

6. The National Cabinet discuss PLDP again at the 30 September 2022 meeting in the context of mandatory isolation periods and broader COVID settings. Consideration may also be given to options to better target support, if required.

BACKGROUND

7. PLDP was introduced in August 2020 and to date has provided over $2.3 billion in support, with the majority of the expenditure occurring since December 2021 following the arrival of the Omicron variant.

8. PLDP currently provides support for an individual with less than $10,000 in liquid assets who is not receiving an income support payment or state-based isolation payment and who has lost more than a day's work because they have insufficient sick or carer's leave and are: required to isolate for five or seven days either because they are infected with COVID-19; or, have been identified as a close contact under the definition agreed by National Cabinet; or, are a carer for someone who meets these criteria.

9. The Commonwealth's Crisis Payment – National Health Emergency (COVID-19), which provides additional financial support to income support payment recipients affected by COVID-19 isolation requirements, is due to cease on 30 September 2022.

Meeting of National Cabinet

14 September 2022 – Virtual

Record of Meeting

1. Acknowledgment of Country, welcome and introduction

The Prime Minister provided an acknowledgement of country and welcomed Premiers and Chief Ministers to the meeting.

2. Update from Chief Medical Officer

a) COVID-19

The Commonwealth Chief Medical Officer, Professor Paul Kelly:

- Provided an update on the COVID-19 pandemic including the recent advice from the Australian Health Protection Principal Committee and changes to covid-19 reporting arrangements.
- Noted that AHPPC were giving further consideration to requirements in disability, aged care and health care settings.
- s 22(1)(a)(ii)

The Prime Minister:

- **Noted** National Cabinet would discuss further AHPPC advice on requirements in disability, aged care and health care settings at the National Cabinet meeting on 30 September 2022.

3. Pandemic Leave Disaster Payment

First Ministers:

- **Agreed** that the Pandemic Leave Disaster Payment (PLDP) should only continue as long as mandatory isolation periods are applied by jurisdictions.
- **Agreed** to extend the PLDP at current rates beyond 30 September 2022 while mandatory isolation periods are in effect.
    - **Noted** that this is proportionate and was reduced from seven to five days for non-high risk workers from 9 September 2022.
- **Agreed** to continue existing 50:50 cost-sharing arrangements for as long as all states and territories apply mandatory isolation periods.
- **Agreed** to cap the maximum number of PLDP claims a person can make in a six month period to three (after 1 July 2022) effective from 1 October 2022.
- **Agreed** to discuss mandatory isolation periods and the PLDP again at the next National Cabinet Meeting on 30 September.

The Prime Minister:

- **Noted** the Commonwealth's Crisis Payment for National Health Emergency (COVID-19) would cease on 30 September 2022.


s 22(1)(a)(ii)

National Cabinet

AGENDA

Friday 30 September 2022

9.00am – 11.30am (AEST)

Cabinet Room, Parliament House, Canberra

Agenda item	Format	Presenter
1. Acknowledgment of Country Welcome and Introduction		Prime Minister
s 22(1)(a)(ii)		
3. COVID-19		
a. Update from the Chief Medical Officer	Paper (Discussion)	Chief Medical Officer Prof. Paul Kelly
b. COVID-19 Transition	Paper (Discussion)	Prime Minister
c. Isolation Periods and Pandemic Leave Disaster Payment	Paper (Discussion)	Prime Minister
s 22(1)(a)(ii)		

National Cabinet

Agenda item	Format	Presenter
s 22(1)(a)(ii)		
ITEMS NOT FOR DISCUSSION		
9. Uptake of Antivirals Treatments	Paper (Noting)	Prime Minister
10. Vaccine Booster Public Messaging	Paper (Noting)	Prime Minister

Australian Government
Department of Health and Aged Care

Chief Medical Officer

The Hon Anthony Albanese MP
Prime Minister
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

Dear Prime Minister

I understand from our conversation earlier today that you are seeking medical advice with regard to the proposal to remove mandated isolation for those who test positive for COVID-19.

It is my long-held view that public health measures need to be based on available evidence, proportionate and equitable. The agreed policy intent of the Australian response to the COVID-19 pandemic has moved away from the elimination of community transmission to protecting the most vulnerable from severe disease and death. In the current Australian context of low community transmission and high hybrid immunity from vaccination and recent infection, it is my view that removing mandated isolation requirements in the current period would not materially detract from Australia's pandemic response and would be consistent with the current aims of that response.

I stress that this does not in any way diminish the importance of strongly encouraging those with respiratory illness, and particularly people with confirmed COVID, to stay at home and particularly to avoid high risk settings whilst they are symptomatic and therefore likely to be at the peak of infectiousness.

However, isolation periods should not be considered independently of other important factors because the epidemiological situation in Australia can change quickly, as we saw with the emergence of the Omicron variant in the summer of 2021-22. I therefore suggest that you task the appropriate body to come back to National Cabinet with a detailed transition plan which would adequately prepare

Australia to respond to a surge in cases likely to impact the health system and/or a new variant of concern with greater severity in the future.

Below is my rationale for this advice.

Current state of the pandemic in Australia

We have seen a rapid and substantial decrease in cases, hospitalisations and ICU admissions, and the number and size of Residential Aged Care outbreaks since the peak of the most recent BA.5 wave at the end of July 2022. Recognising that testing and therefore case ascertainment is likely lower than previously, we are in a better epidemiological situation than at any time since December 2021 for most measures, and April 2022 for hospitalisations. Whilst we are closely monitoring new sub-variants of the Omicron variant which continue to emerge, at this stage the situation in Australia is stable.

High levels of hybrid immunity from vaccination and infection

Australians are highly vaccinated with two doses and a high proportion of those who are most vulnerable to severe infection having received at least one booster dose. Additionally, serosurvey studies have shown that almost half of Australian adults and almost two thirds of young adults had been infected at least once by June 2022, with further increases during the most recent wave. It is likely that an even higher number of children have been infected at least once. This hybrid immunity will continue to provide protection against severe disease and will, at least in the short term, modify transmission in the community.

Pandemic control modalities have changed

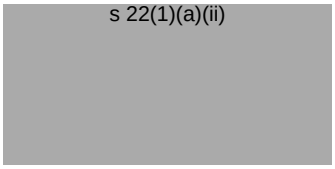
In contrast to earlier stages in the pandemic response, Australia now has a number of readily accessed pharmaceutical measures (vaccines and treatments), rapid diagnostic capability, adequate personal protective equipment and appropriate infection prevention and control procedures to protect those at higher risk of severe COVID-19 and to limit outbreaks in high-risk settings.

Uncertain future and the need for constant vigilance and capacity to respond

It is highly likely that further waves of infection will continue to occur over the next two years at least. This is due to a combination of viral factors (continued genetic variation resulting in immune escape, higher transmissibility, and possibly higher severity), human biology (waning immunity from infection and vaccination), human behaviour (lower adherence to public health messaging including mask wearing, testing, staying home when sick and vaccine fatigue), and environmental factors (winter seasons and removal of remnant public health and social measures (PHSM) and test, trace, isolate and quarantine (TTIQ) measures). We may even see the emergence of a very different variant before the end of 2022.

On the basis of these current epidemiological and pandemic control settings, in the context of high underlying immunity within the population, as well as readily available pharmaceutical interventions, I consider that a change in mandated isolation periods at this time is a reasonable approach. Constant vigilance and a strong commitment as well as continued capacity to surge the response if required will remain important in the next phase of Australia's COVID-19 pandemic response transition.

Yours sincerely



Professor Paul Kelly
Chief Medical Officer

29 September 2022

Cc: The Hon Mark Butler MP, Minister for Health and Aged Care

NATIONAL CABINET

ITEM 3b: COVID-19 RESPONSE TRANSITION

30 SEPTEMBER 2022

AUTHOR: COMMONWEALTH
FOR DECISION

RECOMMENDATIONS

That First Ministers:

1. Agree to continue a nationally consistent approach to transition Australia's COVID-19 response.

2. Note the update from the Commonwealth Chief Medical Officer.

3. Discuss the next steps in the COVID response transition including planning for summer and future waves .

KEY POINTS

1. A nationally consistent approach to transition Australia's COVID-19 response to a sustainable footing will provide clarity and certainty for all jurisdictions and the Australian public.

2. It is recognised that Australia cannot revert to a pre-pandemic state, however nationally, our systems (social, economic and health) need to transition to treat the virus like other respiratory illnesses. This can now occur as Australia has gained broad immune protection across the population through both vaccination and infection – resulting in less COVID-19 related hospitalisations and death, even as the virus continues to circulate. It is also recognised that there is a disproportionate impact on certain cohorts and targeted support for these will need to continue.

3. The objectives of the transition should ensure government COVID-19 policy measures support (**Attachment A** refers):

    a. minimising the level of severe COVID-19 and death, including through ensuring measures are effective, proportionate and targeted wherever possible for the most vulnerable and at risk populations;
    b. ensuring the health, economic and social systems as a whole have the capacity and capability to respond to future waves;
    c. promoting and creating an environment that mitigates pandemic fatigue and generates self-reliance, resilience and capacity building which reduces the reliance on government interventions;

d. supporting the economic and social well-being of those living in Australia; and
e. returning funding and policy efforts to a more sustainable footing, including for business and individual supports, aged care and health funding.

4. This approach will draw on what has been learned over the course of the pandemic, support the cessation of a number of measures and the scaling down of others while maintaining latent capacity to rapidly and effectively respond to any future waves.

5. Notably, there is a need to ensure such an approach is in place to support preparedness for a potential summer wave should it eventuate. This includes ensuring early warning systems are in place to support timely and proportionate responses and we have the ability to surge our public health capability if required.

RISKS AND SENSITIVITIES

6. Any transition, scaling back or shifting in responses to the pandemic, will need to be carefully communicated and managed with the Australian community. This includes ensuring the ability to continue to rapidly and effectively respond to any future waves as required. An information and communications campaign will need to be developed to support this. A nationally consistent approach to transition will help build public confidence and support.

NEXT STEPS

7. National Cabinet will continue to monitor the transition of Australia's COVID 19 response, with support and coordination through the First Sectretary's Group .

BACKGROUND

8. The COVID-19 pandemic is one of the most significant and far-reaching challenges Australia and the world has faced in recent history.

9. Throughout the pandemic, a range of social, health and economic measures have been implemented and pursued to ensure the community is protected and to support its ongoing viability.

10. Australia in the initial phases of the pandemic sought an aggressive suppression strategy to curtail community transmission of the virus, prior to COVID-19 vaccinations being available at a population wide level.

11. Complementary to this was the introduction of other COVID-19 safe behaviours like mask wearing, social distancing and capacity limits on public venues and transport.

12. As at September 2022, more is known and understood about COVID-19 than at the start of the pandemic and we have access to tests, vaccines and treatments which have improved our ability to more comprehensively respond and also to target responses to more vulnerable and high risk populations.

13. Clinical and epidemiological advice suggests that future COVID-19 waves are highly likely and will occur over the coming two years at least, although the scale and impact of further waves is hard to predict.

14. Early in the pandemic, we saw significant community support for more restrictive measures, as they prevented transmission in the unvaccinated population. Although this came at economic and social costs, support for future strict measures like lockdowns are diminishing.

15. Many measures implemented and pursued through the pandemic to ensure the protection of the community were bespoke, designed and implemented in response to an evolving and uncertain environment and generated in the absence of other readily available solutions.

16. A number of these measures very quickly advanced system enhancements that might typically have taken years to attain. In other instances, bolt on and manual approaches were used to deliver outcomes at speed, which are not sustainable over the medium term.

17. As a country, we have collectively started to move away from using a range of restrictive public health and social measures and have started to consider how best to scale back other responses, like the Pandemic Leave Disaster Payment (PLDP).

18. Where our responses to date have necessarily been applied across the whole of the population, the opportunity now exists for approaches to be more proportionate and targeted to support those most at risk of severe disease in recognition of the high levels of primary vaccination coverage, hybrid immunity and availability of treatments.

19. It is timely to consider how best to transition to a sustainable position, minimise future impacts and shift from a continued state of emergency towards a long term response strategy.

20. It is also timely to consider also how best to address the nascent societal, economic and health affects of the pandemic.

NATIONAL CABINET

ITEM 3c: ISOLATION PERIODS AND PANDEMIC LEAVE DISASTER PAYMENT (PLDP)

30 SEPTEMBER 2022

AUTHOR: COMMONWEALTH
FOR DISCUSSION

RECOMMENDATIONS

That First Ministers:

1. Note the update from the Commonwealth Chief Medical Officer.
2. Discuss the continuation of mandatory isolation periods and PLDP.
3. Note the introduction of a cap to the number of times an individual can claim the PLDP to three times in a six month period, agreed by National Cabinet on 14 September in response to identified issues regarding misuse and overuse of the payment.

