Queensland Nurses & Midwives' Union

Submission to

Department of the Prime Minister and Cabinet

Commonwealth Government COVID-19 Response Inquiry

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Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Department of the Prime Minister and Cabinet (the Department) for the opportunity to provide feedback on the *Commonwealth Government's COVID-19 Response Inquiry* (the Inquiry).

Nursing and midwifery is the largest occupational group in Queensland Health and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), registered midwives, enrolled nurses (EN) and assistants in nursing (AIN) and students who are employed in the public, private and not-for-profit health sectors including aged care.

Our more than 71,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management. The vast majority of nurses and midwives in Queensland are members of the QNMU. As the Queensland state branch of the Australian Nursing and Midwifery Federation (ANMF), the QNMU is the peak professional body for nurses and midwives in Queensland.

Through our submissions and other initiatives, the QNMU expresses our commitment to working in partnership with Aboriginal and Torres Strait Islander peoples to achieve health equity and ensure the voices of Aboriginal and Torres Strait Islander nurses and midwives are heard. The QNMU supports the Uluru Statement from the Heart and the call for a First Nations Voice enshrined in our Constitution. The QNMU acknowledges the lands on which we work and meet always was, and always will be, Aboriginal and Torres Strait Islander land.

The QNMU supports the Inquiry's lessons learned approach in examining Australia's response to the pandemic, and the pervasive impact of COVID-19. We recognise that some issues identified through the Inquiry, such as the functioning of the healthcare system and aged care sector, are not new and must not be identified as though they are new problems rather than recurrent and predictable ones (Smith & Upshur, 2020). It is important to note that the COVID-19 outbreak highlighted fragilities of existing systems, made visible issues that were already established and has provided the impetus for change that may otherwise not have occurred.

This Inquiry provides the opportunity to consider the lessons learned from the pandemic and then take the next big step – how to effectively implement the lessons, for the present and the future.

The impact of the COVID-19 pandemic on the nursing and midwifery workforce has been unprecedented and will be felt for many years to come. The QNMU takes the opportunity to

acknowledge our colleagues working in other countries around the world - nurses and midwives who have experienced greater infection and death rates due to COVID-19.

The QNMU will respond to each of the terms of reference and have taken the perspective of our membership which are the nurses, midwives, and assistants in nursing or personal carers (however titled) of Queensland.

We acknowledge that in looking for opportunities to be more effective and increase the nations' preparedness in the event of future pandemics, the health sector is but one component, although an extremely important part, which is a significant focus for this submission.

Recommendations

The QNMU recommends the Commonwealth government make recommendations to improve response measures in the event of future pandemics in these areas:

Governance

- A review of the impact on human rights.

Healthcare system and workforce capacity

- Consider alternative funding models to activity-based funding that focus on greater access, responsiveness to individual needs, and ensure best-practice service provision.
- Ensure adequate funding of the health system and health infrastructures to meet growing demands.
- Reduce the burden on hospital-based services, including emergency departments, by increasing infrastructure and resources.
- Support nurses and midwives to lead and incorporate the use of digital health technologies to assist (but not substitute) in the delivery of quality patient care.
- Build and sustain an adequately skilled and qualified health workforce that has the capacity to respond to future pandemics and emergencies.
- Support workforce development that encourages retention and allows for scalability of nursing and midwifery-led models of care.
- Explore and utilise nurse-led models of care including the Nurse Practitioner (NP) role in providing primary, acute, and aged care.
- Explore, utilise, and invest in midwifery-led models of care.
- Develop a national workforce plan for health and aged care that addresses short, medium, and long-term needs and forecasted demands.
- Commit to minimum nurse-to-patient ratios and skill mix in the private and private aged care sectors.

- Develop more robust aged care regulations and standards of care that can be monitored and regularly evaluated.
- Address increasing demands for elective surgery and screening.
- Maintain the health practitioner sub-register to maximise the capabilities of the healthcare workforce to respond to future emergencies.

Vaccine development and procurement strategy

- Invest in Australia's biotechnology infrastructure to build our onshore capacity to develop and produce vaccines.

Rapid antigen tests (RATs)

- Investigate public health measures, such as RATs and their accessibility, affordability, and availability for all.

Contact tracing technology and national quarantine principles

- Evaluate the effectiveness and approach to contact tracing technologies.
- Develop a quarantine plan that is regularly updated, tested, validated and evidence based.
- Develop a strategy and resources to assist and support Australians overseas during a future pandemic and their ability to return home.

PPE supply chain reform

- Develop and maintain industry support mechanisms to build the capacity of local supply chains to manufacture medicines and personal protective equipment (PPE).
- Coordinate a consistent and contemporary approach to the use and fit of PPE.

Mental health

- Urgently invest in the provision of existing mental health services and expand community-focused mental health services.
- Evaluate federally funded mental health clinics like those funded during Victoria's second lockdown to determine effectiveness for future pandemics.

Long COVID

- Coordinate a national plan to address long COVID as a critical priority.
- Utilise the establishment of an Australian Centre for Disease Control (CDC) to report on and learn about the signs and symptoms of long COVID and short-and long-term effects of long COVID.

Industrial relations

- Legislate paid pandemic leave entitlements for all workers.
- Improve secure working arrangements for all workers.

- Review the impact that increasing reliance on casualisation of the workforce has had on our financial and economic response to COVID-19.

Impact on specific population groups

- Continue to work to advance gender equality.
- Prevention and responses to domestic violence.
- Recognise that Aboriginal and Torres Strait Islander communities are diverse, and a one-size-fits-all approach is likely to place constraints on responses to a pandemic.
- Ensure that any approach to future pandemics allow for First Nations and culturally and linguistically diverse communities (CALD) communities to self-determine their needs and approaches.
- Develop a specific initiative for future pandemics for people with a disability.

Governance including the role of the Commonwealth Government, responsibilities of state and territory governments, national governance mechanisms (such as National Cabinet, the National Coordination Mechanism and the Australian Health Protection Principal Committee) and advisory bodies supporting responses to COVID-19.

As Australians faced the initial stages of COVID-19 in early 2020, the then Prime Minister, Scott Morrison, announced the formation of the National Cabinet, replacing the Council of Australian Governments (COAG). National Cabinet was created to enable a quick and consistent national approach in responding to the outbreak of COVID-19 (Australian Government, 2020). While decisions were to be made collectively by National Cabinet, in truth, agreement was not always reached, and this failed decision-making capacity did not create a cohesive and consistent approach. While it allowed each state and territory to address local concerns and manage and respond to local conditions while under the oversight of National Cabinet, states and territories did not always align in their approach, creating a disparate and separate national management strategy for COVID-19. As the Senate Select Committee on COVID-19 (the Committee) aptly stated "the Australian Government's failure to lead through the National Cabinet meant local responses were often inconsistent and failed to complement one another" (Commonwealth of Australia, 2022, p. 73).

