



AUSTRALIAN MEDICAL
ASSOCIATION

ABN 37 008 426 793

T | 61 2 6270 5400

F | 61 2 6270 5499

E | info@ama.com.au

W | www.ama.com.au

42 Macquarie St Barton ACT 2600

PO Box 6090 Kingston ACT 2604

AMA Submission to the Independent review of Australia's COVID-19 response

The AMA has been and continues to be actively involved in Australia's pandemic response at both Federal and State/Territory levels. While many aspects of the response to the pandemic were subject to significant media scrutiny, overall the AMA's view is that Australia has managed the pandemic quite well to this point. There are still major areas for improvement which will be detailed below. In general, though, the great strength of Australia's response was that Governments listened to the advice of the medical and scientific community particularly in the first eighteen months.

Now as we are mid-way through the third year of the pandemic in yet another severe spike in cases, we should not be reviewing the pandemic response as if it is over. Rather, governments should be showing that they have learned from what has worked and what has not. The AMA is concerned that this is not the case.

Preparation

Australia moved early to activate its pandemic plan and progressively close its borders. These high-level decisions played a significant role in limiting the spread of COVID-19. That said, it is obvious that we were not as well prepared as we could have been at the local level. Early meetings with the Department of Health were characterised by overly optimistic projections that clearly understated the risks to the community, the health system, our aged care system and the economy more generally.

Personal protective equipment (PPE) shortages, mixed messaging, failure of health departments to properly engage with their workforces, and the longstanding failure to properly integrate general practice into pandemic planning processes meant that there was a lot of initial confusion and that the health and wellbeing of front-line health professionals were at significant risk. Our aged care sector, which has been characterised by significant under-funding over many years, was hit very hard as operators did not have the capacity to implement effective infection control strategies and support arrangements at state/territory and Commonwealth were non-existent.

Our public hospital sector was already under strain before the pandemic, with inadequate funding from governments at both state/territory and Commonwealth levels. COVID-19 has laid bare the problems with hospital funding, with decision makers forced to implement elective surgery cancellations to cope with demand as well as tap into the resources of the private

sector. While the AMA has acknowledged and supported these strategies, some of this could have been avoided with a better funded and prepared public hospital sector.

The restrictions imposed by governments through the National Cabinet process suppressed the early spread of COVID-19 and provided time to resolve many of the issues outlined above. These issues could have been avoided by establishing an Australian Centre for Disease Control (CDC) that would have been able to develop and then take the lead in implementing and appropriate pandemic response plan.

Centre for Disease Control

An Australian CDC would have aided in the preparation for the COVID-19 pandemic. In 2017, the AMA released a [position statement](#) calling for the establishment of an Australian National CDC. The subsequent impacts of the COVID-19 pandemic only serve to further highlight the need for a coordinated approach to national planning and response to ongoing and emerging disease threats. The establishment of a CDC can enable governments to focus on emerging and communicable disease threats, prioritise global health surveillance and oversee relevant epidemiology and research. A CDC also provides the mechanism to target and coordinate national leadership to support federal, state and territory governments coordinate public health responses to disease outbreaks.

The AMA notes that a CDC will need to be well funded and resourced to meet national health needs, as well as retain the research and technical expertise to respond to and mitigate the impact of global health events on Australia. We welcome the new Government's commitment to introduce a CDC and look forward to early and strong engagement in relation to its design and function.

Response

The AMA has been broadly supportive of the measures, policies, and programs implemented by the Federal Government and the National Cabinet to manage the impact of the global pandemic in this country. That said, there have been times when, despite apparent national agreement, that states/territories and the Commonwealth have done things that were inconsistent with national arrangements. This sometimes undermined public messaging with respect to the pandemic and, in some instances, put both the health of the community and the economy at risk.

For most of the pandemic, Australia had a very low rate of infection and mortality by global standards and while case numbers and hospitalisation are rising, this was inevitable as restrictions eased. Importantly, we now have effective vaccines and treatments that means Australia has been spared the experience of many other countries around the globe.

