

## ABOUT ASTHMA AUSTRALIA

Asthma is a respiratory condition that affects 2.7 million Australians, with children being the most impacted. Asthma is responsible for at least one Australian death every day, making it a serious health concern. More than 30,000 people are hospitalised each year due to asthma, yet 80% of these hospitalisations are considered potentially avoidable.

Despite the prevalence of asthma, it is often misunderstood, causing fear and anxiety for those living with the condition. Asthma Australia has been the leading charity for people with asthma and their communities for over 60 years.

The challenges of climate change, unhealthy air, and health inequity make it more important than ever for people with asthma to have a voice. We search for new and progressive approaches to challenge the status quo. Our work is grounded in evidence and centred on the experiences of people affected by asthma. We believe by listening to those living with asthma, designing solutions with them, and influencing change, people with asthma can live freely, unrestricted by their asthma.

## OUR SUBMISSION

### Overall pandemic response measures

- **The importance of peak consumer bodies in pandemic responses**

The COVID-19 pandemic was one of two events in 2019/2020 which unfolded and impacted communities rapidly (the other being the bushfire crisis), and demonstrated the invaluable role that peak consumer organisations, like Asthma Australia, can play alongside government to support to communities by: 1) undertaking consultation with consumers to understand and represent their experiences and needs, 2) providing evidence-based public health messaging and support, and 3) relationship-building and information sharing between government and the community.

Asthma Australia immediately recognised that COVID-19 would have a significant impact on the lives of people with asthma and developed three standalone surveys which attracted up to 2000 responses. We also carried out a pulse survey with 200-500 respondents every fortnight for six months. This helped us to track real-time experiences to the pandemic and government actions, and to identify any emerging challenges.

This comprehensive approach to consumer engagement enabled us to:

1. Ensure people with asthma had a voice,
2. Develop resources to support people with asthma in direct response to their concerns/needs,
3. Undertake rapid research in response to concerns raised by people with asthma,
4. Raise awareness and advocate for the needs/concerns of people with asthma to governments and other stakeholders to help guide and adjust their responses to the pandemic, and
5. Use these established communication channels to share information from government.

The Federal Government was slow to reach out to organisations like ours during the pandemic, and its approach to partnership work was not consistent. Given we were tackling a severe disease of the respiratory system, Asthma Australia and our peer organisations should have been amongst priority stakeholders with whom the Federal Government consulted as the pandemic unfolded, and with whom it sought to collaborate on efforts to reduce the impact of COVID on vulnerable communities, which clearly included people with asthma.

**Recommendation #1:** The Federal Government incorporate systematic and early engagement with leading respiratory experts and the peak bodies representing the respiratory community whenever there is a respiratory public health crisis. Such engagement has the potential to:

- Optimise evidence-based messaging and health responses and support,
- Optimise clinical guidelines related to the management and risk reduction of people with respiratory conditions during respiratory pandemics,
- Improve care and service adaptation and availability for people most disadvantaged,
- Identify evidence gaps and research needed to support the pandemic response.

### Future mitigation of the preventable impact of COVID on people with asthma

- **Development, updating and implementation of the National Pandemic Preparedness Plan**

As mentioned above, Asthma Australia's COVID-19 2020 pulse survey tracked the impact that the pandemic and resultant public health measures on people with asthma. The survey findings reveal many issues that the Federal Government and its partners can plan to mitigate should another respiratory pandemic unfold, including:

- People with asthma reported significant mental health impacts, including > 50% reporting high anxiety scores, and 20% rating their anxiety at least 9/10
- More than 25% of people reported difficulty in obtaining their regular asthma medicines
- 75% respondents reported either difficulty accessing or reluctance to see their doctor due to protocols around COVID testing and healthcare access.

The National Pandemic Preparedness Plan (the Plan) needs to be optimised, updated and implemented in order to mitigate the preventable complications of respiratory pandemics.

We acknowledge work commenced to scope and design an Australian Centre for Disease Control model, which has the potential to prepare for these anticipated needs by leading such planning. Key stakeholders, such as Asthma Australia, our peer organisations, and consumers should be included in this work to ensure that it effectively responds to critical needs, as well as optimise the use of their skills, resources and agency during the pandemic.

