Commonwealth Government COVID-19 Response Inquiry

Submission from the South Australian Government

December 2023

South Australian Government Submission to the COVID-19 Response Inquiry

Introduction

The South Australian Government welcomes the opportunity to make a submission to the Commonwealth Government's COVID-19 Response Inquiry to assist in identifying lessons learned to improve Australia's preparedness for future pandemics. This submission focuses particularly on the first area of review listed in the Terms of Reference around governance and the roles and responsibilities of the Commonwealth, States and Territories. We welcome the opportunity to further engage with the Inquiry's Independent Panel during the course of the Inquiry and prior to delivery of the Final Report.

Background

The COVID-19 pandemic was a prolonged emergency that impacted all parts of society. Given the length and complexity of the response, how little was known about COVID-19 at the start of the pandemic and the evolving nature of the virus, it is important to capture the valuable lessons that can be learned from this incident.

Several reviews and inquiries have been undertaken into the handling of the COVID-19 pandemic nationally and in states and territories. For example, *Fault Lines* an independent review into Australia's response to COVID-19 was finalised in October 2022, while the Senate Select Committee on COVID-19 concluded its inquiry into the Australian Government's response to the COVID-19 pandemic in April 2022. There were also national inquiries into quarantine arrangements undertaken in 2020 and 2021 and a national contact tracing review undertaken in 2020 as National Cabinet taskings. In addition to investigating aspects of the COVID-19 response, the implications for various sectors have been considered, with the Royal Commission into Aged Care Quality and Safety considering lessons learned from COVID-19 and making recommendations to better prepare and support the aged care sector. The South Australian Government recognises that there are learnings to be drawn from these resources and other research undertaken nationally and internationally.

South Australia has similarly reflected on the state's management of the COVID-19 pandemic. The Department for Health and Wellbeing has commissioned an independent review of its operations as the State Control Agency for the South Australian pandemic response. This is due for release by the end of 2023. A review of the South Australian *Emergency Management Act 2004* is currently underway, which is examining whether the Act remains fit-for-purpose and opportunities for improvement. The review is due to be finalised by mid-2024, with the consultation period open from 15 November 2023 to 30 January 2024. In addition, the State Emergency Management Committee, comprised of relevant agency chief executives, has recently approved the establishment of a 2023 COVID-19 Lessons Management Reference Group to bring together key senior government officials from relevant agencies to distil high-level insights and lessons from agency debriefs from the

emergency management sector to inform emergency management policies, planning, processes and state strategic risks.

We consider it worth noting, as an over-arching comment, that South Australia, and Australia more broadly, performed relatively well in comparison to other countries across a range of measures, including public health and economic outcomes. This can in part be attributed to the strong cooperative arrangements between governments, the evidence-based approach to decision making in line with expert public health advice, the ability to adaptively manage to respond to changing local circumstances, and the support of the Australian community facilitated by strong local engagement.

The remainder of this submission addresses aspects of the terms of reference, with a particular focus on governance and roles and responsibilities.

Roles and responsibilities

Throughout the pandemic – and in responding to the myriad, and in many cases, novel issues that arose – the different levels of government in Australia worked collaboratively with a committed focus on ensuring the best possible outcomes for the public.

However, the division of responsibilities between the State and Commonwealth governments can create challenges and tension in coordinating emergency management arrangements. State governments have exclusive control of the emergency management powers in their respective jurisdiction. The Commonwealth Government also has a critical role in an emergency in its areas of responsibility including but not limited to managing Australia's international borders, income support, health system funding and oversight of primary care, funding and regulation of aged care, purchasing of vaccines, and procurement and oversight of the National Emergency Stockpile.

During the COVID-19 pandemic there were blurred responsibilities in some instances, with the pandemic exacerbating challenges with the Federation architecture. For example:

- the Commonwealth has control over overseas arrivals, while states and territories were responsible for administering hotel quarantine schemes;

- the Commonwealth has responsibility for vaccine regulatory approval, purchasing and supply, while states and territories became responsible for establishing mass vaccination clinics; and

- the Commonwealth has responsibility for aged care, but relied heavily on the expertise and capability of States and Territories in providing in-reach support services during outbreaks in aged care facilities.

Vertical fiscal imbalance embedded in Australia's federation architecture means that even though states and territories have responsibility for emergency management, the Commonwealth has access to the greatest financial resources to respond. Future consideration could be given to whether the usual funding mechanisms, such as National Partnership Agreements, are the most appropriate vehicle for emergency responses, including consideration of timeliness and flexibility to adapt as the response progresses.

An opportunity exists to clarify and strengthen roles and responsibilities going forward to ensure greater agility and the efficient use of resources across jurisdictions. In particular there is a need to clarify the future arrangements in a pandemic across all areas of service delivery from acute health

services, quarantine, mass vaccination and testing arrangements. This should extend from governance and oversight arrangements to workforce capacity and scope of practice.