The QNMU strongly supports that in the event of a future pandemic, National Cabinet must operate within clear rules. Responsibilities and management that fall within the remit of states and territories must be made clearer, to avoid confusion and mixed messaging.

The QNMU considers the Commonwealth Government's decision-making processes, particularly at the start of the pandemic and around the vaccine rollout were not always clear or transparent. At times it felt very much as though decisions were made on the run without processes in place to support the actions. Decision making must be evidence-based, consider social determinants of health and be culturally safe. As part of this Inquiry, we see the need

to re-assess the best methods to communicate to the population that create trust and cooperation in the message.

Additionally, the balance between public health advice, protecting the health of citizens, reducing the burden on healthcare systems and staff with that of civil liberties must be investigated and considered. Extraordinary measures implemented during the pandemic must be examined through a human rights lens as many Australians were forced to live with some of the harshest and restrictive measures in the world. These restrictions included lockdowns, international and interstate border closures, curfews, quarantine, vaccine mandates and proof of vaccination status. For many, these measures limited their human rights.

The Commonwealth Government's initial Health Sector Emergency Response for COVID-19 Plan did not overtly embed human rights and referred only to 'individual liberty' as a value suggested to be considered when planning and implementing actions under the Plan (Commonwealth of Australia as represented by the Department of Health, 2020, p. 9). This shortfall sees COVID-19 response measures not considered against a human rights approach. This coincided with National Cabinet making decisions, not in parliament, which saw the responsibility of implementing those decisions split between federal, state and territory governments, thereby diluting responsibility, accountability and transparency (Australian Human Rights Commission, n.d.). Equally, it complicated the ability to ensure proper human rights scrutiny of these decisions.

The QNMU supports a review of the impact on human rights during the pandemic and that future emergency planning incorporates human rights so that the national imperative to act decisively and comprehensively is balanced with the human rights of citizens at the individual and group levels.

Key health response measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging).

In responding to this term of reference, the QNMU will provide an overview of the healthcare system and discuss public health and preparedness, public health messaging, the Centre for Disease Control (CDC), the aged care sector, nurse-led models of care, midwifery services and models of care, elective surgery and screenings, telehealth services, vaccine rollout, rapid antigen tests (RATs), contact tracing technology, PPE access and supply, guidelines on PPE usage, PPE training and fit testing, quarantine, mental health and suicide prevention supports, and long COVID.

Overview of the healthcare system

The COVID-19 pandemic placed a substantial stress on Australia's healthcare system, which has resulted in increased health spending particularly in public health and public hospitals (Australian Institute of Health and Welfare [AIWH], 2023b). At the start of the outbreak in 2020, the initial burden in Australia was modest, ranking 135th in the leading cause of burden. However, by 2022 COVID–19 became the 5th leading cause of fatal burden (contributing to 4.1% of total burden) and 21st leading cause of non–fatal burden (contributing 1.4% of total burden) (AIHW, 2023b). While COVID-19 had a major impact on the healthcare system and health system spending in Australia, there has been less morbidity and mortality than many other countries.

The national response to the COVID-19 pandemic necessitated the introduction of several measures to manage the increase in healthcare provision and highlighted the ongoing need for proactive healthcare investment by the government. The QNMU believes that one of the lessons to emerge from the Commonwealth government's response to the COVID-19 pandemic is that the funding of the healthcare system, and the way such funding models shape healthcare priorities, requires significant change. The retrospective approach of activity-based funding for hospitals is incompatible with modern demands for a proactive approach to national health and wellbeing. While activity-based funding encourages hospitals to operate more efficiently, it does not consider whether the service provided is the most effective way to deliver care (KPMG, 2019). Consideration should be given to different funding approaches that may be more appropriate to ensure greater access, responsiveness to individual needs, and ensuring best-practice service provision. Imbuing an efficiency-at-all-cost mentality for health services challenges the capacity to plan for contingencies, such as a pandemic.

Another key response to COVID-19 was the cooperation between private and public hospitals. They worked together to develop and implement strategies to address the expected demand for services and resources, sharing equipment, and freeing up resources to be able to deal with the expected surge in demand due to the COVID-19 pandemic (Nayna Schwerdtle et al., 2020). We acknowledge however that significant aspects of these contracts were not invoked due to the successful flattening of the COVID-19 curve and containment of demand on the public health system. The ability of the greater healthcare system to adapt and act together points to opportunities for redefining many aspects of healthcare delivery for the future.

The pandemic has also shown the accessibility of healthcare services and the need for further reform. Access to affordable and timely care must be a guiding principle for future pandemic preparedness. The QNMU continues to advocate for the reduction of burden on hospital-based services and continue to support greater infrastructure and resources available in the community. This must be a continued long-term commitment that extends beyond COVID-19 to bolster health services against future crises.

The capacity and capability of the healthcare workforce to respond to a pandemic is critical. Professional boundaries and scope of practice for all health practitioners, but particularly nurses and midwives, must be reviewed as part of standard practices and preparedness plans. We see the work being undertaken by the Commonwealth Government's inquiry into *Developing the national nursing workforce strategy* as critical to inform nursing policy and workforce planning in the short, medium, and long-term future.

What remains clear is that the government must not return to the status quo but continue to support innovations in healthcare delivery. We have seen from the pandemic that the provision of healthcare can be flexible and agile, and this must be developed into the healthcare system.

Public health and preparedness

If anything can be learnt from the COVID-19 pandemic it is that with any pursuit of efficiencies in our public health system there must be built-in, sufficient excess capacity to cope with any surges in demand and the capability to cope with crises. Just as "just in time" supply chains were shown to be exceptionally vulnerable to a disruption like a pandemic, similar "false economy" approaches to workforce management, where there is little capacity to respond to unexpected demand situations, must be avoided particularly in critical sectors of society.

In planning the recovery phase post COVID-19, governments must view the funding of public services such as health and education as vital investments and not an expenditure (Productivity Commission, 2017). Proper funding of universal health services underpins a vibrant and productive economy and is essential to ensuring social cohesion and fairness.

Public health messaging

The pandemic saw government and public health officials trying to understand, convey and adjust to the immediate threat of COVID-19 and the evolving evidence and research. Coordinating and communicating a clear and consistent message during this crisis was not always successful with states and territories often using different sources thereby providing differences health advice. As part of this inquiry, the QNMU suggests government look to develop a coordinated national communication strategy for future crises that would function as a national information source and provide clear and logical explanations for differences in actions (Johnston & PHAA, 2020). This could sit within the remit of the Centre for Disease Control (CDC) when established. We also take the opportunity to call out misinformation particularly seen on social media that circulated without scrutiny or repercussions (Park et al., 2020). We believe a regulatory approach is needed to prevent disinformation.