KEY POINTS

1. PLDP has been an important support for people who have tested positive to COVID-19, or care for someone who has tested positive, allowing them to comply with state and territory requirements to isolate and slow the spread the virus.
2. On 31 August 2022, the National Cabinet agreed to reduce mandatory isolation periods for positive COVID-19 cases, close contacts and carers from seven to five days from 9 September 2022, providing that they no longer have symptoms on day five. This is a proportionate response at this time in the pandemic and it is appropriate that these payments be adjusted to reflect these changes.
3. The National Cabinet also discussed the likely phasing out of PLDP on 14 September 2022, and agreed to cap the number of payments an individual can claim. This winding down of PLDP will signal the National Cabinet's intention to cease the payment in the near future and aligned to the anticipated removal of mandatory isolation requirements, as Australia transitions to living with COVID-19 similar to other endemic diseases.

RISKS AND SENSITIVITIES

s 47C

NEXT STEPS

5. Implementation of changes to the PLDP will require advice from Services Australia.

BACKGROUND

6. At its 14 September meeting National Cabinet agreed:

    a. that the PLDP should only continue as long as mandatory isolation periods are applied by all jurisdictions.

    b. to continue existing 50:50 cost-sharing arrangements for as long as all states and territories apply mandatory isolation periods.

    c. to extend the PLDP at the current rates beyond 30 September 2022 while mandatory isolation periods are in effect.

    d. to cap the maximum number of PLDP claims a person can make in a six month period to three (after 1 July 2022) effective from 1 October 2022.

7. PLDP was introduced in August 2020 and to date has provided over $2.3 billion in support, with the majority of the expenditure occurring since December 2021 following the arrival of the Omicron variant.

State/Territory	Total Eligible Claims	Total paid ($)
ACT	5,248	3,771,330
NSW	172,218	125,542,830
NT	3,257	2,365,410
QLD	107,102	78,251,610
SA	27,326	19,747,230
TAS	8,716	6,301,020
VIC	133,978	97,208,670
WA	45,774	33,213,330

Table 1: Total number and cost of eligible claims per jurisdiction since 1 July 2022

8. PLDP currently provides support for an individual with less than $10,000 in liquid assets who is not receiving an income support payment or state-based isolation payment and who has lost more than a day's work because they have insufficient sick or carer's leave and are: required to isolate for five or seven days either because they are infected with COVID-19; or, have been identified as a close contact under the definition agreed by National Cabinet; or, are a carer for someone who meets these criteria.

9. The Commonwealth's Crisis Payment – National Health Emergency (COVID-19), which provides additional financial support to income support payment recipients affected by COVID-19 isolation requirements, is due to cease on 30 September 2022.

10. To reduce the risk of fraudulent PLDP claims, Services Australia has introduced additional controls including adopted additional controls to address emerging threats, including:
    a. real time analysis of pre-payment fraud;
    b. implementing evidence requirements for fifth or subsequent claim; and
    c. post-payment fraud detection measures.
11. Services Australia has identified that since 20 July 2022, 2.59% of all claims received (10,417 out of 401,670) triggered real time fraud checks with 4,014 (52.7%) subsequently rejected.

NATIONAL CABINET

ITEM 9: UPTAKE OF ANTIVIRAL TREATMENTS

30 SEPTEMBER 2022

AUTHOR: DEPARTMENT OF HEALTH AND AGED CARE
FOR NOTING

KEY POINTS

1. COVID-19 oral antivirals are available through two key channels, the Pharmaceutical Benefits Scheme (PBS) for patients in the community and the National Medical Stockpile (NMS) for patients in public hospitals.
2. The Commonwealth has also pre-placed several antiviral treatments to ensure the most vulnerable can readily access them:
    - molnupiriavir (Lagevrio®), in residential aged care facilities; and
    - both Lagevrio and nirmatrelvir and ritonavir (Paxlovid®), in Aboriginal Community Controlled Health Services and the Royal Flying Doctor Service.
3. There have been some reported barriers to uptake of Lagevrio® and Paxlovid® including:
    a. *Awareness and eligibility:* a lack of awareness among patients and primary care professionals, of the available antivirals and the eligibility criteria;
    b. *Prescribing*: delays in access through primary care, noting not all people have regular primary care providers, and GP appointment shortages due to increased demand on the entire health system, including primary care; and
    c. *Dispensing*: not all pharmacies stock antivirals, with up-front costs cited by some pharmacists as a disincentive for them to hold stock, particularly in regional areas
4. The Commonwealth has taken action to address these barriers, including:
    a. expanding the eligibility criteria for Lagevrio® and Paxlovid®
    b. creating a new temporary telehealth item to assist GPs in consultation appointments,
    c. reinvigorated advertising campaigns encouraging people to speak to their GP early about eligibility for antivirals (including developing a plan should they test positive) and using HealthDirect to connect patients with prescribers;
    d. holding regular webinars with GP, pharmacy and primary health care peak bodies;
    e. actively encouraging pharmacies to stock antivirals (including advising on stock return policies); and
    f. continuing to fund the Community Service Obligation which enables wholesalers to distribute medicines listed on the PBS to pharmacies within 24

hours of ordering. This funding pool provide $200 million a year to support access to PBS medicines to pharmacies throughout Australia.

5. State and territory governments indicated they have also taken action to increase uptake of antivirals, including:

    a. proactively identifying and contacting eligible patients and encouraging them to discuss antivirals with a GP.

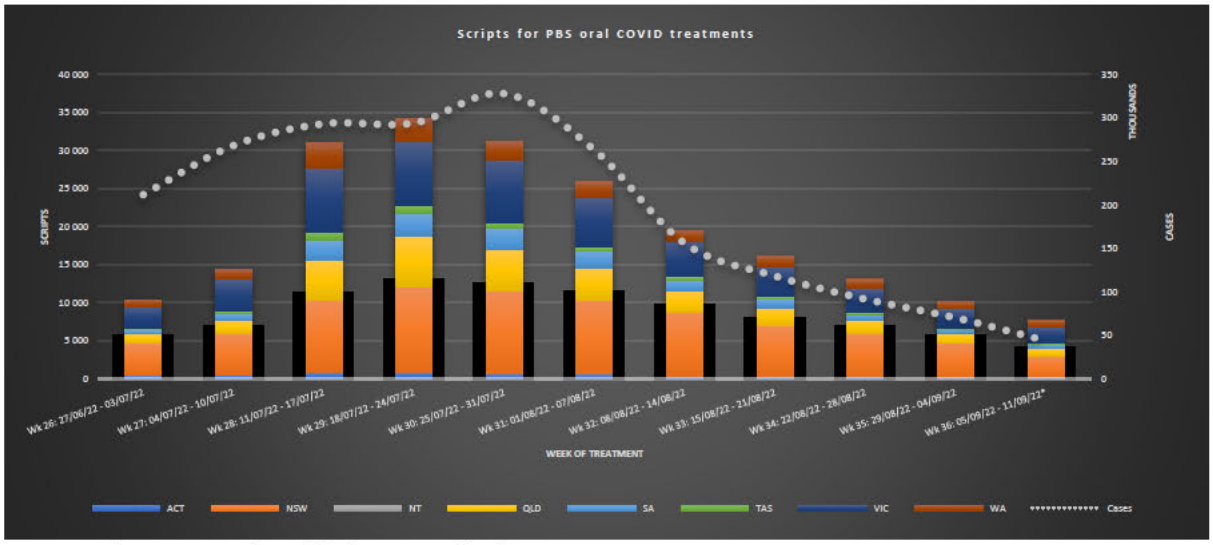
    b. providing expanded access to prescribers via telehealth, for example the through the Victorian Virtual Emergency Department.

    c. Tasmania has recently announced a grant program funding primary care providers to pre-emptively review their patients and flag those eligible to receive antiviral medications should they get COVID.

6. From 11 July 2022, the PBS eligibility criteria for both these treatments expanded to ensure greater access for people who are vulnerable to severe disease, including people aged 70 years and over, people 50 years and over with two risk factors, First Nations people 30 years and over with two risk factors, and moderate to severely immunocompromised people 18 years and over.

7. The PBAC continues to monitor the eligibility criteria for PBS access to Paxlovid and Lagevrio and may recommend changes to the eligibility criteria as needed, considering new evidence for their effectiveness and safety in other patient groups, as well as the evolving epidemiology of COVID-19. There are risks and benefits for all medical treatments, and eligibility needs to be carefully calibrated. There is currently limited evidence of benefits in people under 65 with no underlying risk factors or people under 50 in terms of preventing severe illness or death. There is no current evidence that oral treatments affect transmission or long COVID.

8. Following the eligibility expansion and other actions by governments, there was a significant increase in PBS scripts for Lagevrio® and Paxlovid® from 11 July to 31 July. From 1 August to 11 September PBS prescriptions have fallen sharply, as illustrated in the graph below, in line with decreased national COVID-19 cases.



Case numbers were only available up to 09/09/22

RISKS AND SENSITIVITIES

9. Governments will need to continue to monitor and consider additional measures to increase the uptake of oral antivirals. It is likely there will be some wastage of current stock, based on the current utilisation rates and expiry date of existing stock. To minimise wastage and barriers to uptake, additional initiatives may be required.

NEXT STEPS

10. The Commonwealth and Victoria have commenced a project to link PBS data with other datasets to develop a rich analysis of the patient groups accessing antivirals and their health outcomes.
11. The project could provide intelligence to target messaging to eligible populations with low uptake, educate communities on the benefits of antivirals using analysis of outcomes in the Australian context, and help identify practical actions governments can take to increase uptake. The Commonwealth and Victorian governments will update FSG on the outcomes of this project.
12. New South Wales and the Australian Capital Territory have recently contacted the Commonwealth Department of Health and Aged Care expressing their interest in receiving similar PBS data. The Department is working to progress these requests.

BACKGROUND

13. The Commonwealth, through the NMS, deployed supplies of both Lagevrio® and Paxlovid® to all state and territory health departments, for supply to high priority groups. States and territories have their own set of eligibility criteria guiding access to antiviral treatment supplied from the NMS. Each state and territory is responsible for distribution of this supply within its jurisdiction following its COVID-19 care arrangements.

NATIONAL CABINET

ITEM 10: VACCINE BOOSTER PUBLIC MESSAGING

30 SEPTEMBER 2022

AUTHOR: DEPARTMENT OF HEALTH AND AGED CARE
FOR NOTING

KEY POINTS

1. Community sentiment towards COVID-19 and vaccinations has been monitored in various ways throughout the pandemic. Current data from a range of sources highlights significant challenges with communicating to reinforce core COVID-19 safe behaviours, including booster uptake.
2. For indication, **Attachment A** details vaccine coverage by age. **Attachment B** details age-specific figures for First Nations peoples.
3. Despite lower vaccine coverage rates in some age cohorts, hybrid immunity from COVID-19 infections may mean there is a good level of protection within groups who are generally not medically at risk.
4. s 47C
5. From late May through to July, Commonwealth Government communication, including advertising, focussed on booster doses (both third and fourth), primary doses for 5–15-year-olds and influenza vaccination.
6. In late July and through September, the Government's focus shifted to raising greater awareness of oral treatments, and adoption of COVID-19 safe behaviours (masks, physical distancing, hygiene, testing and staying home when unwell).
7. The current targeted advertising focus is on oral antiviral treatments, and primary doses for children 5 to 15 years of age.
8. While there are encouraging rates of 3rd and 4th dose coverage in high-risk groups, current communication also focusses on cohorts with lower vaccination within these groups. This activity includes:
    a. Community based communication for Pasifika, Chinese, Arabic, Sudanese, Chaldean, and Assyrian groups with lower uptake of third dose.
    b. Communication through Government and community organisation channels to reach people living with disability.
    c. Bespoke communication for First Nations people.
9. Engagement activities range from tailored in-language video, digital and written resources, to community engagement sessions and outreach, social media content, media engagement and regular updates to community organisations and health care providers so they can share through their own networks. Regular COVID updates,

including on 3rd and 4th doses, continue to be provided in 63 language groups and disseminated through a wide range of channels including bi-lingual health educators.

RISKS AND SENSITIVITIES

s 47C

NEXT STEPS

s 47C

BACKGROUND

s 47C

4th dose vaccination data

19. As at 14 September, nationally 40.5% of the eligible population (30 years and over) has received a fourth dose. This includes 81.8% of aged care residents, 73.3% of people 65 years and over and 31% of those 16 years and over participating in the National Disability Insurance Scheme.

