Australian Academy
of Health and
Medical Sciences

The Australian Academy of Health and Medical Sciences submission to the Commonwealth Government COVID-19 Response Inquiry December 2023

The Australian Academy of Health and Medical Sciences (AAHMS) is pleased to contribute to the Australian Government's COVID-19 Response Inquiry. AAHMS is Australia's Learned Academy for health and medicine – the impartial, authoritative, cross-sector voice. We are an independent, interdisciplinary body of Fellows – elected by peers for outstanding achievements and exceptional contributions to health and medical science in Australia. Collectively, we advance research and innovation to improve everyone's health and engage with community, industry and governments.

This submission responds to the Inquiry terms of reference 2, 3 and 8 as they relate to the health and medical research landscape and the translation of research into evidence-based policy and practice. We also focus on the policy gaps and opportunities to improve future preparedness. At the same time, AAHMS acknowledges Australia's pandemic successes. Overall, we had a lower excess mortality rate and less excess health sector spending than many other countries, and while there are certainly areas for improvement, Australia faired relatively well by international standards.[1]

Research-informed policy and practice

Research and innovation were vital in guiding Australia's response to the pandemic. Australia must continue to develop a strong research and innovation ecosystem that can deliver the best, most relevant evidence to inform decision-making in emergencies. Such an ecosystem should:

- **Be responsive** – ***pandemic preparedness and response relies on the ability to quickly initiate and scale up research.*** Conventional grant agencies, for example, the Medical Research Future Fund (MRFF) and National Health and Medical Research Council (NHMRC) were often unable to provide timely funding for projects in the context of an emergency. Funding delays were exacerbated by operational barriers – governance and ethics approval processes could be further streamlined, and research and digital infrastructure standardised, harmonised and continually updated. This should occur together with coordination of data-management, linkage and sharing between federal, state and territory jurisdictions. These operational barriers have been widely described in our previous work (e.g. Australia's data-enabled research future, Long COVID Parliamentary Inquiry expert roundtable) and will not be discussed in further detail here (although would be pleased to do so at the Committee's request), except to note that the Australian Centre for Disease Control (CDC) should play a key role in developing more cost effective and sustainable disease surveillance systems and advancing linkage of key state and national datasets.[2,3]
- **Be timely, effective and impactful** – ***pandemic preparedness and response require research readiness and support for and across multiple disciplines and sectors*** including clinical trials, public health, social sciences, implementation, evaluation and policy research. During the pandemic, certain types of research were better supported than others. For instance, research into non-pharmaceutical public health interventions (NPIs), such as mask wearing, ventilation and infection control in healthcare and community settings was poorly funded despite their potential benefits when implemented appropriately, and high cost when not. Research into the development of effective treatments, such as antivirals, could also have been stronger and better coordinated. Social sciences research, First Nations-led research, and research into post-COVID conditions, One Health, and the use of digital tools and artificial intelligence could all have been better supported.

- **Be strategic** – ***pandemic research must be strategic and the best way to achieve this is by ensuring an ongoing strategic approach across Australia's health and medical research and innovation.*** Australia should develop an overarching national strategy to guide research priorities, which facilitates Commonwealth and cross-jurisdictional cooperation and collaboration. **P**rovision of infrastructure that includes support for research-ready adaptive clinical trials platforms and builds current and future research workforce capacity through support of early and mid-career researchers is vital.[i,4] Measures introduced to manage pandemics should be evidence-informed. Networks and mechanisms for research translation e.g. the National COVID-19 Health and **R**esearch Advisory Committee and the Aboriginal and Torres Strait Islander Advisory Group on COVID-19, are often reactive, and not representative of all stakeholders (e.g. researchers, consumers, public health authorities, jurisdictions, funders and industry).
- **Build on planned/existing structures – (1)** To **maximise its potential, the future CDC** should incorporate mechanisms for rapid assessment of research and provision of evidence-driven recommendations to policy makers and healthcare administrators who are time-poor. Surveillance activities should quickly characterise emerging threats, coordinate data collection and inform research funding. **(2) The Rapid Research Information Forum,** chaired by Australia's Chief Scientist, was an expert group that included the Australian Learned Academies. This group analysed the latest evidence on emerging, pressing questions regarding COVID-19 and provided scientific advice to Government.[5] To enhance its effectiveness, it should be streamlined and coordinated better to ensure appropriate consultation and limit duplicated efforts. **(3)** AAHMS' 2022 report, *'Embedding research and innovation as core functions of the health system: A vision for the future of health in Australia'* called for the Australian and jurisdictional Governments to establish an **alliance for transforming healthcare through research,** which would bring key partners together to develop and implement strategies for including research and innovation as core functions of the health system.[6] Creating such a group would help ensure that research reaches patients efficiently.