Additionally, the Commonwealth government's public health messaging with multicultural communities needs investigating. In August 2020 it was revealed nonsensical language translations of COVID-19 public health messages had been distributed to multicultural

communities (Dalzell, 2020). This prompted fears that migrants and refugees had been receiving incorrect information. While it could be argued that this mistake was due to trying to deliver quick communication to communities it, however, also points to an ad-hoc approach to a public health issue that must be addressed for future public health emergencies.

Centre for Disease Control (CDC)

The QNMU takes the opportunity to support the Australian Government in establishing an Australian CDC. The CDC as a designated public agency and independent statutory authority, will be a single source of truth, providing advice and education on public health matters. We believe it will have an important role to play in future public health emergencies, particularly in pandemic preparedness and response. The CDC will also be vital in the recovery from COVID-19, particularly the impact of long COVID on individuals and the healthcare system.

We believe there is an opportunity to look overseas and learn from other CDCs and how they managed the pandemic. For instance, the United States (US) Centre for Disease Control and Prevention (CDC) has faced criticism in its response to the pandemic, in particular releasing a flawed test that delayed accurate reporting of cases, confusing messaging about social distancing, mask wearing and vaccinations, compounded with the political interference from the Trump Administration (Tanne, 2022). It has been suggested that the US's CDC should be afforded more autonomy and authority and have the flexibility to adapt to unfolding situations. The QNMU suggests these issues be considered when forming Australia's CDC to ensure effectiveness in dealing with all future public health concerns.

Nurse-led models of care

The pandemic has highlighted the value of nurses and demonstrated their leadership, knowledge, expertise, experience, and agility in responding to COVID-19 and their important role in delivering innovative models of care. Nurses are critical in meeting the increasing demands of the healthcare system and bridging health inequity gaps. It is imperative that employers of nurses and midwives actively engage with their workforce to gain feedback about their concerns and issues during extreme events, such as a pandemic, and work to support and maintain their health and safety as a priority.

The continuing failure of the healthcare system to utilise nurses and midwives to their full scope of practice is limiting consumer access to evidence-based, cost-efficient nurse and midwife-led models of care. Adopting nurse-led models of care, utilising nurse navigators and NPs, assists patients to navigate the healthcare system and improve coordination and integration between health services. Nurse-led models of care ensure a more accessible, productive, and safer health and aged care systems.

As a result of the pandemic, many innovative models of care have been expanded and developed to meet health service demands, respond to changes in work practices and community social distancing directives. These included:

- Virtual care which improves access and convenience for patients. E.g., virtual emergency departments and virtual diabetes clinics.
- Hospital in the Home (HITH) - a hospital avoidance strategy implemented to treat and monitor patients in the home.
- Triaging models and assessment tools such as in-car triage/fever clinics and open-air consultations.
- Telehealth.
- 13Health – health advice provided by RNs over the phone.
- Vaccination pop-up clinics.

NPs have also played a key role in Australia's healthcare system, pre COVID19 and during the pandemic. NPs have demonstrated improvements in access to care for marginalised, disadvantaged, isolated and underserved populations, whilst reducing costs and decreasing the duplication of work and documentation (Queensland Health, 2020). A key advantage of the NP role has been to bridge the gaps in access to care for diverse healthcare areas such as palliative care, cardiac care, mental health, pain management, alcohol and other drug services and renal replacement therapy (KPMG, 2018). During the pandemic, NP-led models of care have been utilised to provide after-hours emergency care in rural urgent care centres to reduce the burden of excessive after-hours on call duties for rural GPs, while improving access to quality care (Wilson et al., 2021).

Midwifery services and models of care

Restrictions applied to women's choices of maternity care during the pandemic impacted the approach midwives undertook in providing woman-centred care. The pandemic fostered new ways of working for midwives, including hybrid and mixed modes of care delivery and partnerships, such as the use of telehealth in combination with face-to-face models of care (Queensland Health, 2022). Research shows that midwives are hopeful that the "rapid change seen in health services during the pandemic was a positive signal that change was possible into the future" and that practices could change when and if required (Bradfield et al., 2022).

In preparing for future pandemics there must be a balance between responding to a pandemic and the needs of the community. This is especially important in supporting normal, healthy life events such as childbirth. The Commonwealth government has pledged support for continuity of care models in maternity services and the expert role of midwives as being best placed clinicians for normal pregnancies and delivery. Implementation of such policies must be maintained, even during a national emergency. Further, access to services such as birth centres is crucial to maintain during a national emergency.

The QNMU continues to advocate for the increase of midwifery-led care. Research demonstrates midwifery continuity of care models provide optimal outcomes for women and their babies. The Lancet Framework for Maternal and Newborn care indicates that midwifery-led primary health care leads to improved mortality and morbidity across the life course (Wilson et al., 2020). The QNMU recommends that the Commonwealth government ensure quality nursing and midwifery led services are embedded into the design of healthcare service delivery and future emergency preparedness planning.

Aged care

The Commonwealth Government's handling of COVID-19 in the aged care sector was a failure. The COVID-19 crisis resulted in hundreds of preventable deaths as the Commonwealth Government failed to develop a COVID-19 plan for aged care and responded too slowly to the crisis. The consequences of this saw a sector already under strain and unable to keep residents and staff safe, struggle to manage the pandemic. Inadequate staffing levels and surge staff, a lack of access to PPE and a lack of infection control training, predated the pandemic. The long-term deskilling and understaffing of the aged care workforce, along with an increase in complexity and acuity of those receiving aged care have left the sector vulnerable to the impacts of the pandemic. Instead of taking responsibility for their mistakes, the Commonwealth Government continually blamed states and territories for the tragedy (Commonwealth of Australia, 2022).

There are many important factors in reforming the aged care system to meet the care needs of Australians, and adequately prepare for future pandemics. As a minimum, aged care staff must be trained in infection control and prevention, and in the use of PPE. Further, there must always be a sufficient and local supply of PPE for aged care facilities. Future-proofing the safety of those who work and live in aged care facilities, starts with infection control and PPE.

The QNMU considers that effective workforce planning in aged care is required and must be underpinned by legislation and a regulatory framework to identify and enforce minimum standards and governance (Aitken et al., 2021), given the failure of the sector to manage workforce issues from a self-regulatory perspective. Building on the recommendations of the Royal Commission, the QNMU continues to advocate for increased regulatory oversight, reporting requirements, developing a Workforce Standard, and funding that reflects the actual cost of care, of which workforce constitutes the largest single cost.

