



Premier of Western Australia

Our Reference: 60-080161; 60-079473

Ms Robyn Kruk AO
Chair
COVID-19 Response Inquiry
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Dear Ms Kruk

Thank you for your invitation for state and territory governments to make a submission to the Commonwealth Government's COVID-19 Response Inquiry (the Inquiry).

To assist the Inquiry, the Western Australian (WA) Government has put together the following observations for the panel to help inform the development of recommendations to improve future pandemic responses.

The Commonwealth Government took decisive action to support state and territory governments to stabilise the economy and lift health system capacity:

COVID-19 was an unprecedented global event which required quick decision making with limited information in the face of rapidly changing circumstances. Overall, Australia weathered the pandemic well, and the WA Government commends the Commonwealth Government for implementing key economic and health initiatives, including:

- Wage subsidies and income support programs such as Jobkeeper, the Pandemic Leave Disaster Payment, and the High Risk Settings Pandemic Payment. These payments helped stabilise the economy, particularly on the East Coast, protected households from the financial impact of lockdowns, and assisted casual workers without access to paid leave to adhere to mandatory isolation periods.
- Financial and material assistance to enable swift and flexible hospital and public health responses. The swift agreement of National Cabinet to the National Partnership on COVID-19 Response, and implementation of discrete measures, such as temporary COVID-19 and telehealth items in the Medicare Benefits Schedule (MBS), and the Primary Care – Fast Track Electronic Prescribing program, helped ensure the WA health system was equipped to effectively respond to the broad and varied challenges presented by the risk and spread of COVID-19. The roll-out of COVID-19 vaccines in collaboration with jurisdictions and the supply of antivirals from the National Medical Stockpile also ensured a rapid public health response. It should be noted, however, that WA received vaccines later than other jurisdictions due to our COVID-19 free environment. In the future jurisdictions should not be penalised for their successful pandemic management.

There is an important opportunity for governments to consider which COVID-specific measures should be embedded within systems in an ongoing way. For example, the creation of bulk-billing incentives and Telehealth MBS items should be considered as an ongoing mechanism to make primary and specialist health care more accessible for vulnerable populations, and people living in regional and remote communities.

Through utilising short lockdowns, border controls and effective public health measures and vaccination campaigns, WA was able to deliver some of the best health and economic outcomes in Australia:

WA's experience of COVID-19 differed from the rest of Australia. After the initial outbreak in February 2020, WA effectively eliminated community transmission of the virus until March 2022, by leveraging its geographical isolation and utilising three short lockdowns and various border controls. Comprehensive and targeted COVID vaccination programs during 2021 and 2022 ensured that the WA population, including high-risk groups, were optimally protected when the border controls were removed.

This approach, which was affirmed by the High Court in 2021 in *Palmer v Western Australia*, delivered WA some of the best health outcomes in Australia, including the lowest COVID-19 fatality rate of all the states and territories through to September 2022. At the same time, WA's economy (as measured by the change in State Final Demand) grew by two percentage points more than the weighted average of other states and territories, and this growth was seen across all sectors of the economy. WA was also able to keep its schools open to support student welfare and learning, with only 20 days of optimal online learning experienced by WA children during the pandemic, half of them occurring at the start of the pandemic.

Further information about WA's COVID-19 response can be found in the final report of the *Review of Western Australia's COVID-19 Management and Response*. A copy of the report is attached.

Evidence was critical for informing decision-making during the pandemic, but at times, WA's access to key data was constrained by Commonwealth policy:

Data and health research from Australia and overseas was critical to enabling WA to make evidence-based and informed decisions during COVID-19. However, timely access to important national data was constrained in the absence of established information governance processes and appropriate technical infrastructure. This included vaccination data from the Australian Immunisation Register to help target the vaccine program to areas or cohorts across the State with low uptake, as well as business records from the Australian Business Register, and the Australian Taxation Office to assist with identifying households and businesses which may have been eligible for financial support. Information regarding passengers arriving in WA from overseas and other States and Territories, such as via aircraft or cruise ships, was also at times difficult to acquire from the relevant Commonwealth agency.

Moving forward, WA recommends the Commonwealth establish transparent mechanisms with clear roles and responsibilities for safely sharing critical information with states and territories, as a standard practice. This approach will support rapid, coordinated responses to future emergencies, and enable more consistent policy development, service planning and delivery across jurisdictions.

To support this, WA is participating in the Intergovernmental Agreement on Data Sharing and priority data sharing activities overseen by the Data and Digital Ministers meeting.

