



ACT
Government

Commonwealth Government COVID-19 Response Inquiry

ACT Government Submission

ACT Response

The ACT Government welcomes the opportunity to provide a submission to the Commonwealth Government COVID-19 Response Inquiry. The ACT Government took a managed approach to our COVID-19 response, with the primary public health objective of limiting community transmission and severe disease.

The ACT's response to COVID-19 was one of the best in the world. It was and remains a powerful demonstration of what can be achieved when a community works together to keep each other safe.

The ACT Government invested heavily to support our hospitals, testing facilities, contact tracing teams, quarantine facilities and mass vaccination centres. We allocated resources where they were needed, reached out and supported vulnerable communities, and embraced innovation and digital service delivery, moving many of our government services online.

We communicated openly, honestly and regularly. The community responded by following health advice. We also understood the significant risk COVID-19 presented to our most vulnerable. We acted quickly to adapt our services and work with non-government partners to support those in our community who found quarantine most difficult, providing accommodation, food, financial support as well as personal protective equipment, in-reach testing and vaccination.

We recognised that the implications and response to COVID-19 required engagement across every part of the ACT public service. The Head of Service established the position of the Coordinator General, responsible for our whole of government approach to the non-Health response to COVID-19. The Coordinator General worked closely with the Chief Health Officer, meeting daily throughout the public health emergency to consider the broader impacts before attending daily meetings of all Directors-General, where issues were taken away for resolution through the Deputy Directors-General (DDG) Group.

The DDG Group ensured a consistent and coherent approach across the entire service in responding to COVID-19. Daily and often twice daily meetings of this team speedily resolved issues arising, both in response to the requirements of the ACT Chief Health Officer and in managing the impact of those responses on our community. We were able to step into this joined up approach because we already had a 'One Service' culture embedded in our public service.

ACT Government measures and early action through the National Cabinet proved highly successful in responding to COVID-19 in the ACT and the Nation as a whole. There are however lessons that can be learned and areas for further consideration, where improvements could support a more effective and streamlined response to future pandemic crises.

National Cabinet and the First Secretaries Group Review of Federal Architecture

In 2020, the federal architecture was fundamentally reset following the Conran Review. Alongside the National Cabinet, states and territories routinely met with the Australian Government to guide the national COVID-19 response. Transparent communication about international and domestic border closures, and the adoption of principles-based, consensus decision making, which allowed for local implementation and risk considerations were some of the successes of National Cabinet. While the National Cabinet structure supported effective decision-making at both a state and territory and national level, the ACT acknowledges

that better clarity around roles and responsibilities, particularly early in the pandemic, could have improved Australia's national COVID-19 response.

The Federal Government and state and territory governments have different although overlapping areas of expertise and experience. The expertise and experience of state and territory governments could have been better utilised in a more timely manner. The timing of Commonwealth papers for National Cabinet often restricted the ability for in depth and robust policy discussion and limited consultation across government on the issues to be considered by National Cabinet, further exacerbating ambiguity around roles and responsibilities. This meant that the decision-making architecture was Commonwealth-centric, hampering the ability of states and territories to plan and support the Commonwealth to deliver for their communities.

Examples of this include the vaccination roll out where the Commonwealth developed a bespoke vaccination program rather than utilising established governance and funding arrangements which were already used for other government-funded vaccination programs. Another example was hotel quarantine where ambiguity in roles and responsibilities, as well as relative capacities of states and territories caused significant operational challenges.

A lack of timely advice from the Commonwealth on many aspects of the national response including public communications also created challenges for states and territories. This included operational response matters like the timing of vaccine deliveries and short notice advice about the deliberations and decisions of the Australian Technical Advisory Group on Immunisation (ATAGI) which resulted in missed opportunities for better coordinated public messaging.

A positive development following the First Secretaries Group's Review of Ministerial Councils has been the ability for states and territories to lead discussion at National Cabinet including proposing and developing items for inclusion on the agenda as provided for by the updated National Cabinet Terms of Reference.

Australian Centre for Disease Control

The Commonwealth and states and territories will need to continue to work collaboratively on the establishment and delivery of the Australian Centre for Disease Control (CDC). The Statement of Intent – *Working together to support the Australian Centre for Disease Control* – recently endorsed by Health Ministers, outlines five objectives around which the Australian CDC will be established, with reciprocal support, engagement and collaboration between the Australian Government and states and territories. As part of that work, clear roles and responsibilities between the Commonwealth and the states and territories in the management of future pandemics will need to be defined, taking account of the different and legislated roles and responsibilities of jurisdictions and the Commonwealth. This should seek to overcome the lack of clarity that characterised some elements of the response to COVID-19 and to avoid duplication of effort, both across the Commonwealth Government and with the work of jurisdictions.

Health Funding and System Reform

National health funding and system reform is an ongoing issue. The National Partnership Agreement for the COVID-19 Response (the COVID NPA) established a structure for financial assistance to the states and territories for expenditures related to the prevention and management of COVID-19. Funding under the COVID NPA ceased on 31 December 2022 despite calls from the states and territories for an extension until at least 30 June 2023 and appropriate transition arrangements. A subsequent funding agreement was put in place to support priority groups' COVID-19 testing and vaccination only. This change failed to acknowledge the need to appropriately support a transitional period of funding for public hospitals still

experiencing backlogs in elective surgery and hospital procedures, higher costs associated with managing increased processes and procedures in hospital environments to minimise risk associated with COVID-19 outbreaks and continuing hospitalisations because of COVID-19. Not supporting further discussion on hospital funding issues in National Cabinet at a critical time put Australia's health systems at risk as we continue to manage responses to new variants and the ongoing transmission of the disease.