We support the introduction of mandated RN 24/7 and overall minutes of care requirements in aged care facilities as a recent reform measure, however, the QNMU raises concerns that providers are focusing on meeting the RN related mandates at the expense of EN positions and undervaluing the critical role that ENs provide. A potential outcome is an increase in the number of RNs but an overall decrease in the nursing workforce. Any such outcome would be significantly at odds with the intentions of the Royal Commission and undermine the

objectives of the aged care reform process to improve the skill and staff-mix in the aged care sector.

A valued, adequately staffed, skilled and supported aged care workforce is critical to meeting the care needs of Australians and the success of any future pandemic response.

Engaging digital health technologies

Nurses and midwives are well placed to lead in the application of digital health technologies, like Artificial Intelligence (AI), to support the delivery of safe, quality care. As the largest professional cohort of registered health practitioners in Australia, nurses and midwives play a vital role in digital health and becoming digitally competent is now a fundamental element of nursing and midwifery practice. If developed in a meaningful, considered, and collaborative way, that supports and does not substitute the critical role of human-to-human care, digital technologies may help nurses and midwives to deliver patient care and improve health outcomes for Australians.

Elective surgery and screenings

In the early stages of the pandemic, the National Cabinet temporarily suspended all non-urgent elective surgery in both public and private hospitals to ensure the healthcare system could cope with an influx of potential patients and to preserve stocks of PPE. This meant that across Australia in 2019–20, the number of admissions from waiting lists was 9.2% lower than in 2018–19 (AIHW, 2020a). This was devastating for many patients who were waiting for elective surgery.

Delays in screening and diagnostic tests were also seen during the pandemic including a significant decline in mammograms and bowel and cervical screening; the potential consequences of which are still to be determined (AIHW, 2022). Worrying trends are already showing that missed or delayed screening has led to patients receiving treatment at more advanced stages of disease (Westfund Health Insurance, 2023).

The QNMU supports a national plan that addresses the current elective surgery waiting list and screening services and addresses how these healthcare services will respond to emergency situations like a pandemic in the future.

Telehealth services

The acceleration in the use (and subsequent) funding, of telehealth services through the pandemic increased access to healthcare and enabled patients to consult with health practitioners over the phone or via videoconference rather than face-to-face. Telehealth allowed Australians to access health services in their home while undergoing self-isolation or quarantine and were vital in reducing the risk of exposure to COVID-19 not only for the community but also to healthcare providers, including NPs, practice nurses and midwives. The

continuing of the Medicare Benefits Scheme (MBS) telehealth services for NPs and midwives that were introduced on a temporary basis during the pandemic, have thankfully been made permanent. This provides patients greater flexibility in access to healthcare and a future-proof pandemic-proof health service delivery.

Vaccine rollout

The Commonwealth Government's handling of the vaccine rollout was considered by many as a "phenomenal failure" (Macmillan, 2021). The vaccine procurement strategy used by the Morrison Government took a different path to most other countries by deciding not to spread their investment and plans across multiple technologies and multiple countries, choosing to primarily invest in a small number of vaccines (Duckett, 2022). This decision in limiting where Australia would purchase these vaccines, saw the government scrambling to purchase other vaccines when the vaccines they had invested in failed. This led to the government rolling out the vaccination program in February 2021, months later than other countries (Duckett, 2022). Morrison's spin in stating the vaccination rollout was 'not a race' did little to instil confidence in the government's handling of an essential part in combatting the virus.

The national strategy for the vaccine rollout focused on protecting the most vulnerable Australians first, with the aim of vaccinating 4 million Australians by the end of March 2021 and all willing adults by the end of October 2021. However, it quickly became evident that the goals the government had set itself were not being reached. Timeframes became ambiguous with the Prime Minister avoiding setting a timeframe after initial goals were not met.

The introduction of vaccine mandates and mandating proof of vaccination status also added complexity to the delivery of vaccines. For some, these mandates raised human rights concerns and legal issues which the QNMU will not discuss in this submission. We believe the Commonwealth Government has an opportunity to improve future vaccination rollouts by revisiting the planning of the vaccination rollout, particularly in the early stages.

The QNMU also notes, that in the lead up to the vaccine rollout and continuing after the vaccine rollout, there had been anti-vaccination messaging and disinformation distributed through media and social media. There have also been anti-vaccination protests around the world, including in Australia. The concerns are varied with some believing that vaccines are unsafe and a bigger risk than getting the virus and others believing in conspiracy theories that the vaccines will kill millions. This disinformation mixed with a slow vaccine rollout fuelled the uncertainty about the safety of vaccines which is still apparent in 2023.

The impact of global supply constraints on Australia's vaccine rollout has highlighted the importance of building Australia's capacity to locally develop and produce vaccines. Onshore manufacturing capacity is a crucial health security investment for future pandemics and health emergencies. This requires significant investment in Australia's biotechnology

infrastructure to support vaccine development, manufacturing and proactively address future biosecurity threats as they arise.

Rapid antigen tests (RATs)

The Commonwealth Government's decision to decline to make RATs free goes against public health policy. The Commonwealth Government eventually bowed to public pressure and allowed concession card holders to have access to free RATs. It also forced state governments in New South Wales and Victoria to go against the Commonwealth Government and provide free RATs to all. By not providing free RATs, the Commonwealth Government failed to make this important method of controlling the virus equitable and accessible. The QNMU sees this as one area of the government's handling of COVID-19 that must be improved for future pandemics.

Contact tracing technology

Australia's voluntary COVID-19 contact tracing phone app, COVIDSafe, was released in early 2020 and terminated in August 2022. One of the goals of the app was to automate the manual work of contact tracers, however the app complicated the work of contact tracers who were quickly overwhelmed by the data volume (RMIT University, 2022). The costly[1] app failed, with only 17 close contacts identified that hadn't already been identified through manual contract tracing (Department of Health and Aged Care, 2022).

For future pandemics, a shift in focus for the Commonwealth Government that views the development of contact tracing apps as a 'digital also' instead of a 'digital first' approach could be used (RMIT University, 2022). An emphasis on understanding the needs and existing manual processes can sit alongside ensuring privacy and security measures, Bluetooth connectivity and accessibility and usability of any app developed for future public health responses.

Personal protection equipment (PPE) access and supply

Concerns regarding limited access to PPE dominated the media throughout the pandemic. The global surge in demand coupled with vulnerabilities in manufacturing supply chains highlighted how insecure the supply of PPE is. This under-preparedness in access to PPE caused anxiety and stress for many, including QNMU members and highlights the need for nurses and midwives and other health practitioners to work with government and health services to ensure future stores of PPE are retained and fit for purpose for future emergency events (Nayna Schwerdtle et al., 2020).