WA is also drafting new legislation for privacy and responsible information sharing, to strengthen protections for personal information and facilitate the safe use and sharing of government-held information. This legislation will align the comparable frameworks in other jurisdictions, recognising that a nationally consistent approach can streamline implementation and enhance public trust in government.

Governance mechanisms that were put in place served Australia well during COVID-19, however there is scope to strengthen the processes, transparency and accountability of National Cabinet:

National Cabinet responded well to the COVID-19 pandemic by supporting high-level discussion, quick decision-making and cooperation by First Ministers. The adoption of principles-based, consensus decision-making allowed jurisdictions to move at a pace suited to their local risk factors.

However, WA would like to see the operation of National Cabinet strengthened beyond its pandemic settings through greater adherence to agreed processes, including early notice of critical information and the distribution of agenda papers at least five-business days prior to meetings. This would help promote greater collaboration and less Commonwealth-centric decision making, not just during times of emergency such as COVID-19, but over the longer-term as National Cabinet shifts its focus to areas of strategic reform.

Access to the most up to date health advice was critical for informing Australia's pandemic response. The Australian Health Protection Principal Committee (AHPPC) provided an expert advisory function to National Cabinet, which worked well in relation to most health matters. Several of AHPPC's subcommittees, notably the Communicable Disease Network Australia and Public Health Laboratory Network, played critical roles in providing the evidence base for this expert advice. AHPPC also played an important role in communicating public health responses, particularly in implementation of public health measures, including social distancing and mask-wearing, and in testing, tracing, isolation and quarantine policies.

Consideration needs to be given to the appropriate body to provide Cabinet with the most current and reliable health advice during the next pandemic or major health emergency and how this body is integrated into national governance arrangements. If the new Australian Centre for Disease Control is envisaged to fill this advisory role, early consideration will need to be given as to how state and territory interests are represented in the governance and operation of this body, and how the expert subcommittees will be maintained and utilised.

The National Coordination Mechanism (NCM) was another effective governance mechanism used to manage Australia's COVID-19 response. Once established, using the NCM to convene sector-based groups was a useful way of bringing together Commonwealth, state and territory governments and industry stakeholders to quickly respond to critical challenges.

The success of this approach has been demonstrated by the embedding of the NCM in the Australian Government Crisis Management Framework, and use of it to convene representatives from a wide range of relevant sectors for non-pandemic related emergency responses, including efforts to maintain critical supply chains following damage to national rail and freight infrastructure.

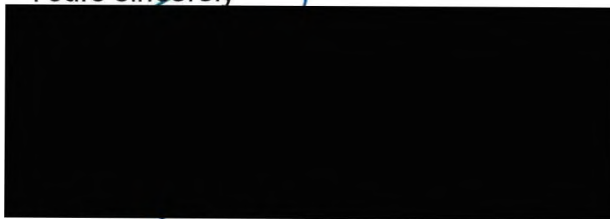
Commonwealth, state and territory roles and responsibilities should be more clearly defined and agreed to support a more coordinated pandemic response:

One of the key challenges during COVID-19 was the lack of clear delineation of state and territory and Commonwealth roles and responsibilities. For example, despite legislative responsibility resting with the Commonwealth, the quarantining of international and interstate travellers was left to the state and territory governments using State of Emergency powers. WA was forced to procure CBD hotels for quarantine purposes after the Commonwealth refused to allow the use of its own facilities including various defence bases with their own medical services. By the time the decision was made by the then Commonwealth Government to build the Centre for National Resilience at Bullsbrook, the pandemic had evolved and by the time it was built, quarantine controls were no longer used. Similarly, the Commonwealth assumed a coordination role in the vaccination rollout, which would have normally been a responsibility of the states. Jurisdictions have clear responsibilities under their public health and emergency management legislation to manage pandemics and other health emergencies, and these need to be factored into any consideration of respective roles and responsibility. There were also missed opportunities to coordinate the public messaging on public health measures, and vaccinations and boosters, which may have contributed to people's hesitancy to get COVID-19 vaccinations.

Finally, the Australian Defence Force should play a greater role in any future pandemic response. It has numerous facilities which could be used for quarantine purposes, significant transport capabilities for moving people and medical supplies and highly trained and disciplined personnel who could patrol and secure our borders. Despite this, the use of ADF infrastructure and personnel was extremely limited in WA's experience.

Once again, thank you for the opportunity to provide input into the Inquiry. If you have any questions or wish to discuss any aspects of this letter further, please contact Ms Amanda Pickrell PSM, Deputy Director General, at [REDACTED] or 0456 864 132.

Yours sincerely



ROGER COOK MLA
PREMIER

22 DEC 2023