**Recommendation #2:** That the Federal Government ensure the National Pandemic Preparedness Plan is updated, and covers:

- A comprehensive communications strategy, focusing on protecting at risk populations,
- Continuity of healthcare,
- Continued access to medications, and
- The mental health needs of people likely to be affected directly and indirectly by the pandemic.

- **Investment in healthcare models designed and equipped for respiratory pandemics**

People with pre-existing conditions experienced significant burden during the COVID pandemic. Fear, isolation, stress, anxiety and depression was pronounced among people with asthma, and this was compounded by difficulties accessing regular healthcare and medicines, which was especially felt by those with severe asthma who rely on regular specialist care for their maintenance treatment.

Asthma Australia lauds the Australian Government for its leadership in: the delivery of COVID vaccine registration and the role of community pharmacy in vaccination, the rapid deployment of telehealth funding in

primary healthcare to enable telehealth-based models of care, the provision of community respiratory facilities, supply of home-based rapid testing, and the national clinical evidence taskforce. Digital/virtual models, task shifting, decentralisation and activation of community health are all examples where progress was demonstrated, both internationally and locally, during and immediately after COVID.<sup>1,2,3</sup> However, there were many areas in the Government's response that failed people with asthma, and other chronic conditions,<sup>4</sup> which led to profound lost opportunities and avoidable harm. Service closure and disruptions to care for people with complex chronic conditions was a significant failure. Telehealth was an effective measure but the rules around its use changed and task shifting was left to each health service to design and implement.

**Recommendation #3:** The Federal Government invests in the design and development of innovative healthcare models equipped to manage existing and emerging healthcare needs during respiratory pandemics, and provide appropriate and accessible care and support in a range of ways according to the needs of communities and to the limitations of the pandemic. This might include:

- Digital, mobile and other virtual health innovations adapted to support continuity of chronic condition management as well as management of acute illness, and
- Innovative approaches to addressing mental health care needs.

#### ***Long COVID, maintaining vigilance and equity***

An estimated 1 in 8 adults will experience long COVID after an acute infection.<sup>5</sup> Long COVID and repeat COVID infections have been problematic for people with asthma according to Asthma Australia's survey respondents, worsening asthma symptoms, derailing asthma management, and requiring further rescue medications. This prolonged impact was compounded by insufficient provision or accessibility of healthcare and reduced vigilance and attention to equity once the 'acute' phase was deemed to have passed. Better vigilance may have included earlier acknowledgement of long COVID, the distribution of its burden, clinical best practice guidelines, and models of care.

Since the emergence and general acceptance of long COVID as a disease entity, we have seen progress in prevention and treatment measures, as well as models of care adapted to enable effective personalisation of care, variously known as treatable traits.<sup>5</sup>

**Recommendation #4:** Asthma Australia recommends the Australian Government considers its response to pandemics 'post-peak' to minimise their prolonged impact. In relation to COVID-19, Government should invest in long COVID research and the delivery of evidence-based services for people with long COVID or repeat COVID infections, including where these might be provided virtually. Such services should include:

- Lung function testing, in person and virtually,
- Pulmonary rehabilitation for population groups who benefit from it,
- Innovative and evolved models of care enabling assessment of long COVID and personalised care (treatable traits).<sup>5</sup>
- Ongoing research into the effects of long COVID and investment in its translation.

<sup>1</sup> Soklaridis S, et al, 2020. Mental health interventions and supports during COVID- 19 and other medical pandemics: A rapid systematic review of the evidence. *Gen Hosp Psychiatry*. 2020 Sep-Oct;66:133-146. doi: 10.1016/j.genhosppsych.2020.08.007.

<sup>2</sup> <https://www.health.gov.au/sites/default/files/documents/2020/01/foi-request-1352-nationally-consistent-approach-to-pharmacist-administered-vaccination-victorian-pharmacist-administered-vaccine-guidelines.pdf>

<sup>3</sup> <https://pubmed.ncbi.nlm.nih.gov/36315850/>

<sup>4</sup> <https://www.mja.com.au/journal/2022/216/9/impact-covid-19-chronic-disease-management-primary-care-lessons-australia#:~:text=the%20international%20literature-.Fam%20Pract%202021%3B%20doi%3A%20https%3A%2F%2Fdoi.org%2F,of%20disruptions%20to%20their%20care.>

<sup>5</sup> Lewthwaite et al, 2023. DOI: 10.1111/resp.14596