The QNMU's data collected during the beginning months of the pandemic illustrates these concerns seeing an increased volume of calls from members in 2020 (1 February to 30 April)

[1] The COVIDSafe app cost $21 million (Department of Health and Aged Care, 2022).

with concerns around PPE supply (225 calls over 4 months) as shown in Figure 1.

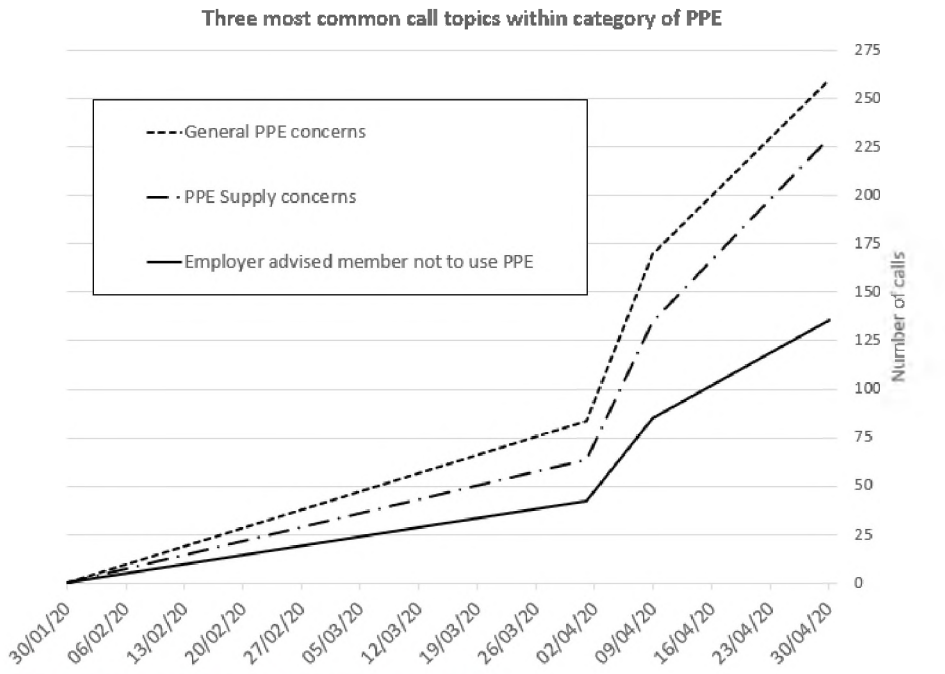

Figure 1: Phone calls received by QNMU about PPE

Our members were also expressing concerns about access to PPE, with some QNMU members reporting that PPE was sometimes locked up after hours and they could not access it because they did not have a key or did not have the authority to access locked stores.

Improving access to PPE and increasing the resilience of the healthcare system through supply chain reform, the Commonwealth Government could consider incorporating strategies identified by the Grattan Institute (Duckett et al., 2020), including:

- Giving a greater price premium to local supply and manufacture.
- Rewriting supply contracts to increase obligations on supplier to ensure continuity of supply.
- Increasing product standardisation across the health system to allow easier substitution of products and to reduce the cost of inventory.
- Increasing flexibility by spreading the supply chain across more than one supplier.
- Ensuring the national stockpile is reviewed regularly.

The QNMU supports these strategies in avoiding reliance on overseas supply chains in future crises.

The Committee in 2020 identified that the Commonwealth Government failed to act on the warnings about the inadequacy of the National medical stockpile (NMS). The inadequate number of surgical masks, P2/N95 masks, goggles, gowns, and visors saw Australian health departments scrambling to join global bidding for PPE and forking out large outlays of public

funds to secure stock. These shortages in PPE led to many healthcare practitioners rationing, purchasing privately, and reusing and extending the use of PPE particularly in primary healthcare (Ayton et al., 2022).

The concern for the health and safety of health practitioners and their access and use of PPE, points not only to access and supply issues but to inconsistent and changing guidelines, lack of training, lack of access to fit-testing for P2 and N95 masks, and the initial debate around whether COVID-19 can be transmitted via aerosols (Woodley, 2021). While this list is not exhaustive, if you start adding these issues together it paints a picture of the PPE access issues and the need for improvement in future pandemics. Stockpiles of essential medical equipment and medicines must be held for release in a crisis and the details of the stockpiles made available to health practitioners who need to know i.e., hospitals in responding to future pandemics.

Guidelines on PPE usage

The rapidly unfolding nature of the cause, transmission, and impact of COVID-19 contributed to ever-changing guidelines on PPE usage. It coincided with inconsistent dissemination and transparency of information and poor access to PPE supply chains. For example, in the early stages of the pandemic, Queensland Health guidelines indicated that standard infection control practices (surgical masks) were sufficient for healthcare workers during the routine treatment of COVID-19 positive patients, with airborne infection control practices (P2/N95 respirators) reserved for aerosol generating procedures. However, the second wave of the pandemic saw changes in guidelines made in areas with outbreaks. Most notably, Victoria broadened the setting for the use of P2/N95 respirators during all treatment settings when in contact with confirmed or potential positive cases of COVID-19. In Queensland, the outbreak cluster in Ipswich prompted West Moreton Hospital and Health Service (HHS) to update their guidelines to be more in line with the new Victorian standards. During this time, the QNMU also lobbied the Department of Health and Chief Health Officer for the use of P2/N95 respirators as standard in cases of confirmed or potential COVID-19 positive patients. Queensland Health subsequently changed their guidelines to recommend the use of P2/N95 masks for healthcare workers in contact with confirmed or potential COVID-19 positive cases. These state examples provide an important picture of how each state developed their own guidelines and highlights the need for a national consistent single source of truth and/or an explanation as to why there are different approaches taken.

The lack of communication and insufficient PPE supply caused a significant amount of uncertainty and fear within our membership, the broader health workforce, and the greater population. Federal and state governments engaged inconsistent sources of evidence to inform their recommendations about PPE. The QNMU's experience strongly reflected this. Between 30/01/2020 to 30/04/2020, 853 members contacted the QNMU specifically about COVID-19 and PPE, with 136 calls about an employer incorrectly advising QNMU members

not to use PPE. The QNMU emphasises the need for a uniform and coordinated approach to PPE recommendations at the federal level.

PPE training and fit testing

Methods and programs for training healthcare staff on correct use of PPE were largely left for individual health services and facilities to develop. Fit testing was also an issue, with healthcare workers reporting that they had not been fit-tested for N95/P2 prior to use (Volker, 2020). Incorrect fit of respirators can render them ineffective in preventing the transmission of pathogens. Fit-testing and fit-checking are crucial components of any training program in infection prevention and control and must be conducted prior to use to protect healthcare workers and their patients. PPE training and fit testing of P2/N95 masks are essential for any type of infection control and we see this as one opportunity to strengthen in responding to future pandemics.