3rd dose vaccination data

20. Nationally, 71.8% of people aged 16 years and over have had 3 doses.

Total people received three doses by the number of individuals eligible by state 14 September 2022

ACT	80.2%
NSW	69.7%
NT	79.1%
QLD	64.9%
SA	75.7%
TAS	74.3%
VIC	739%
WA	83.2%

21. **Attachment A** provides this data, broken down by age. **Attachment B** presents age-related data for First Nations people.

s 47C

Attachment A

Vaccine uptake by age

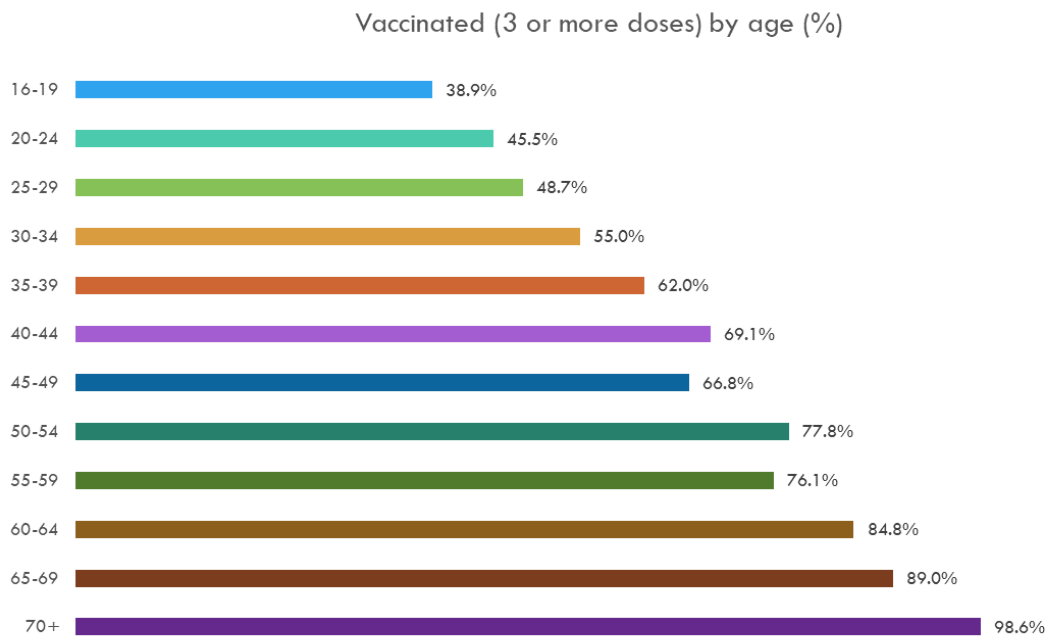
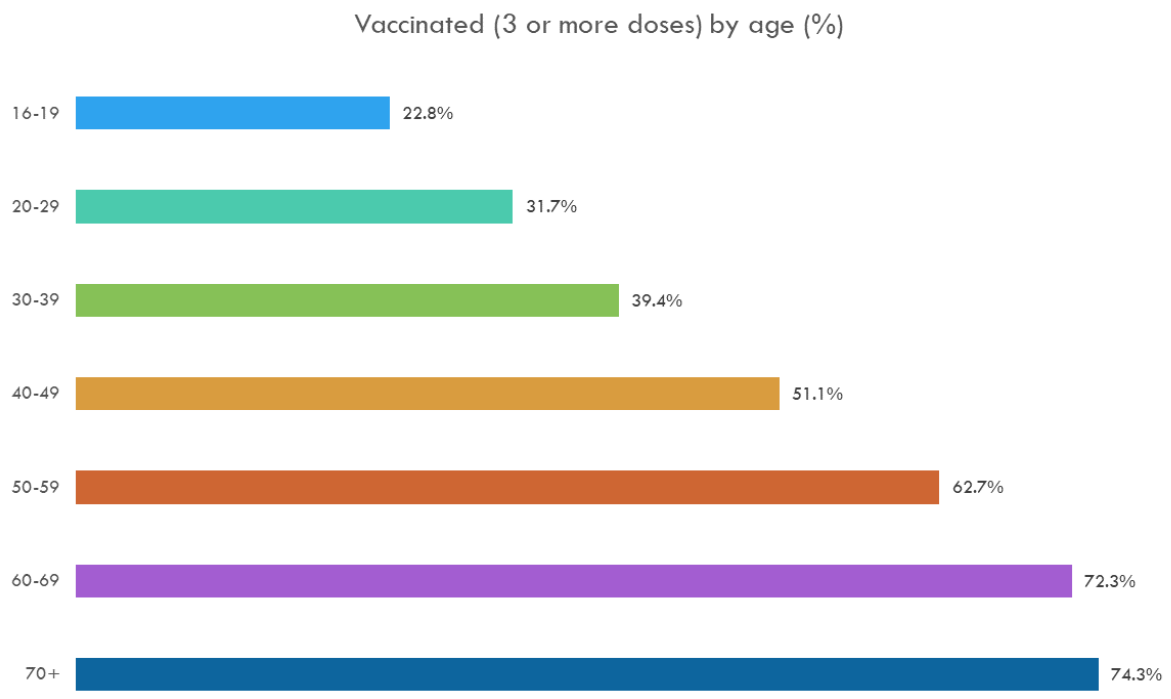


Chart above shows the proportion of the population in each age group who have had 3 doses. Base sizes for all groups are ABS 2020 population estimates.

Attachment B

Aboriginal and Torres Strait Islander vaccine uptake



Charts above shows the proportion of the First Nations population in each age group who have had 3 doses.

Meeting of National Cabinet

30 September 2022 – Parliament House Cabinet Room

Record of Meeting

1. Acknowledgment of Country, welcome and introduction

The Prime Minister provided an acknowledgement of country and welcomed Premiers and Chief Ministers to the meeting. s 22(1)(a)(ii)

s 22(1)(a)(ii)

3. COVID-19

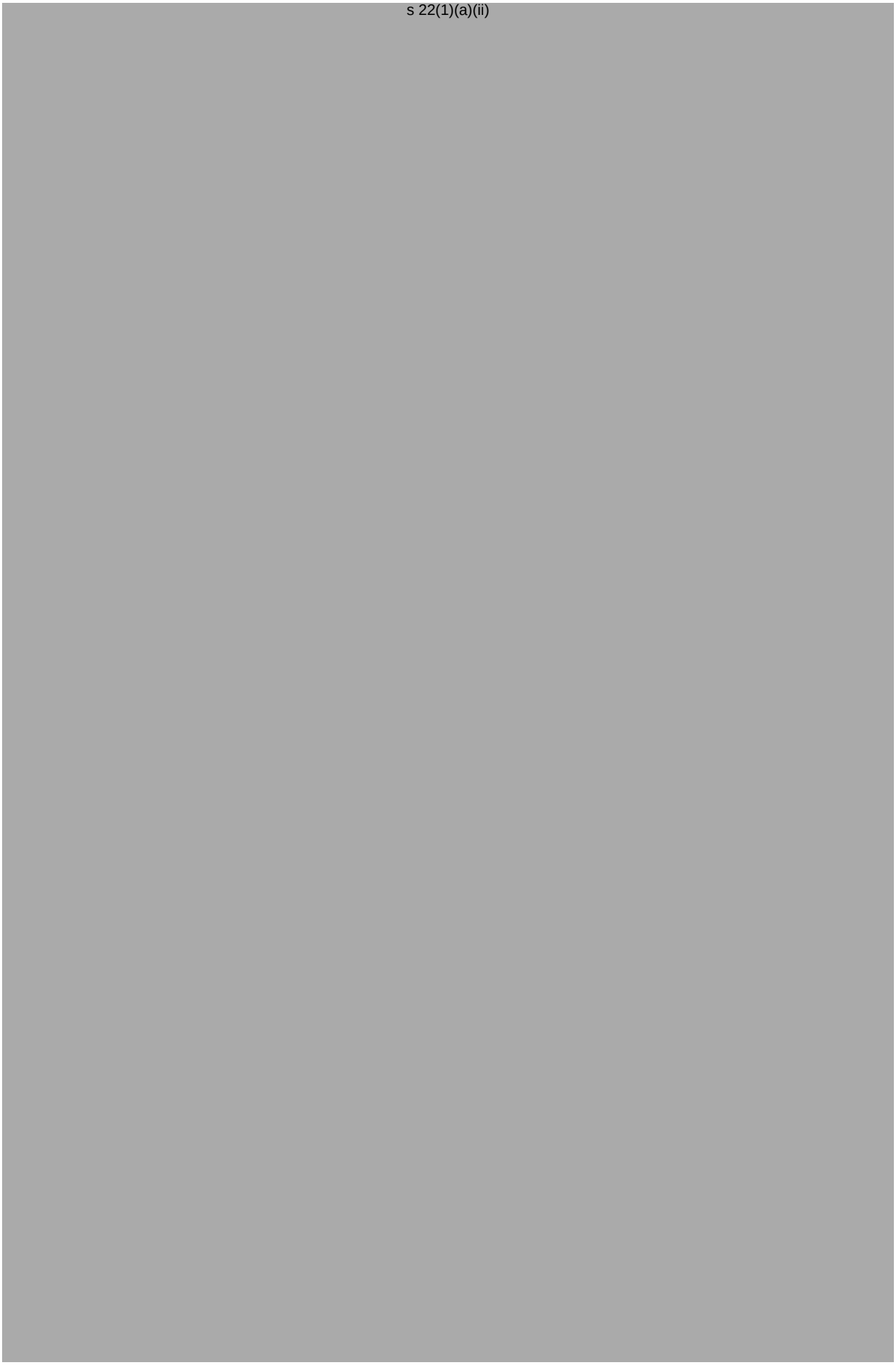
National Cabinet:

- Noted the epidemiological update from the Commonwealth Chief Medical Officer (CMO), and the advice on the current COVID-19 settings (see attached letter from CMO).
- Agreed to continue a nationally consistent approach to transition Australia's COVID-19 response, on the basis of the following objectives:
    - minimising the level of severe COVID-19 and death, including through ensuring measures are effective, proportionate and targeted wherever possible for the most vulnerable and at risk populations;
    - ensuring the health, economic and social systems as a whole have the capacity and capability to respond to future waves;
    - promoting and creating an environment that mitigates pandemic fatigue and generates self-reliance, resilience and capacity building which reduces the reliance on government interventions;
    - continue to promote the importance of vaccinations, including boosters, to improve health outcomes;
    - supporting the economic and social well-being of those living in Australia; and
    - returning funding and policy efforts to a more sustainable footing, including for business and individual supports, aged care and health funding.
- Agreed, through the relevant processes in each jurisdiction, to end mandatory isolation requirements for COVID-19 effective 14 October.
- Agreed to end the Pandemic Leave Disaster Payment effective 14 October.
    - Noted that advice will be sought from Services Australia to confirm details and timeline for implementation.
- Agreed the importance of protecting high-risk settings, and ensuring workforce continuity across these sectors:

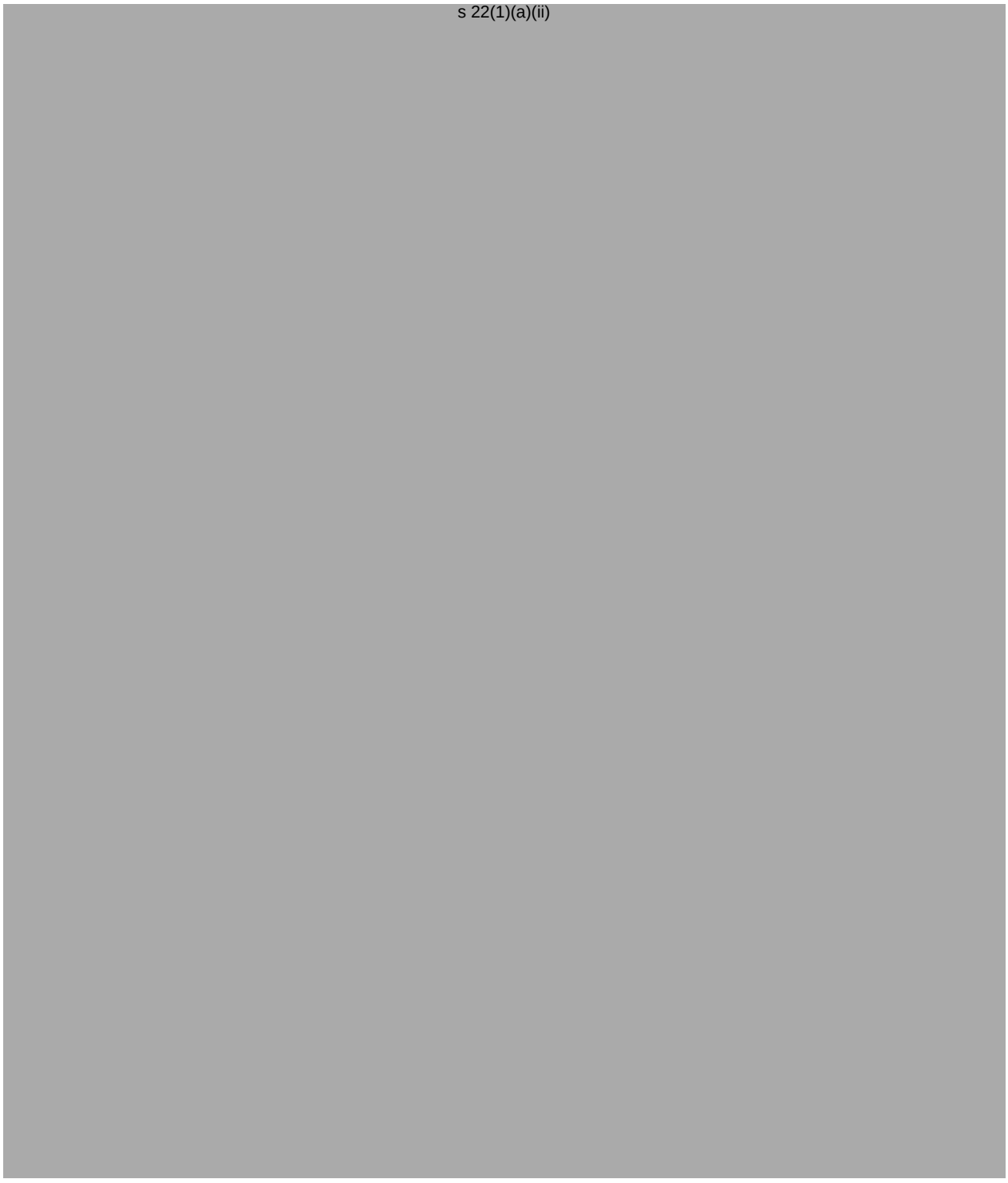
  - Aged care, including residential and home care and ancillary workforce;
  - Disability care, including workforce supporting disability home care and residential settings;
  - Aboriginal healthcare, including workforce directly employed by Aboriginal Community Controlled Health Organisations (ACCHOs);
  - Hospital care, inclusive of day hospitals and smaller facilities;
  - Task First Secretaries Group to develop nationally consistent definitions and processes for isolation requirements for high risk settings.
- Agreed to targeted financial support for casual workers, and those without sick leave entitlements, through a new payment for the sectors outlined in Rec. 6, with the following design parameters:
  - delivered through Services Australia as a payment at the same application process, rate and access thresholds as the existing PLDP;
  - commence from 15 October and be reviewed at the next National Cabinet meeting in December;
  - continue the 50:50 funding split across the Commonwealth and States and Territories;
  - continue to cap access to three; and
  - seek advice from Services Australia to confirm details and timeline for implementation, and the compliance regime to mitigate fraud risk.
- Agreed to the ongoing role of National Cabinet in monitoring and, as needed, responding to future waves of COVID-19, including re-instating measures.
- Noted the Commonwealth, through the First Secretaries Group, will bring forward a transition framework to guide the development of enduring measures and policies.

s 22(1)(a)(ii)

s 22(1)(a)(ii)



s 22(1)(a)(ii)



9. Uptake of Antivirals Treatments

National Cabinet:

- Noted the paper from the Commonwealth Department of Health on the uptake of COVID-19 oral antiviral treatments.

10. Vaccine Booster Public Messaging

National Cabinet:

- Noted the paper from the Department of Health on the Commonwealth Communications campaign to support the continued uptake of COVID-19 vaccine booster doses.

s 22(1)(a)(ii)

National Cabinet

AGENDA
9 December 2022
2.00pm – 3.30pm
MCN Telepresence

Agenda item	Format	Presenter
1. Acknowledgement of Country, Welcome and Introduction		Prime Minister
2. COVID-19 a) COVID-19 Transition b) High Risk Settings Pandemic Payment	 Paper Paper	 Prime Minister Prime Minister
s 22(1)(a)(ii)		

ITEM 2a: COVID-19 Transition

NATIONAL CABINET **9 December 2022**

AUTHOR: COMMONWEALTH
FOR DECISION

RECOMMENDATIONS

That First Ministers:

1. Note the verbal update from the Chief Medical Officer on the current epidemiological context.

2. Agree to the finalised National Cabinet Principles and Strategic Framework for Transitioning COVID-19 Measures A3 at **Attachment A**, which have been updated to include consideration of support for Australians overseas.

3. Agree the National Cabinet Principles and Strategic Framework for Transitioning COVID-19 Measures A3 (**Attachment A)** will be released publicly, to provide the public an overview of the direction and pace of the COVID transition agreed by the National Cabinet.

KEY POINTS

1. Australia is in the midst of a new wave of COVID-19 infections, driven in part by the emergence of new Omicron sub-lineages such as XBB and BQ.1. This is consistent with expectations further waves of infection will continue to occur over the next two years. It is likely the clinical impact of future waves will be milder due to hybrid immunity from repeat infections and vaccinations, leading to less health system strain.
2. In recognition of the slowly improving epidemiological context, government actions, including policies and measures responding to the impacts of the pandemic need to wind down while ensuring preparedness to scale responses as required.
3. The National Cabinet Strategic Principles will provide overarching guidance for this transition.
4. The Strategic Framework for Transitioning COVID-19 Measures A3 (**Attachment A**) will provide the Commonwealth and jurisdictions specific guidance to support the transition of measures and policies to a sustainable COVID-19 steady state. It will ensure remaining measures are fiscally sustainable, targeted, effective, and fit for purpose.
5. The Strategic Framework has informed the development of a National COVID-19 Health Management Plan, which the Commonwealth will distribute following National Cabinet. The National Plan includes measures to support the health system over the next 12 months. It replaces the high-cost, whole of population health supports with

proportionate, scalable and targeted arrangements. At the expiry of this additional Commonwealth investment, and in the absence of a significant deterioration in the epidemiological context, the health system will need to shift to managing COVID-19 like other respiratory viruses, and this will be reflected through normalised funding arrangements.

6. It is important to note, the COVID-19 specific supports outlined in the National Plan are in addition to other significant Commonwealth health investments including:

    a. $750 million for the Strengthening Medicare Fund to provide better access and care for patients. GPs will be assisted to enhance digital health capability, invest in infection control and meet accreditation standards.

    b. $235 million over four years to roll out Urgent Care Clinics (UCCs) to improve care pathways and reduce pressure on hospital emergency departments, including $100 million over two years to co-develop and pilot innovative models of care to inform the broader rollout with states and territories.

7. Separately, the National COVID-19 Community Protection Framework, developed by the Australian Health Protection Principal Committee will provide jurisdictions guidance on the COVID safe behaviours required in different epidemiological contexts, including indicators for movement between tiers. The Strategic Framework for Transitioning COVID-19 Measures will support the health, economic and social systems during movements between the tiers of the National COVID-19 Community Protection Framework.

8. **Attachment B** provides an overview of the key elements supporting national alignment of the COVID-19 transition, as set out above.

9. The Commonwealth has also developed a more detailed framework at **Attachment C** for its own use internally.

RISKS AND SENSITIVITIES

10. The transition will need to be clearly communicated with the public to build confidence and support. This includes ensuring there is an understanding the transition will not be linear and governments are prepared to respond to any future waves. Publishing **Attachment A** will support this purpose.

NEXT STEPS

11. Nil

ITEM 2b: High Risk Settings Pandemic Payment

NATIONAL CABINET 9 DECEMBER 2022

AUTHOR: COMMONWEALTH
FOR DECISION

RECOMMENDATIONS

That First Ministers:

1. Agree to extend the High Risk Settings Pandemic Payment (HRSPP), with the HRSPP to end by no later than 31 March 2023.

2. Agree that the First Secretaries Group will, by 31 January 2023, review the need for the HRSPP to continue until 31 March 2023, and provide advice to National Cabinet if they recommend ceasing the payment early.

3. Agree that the First Secretaries Group will continue to monitor the delivery of the HRSPP and amend eligibility settings, if required.

4. Agree that public announcement of the extension will be made through the National Cabinet media release.

KEY POINTS

1. On 15 October, the National Cabinet agreed to implement HRSPP to deliver continued support – based on the Pandemic Leave Disaster Payment (PLDP) – to a specific cohort of workers. National Cabinet agreed to review the HRSPP at the December 2022 meeting of National Cabinet.

2. Providing financial support to workers in identified high risk settings without sick leave (either casual or who have exhausted their leave balances) continues to be one of the most effective means of limiting the exposure of vulnerable populations to COVID-19.

3. However, as the nation moves towards dealing with COVID-19 as an endemic disease, it is important that governments similarly move away from continued emergency supports – noting the option to reinstate those supports if and when required.

RISKS AND SENSITIVITIES

s 47C

s 47C

NEXT STEPS

7. The First Secretaries Group (FSG) will review the appropriateness of continuing the HRSPP and provide advice to National Cabinet by 31 January 2023 if they recommend ceasing the payment prior to 31 March.
    a. This could be considered by National Cabinet out of session. .
8. If FSG does not recommend ceasing the payment early, the HRSPP will stay in place until the end of March 2023.
9. The FSG will continue to monitor the implementation of the HRSPP and amend the eligible cohort if required.

BACKGROUND

10. On 15 October, the HRSPP replaced the PLDP with the same level of entitlement, but a significantly smaller eligible cohort.
11. The following eligible cohort was agreed by the FSG on 10 October 2022:
    a. Aged care, including home care involving close personal care and support services involving frequent close contact;
    b. Disability care, including disability home care involving close personal care and support services involving frequent close contact;
    c. Aboriginal healthcare, including workforce employed by Aboriginal Community Controlled Health Organisations, community health care, Aboriginal drug and alcohol services and support services involving frequent close contact; and
    d. Hospital care, inclusive of day hospitals and smaller facilities, paramedical, ambulance, patient transport and support services involving frequent close contact.
12. On 2 November 2022, the FSG unanimously agreed to make the following cohort eligible for HRSPP, effective 11 November 2022:
    a. State and territory Government employed staff, casuals and contractors working in custodial facilities (including health care staff, who are employed by contracted health providers or agency staff), and operators of private facilities;
    b. Custodial facilities (adult, youth justice, secure welfare services); and
    c. Public and privately owned custodial facilities.

As at 1 December 2022, over 34,800 HRSPP claims have been finalised at a total cost of over $10 million.

Jurisdiction	Claims finalised	Expenditure
ACT	179	$58,500
NSW	12,748	$3,636,460
NT	165	$58,200
Queensland	7,242	$1,941,000
SA	1,628	$603,300
Tasmania	805	$251,550
Victoria	9,114	$2,598,250
WA	3,014	$870,000

Meeting of National Cabinet

9 December 2022 – MCN Telepresence

Record of Meeting

1. Acknowledgment of Country, Welcome and Introduction

The Prime Minister provided an acknowledgement of country and welcomed Premiers and Chief Ministers to the meeting.

2. COVID-19

a) COVID-19 Transition

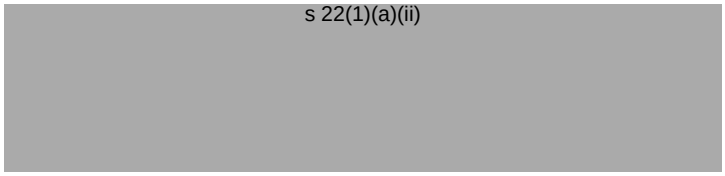
National Cabinet:

- Noted the verbal update from the Acting Chief Medical Officer on the current epidemiological context.
- Agreed to the finalised National Cabinet Principles and Strategic Framework for Transitioning COVID-19 Measures A3.
- Agreed to release the National Cabinet Principles and Strategic Framework for Transitioning COVID-19 Measures A3 publicly, to provide the public an overview of the direction and pace of the COVID-19 transition agreed by the National Cabinet.
- Noted that Health Ministers will discuss future health funding arrangements related to COVID-19 at their meeting on 14 December 2022.
- Noted National Cabinet would reconsider health funding arrangements related to COVID-19 before 31 December 2022 if required.