South Australia notes at peak points of the pandemic there was extreme pressure on our health workforce to cover multiple areas of the response across public hospital services, medi-hotels and vaccination clinics. The role played by general practice and pharmacies was considered vital in enhancing health service access to the public and increasing the overall available workforce. Any future planning must consider a sustainable workforce response that supports the wellbeing of our vital frontline and supporting staff. Consideration should also be given to the future needs of our workforce and how a pipeline of expertise can be established in partnership with training bodies such as Universities.

Innovations in service delivery that occurred through the pandemic response also offer learning and opportunities for an enhanced response in future. Within our health system, the increased adoption of telemedicine, development of virtual care services and new service models to support urgent care delivery have offered new ways of working that are now being embedded as part of health service delivery into the future. Similarly, partnerships with general practice, primary care and pharmacies as part of the COVID-19 vaccination roll-out offered new channels for vaccination delivery that will continue to be developed in future.

It is acknowledged however, that mass vaccination clinics were the best method for vaccinating the whole population in a timely manner. Future pandemics would likely see a similar scenario, should a vaccination not already be suitable and delivered through an existing sequenced program such as the National Immunisation Program.

Collaboration and communication with states and territories is critical to successful leadership in any future pandemic response, as is the ability to quickly scale up responses to meet future scenarios. States and Territories demonstrated considerable strengths in the pandemic in communicating at a local level with their communities, mobilising large scale responses at speed across contract tracing, medi-hotels, public hospital system responses and deployment of mass vaccination clinics. Successful engagement with priority communities including culturally and linguistically diverse (CALD) and Aboriginal and Torres Strait Islander peoples as well as low socio-economic status (SES) populations is also an area best supported through local relationships.

We note the intended establishment by the Commonwealth of the Centre for Disease Control (CDC) which aims to improve our response to public health emergencies. Health Ministers have recently committed to establish the CDC, including endorsing a statement of intent which outlines how the Commonwealth intends to work together with all states and territories on its development. Through this process, the Commonwealth should remain cognisant of the statutory powers and relative strengths of the states and territories and seek to complement rather than duplicate or direct these functions. Moreover, it needs to recognise that communicable disease control expertise lies in the respective jurisdictions.

National Cabinet arrangements

National Cabinet was established in March 2020 with a priority focus on initially responding to the COVID-19 pandemic and coordinating swift action between the various levels of government. In that context, it was successful in the early phase of the pandemic with numerous early decisions and

actions taken by Australian governments limiting the impact of the pandemic in Australia, relative to the rest of the world.

The creation of National Cabinet re-invigorated the speed and agility of national decision-making processes, due in part to the increased meeting frequency and span and significance of issues discussed. National Cabinet utilised expert advice to inform decision making, including information from the Australian Health Protection Principal Committee (AHPPC) and the Australian Technical Advisory Group on Immunisation (ATAGI) as well as epidemiological modelling by the Doherty Institute. National Cabinet's quick and repeated access to this expertise, and the ability to adapt and modify responses at speed as evidence and experiences in Australia and around the world evolved or shifted, were key strengths of the national processes.

Communication and countering misinformation

As noted above, the division of responsibilities between governments, particularly areas of joint responsibility, necessitates the need for clear communication in any pandemic from all levels of government. Public communications on emergency management decisions should convey the rationale for the decision and the supporting evidence to help public confidence. Due to the nature of the Federation, different circumstances may arise across the country. The ability for different approaches to be taken by individual jurisdictions tailored to the individual circumstances, was an important feature of the response. While this may present some challenges, ensuring coordinated and consistent messaging insofar as possible, remains an important goal in any future response.

In the event of any future pandemic, the tiers of government should work together to ensure the community has a thorough understanding of the risks of transmission and the combined suite of measures necessary to mitigate that risk. This should incorporate efforts to improve health literacy to equip and empower people to manage their own health more proactively, and to improve the way in which they engage with the health system in general.

All levels of government should also work together to jointly combat the spread of misinformation which became prevalent during the pandemic, particularly given the reach and pervasiveness of social media, and to ensure that government websites and other key communication channels provide timely, up to date information to mitigate public confusion and concern. A distinctive characteristic of the COVID-19 pandemic was its long duration, which created particular challenges in terms of combatting misinformation and disinformation. Building community trust through clear messaging delivered with consistency and supported by the appropriate expertise and evidence was an important element of the response.

Supply chain, sovereign capability and the agility of the private sector

The National Coordination Mechanism (NCM) was designed to be a flexible tool to ensure coordination, communication and collaboration occur between the Australian, state and territory governments and, if required, the private sector during a crisis. The activation of the NCM to coordinate supply chain issues and boarder response to assist or assess impacts to critical infrastructure assets and supply chain impacts that span across borders is recognised as a positive contribution to national emergency management arrangements.