Quarantine

The constitutional responsibility for controlling Australia's borders sits with the Australian Government. However, the Government failed to take responsibility for quarantine during the pandemic which was evident at the first National Cabinet meeting where "the Prime Minister shocked state and territory leaders by arriving at the meeting without a quarantine plan" (Commonwealth of Australia, 2022, p. 37). The states and territories were left to develop their own quarantine processes without any preparation or planning. One of the recommendations from the Committee inquiry sought the Australian Government to agree to "national principles for quarantine, including responsibility for provision of suitable facilities and for funding, management and compliance" (Commonwealth of Australia, 2022, p. 6).

One important lesson learnt from the poor quarantine arrangements is that the Commonwealth Government must develop a quarantine plan that is regularly updated, tested, validated and evidence based. Where appropriate, states and territories can have access to the plans and are resourced to implement the plans and know their roles and responsibilities.

Broader health supports for people impacted by COVID-19 and/or lockdowns (for example mental health and suicide prevention supports, and access to screening and other preventive health measures).

The QNMU will focus on mental health and suicide prevention supports and long COVID in addressing this term on reference.

Mental health and suicide prevention support

The impact of the pandemic, on health and mental health, is yet to be fully realised. However, research is already showing that depression and anxiety were significantly higher and suicidal thoughts increased during the pandemic then pre COVID-19, and those who were hospitalised with COVID-19 experienced heightened adverse mental health (Bower et al., 2023). Physical restriction measures such as lockdowns and quarantine are also associated with deteriorated mental health including a higher incidence of both depression and post-traumatic stress disorder (PTSD) symptoms. Further, were the economic impacts and financial stress particularly on those who became unemployed or worked reduced hours (Australia's Mental Health Think Tank, 2021).

The use and demand for mental health services in Australia greatly increased during the pandemic with more Medicare-subsidised mental health-related services delivered, an increase in the number of mental health related prescriptions dispensed under the Pharmaceutical Benefits Scheme (PBS) and an increase in Australians engaging with suicide prevention and mental health support helplines (AIHW, 2020b, 2023c).

The *Transforming Indigenous Mental Health and Wellbeing* team met early in the pandemic to develop recommendations to protect the mental health and wellbeing of First Nations peoples. These First Nations people-led initiatives enabled an effective public health response to the pandemic. However, the longer-term impacts must be considered by governments due to the pre-existing inequities within the social determinants of health which make First Nations peoples vulnerable to health and mental health impacts (Dudgeon et al., 2023). A report released by the national *Australian Mental Health Think Tank (2021)* also highlighted deteriorating mental health as a result of the COVID-19 pandemic, with a disproportionate burden on First Nations peoples, people living with a disability or existing mental health issue and culturally and linguistically diverse people.

With around 450,000 nurses and midwives in Australia, these professions are the largest clinical workforce in the country and must be well supported as they are critical to meet the healthcare needs of the Australian community (Department of Health and Aged Care, 2023). However, research has shown that the pandemic placed additional stress and impacted the physical and mental health and wellbeing of nurses and midwives and other healthcare workers. A national survey of nurses, midwives, and personal care workers in 2020 looked at the effect COVID-19 was having on this workforce. It found many Australian nurses and midwives and personal care workers were moderately or extremely concerned for their own psychological wellbeing (42.66%) or personal health and safety (44.11%). 16.63% had also sought mental health or wellbeing support from external providers, strongly suggesting the need for mental health support for nurses and midwives (Adelson et al., 2021; Rosemary Bryant AO Research Centre, 2021). The long-term mental health effects on the nursing

workforce are not yet known. Their resilience and preparedness to work through a subsequent pandemic or national health emergency is also yet to be determined.

These pandemic-induced impacts on mental health must not be viewed in isolation but within the context of Australia's current mental health system and the mental health of Australians pre COVID-19. The QNMU has long supported the need for community mental health services which could have extended hours and be an alternative for people with a mental illness or disorder or suicide ideation to access rather than presenting at hospital emergency departments. In our view, they are imperative in reducing the burden on inpatient units and avoiding hospital admission. Mental health clinics like those the Commonwealth Government funded during Victoria's second lockdown, provided much needed additional mental health support in the community, which we see as an opportunity to determine their effectiveness for further pandemics.

Long COVID

The full impact of long COVID on an individuals' physical health and mental health, their work capacity, and the healthcare system, are yet to be seen. The QNMU considers a management plan for long COVID as critical as compared to international standards, Australia has generally been slow to recognise and investigate possible cases of long COVID (Luo et al., 2023). Researchers have also found that the availability of multidisciplinary long COVID services was lacking in Australia, as was accessibility of trustworthy public health information (Luo et al., 2023).

Strategies that include how long COVID is identified, when treatment is to be provided and who delivers this care may fall within the remit of state and territory healthcare systems to develop. However, we see Australia's CDC as having a major role in reporting and learning about the signs and symptoms of long COVID and short- and long-term effects of long COVID.

Innovative models of care to address long COVID must:

- Provide information that identifies when to seek professional support if COVID-19 symptoms persist (Luo et al., 2023).
- Be multidisciplinary and include services provided by nurses and midwives.
- Provide access to information that includes education and self-care strategies.
- Be patient-centred and address patients' needs.
- Be evidence-based and use up-to-date research and data.
- Consider the impact of pre-existing conditions.
- Provide value-based care.
- Include virtual care where appropriate.
- Ensure ongoing training for health practitioners in identifying and treating long COVID.
- Be affordable.

- Have ongoing government funding.
- Be evaluated and reviewed to ensure usefulness.

International policies to support Australians at home and abroad (including with regard to international border closures, and securing vaccine supply deals with international partners for domestic use in Australia).

Policies for international border closures and ensuring a secure vaccine supply are critical. The early insufficient vaccine supply emphasised the importance for consulting and planning and securing different supply chains. Securing vaccine supplies, including both in Australia and overseas is critical to Australia being on the front foot for when the next pandemic hits. This sovereign vaccine capability will ensure rapid action and the ability to mobilise quickly to any viral disease outbreaks. Australia must also support our Pacific neighbours and "Australia could and should set itself the mission of being able to supply our region's vaccine and essential drug needs for the future" (Hensher & Wanni Arachchige Dona, 2022, p. 558).