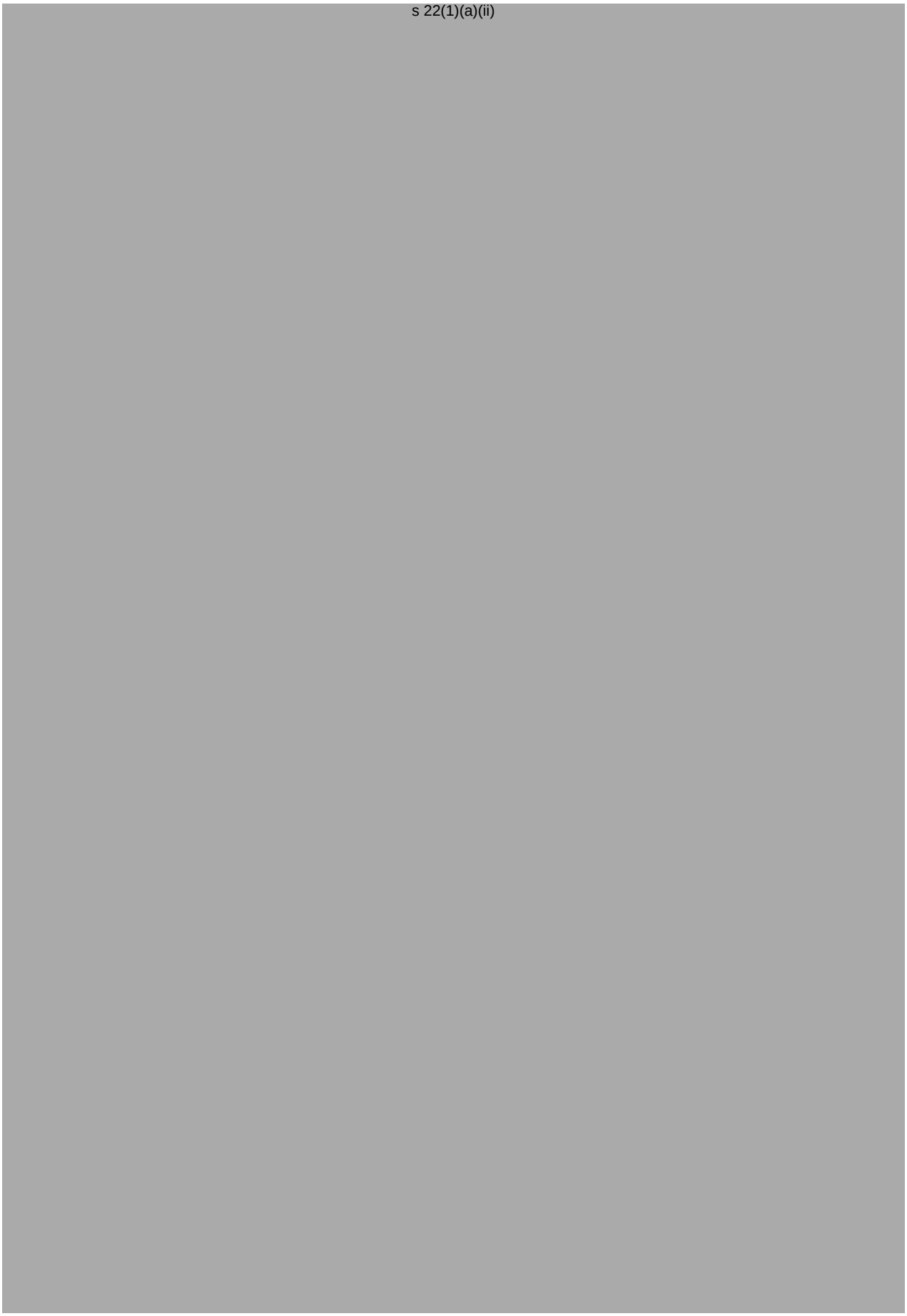
b) High Risk Settings Pandemic Payment

National Cabinet:

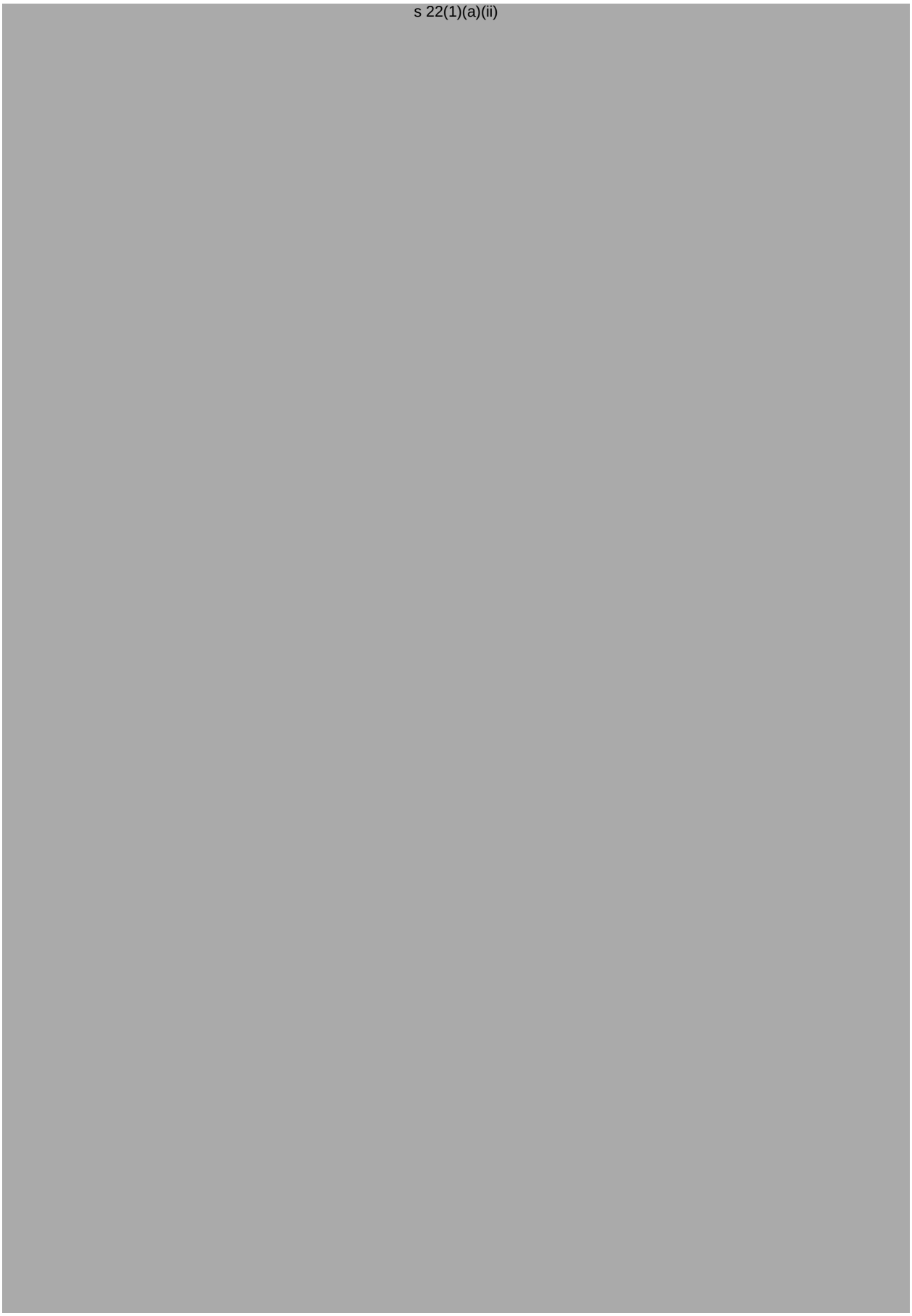
- Agreed to extend the High Risk Settings Pandemic Payment (HRSPP), with the HRSPP to end by no later than 31 March 2023.
- Agreed that, subject to the Commonwealth government making payments data available to states and territories, the First Secretaries Group will by 31 January 2023:
  a. review the need for the HRSPP to continue until 31 March 2023, and
  b. provide advice to National Cabinet if they recommend ceasing the payment early.
- Agreed that the First Secretaries Group will continue to monitor the delivery of the HRSPP and amend eligibility settings, if required.
- Agreed that public announcement of the extension will be made through the National Cabinet media release.
- Noted First Secretaries agreed in November to extend payment to custodial settings.



s 22(1)(a)(ii)



s 22(1)(a)(ii)



s 22(1)(a)(ii)

8. Council for the Australian Federation Priorities

National Cabinet:

- s 22(1)(a)(ii)
- The Prime Minister also noted that the Commonwealth is considering an inquiry into the COVID-19 pandemic, likely in mid-late 2023, and this will be discussed at a future meeting of National Cabinet.

s 22(1)(a)(ii)

s 22(1)(a)(ii)

Strategic Framework for Transitioning COVID-19 Measures

National Cabinet Strategic Principles

Minimising the level of severe COVID-19 and death, including through ensuring measures are effective, proportionate and targeted wherever possible for the most vulnerable and at risk populations.

Ensuring the health, economic and social systems as a whole have the capacity and capability to respond to future waves.

Promoting and creating an environment that mitigates pandemic fatigue and generates self-reliance, resilience and capacity building which reduces the reliance on government interventions.

Continue to promote the importance of vaccinations, including boosters, to improve health outcomes.

Supporting the economic and social well-being of those living in Australia, as well as Australians living overseas.

Returning funding and policy efforts to a more sustainable footing, including for business and individual supports, aged care and health funding

2023: Transition to Sustainable Responses

To support the COVID-19 transition, government will need to consider which measures should be:

- ceased;
- scaled down;
- continued; or
- changed to reflect the current stage of the pandemic, including more targeted responses and a greater focus on integrity.

Continuing measures will need to fall within the four categories set out below.

Structural

- COVID-19 has fundamentally changed parts of health, economic & welfare systems. Some responses will continue permanently as Australia has adapted to be able to manage COVID-19 & other emergencies.

Pandemic response

- Some measures will need to continue as our baseline response to the pandemic (with a clear transition plan) to reduce shocks to the health system and the economy & to provide additional capacity for systems to respond.

Reserve capacity

- Some measures will only be needed in certain circumstances (for example during significant waves) where there is a need to scale up Australia's economic, social & health responses.

Recovery

- While COVID-19 will not be endemic for some years, supports are needed to recognise the new normal & look to recovery, including mental health supports and deferred care.

Steady State

Overarching

We are unable to revert to a pre-pandemic state, the new normal should include:

- Managing COVID-19 like any other respiratory illness – enough people will gain immune protection from vaccination and natural protection that there will be less transmission and less COVID-19 related hospitalisation and death, even as the virus continues to circulate.
- Sustainable economic, health and social-wellbeing responses to COVID-19
- No bespoke measures, existing systems will be able to respond
- A more responsive (coordinated approach) to public health emergencies
- Capacity and capability in the health system and self-reliance which lessens the economic impact of health emergencies
- Australians feel safe and protected – and no one gets left behind

Factors impacting the Framework

Environmental context

- European winter
- New variants & immunity
- Health system capacity
- Changes to public health & social measures
- New vaccines and treatments
- Social compliance

Risk Profile

The crisis phase has passed and the risks of widespread COVID-19 deaths, overwhelming health system capacity and a significant economic shock from COVID-19 have subsided. This changing risk landscape allows us to recal brate focus back towards sound decision making processes to ensure the continuing COVID-19 response is evidence based, fiscally responsible, consistent and proportionate.

Overarching Public Health Principles

- Proportionate responses scaled up & down dependent on agreed thresholds of concern
- Early warning systems need to lead to early (but proportionate) actions

- All actions need to be evidence-based
- All COVID response actions need to be considered in the wider context in which we operate
- Move from public health orders to work health and safety and individual behaviour change paradigm

- Move from mandates to strong recommendations
- COVID exceptionalism, in the current Australian context of high vaccination rates and rising hybrid immunity and relatively low case load, needs to be replaced by enduring structural change in our approach to respiratory illness.

COVID-19 Transition – recalibrating the COVID-19 response

COVID Wave Surge

Ongoing assessment, revision and response

Target Government Intervention

- Protect the most vulnerable - minimise illness and death
- Taking pressure off hospitals
- Update the community on preventive behaviours
- Effective and Fast PCR testing for those most at risk of severe disease
- Vaccine procurement and uptake
- Pandemic Preparedness

Ongoing Individual Responsibility

- Stay home if unwell
- Access treatments
- Socially Distance
- Vaccinate
- Get Tested
- Wear a Mask

Ongoing assessment, revision and response

COVID Wave drop

COVID Steady State

- COVID managed like normal respiratory illness
- Monitor the situation - stay informed
- Business returned to normal
- Maintain vaccination status

Future focused

- Strengthen National Resilience for Australia's Crisis response
- Pandemic Preparedness - including Centre for Disease Control

Underpinned by a Nationally Consistent approach

- National Cabinet Strategic Principles
- National COVID-19 Community Protection Framework
- Strategic Framework for Transitioning COVID-19

Strategic Framework for Transitioning COVID-19 Measures

Contents

Strategic framework for transitioning COVID-19 measures

Guiding policy development and decision-making whilst recognising COVID-19 still presents challenges

Transitioning to sustainable funding and policy efforts from 2023

Any new or existing policies or measures must satisfy the three pillars and embody National Cabinet Strategic Principles to be compliant with the Framework.

Existing measures need to be reassessed against the Framework to determine whether the measures should be **ceased; scaled down; continued;** or **changed** to reflect the current stage of the pandemic.