Improving outcomes for Aboriginal and Torres Strait Islander communities

Australia must develop mechanisms to ensure First Nations voices are included at the highest levels of pandemic planning and to amplify the expertise of First Nations-led groups in delivering culturally safe, community-based care.

The Australian Government could:

- **Play an important role in developing and embedding cultural governance within a pandemic response framework.**[7]
- **Assist in the adoption of a strengths-based approach through provision of** structured support and inclusion of proven strategies developed by First Nations-led health groups.
- **Improve sustainable leadership opportunities by embedding** Aboriginal and Torres Strait Islander leadership within health and medical sciences, thereby ensuring effective development and translation of First Nations-led research.
- **Build and nurture relevant First Nations expertise within the CDC** – The CDC should embed Aboriginal and Torres Strait Islander voices within its leadership, governance and operations.
- **Provide long-term investment to facilitate trusted and culturally safe care through** consistent and sustained funding for First nations healthcare workers and rural and regional pharmacies.
- **Enable Indigenous data sovereignty and hence** safe and secure use of data for policymaking and the development of public health measures to improve outcomes for these communities.

[i] REMAP-CAP, i.e. a Randomised, Embedded, Multi-factorial, Adaptive Platform Trial for Community-Acquired Pneumonia, used a novel and innovative adaptive trial design to simultaneously and efficiently evaluate a number of COVID-19 treatment options. Source: REMAP-CAP website, accessed 7 December 2023. REMAP-CAP is explored as a case study in the 2023 AAHMS Vision Report (P.70).

Communication, misinformation and disinformation

Improved communication of science and areas of uncertainty, which is targeted to different stakeholders – scientists, practitioners, policy makers, government and most importantly, priority populations – is key, and must consider differences in culture, linguistics and health literacy. Importantly, strategies must also **engender trust in governments and mitigate the spread of misinformation and disinformation. This is a long-term endeavour that goes beyond the pandemic setting and requires significant strategic investment**. Despite positive examples of intra-pandemic communication and information sharing (e.g. the Department of Health and Aged Care's regular webinars with clinicians and meetings to inform national media, and the Aboriginal Community Controlled Health Organisations' capacity to inform First Nations peoples), public trust was compromised.

Australia needs:

- **Research to better understand public communication and behaviour**, which can enable maximal compliance with relevant advice – it must involve the public to ensure their perspectives inform policy development.
- **Targeted engagement with, and tailored communication strategies for, culturally and linguistically diverse communities (CALD) and those with lower levels of health literacy** – such individuals had poorer understanding about COVID-19 symptoms, prevention and public health measures, and were more likely to accept and endorse misinformation.[8]
- **To combat mis- and disinformation**, which occurred at every level of the response and threatened compliance with, and efficacy of, the emergency measures being enacted. Strategies must be developed in anticipation of another global/national infectious diseases emergency and for ongoing benefit.

Collaboration and coordination

Collaboration is essential for coordinated and cohesive action towards pandemic preparedness and response. Stakeholders at every level must work together closely for the best outcomes. Opportunities for improved collaboration include:

- **Federal and jurisdictional governments** – barriers resulting from Australia's federated system, prevented a more cohesive response to the pandemic. Some are highlighted above. We encourage this Inquiry to consider how these governments can better work together.
- **Research and innovation** – in a pandemic, top-down large collaborative research is needed. Australia prioritised open calls to fund research during COVID-19, creating sometimes unproductive competition, delays in initiating research and achieving timely impact and multiple small clinical trials that were underpowered. In addition, inter- and multi-disciplinary research was not well supported despite being key to pandemic preparedness and response.
- **The health-academia-industry interface** – addressing patient needs and improving healthcare through cutting-edge research is best achieved by integrated research teams that incorporate multidisciplinary insights and expertise. A robust health-academia-industry interface that facilitates the work of integrated teams is needed. AAHMS' 2022 report on embedding research and innovation in health sets out ways to advance this interface for better outcomes in health.[6]
- **Stakeholder engagement** – planning and preparedness conversations and decision-making should include all relevant stakeholders from the outset. This includes aged care representatives, healthcare professionals, consumers, healthcare administrators, Aboriginal and Torres Strait Islander communities and experts, and culturally and linguistically diverse communities.
- **International collaboration** – building domestic capacity and strengthening long-term international relationships will ensure that Australia can lead in the global response to future pandemics.

We are grateful for the contributions of our Fellows, Associate Members and other networks in developing this submission. For questions about our response, or to arrange a consultation with the Academy, please contact Lanika Mylvaganam, Head of Policy (policy@aahms.org) at the Australian Academy of Health and Medical Sciences.

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