The Supermarket Taskforce (established under the Food Supply Working Group) was particularly successful in bringing together major and independent food, beverage and grocery stakeholders to discuss matters such as supply chain, essential worker definitions and close and casual contact definitions relevant to COVID-19.

There were numerous examples of the private sector pivoting to ensure adequate supply of critical goods and services, such as personal protective equipment during the early phases of the pandemic. For example, South Australian company Detmold partnered with the South Australian and Commonwealth Governments to rapidly establish a new manufacturing facility to produce face masks. This ability to innovate and quickly expand local manufacturing capabilities, and encouragement and facilitation by governments where necessary, would be similarly important in the event of any future pandemics.

Balancing health, economic and social considerations

The nature of a pandemic means there is a very real risk of a large proportion of people becoming ill at closely the same time. This will be accompanied by disastrous economic impacts as the workforce is impacted along with a reduction in public confidence to undertake usual social interactions. These impacts were seen in other countries who were unable to successfully limit the spread of COVID-19. In addition, the extent of disease meant that healthcare services were quickly overwhelmed in many parts of the world.

South Australia sought to balance the health, economic and social impacts of the pandemic at all stages. Once international borders and then state borders were closed, high levels of testing and efficient contact tracing virtually eliminated the virus from our State. This meant that only modest public health and social measures were required to ensure any incursions of the virus could be expeditiously dealt with.

Across Australia, federal, state and territory governments moved quickly to implement a range of economic and business support measures as the pandemic progressed. This was necessary to ensure the economic impact of public health activity restrictions was contained as far as possible. Given the speed at which these measures were introduced, it is inevitable that there emerged some inconsistency in their implementation. Additional measures needed to be introduced subsequently to address gaps in coverage. This helped to ensure that some of the groups more vulnerable to the economic impacts of public health activity restrictions, including contractors, independent businesses and those employed on a casual basis, were supported, including when isolating with COVID symptoms. The economic impacts of activity restrictions were felt particularly severely in industries such as retail, hospitality, tourism, arts and recreation services. In the event of a future pandemic, these factors could be to be taken into consideration in the initial design of future economic support measures.

Maintenance of social functioning, adapted to the public health risks present at the time, is critical. Not only for public confidence, but social cohesion. Consideration of priority activities such as education, justice, correctional services and agriculture and the mitigation measures required to ensure, as far as is practicable, they continue in light of long duration events is an important preparatory step for future pandemics. For example, the prioritisation of face to face education with suitable risk mitigation measures provided an important support for wellbeing for school age children. These priority sectors are best placed to work with health authorities to co-design any future approach in this regard.

As noted above, National Cabinet was well-connected to, and in regular receipt of, health advice, particularly from expert bodies such as AHPPC and ATAGI. Engagement with other sectors was largely done at the jurisdictional level in response to, rather than in advance of, the implementation of public health measures given the evolving nature of the pandemic.

For future pandemic threats, further consideration should also be given to how National Cabinet might access additional advice on economic and social elements from appropriate expert groups. Regardless, what was shown to be the case during the first Omicron wave, is that a healthy economy is contingent on a healthy population.

Meeting the needs of diverse populations

The pandemic highlighted the importance of evidence-based emergency management which allowed difficult but necessary decisions to be made, based on the effect they will have on managing the emergency. However, the pandemic disproportionately impacted already vulnerable cohorts, including young people, women, older people, CALD communities, and Aboriginal and Torres Strait Islander peoples.

Frequent and often lengthy lockdowns of residential aged care facilities, whilst implemented as a protective measure to safeguard vulnerable aged care residents from COVID-19, had a considerable negative impact on the broader health and wellbeing of aged care residents. In the Aṉangu Pitjantjatjara Yankunytjatjara (APY) Lands and other areas of the State, biosecurity measures exposed food and water security inequities. The pandemic has also exacerbated the ongoing digital divide, highlighting access issues relating to information technology systems (including digital access to education for remote communities), lack of materials (or access to) and information in a person's first language, and insufficient time to seek information.

In the management of any future pandemics, there may be room for governments to consider upfront the development of specific programs, policies and approaches which recognise the disproportionate effect on some sections of the community. As noted above, national communication and consistency of messaging is important, but there should also be flexibility to tailor information to local needs and diverse communities.

Conclusion

The South Australian Government recognises the broad scope of the Commonwealth Government's COVID-19 Response Inquiry. While it is not possible to address all components in detail in this short submission, we welcome the opportunity to further expand on the content of this submission and look forward to further engaging with the independent panel in 2024.