Three pillars for COVID-19 policies

1 Categorise the measure

All measures need to be **assigned to one of the four categories.**

1. **Structural policies and measures** - permanent
2. **Pandemic response policies and measures** - temporarily required to manage the pandemic
3. **Reserve policies and measures** - inactive, only required in 'Break-glass' emergency scenario
4. **Recovery policies and measures** - temporarily required to manage impacts of pandemic

2 Assess against the guidelines

All COVID-19 measures need to be **assessed against the general guidelines and specific guidelines for each measure category.**

3 Assess the risks

All COVID-19 policies and measures need to be **assessed against three layers of risk:**

1. **The change in the overall risk equation** since the beginning of the pandemic
2. **Material risks of proceeding or not proceeding** with specific policies and measures
3. **Risks associated with meeting each guideline** relevant to the policy/measure

COVID Steady State

COVID-19 will be managed like any other respiratory illness

Enough people will gain immune protection from vaccination and natural infection that there will be less transmission and less COVID-19 related hospitalisation and death, even as the virus continues to circulate.

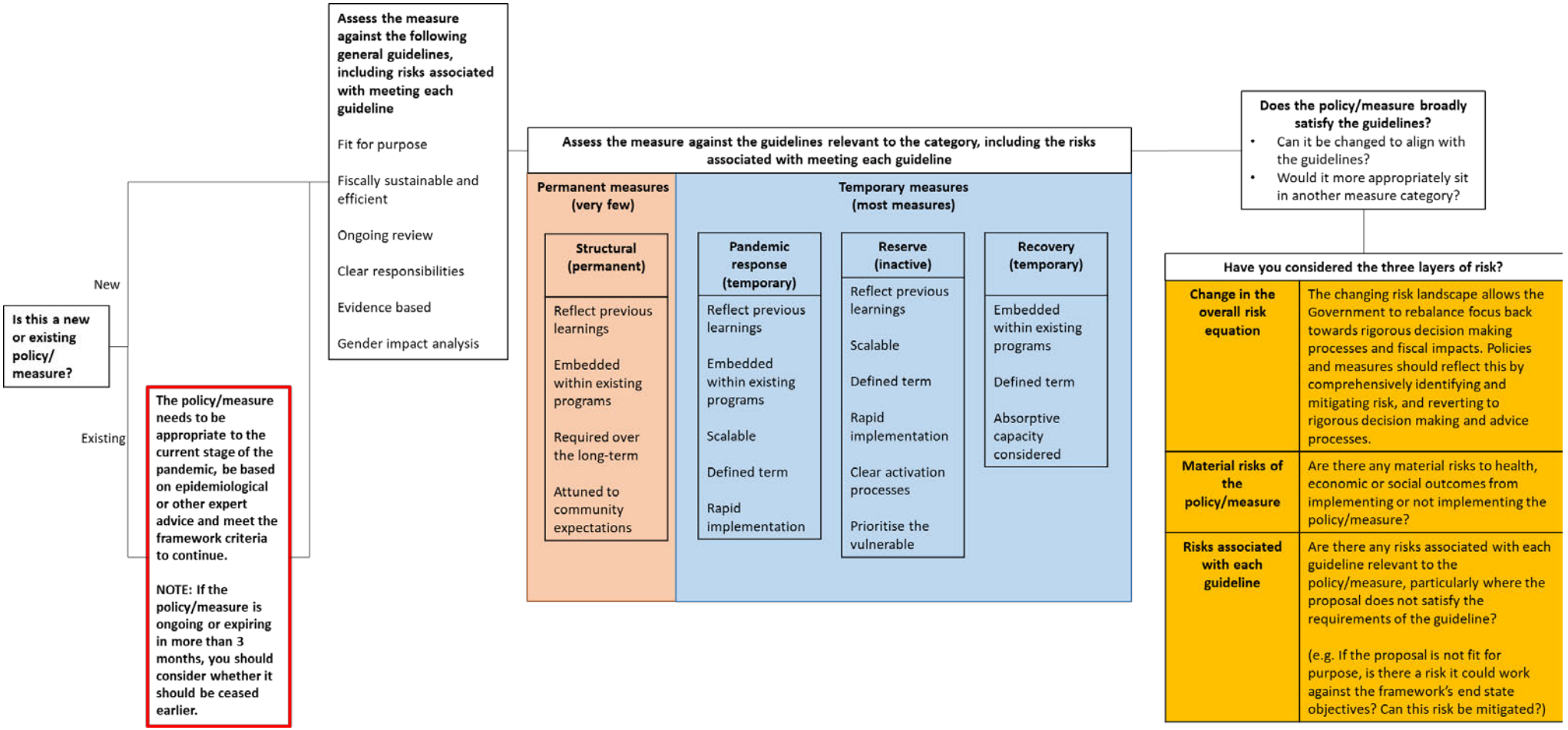
The key features of the steady state are:

- no bespoke measures, existing systems will be able to respond as required;
- a more responsive and coordinated approach to public health emergencies and other crises;
- capacity, capability and self-reliance in health and other systems;
- Australians feel safe and protected – and no one is left behind.

National Cabinet Strategic Principles

- **Minimising the level of severe COVID-19 and death**, including through ensuring measures are effective, proportionate and targeted wherever possible for the most vulnerable and at risk populations;
- **Ensuring the health, economic and social systems as a whole have the capacity and capability** to respond to future waves;
- Promoting and creating an environment that **mitigates pandemic fatigue and generates self-reliance, resilience and capacity building** which reduces the reliance on government interventions;
- **Continue to promote the importance of vaccinations**, including boosters, to improve health outcomes;
- **Supporting the economic and social well-being** of those living in Australia, as well as Australians living overseas; and
- **Returning funding and policy efforts to a more sustainable footing**, including for business and individual supports, aged care and health funding

Decision Tree



Context

Throughout the pandemic, governments had to respond rapidly to the evolving epidemiological situation and evidence. Usual processes intended to identify and mitigate risks, target support, and control expenditure, were circumvented or compressed to allow rapid responses. This tolerance, which was appropriate in the first two years of the pandemic, resulted in rapid decision making without detailed consideration of the fiscal implications, risk or whether targeting responses was appropriate. Inaction or delayed action, at this time, could have resulted in significant health, economic and social costs.

We now have a better understanding of COVID-19, its immediate impacts on our health, and measures effective at limiting its transmission and preventing severe health impacts. There is also acceptance that ongoing community transmission is inevitable and can no longer be prevented. We have access to tests, vaccines, treatments, supplies of personal protective equipment (PPE), and the capacity and capability to store, transport and distribute each of these.

COVID-19 will not become endemic for some years and will continue to challenge our public health and hospital systems. However, we are no longer in a state of crisis and the risks of widespread COVID-19 deaths, overwhelming health system capacity and a significant economic shock have subsided.

This changing context and risk landscape allows the Government to recalibrate focus back towards sound decision-making processes to ensure the continuing COVID-19 response is evidence based, fiscally responsible, consistent and proportionate (such as targeting support to those who need it most).

As at September 2022, Serosurvey studies suggest at least two thirds of the Australian population had been infected with SARS-CoV-2, with at least 20% infected within the 3 months since the previous round.

As at September 2022, Australia's unemployment rate is at 3.5%, which reflects a range of factors including a tight labour market, driven by high job vacancies and ongoing labour shortages. Further, the consumer price index (CPI) rose 1.8% in the last quarter, with a 7.3% increase over the 12 months to the September 2022 quarter.

The Australian Government has accrued almost a trillion dollar debt responding to the events of the pandemic. It also has a clear agenda to progress a range of other reforms including supporting strong growth, promoting high productivity, addressing issues relating to the cost of living and resolving key skills and capability gaps.

As a country, we have implemented and pursued strategies to ensure our community is protected and to support its ongoing social and economic viability. Many of these strategies have been bespoke and generated by extraordinary circumstances in the absence of other readily available solutions. A number of these strategies have very quickly advanced system enhancements and changes that might typically have taken years to attain. In other instances, bolt on and manual approaches were used to deliver

outcomes at speed. These are not sustainable and no longer appropriate in the current environment and over the medium term.

Anticipated variables and a changing operating environment

Advice from the Commonwealth Chief Medical Officer, Professor Paul Kelly suggests, future waves of infection are inevitable and will occur over the coming two years. A range of factors will contribute to this including viral, biological, behavioural and environmental factors. It is very difficult to predict the scale or severity of future waves but, in the absence of a highly significant new variant, progressive hybrid immunity in the community suggests that further waves may not have the same impact as, for example, the Omicron BA.1 and BA.5 waves in 2022.

While future waves of COVID-19 will likely result in less severe disease and in turn less strain on our health, economic and social systems, we know now is not the time for complacency. Unexpected events, like the sudden emergence in late 2021 of the highly genetically diverse Omicron variant with attendant immune escape, remain possible whilst there is widespread virus transmission and the potential for further significant mutations.

Having passed through our own winter in the southern hemisphere and seen the impacts of both the circulation of COVID-19 and other respiratory illnesses, the impact of these in the upcoming northern hemisphere winter may also enhance our knowledge base and toolkit for managing the pandemic response. The impact of next generation vaccines, as well as tests and treatment options will continue to evolve and so too, possibilities for their use and applicability to the context of the day.

A relative unknown for the Australian context will be the impact of prolonged symptoms after an acute COVID-19 infection and its impacts, known as long COVID. Some people experience prolonged symptoms after infection and there are three broad categories through which long COVID can be understood:

a) Post viral syndrome – which for most people will resolve in a few months.
b) Disease specific conditions – some people will experience specific treatable illnesses, such as lung disease following COVID-19 pneumonitis.
c) Medically unexplained physical symptoms – a small proportion of people will experience, for a prolonged period (often several months) a number of multisystem disorders (such as fatigue, cognitive dysfunction, shortness of breath and may include mental health symptoms as a component).

Whilst evidence is emerging internationally, Australia has in many ways had a different experience of COVID-19 (compared with other developed countries). Its variants and the specific impact on the population will continue to be explored. In particular, a significant proportion of COVID-19 infections in Australia have been in vaccinated people, who are less susceptible to long COVID, and we should not extrapolate international experience of long COVID; rather we need good local epidemiological data.

The longer-term impacts on individual's mental health and wellbeing will also need to be monitored, so too chronic disease management and the impacts of delayed screening and elective surgery.

Australia, whilst it has a highly vaccinated primary dose population, has undergone national, state wide and local lockdowns and has seen the introduction of other COVID-safe behaviours and practices such as mask wearing, social distancing and limits on public venues and transport to differing degrees. Early social contracts and compacts with the Australian population which saw in large part significant support, are being tested and are diminishing now that Australians are 'over COVID'. This is particularly evident when considering the uptake of primary course vaccination doses (currently sitting at 96% for those aged 16 years and older) compared to the uptake of third doses (72% for those aged 16 years and older).

Global demand for COVID-19 related products is likely to continue. In some domestic and international markets, significant and in some instances unpredictable supply and demand patterns may create imbalances and shocks, which need to be mitigated. This is likely to be particularly evident for products key to supporting response efforts such as emerging vaccines being developed to respond to new variants.

Regional partners will also continue to request Australia's support for their economic, health and social responses to COVID-19, including pandemic preparedness and response, and strengthening health security and systems.

Expected steady state and its objectives

The Framework seeks to ensure a sustainable position which shifts the COVID-19 response from a continued state of emergency and ensures any future Government support is focused on those most at risk. In this context, sustainability should be viewed through not only an economic and fiscal lens, but also what is acceptable from a community, social, health and workforce perspective. Further, the Framework seeks to provide a structured frame of reference in which planned and evidenced based responses can be made and adjusted as new evidence and variables emerge.

This shift should seek to retain the structural and systemic gains and enhancements which were and continue to be realised during the response to the pandemic. It should also provide the ability to quickly and effectively respond to new and emerging variables.

The anticipated steady state does not seek to revert to a pre-pandemic state, but recognises the impact COVID-19 has had on the health, economic and social well-being of the Australian community. It also recognises the shift in the risk equation over the course of the pandemic, from a scenario where decisions were high risk and time-critical, to one where there is more time and evidence to take measured risks and consider policy responses through regular evidentiary and policy processes.

The Framework seeks to recalibrate current settings to ensure we move forward in a sustainable, agile and fit for purpose manner that leaves no one behind. Australians at higher risk of experiencing severe COVID-19 and economic and social challenges should continue to be a focus of Government action and

the Framework. This includes older Australians, First Nations peoples and communities, Australians with disability or who are immunocompromised, Culturally and Linguistically Diverse communities, and people from low socio-economic backgrounds. The Framework also requires gender impact analysis for all COVID-19 proposals and measures in line with the Government's commitments to gender equality. Where the data and research is available to support a more nuanced picture, the gender analysis can also include reference to specific impacts for cohorts of women and men (for example, older women who are not in the workforce or girls attending school in a regional area).