Economic Supports

Throughout the COVID-19 pandemic the ACT Government provided a wide range of measures and financial supports to businesses and ACT residents affected by the pandemic and the impacts of public health orders. Since the beginning of the pandemic, the ACT Government has committed more than \$475 million in direct payments and tax relief measures to support local businesses in:

- Grant programs
- Rental relief on government leases
- Payroll tax waivers
- Commercial liquor permit fee waivers
- Electricity rebates and
- Waivers of vehicle registration fees.

The ACT worked productively with the Australian Government on co-funding certain payments. Additional assistance was also provided by the Territory in recognition of the mental health impacts on business owners and operators. The ACT notes that the Australian Government assistance packages did not extend to the full range of affected residents. This included certain visa holders who were unable to return to their country of origin due to Australia's and other countries' international border restrictions. As a result, states and territories developed and funded their own programs to support residents who were ineligible for Australian Government programs. Other Commonwealth financial supports (such as the Pandemic Leave Disaster Payment) took time to roll out in all jurisdictions, and states and territories stepped in to provide urgently needed economic supports until those programs could be augmented to account for the availability of Commonwealth funding.

Managed Quarantine Arrangements

While the Australian Government is constitutionally responsible for quarantine, on 27 March 2020, National Cabinet agreed to 14-day quarantine conditions for repatriated Australians citizens and other international arrivals, including that designated facilities would be determined by the relevant state or territory government.

The ACT used a successful combined model of hotel and home quarantine due to the number of diplomatic residences in Canberra and our position as the Nation's capital, which required the ACT to support government officials that live in or regularly travel to Canberra for work. The National Review of Hotel Quarantine, undertaken by Jane Halton AO, noted that the ACT adopted a holistic approach towards hotel quarantine with a strong emphasis on the mental and physical wellbeing of returnees.

In the context of assisting our community who were subject to quarantine or isolation requirements, the ACT supported home quarantine or operated government-run quarantine facilities as and when appropriate. A range of health and wellbeing services were embedded in the local response to support the community, particularly priority populations. One of these facilities, operationally named Ragusa, was established from September 2021 to 12 December 2021 due to rising demand. This unique model provided larger accommodation options to families who were isolating or quarantining together, and offered onsite

social, community and cultural supports to individuals using a collocated services hub. The Ragusa model was designed to provide a holistic model of care, considering medical, psycho-social and public health support to people in quarantine and isolation. Implementing an innovative onsite Support Hub, this 'one service' model sought to ensure that services were seamless, and a 'no wrong door' applied to any community requests. The ACT Health Directorate led the quarantine service, while food and other provisions were coordinated by the ACT Community Services Directorate. The support hub leveraged services from public services and non-government organisations with the aim of ensuring human-centred design was at the forefront of service delivery.

The Ragusa facility was subsequently reviewed to evaluate its effectiveness against its stated goals. The Review report is attached as part of this submission ([Attachment A](#)).

The ACT would support consideration of how any future quarantine arrangements could be led by the Commonwealth through dedicated managed quarantine facilities. Earlier planning from the Commonwealth and clearer guidance could have supported the more efficient establishment of suitable quarantine facilities and helped to mitigate some of the traveller confusion resulting from the heterogeneity of quarantine requirements across the different Australian jurisdictions.

Supply Chain Challenges

The world experienced severe, ongoing supply chain issues as a result of the pandemic. This has led to both short term and longer-term issues, particularly when combined with other significant events including natural disasters and international unrest. The ACT supported work through the National Coordination Mechanism to coordinate a national approach to address supply constraints. Improved communication to states and territories about available assistance in future pandemic scenarios would support an enhanced response to supply chain challenges.

Vaccine Rollout and Production

The ACT's strong vaccination program has seen the Territory become one of the most vaccinated jurisdictions in the world. However, the initial vaccine rollout program was delayed due to difficulties in sourcing the necessary volume of vaccines from international suppliers, which was led by the Australian Government, and a lack of clarity around division of responsibility for the delivery of the vaccine program that hindered early planning. As a result, the impacts of lockdowns and restrictions were more widespread than would have otherwise been necessary.

In addition, the lack of a sovereign manufacturing capability for sophisticated vaccines, including mRNA technology, left Australia reliant on third party suppliers who may not prioritise Australia's needs. This should be addressed by supporting the ongoing development and maintenance of Australian-based vaccine production capability that can serve the country and the broader region into the future.

National Medical Stockpile

The ACT would welcome the function and operational arrangements of the National Medical Stockpile being reviewed, to support the strategic use of its resources in a more effective way. Further clarity on when states and territories can access the stockpile, and what resources are available, would support improved health response planning and operations.

Data Management and Systems

The ACT developed and maintained high performing data management systems during the pandemic to manage case information, contact tracing, and quarantine data and communications. All states and territories utilised different data management systems resulting in significant duplication of effort, time and resources. A lack of data sharing capabilities also hindered jurisdictions from assisting each other with operational functions, including at times when some jurisdictions were experiencing outbreaks and others were not. In general, there was a lack of a nationally consistent approach to data collection which relied heavily on manual processes. The ACT welcomes any approach to develop a nationally cohesive and interoperable surveillance system, noting that this has been identified as one of the priorities for the Australian CDC.

Chief Health Officer Emergency Report on COVID-19

The ACT's *Public Health Act 1997* requires the Chief Health Officer to prepare a written report on emergency declarations, as soon as practicable after the emergency ends. The ACT's public health emergency declaration was lifted on 30 September 2022 and the report was tabled in the Legislative Assembly by the ACT Minister for Health on 30 November 2023. A copy of the report is at [Attachment B](#).