Criticism has been levelled at the Government for the inadequate handling of Australians stranded overseas when international borders closed, with caps placed on international arrivals. In August 2020, figures from the Department of Foreign Affairs and Trade (DFAT) showed up to 40,000 Australians were based overseas and wanting to return. Of these, 5,000 were classed by the government as 'vulnerable' (Commonwealth of Australia, 2022). Despite the Commonwealth Government having a constitutional responsibility for incoming arrivals and quarantine, the government took a piecemeal approach to bringing Australians home, placing the responsibility and expense on individuals. The Commonwealth Government did not adequately prepare or plan for Australian residents to return home and their decisions caused financial hardship and stress for those citizens. In the planning for future pandemics and public health concerns, the government must include resources to assist Australians who are overseas to be able to return to their homeland.

Support for industry and businesses (for example responding to supply chain and transport issues, addressing labour shortages, and support for specific industries).

In this term of reference, the QNMU will address the role of unions, pink collar industries and the impact on female workers, the need for pandemic leave for all and support for supply chains.

Role of unions

During the often politicised and polarised response to the COVID-19 pandemic, the QNMU and the ANMF provided members with up-to-date advice, evidence-based resources and information, support and regular conversations with workers and employers. At the start of

the pandemic[2] alone, the QNMU received almost 600 phone calls directly related to COVID-19. Our members concerns included:

- Being part of a vulnerable group and concerned about their health and safety.
- Member being pregnant and how COVID-19 could affect their health and that of their unborn baby.
- Concern for exposing family to health risks.
- Patient screening protocol.
- Concern for safety and health of student nurses on placement.
- Concerns about safe work in theatre.
- Converting wards to COVID-19 wards.

The greater union movement has played a pivotal role in representing and advocating for the interests, rights, and safety of workers during the pandemic. Research from the International Labour Organisation (ILO) shows that if the United States had the union density of 35 percent that it had in 1954 instead of today's rate of 10 percent, the COVID-19 mortality rate for working people would have been 19 per 100,000 instead of the 26 actually observed (Soares & Berg, 2023). The ILO report authors conclude that because unions provide greater protections against dismissal, employees are more willing to voice their concerns about health and safety. Furthermore, during the pandemic, unions were effective in securing enhanced work health and safety measures including access to PPE, COVID-19 testing and leave (Soares & Berg, 2023).

Unions have worked closely with governments to respond to the pandemic and have campaigned for flexible, fair responses that were beneficial for workers, businesses, the economy, and society. This included advocating for work, health and safety measures and paid pandemic leave for all workers, noting the increased risk of health care workers contracting COVID-19 during their employment and the likelihood of requiring self-isolation or quarantine. For these frontline workers, who were often in casual and insecure work arrangements, access to paid leave entitlements was not an option.

The union movement's push for job security measures to support casual and insecure workers was pivotal in the Commonwealth Government's introduction of the JobKeeper wage subsidy scheme. Whilst the scheme offered some relief, unions pushed back on changes to the *Fair Work Act 2009* that would unfairly disadvantage workers such as temporary stand-down directives, reductions to hours of work and determining locations at which work could be performed.

Unions recognised the need to protect worker's jobs and implement appropriate safeguards to ensure that industrial and workplace changes were only made where appropriate for the

[2] 01/02/2020 to 30/04/2020.

preservation of employment and business viability (O'Neil, 2021). Throughout the pandemic, unions played an important role in supporting a flexible and agile industrial system that could respond to the crisis, whilst ensuring the balance of safeguarding the rights and conditions of workers.

The pandemic also highlighted some of the serious structural deficiencies in our labour market and our industrial relations system and the impacts of over-reliance on insecure forms of work. This was particularly reflected in the vulnerability of the aged care sector, characterised by over-reliance on temporary labour hire, inadequate staffing levels, cost cutting and privatisation of the sector.

The QNMU supports the Australian Council of Trade Unions (ACTU) in advocating for all workers to have access to paid pandemic leave if they are required to self-isolate and are unable to work. This would stop the spread of the disease and ensure compliance with recommendations to self-quarantine (ACTU, 2020). This would alleviate disparities across industries in pandemic leave access and protect the health of workers and their income.

Pink collar industries

The impact of the pandemic on female workers, referred to here as 'pink collar' saw women experience more job losses, were likely to do more unpaid work and less likely to receive government support than males (Wood et al., 2021). The loss of formal and informal childcare during the pandemic saw the increase of unpaid work particularly for women, with many finding it difficult to juggle their existing paid work commitments with childcare (Wood et al., 2021). This impost on families was largely ignored by the government. When the government cut JobKeeper for the childcare industry while announcing subsidies for the construction industry, a predominately male industry, this gendered misstep highlighted the gender imbalance of the impact of COVID-19.

A positive outcome though was the government's support of the aged care sector, which is traditionally a female-dominated industry, where an aged care retention bonus was available in an effort to retain aged care workers.

The QNMU would be supportive of the government taking a longer-term focus on feminised professions[3] to boost women's workforce participation and economic security, which would then afford some protection to women for future pandemics.

Supply chain issues

As the pandemic has demonstrated, the capacity of nurses and midwives to provide safe, high-quality care is directly affected by the supply of essential therapeutic goods (medicines

[3] Healthcare, Aged care, disability care, childcare

and devices). The ‘‘just in time” free market approach and Australia’s gradual loss of manufacturing capacity has seen over 90% of Australia’s medicines and PPE imported (Institute for Integrated Economic Research, 2022). To quickly respond to future pandemics, there must be a deliberate focus on national supply chains and less reliance on international imports.

The Therapeutic Goods Administration (TGA) sought feedback on *Building a more robust medicine supply*, where the QNMU supported these strategic level activities to be taken:

- A whole-of-nation response to the issue of medicines supply involving all relevant levels of government, regulators, and other stakeholders.
- Analysis of supply chains to identify vulnerabilities and build system redundancy using all the levers available to government, e.g., policy, legislation, regulation.
- Commonwealth Government policies aimed at the reinvigoration of onshore production of essential medicines and precursors through the use of policy, tax and contractual incentives.
- Development of a national medicines stockpile (in addition to essential medical equipment).
- Regulatory requirements for suppliers regarding early notification of medicines supply issues.

The QNMU supports measures to build a robust and resilient medicines supply for Australia and the Pacific region. Re-engineering of current medicines supply systems to incorporate the lessons learned during the pandemic is essential.

Financial support for individuals (including income support payments).

The difficulty many have faced in accessing wages during the COVID-19 pandemic has exposed the inequality between high- and low-income earners. The federal government’s economic package released during the pandemic saw the unemployment benefits increase and the introduction of the JobKeeper scheme. While undoubtedly welcomed, many still felt the financial strain and were unable to meet their living expenses during the pandemic.