Strategic Principles of the Framework

On 30 September 2022, National Cabinet agreed the approach to transition Australia's COVID-19 response would be based on the following principles:

- minimising the level of severe COVID-19 and death, including through ensuring measures are effective, proportionate and targeted wherever possible for the most vulnerable and at risk populations;
- ensuring the health, economic and social systems as a whole have the capacity and capability to respond to future waves;
- promoting and creating an environment that mitigates pandemic fatigue and generates self-reliance, resilience and capacity building which reduces the reliance on government interventions;
- continue to promote the importance of vaccinations, including boosters, to improve health outcomes;
- supporting the economic and social well-being of those living in Australia, as well as Australians living overseas; and
- returning funding and policy efforts to a more sustainable footing, including for business and individual supports, aged care and health funding

Purpose of the Framework

The purpose of this Framework is to provide guidance to agencies and Ministers developing proposals to transition COVID-19 measures to long-term sustainable arrangements, and support decision making which aligns with the strategic principles. Agencies are required to use the Framework when developing transition pathways for COVID-19 response measures to sustainable arrangements.

The Framework is an additional resource agencies should use in developing New Policy Proposals, in addition to the existing requirements, including regulatory impact analysis, gender analysis, legal/constitutional risks and others.

The Framework recognises the need for Australia to transition its pandemic response from the emergency phase to a COVID-19 normal phase. A key part of this transition is to assess the future of current COVID-19 measures and decide which policies and measures are:

- ceased;
- scaled down;
- continued; or
- changed to reflect the current stage of the pandemic including more targeted responses and a greater focus on integrity.

The Framework outlines guidelines to support policy development and decision-making on the future of current COVID-19 measures, and urgent and unavoidable measures required in the future. Policy drafters are required to identify which of the four categories set out below relate most closely to their policy/measure, and to use the corresponding guidelines and questions to inform policy development.

The Framework also sets out three layers of risk agencies are required to consider when developing proposals:

- the change in the overall risk equation since the beginning of the pandemic;
- any material risks of implementing or not implementing individual policies/measures; and
- the risks associated with the guidelines relevant to the policy/measure, particularly where the proposal does not satisfy the requirements of the guidelines.

Link to the Community Protection Framework

The Strategic Framework for Transitioning COVID-19 Measures and the National COVID-19 Community Protection Framework (developed by the Australian Health Protection Principal Committee) are two distinct but related frameworks, working in parallel to support a nationally aligned shift to a COVID-19 steady state.

The Strategic Framework for Transitioning COVID-19 Measures guides decision making on policies and measures that support the health, economic and social systems in response to the impacts of COVID-19 (e.g. additional health system funding). The Community Protection Framework, on the other hand, provides guidance on the levels of public health and social measures required in different epidemiological contexts (e.g. recommendations on masks).

The Strategic Framework for Transitioning COVID-19 Measures will support the health, economic and social systems during movements between the three tiers of the Community Protection Framework, with supports increasing as the epidemiological context deteriorates and decreasing as it improves. This will be achieved in two key ways:

1. by ensuring Pandemic Response measures (expected to encompass most COVID-19 support policies and measures) are scalable and able to respond to increased disease burden in the community; and
2. by ensuring forward planning for Reserve 'break glass' measures which would provide a higher degree of health, economic and social supports where there is a significant deterioration in the epidemiological context.

Policy and measure categories

The four categories below will assist agencies to determine whether an existing COVID-19 policy/measure should continue or a new policy/measure should be introduced, and if so, in what form. Policies/measures which do not conform to the categories or the guidelines under each category below should be ceased unless there is a strong justification otherwise. Each category includes a list of general guidelines and guidelines specific to the category.

- **Structural policies and measures (permanent)** – needed to respond to COVID-19 through to the endemic phase and beyond, required to respond to future pandemics and health emergencies, or which have fundamentally reformed the health, economic and social landscape and provided significant benefit.
- **Pandemic response policies and measures (temporary)** – that are required over the next 2-3 years to manage the pandemic and can be scaled as required. These policies/measures are not structural as they provide continued capacity to respond to COVID-19 while it is still in a pandemic state and has not reached endemic levels.
- **Reserve policies and measures (inactive)** – 'Break-glass' measures activated to respond to large scale/systemic issues caused by significant changes in the COVID-19 situation. These policies/measures are not pandemic response as they are not required to manage COVID-19 on a day to day basis.
- **Recovery policies and measures (temporary)** – required over the next 2-3 years to address nascent societal, economic and health impacts of the pandemic.

Some proposals may fall into more than one category (i.e. Structural and Pandemic Response). Agencies should assess each component of the proposal against the relevant category. Where this is not possible, agencies should engage early with central agencies to determine the appropriate approach.

Guidelines for policies and measures

Structural policies and measures (permanent)

COVID-19 has fundamentally changed Australia's health, economic and welfare systems. Opportunities exist to continue some aspects of the response as a permanent feature, as we have adapted systems to increase resilience and be able to manage COVID-19 and other emergencies.

Emergency response policies/measures have accelerated long-term health reforms. Telehealth and electronic prescriptions have made primary care more accessible to Australians than ever before, and reduced barriers and social inequities amongst First Nations, culturally and linguistically diverse, and remote communities. Digital mental health platforms and health advice/triage platforms (such as Health Direct) have been significantly enhanced and their role expanded.

The pandemic has ignited a renewed focus on lifting Australia's sovereign capacity and resilience in response to global supply chain shocks. The Government has invested in a range of preparedness measures, including enhancing our domestic manufacturing capability in areas where the likelihood and consequence of a disruption poses substantial risks to the national interest. It highlighted Australia's capacity to respond quickly and effectively in an international context, with particular emphasis on supporting vaccine access for the Pacific and Southeast Asia in coordination with Quad partners (US, Japan, India).

The welfare system responded to significant spikes in demand for services, and ensured access to support to individuals experiencing financial hardship. Significant changes to workforce arrangements and IT systems and controls presented new risks, which the Government needed to address.

The pandemic has also highlighted areas ripe for reform, where little or no action has been taken. For example, the pandemic highlighted the disconnected surveillance and complex governance arrangements around public health decisions which could be streamlined and simplified through an Australian Centre for Disease Control. The generally poor connection between the Primary Care sector and local hospital networks has been an important issue, partially addressed in the development of COVID community care pathways. Additionally, short-term regulatory relief during the pandemic demonstrated the scope for longer-term regulatory change to support the economy.

These policies/measures recognise that COVID-19 has changed the way Australians live, work, and receive health care. This provides an opportunity to permanently embed advancements into new or existing programs, if policies/measures align with the guidelines set out below.

Does the proposal satisfy the general guidelines?

- **Fit-for-purpose** - policies/measures support the principles of the Framework: mitigate the impact of severe COVID and death on our most vulnerable and at risk populations, ensure health system capacity, promote an environment that generates self-reliance and resilience, continue to

promote vaccination, support economic and social wellbeing, and return funding and policy efforts to a more sustainable footing.

- Fiscally sustainable and efficient – policies/measures should be fiscally sustainable, include cost benefit assessments, and provide targeted support to the intended recipients commensurate to the level of need.
- Ongoing review - policies/measures should build in regular review intervals following implementation to ensure support is well targeted, risks are being effectively managed and the policy/measure is achieving its intended outcome.
- Clear responsibilities – policies/measures clearly delineate responsibilities between the Commonwealth and state and territory governments and consider appropriate cost sharing arrangements. Expectations on the responsibilities of the Commonwealth should also be reset and policies/measures should consider whether a state or territory government, the private sector or community organisations are better placed to respond to an issue.
- Evidence-based – policies/measures are informed by epidemiological advice and relevant advice from other experts, such as economic and industry advice for any business support measures. Policies/measures should also be subject to impact analyses as appropriate.
- Gender impact analysis – policies/measures should include gender analysis to outline the differential impacts on women and men; and the steps that have been taken to mitigate the negative impacts or to improve the gender equality outcomes.

Does the proposal satisfy these category specific guidelines?

- Reflect previous learnings - policies/measures should reflect any lessons learned from implementing the same or similar measures during the pandemic in Australia or overseas.
- Embedded within existing programs - where possible, policies/measures should be embedded, or on a path to being embedded, within existing systems (for example the Pharmaceutical Benefits Scheme, Medicare Benefits Schedule, National Immunisation Program, and social security system) except where there is a risk these systems are not suitable. For policies/measures that cannot be embedded into existing programs, agencies should consider whether legislative, administrative or other changes would make existing programs more suitable.
- Required over the long-term – policies/measures are required over the long term to support health, economic and social objectives.
- Attuned to community expectations – policies/measures give due consideration to resourcing issues, fatigue and burnout amongst health workforce and first responders, and likelihood of community support and compliance.

Questions to consider in developing proposals

1. Is this an existing COVID-19 measure?
    a. What has worked, what has not worked?
    b. Has it achieved its objectives and is it currently serving its intended purpose?

    c. What are other countries doing?
    d. Why should this measure be retained, and do we want to change anything?
2. How has the measure changed systems for the better and delivered positive outcomes for Australians?
3. What do key stakeholders think about the measure?
4. How was the measure used at various phases throughout the pandemic? (i.e. what was uptake like during the various stages of Public Health and Social Measures?)
5. Is the legislative basis for continuing these measures appropriate, or is new legislation required?
6. What are the impacts if the measure is discontinued?
7. Have you actively considered the experiences of people in vulnerable circumstances?
8. Is the proposal the most cost effective and efficient model for delivering the intended outcome?
9. What is the evidence base for embedding these structural measures? i.e. high utilisation, uptake etc.
10. Have you considered the risks associated with the guidelines, particularly where the proposal does not align with the guidelines?
11. If the policy/measure does not meet the requirements for this category, have you considered whether it could be amended or whether it would fit better in another category?

Pandemic response policies and measures (temporary)

As COVID-19 is expected to remain in the pandemic phase for the next 2-3 years, it is important to ensure there are baseline scalable policies/measures providing continued support to manage its impacts. These policies/measures are critical to ensuring Australia can scale its responses up and down quickly in response to the changing circumstances (e.g. localised outbreaks, surges in COVID-19 cases, pressure on health system capacity). Policies/measures in this category aim to support the health system, economy and society to pass through the pandemic phase and reach the endemic phase of COVID-19, where the majority of pandemic response policies/measures should cease.

Importantly, existing COVID-19 measures would not automatically qualify for this category if they do not meet the guidelines set out below.

Does the proposal satisfy the general guidelines?

- Fit-for-purpose - policies/measures support the principles of the Framework: mitigate the impact of severe COVID and death on our most vulnerable and at risk populations, ensure health system capacity, promote an environment that generates self-reliance and resilience, continue to promote vaccination, support economic and social wellbeing, and return funding and policy efforts to a more sustainable footing.
- Fiscally sustainable and efficient – policies/measures should be fiscally sustainable, include cost benefit assessments, and provide targeted support to the intended recipients commensurate to the level of need.
- Ongoing review - policies/measures should build in regular review intervals following implementation to ensure support is well targeted, risks are being effectively managed and the policy/measure is achieving its intended outcome.
- Clear responsibilities – policies/measures clearly delineate responsibilities between the Commonwealth and state and territory governments and consider appropriate cost sharing arrangements. Expectations on the responsibilities of the Commonwealth should also be reset and policies/measures should consider whether a state or territory government, the private sector or community organisations are better placed to respond to an issue.
- Evidence-based – policies/measures are informed by epidemiological advice and relevant advice from other experts, such as economic and industry advice for any business support measures. Policies/measures should also be subject to impact analyses as appropriate.
- Gender impact analysis – policies/measures should include gender analysis to outline the differential impacts on women and men; and the steps that have been taken to mitigate the negative impacts or to improve the gender equality outcomes.

Does the proposal satisfy these category specific guidelines?

- Embedded within existing programs - where possible, policies/measures should be delivered through, or on a path to being delivered through, existing systems (for example, the

Pharmaceutical Benefits Scheme, Medicare Benefits Schedule, and social security system) except where there is a risk these systems are not suitable.

- Scalable – policies/measures can be scaled up and down as required to respond to future waves or changes in circumstances.
- Defined term - policies/measures need to have clear end dates and exit pathways and these should be effectively communicated to the public.
- Rapid implementation – policies/measures must respond to rapidly evolving situations before they increase in severity.

Other questions to consider in developing proposals

1. Is this an existing COVID-19 measure?
    a. What has worked, what has not worked?
    b. Has it achieved its objectives and is it currently serving its intended purpose?
    c. What are other countries doing?
    d. Why should this measure be retained, and do we want to change anything?
2. What do key stakeholders think about the measure?
3. Do the policies/measures adequately support particular subsets of those at risk for severe COVID, such as older people in CALD communities?
4. How was the measure used at various phases throughout the pandemic? (i.e. what was uptake like during the various stages of Public Health and Social Measures?)
5. Is the legislative basis for continuing these measures appropriate, or is new legislation required?
6. Is the proposal the most cost effective and efficient model for delivering the intended outcome?
7. What will be the termination date for the measure, how will we determine if an extension is required, and how will this extension be implemented?
8. What are the trigger points and decision-making process?
9. How quickly can this measure be implemented from the trigger point?
10. Have you considered the risks associated with the guidelines, particularly where the proposal does not align with the guidelines?
11. If the policy/measure does not meet the requirements for this category, have you considered whether it could be amended or whether it would fit better in another category?