In March 2020 the federal government announced that those affected by the pandemic, or the economic downturn could apply to access up to $10,000 of their superannuation in 2019-2020 and up to a further $10,000 in 2020-2021. In the first month, more than 1.65 million Australians withdrew $13.2 billion from their superannuation. By 23 August 2020, over $32.2 billion of early release super had been paid to approximately 3.1 million members, 1.2 million of whom made a repeat application. At the start of September 2020, the total sum was forecast to be at least $42 billion (Australian Institute of Superannuation Trustees, 2020; Parnell, 2020). Those who applied for early release of their superannuation have been generally low paid workers, people in already insecure employment and women.

Unfortunately, many see this government initiative as entrenching existing inequality in Australia's retirement savings (Australian Institute of Superannuation Trustees, 2020). A report by the Australian Institute of Family Studies found that whilst accessing funds early provided immediate financial relief, for some, the long-term impact on retirement savings may mean the difference between a comfortable lifestyle in retirement and relying on the age pension (Warren, 2021). Although the long-term impacts of this policy are yet to be realised, it is suspected that these early withdrawals may widen the gender superannuation gap, with women experiencing disproportionate disadvantage during the pandemic, working in low paid, insecure arrangements. These women may have little choice but to access funds and face a greater financial burden long-term.

This scheme suggests a short-sighted and misguided view of superannuation and raises the question that if the JobKeeper scheme had covered more of the workforce, then the Early Retirement Scheme may not have even been required.

Community supports (across early childhood education and care, higher education, housing and homelessness measures, family and domestic violence measures in areas of Commonwealth Government responsibility).

The Commonwealth Government announced several community funding support packages that demonstrated a necessary investment in the country's capacity to respond to and recover from the pandemic. The QNMU supported the Government's investment in building the capacity of the health care workforce through the Job-ready Graduates higher education relief package. The investment guaranteed $18bn to be allocated to domestic students, waiving $100m in fees and regulatory costs, and the short-term availability of 20,000 places in nursing, teaching, health, information technology and science courses (Department of Education, 2023).

The QNMU also welcomed the Commonwealth Government's announcement of $150 million in March 2020 to bolster domestic and family violence programs (Australian Government, 2019). Unfortunately, the prevalence of domestic and family violence increased during the pandemic and exacerbated existing service gaps and barriers to accessing services, especially for women and children and those already marginalised (Boxall et al., 2020). It remains critically important that approaches to prevention and responses to violence require holistic, sustained, and long-term investment, and intersectional approaches with outreach and community services. The QNMU calls on the Commonwealth Government to ensure that these services continue to receive the necessary support and funding to prioritise prevention measures and enable access to services beyond the pandemic.

Mechanisms to better target future responses to the needs of particular populations (including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations peoples and communities and people from culturally and linguistically diverse communities).

The differential impact of the pandemic on different population groups has implications for future pandemic responses and their effectiveness. The COVID-19 pandemic showed the need for place and population-sensitive policies, strategies and supports. The QNMU has chosen to focus on the pandemic interventions for First Nations peoples, those from culturally and linguistically diverse backgrounds, those with a disability and the more significant impact of the pandemic on women, than men.

First Nations peoples needs during the pandemic

First Nations peoples must be identified as a priority population group for future pandemics as the risk to their health and wellbeing is heightened due to pre-existing inequities in health and socio-economic outcomes when compared to non-Indigenous populations.

During the COVID-19 pandemic, Aboriginal and Torres Strait Islander public health practitioners and researchers have been pivotal in identifying the issues, setting priorities and suggesting solutions for culturally informed strategies (Crooks et al., 2020). These First Nations peoples-led initiatives enabled an effective public health response to the pandemic. For instance, First Nations health practitioners played a critical role in First Nations-led vaccination programs. An example is the First Nations COVID-19 Vaccination Team, a group of nurses in the Torres Strait who visited communities to provide vaccination rather than have a fixed place where people had to attend. Vaccinations delivered by the First Nations team ensured a greater vaccination rate amongst First Nations communities rather than via models more suitable to engage with more Western communities.

The QNMU emphasises the importance in recognising First Nations People's communities are diverse, and a one-size-fits-all approach to pandemic preparedness and management are likely to place constraints on its success. Any approach to future pandemics or health emergencies must allow for communities to self-determine its needs and approaches.

Culturally and linguistically diverse communities needs during the pandemic

With approximately one in four Australian households speaking a language other than English, the need for official COVID-19 health communications in languages other than English was and continues to be imperative (AIHW, 2023a). This diverse community often face greater challenges in accessing healthcare and navigating the health system which was heightened during the pandemic with research showing that for some their social support activities were disrupted and accessing social services was more difficult than pre-pandemic. Failure to engage effectively with the CALD community not only places individual members of that

community at risk but also places the entire CALD community at risk because of misunderstanding and non-compliance with protective health behaviours (Hamiduzzaman et al., 2022; Mude et al., 2021). Future responses for a pandemic should be focused on genuine collaboration and partnerships with CALD communities and leaders to tailor government communication initiatives more effectively.

The needs of people with a disability during the pandemic

The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability published a Public Hearing Report that examined the experiences of people with disability during the pandemic (Commonwealth of Australia, 2020). The QNMU urges the Commonwealth Government to consider the detailed recommendations in this report. Like CALD populations, one key finding of the report is that a failure to develop a tailored response or to meaningfully consult, placed persons with a disability at risk and further exacerbated inequalities. This report highlights that the disability sector was largely forgotten during the initial COVID-19 response (Commonwealth of Australia, 2020). Future government responses require a more proactive role in protecting people with a disability, providing more support and meaningful consultation regarding the unique needs and challenges of the disability sector.

Gendered impacts

Women have faced disproportionate challenges during the pandemic. Research shows that "… women have experienced more significant impacts on their overall employment, hours of work, domestic labour and mental health and wellbeing" (University of Queensland, 2022). This in part is caused by the over-representation of women in occupations most affected by lockdowns, with women more likely to be employed as casual or part-time. Furthermore, are their caring responsibilities and the entrenched gender biases and attitudes about women's role in society.

Despite the heavy reliance on female-dominated industries in responding to COVID-19, like nursing and midwifery, federal policy did not directly support women, nor address the existing and escalating gender inequalities during the pandemic.

Mechanisms that better target gender inequities for future pandemics must be underpinned by advancing gender equity today. Flexible working arrangements and access to childcare support must be expanded for men and women, to provide better recognition of women's labour and distribution of unpaid work, and support women's ability to participate in the workforce. Improving women's economic security and financial independence and the gender pay gap, encouraging women's representation in leadership positions and addressing housing affordability and homelessness will also reduce gender inequalities. Increased funding and measures to prevent and respond to gender-based violence must also be a priority.

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