Reserve policies and measures (inactive)

The COVID-19 pandemic is raising new challenges on a regular basis. New variants of the virus have emerged, challenging the effectiveness of vaccines and treatments. COVID-19 also continues to disrupt economic activity and supply chains, although to a lesser degree than in the initial phases of the pandemic.

To ensure Australia is prepared to respond to significant changes in the contextual environment (e.g. new variants with higher severity of disease), the Framework provides a set of guidelines for reserve 'Break-glass' policies/measures. These policies/measures would be introduced where pandemic response measures are insufficient. Reserve measures could be pre-planned by Government for rapid deployment in an emergency, or developed at the time of the emergency for a tailored response. Measures are envisaged to be pre-planned where there is an expectation they will be required to respond to a significant peak in COVID-19 cases. Measures should not be pre-planned where they would only be deployed in a worst case scenario (e.g. widespread economic support). The overwhelming majority of pre-planned measures are expected to be Health related.

Reserve policies/measures could include emergency acquisition of additional vaccines, treatments and PPE; and fast tracking vaccine and treatment assessments through the Therapeutic Goods Administration and Australian Technical Advisory Group on Immunisation.

The guidelines set out below provide guidance on the key features that should be incorporated into Reserve policies/measures, whether they are pre-planned or developed urgently in response to an unforeseen challenge.

Does the proposal these general guidelines?

- Fit-for-purpose - policies/measures support the principles of the Framework: mitigate the impact of severe COVID and death on our most vulnerable and at risk populations, ensure health system capacity, promote an environment that generates self-reliance and resilience, continue to promote vaccination, support economic and social wellbeing, and return funding and policy efforts to a more sustainable footing.
- Fiscally sustainable and efficient – policies/measures should be fiscally sustainable, include cost benefit assessments, and provide targeted support to the intended recipients commensurate to the level of need. Where cost benefit analysis is not possible prior to implementation, policies/measures should be reviewed soon after implementation to ensure they deliver value for money.
- Ongoing review - policies/measures should build in regular review intervals following implementation to ensure support is well targeted, risks are being effectively managed and the policy/measure is achieving its intended outcome.
- Clear responsibilities – policies/measures clearly delineate responsibilities between the Commonwealth and state and territory governments and consider appropriate cost sharing

arrangements. Expectations on the responsibilities of the Commonwealth should also be reset and policies/measures should consider whether a state or territory government, the private sector or community organisations are better placed to respond to an issue.

- Evidence-based – policies/measures are informed by epidemiological advice and relevant advice from other experts, such as economic and industry advice for any business support measures. Policies/measures should also be subject to impact analyses as appropriate.
- Gender impact analysis – policies/measures should include gender analysis to outline the differential impacts on women and men; and the steps that have been taken to mitigate the negative impacts or to improve the gender equality outcomes.

Does the proposal satisfy these category specific guidelines?

- Reflect previous learnings - policies/measures should reflect any lessons learned from implementing the same or similar measures during the pandemic in Australia or overseas.
- Scalable – policies/measures can be scaled up and down to respond to changes in the situation.
- Defined term - policies/measures need to have clear end dates and exit pathways and these should be effectively communicated to the public.
- Rapid implementation - Where possible, measures should be implemented through existing mechanisms to support rapid implementation. Staff and resources should also be redeployed from other areas to support implementation. Where reserve measures are pre-planned, planning should extend to implementation, for example by maintaining panels of approved providers.
- Clear activation processes – Where reserve measures are pre-planned, the process and triggers for activating the measures should be pre-determined to enable rapid responses.
- Prioritise the vulnerable – Measures should prioritise support for individuals, organisations and settings most at risk from the emergency situation.

Other questions to consider in developing proposals

1. Is this an existing COVID-19 measure?
    a. What has worked, what has not worked?
    b. Has it achieved its objectives and is it currently serving its intended purpose?
    c. What are other countries doing?
    d. Why should this measure be retained, and do we want to change anything?
2. Do the policies/measures adequately support particular subsets of those at risk for severe COVID, such as older people in CALD communities?
3. What are the existing policy settings (emergency management plans) in each State and Territory, and how will the Commonwealth funded emergency measures be integrated?
4. For measures that reduce administrative burden, what are the check and balances in place to manage risk?
5. Is the proposal the most cost effective and efficient model for delivering the intended outcome?
6. What are the trigger points for these measures to be activated?

7. Is there a clear decision making pathway for the measure to be implemented when needed?
8. Is the measure able to be rolled out quickly in an emergency scenario?
9. Does the measure support Government to respond in a worst-case COVID scenario?
10. Are there costs associated with maintaining a level of preparedness?
11. Have you considered the risks associated with the guidelines, particularly where the proposal does not align with the guidelines?
12. If the policy/measure does not meet the requirements for this category, have you considered whether it could be amended or whether it would fit better in another category?

Recovery policies and measures (temporary)

The COVID-19 pandemic required governments to respond to a novel threat with strong measures to protect people's health, lives and the economy. The long-term indirect impacts of COVID-19 lockdowns, social isolation measures and supply chain disruptions are beginning to emerge. However, the full extent of these impacts may not become evident for many years.

Throughout the pandemic, governments imposed restrictions, resulting in significant demand for mental health services, with many Australians experiencing mental distress throughout lockdown and quarantine.

This phenomenon was further exacerbated for Australians that were already disadvantaged, such as those living in poverty or experiencing domestic violence. In addition, crucial health appointments went unattended and emergency department presentations decreased, resulting in missed diagnoses. Children also experienced disruptions to their education as a result of the closure of early childhood education and care, and the shift to remote schooling during lockdown.

Recovery policies/measures will help systems catch up and address pressure points before they become systemic issues, while acknowledging the role that jurisdictions and existing systems have to mitigate impacts over the long term.

Recovery measures need to align with the guidelines set out below.

Does the proposal satisfy the general guidelines?

- Fit-for-purpose - policies/measures support the objectives of the Framework: mitigate the impact of severe COVID and death on our most vulnerable and at risk populations, ensure health system capacity, promote an environment that generates self-reliance and resilience, support economic and social wellbeing, and return funding and policy efforts to a more sustainable footing.
- Fiscally sustainable and efficient – policies/measures should be fiscally sustainable, include cost benefit assessments, and provide targeted support to the intended recipients commensurate to the level of need.
- Ongoing review - policies/measures should build in regular review intervals following implementation to ensure support is well targeted, risks are being effectively managed and the policy/measure is achieving its intended outcome.
- Clear responsibilities – policies/measures clearly delineate responsibilities between the Commonwealth and state and territory governments and consider appropriate cost sharing arrangements. Expectations on the responsibilities of the Commonwealth should also be reset and policies/measures should consider whether a state or territory government, the private sector or community organisations are better placed to respond to an issue.
- Evidence-based – policies/measures are informed by epidemiological advice and relevant advice from other experts, such as economic and industry advice for any business support measures. Policies/measures should also be subject to impact analyses as appropriate.

- Gender impact analysis – policies/measures should include gender analysis to outline the differential impacts on women and men; and the steps that have been taken to mitigate the negative impacts or to improve the gender equality outcomes.

Does the proposal satisfy these category specific guidelines?

- Embedded within existing programs - where possible, policies/measures should be delivered through, or on a path to being delivered through, existing systems (for example, the Pharmaceutical Benefits Scheme, Medicare Benefits Schedule, and social security system) except where there is a risk these systems are not suitable.
- Defined term - policies/measures need to have clear end dates and exit pathways and these should be effectively communicated to the public.
- Absorptive capacity considered – policies/measures should only be introduced if the system has the capacity to absorb additional funding and investment within existing workforce, infrastructure and system constraints.

Other questions to consider in developing proposals

1. What is the extent of the problem, and what is the Australia-specific evidence base supporting it?
2. Do the policies/measures adequately support particular subsets of those at risk for severe COVID, such as older people in CALD communities?
3. Are there any existing policies or programs that address this issue and is any additional action necessary to address the issue?
4. How can existing resources and programs be reprioritised to support this issue?
5. Is the proposal the most cost effective and efficient model for delivering the intended outcome?
6. What will be the termination date for the measure, how will we determine if an extension is required, and how will this extension be implemented?
7. Can the system absorb more resources at the moment (in the context of health workforce and tight labour market) Can resources be diverted from other areas?
8. What are the trigger points and decision-making process?
9. How quickly can this measure be implemented from the trigger point?
10. Have you considered the risks associated with the guidelines, particularly where the proposal does not align with the guidelines?
11. If the policy/measure does not meet the requirements for this category, have you considered whether it could be amended or whether it would fit better in another category?

Risk profiling

The Framework requires agencies to assess their policies/measures against three layers of risk during policy development:

- the change in the overall risk equation since the beginning of the pandemic, including material impacts on the budget bottom line in a fiscally constrained environment;
- any material risks associated with implementing or not implementing individual policies/measures; and
- the risks associated with the guidelines relevant to the policy/measure, particularly where the proposal does not satisfy the requirements of the guidelines.

The changing risk environment

Prior to the pandemic, Government policies and proposals were subject to rigorous risk assessment processes to determine flow-on impacts and unintended consequences of decisions. The timing of implementation was an important consideration, but did not have a material impact on or influence the outcome of decisions. For example, new treatments were scrutinised closely and required approval from the Therapeutic Goods Administration (TGA) and analysis of cost effectiveness by the Pharmaceutical Benefits Advisory Committee (PBAC) before Government subsidised them.

This approach changed considerably at the start of the pandemic. Governments were forced to alter expectations around risk management in response to a rapidly evolving epidemiological situation, leading to an environment where the impacts of inaction on health, economic and social outcomes outweighed the risks of failed intervention and high fiscal costs. This was demonstrated when COVID-19 treatments were purchased in a supply constrained market, without PBAC consideration of cost-effectiveness or value for money. Despite the high risk and cost associated with this decision, it was necessary to ensure emerging treatments were available to protect the most vulnerable and allow Australia to transition away from suppression measures such as lockdown and isolation to aid economic recovery.

In many cases, a decision was required before the risk could be comprehensively assessed to prevent the situation from deteriorating further, as was the case to close the international border in an effort to delay the circulation of the virus. As Australia has reopened to the world, and established processes for managing COVID-19 are becoming embedded into public health infrastructure, the role of risk in decision-making has changed once again. The risks to health, economic and social outcomes are no longer as significant as they were at the start of the pandemic, which allows Government to refocus on rigorous decision making process, requiring a greater understanding of fiscal costs, other risks and mitigation strategies before decisions are taken.

Agencies are expected to consider this changing landscape and reflect it in the policies/measures they develop.

Material risks of individual policies/measures

Agencies are required to assess whether implementing or not implementing a policy/measure would create a risk of *material* impacts on health, economic or social outcomes. Examples of questions agencies should consider are listed below.

Health risks

- Are there risks of major pressure on hospital capacity with broad impacts, including significant increases in preventable deaths (COVID-19 and non-COVID-19 related)?
    - Have State Health Emergency Response Plans been activated, and are they providing sufficient support to manage hospital capacity?
    - Are hospitals at risk of activating crisis standards of care to triage resources?
- Are there risks of inadequate public health infrastructure to cope with a severe COVID surge?
    - Are Residential Aged Care Homes (RACHs) and other aged care providers able to manage a severe outbreak of COVID-19?
    - Are in-reach testing/treatment services required to assist vulnerable populations, such as Aboriginal or Torres Strait Islander communities, Australians living in rural/remote localities, and those with disability or chronic illness?

Economic risks

- Are there risks of an economic shock with broad impacts, including significantly increased unemployment nationally, or in a particular region?
    - Will there be a disproportionate impact on particular groups?
    - Are there risks of labour scarring with long-term impacts?
- Are there risks of economic shocks to specific businesses or sectors which provide essential goods or services that meet basic needs, or are critical to the functioning of the economy?
    - Will the relevant industry be viable but for the short-term shock?
    - Will there be a contagion effect on other businesses or sectors?
    - Is there essential capability that needs to be maintained?

Social risks

- Are there risks of a significant number of people experiencing financial distress?
    - Are existing systems and relief programs able to support those experiencing financial distress?
    - Are emergency relief and/or food relief programs required to support people experiencing financial stress or hardship as a direct result of the pandemic?
- Are there risks of a severe and broad impact on mental health?
- Are there risks of significant and widespread impacts on safety and wellbeing, including family and domestic violence, and alcohol and drug use?
- Are there risks of significant and widespread impacts on education attainment and outcomes?

Risks associated with the guidelines

Agencies are required to assess and mitigate any risks associated with meeting the individual guidelines relevant to their policy/measure. This is particularly necessary where a policy/measure is not consistent with the guidelines.

For example, if a policy does not satisfy the 'evidence based' guideline there is a risk the proposal will not address the underlying issue leading to wasted taxpayer funding and negatively affecting public trust in government.