Early in the response, the Government, opposition, and minor parties played an important role in depoliticising the response to COVID-19. This was one of the key features in Australia's success – putting politics aside for science. The prominence of the Chief Medical Officer and Chief Health Officers throughout the pandemic was an important demonstration of this reliance on the medical and scientific advice.

Expert advice from the Australian Health Protection Principal Committee (AHPPC) has operated efficiently and made key decisions quickly to guide Australia through the crisis. However, this advice has not been transparent to the community.

Telehealth

Introducing telehealth for all people in Australia was important not just because it ensured people continued access to healthcare, but it also reduced avoidable use of PPE. Prior to the telehealth agreement, doctors required PPE for any patient with symptoms suggesting potential COVID-19.

The AMA worked alongside the Government, the Department of Health and other stakeholders throughout the pandemic to build a functional telehealth model. In general, the AMA supported most of the evolutions of telehealth and we have welcomed the constructive manner in which the Department of Health has engaged on the expansion of services. However, poor communication of changes to telehealth access and restriction on telehealth by telephone were constant issues the AMA had to contend with. The AMA has also been concerned that the Commonwealth took a piecemeal approach to the initial introduction of telehealth, gradually opening up access to telehealth at a time when a more comprehensive and durable response was required.

Too often we have seen the Government limit access to telehealth by telephone during times of increased spread in the community. We saw this in July 2021 when telehealth by telephone items were significantly restricted while Sydney was experiencing a severe outbreak, then again on 1 January this year during the Summer Omicron wave. We have again seen it in July where telephone services have again been restricted despite the Government trying to promote access to oral COVID-19 medication.

The other issue with this has been the late communication on when the settings will change. The pandemic settings for telehealth were extended multiple times, often with only days to go before they were due to expire. For example the first instance occurred on 18 September when the items were due to expire on 31 September. Practices often book patients weeks or months in advance, and the lack of certainty meant planning was not possible. This was during a time where many practices were experiencing difficulties already due to the pandemic.

Overall telehealth has been a positive addition to the Australian health system. Patients have overwhelmingly embraced telehealth as an important part of their health care management. This is why the AMA is so frustrated that telehealth by telephone has been severely limited despite their being no clear evidence that it is clinically different to videoconferencing in the majority of cases.

Vaccination

Australia's vaccine rollout has not been perfect, but in general the AMA feels that the campaign was well planned and implemented – recognising that Australia was competing with the rest of the world for vaccines in what have been extraordinary times.

The initial rollout was slower than many other countries, but this was due mostly to lack of supply, concerns surrounding the Vaxzevria (formerly AstraZeneca) vaccine and the deliberate decision to seek full approval of COVID-19 vaccines via the Therapeutics Goods Administration (TGA) as opposed to the approach taken in some overseas countries that have utilised some form of emergency authorisation.

It is important to note that some criticism has also focused on the decision to use Vaxzevria as the primary vaccine at the start of the rollout. This was a logical decision given the ability to produce the vaccine in Australia and that it could be deployed using the regular cold chain arrangements. While the Government did seek to minimise its risk through advance purchase agreements covering a spread of vaccines, the advice provided to Government around the procurement of these vaccines lacked transparency.

The decision to commence the rollout in general practice was the right one. With limited supply and high demand, the prioritisation of vulnerable and high-risk populations was the right decision. Using general practice to administer initial doses particularly to the elderly and people with chronic health conditions was the right decision as it utilised the existing relationships between doctor and patient. This was even more important during the uncertainty around the Australian Technical Advisory Group on Immunisation (ATAGI)'s changing guidance on Vaxzevria in response to Thrombosis with Thrombocytopenia Syndrome (TTS).

The AMA was disappointed at the lack of proactivity in encouraging more Australians to receive boosters and additional doses after being one of the most fully vaccinated countries in the world at the start of 2022, but this can still be addressed.

Recovery

While the pandemic is not yet over, it is fair to conclude that a major part of society has moved on. This is noticeable in the limited mask wearing in public despite record cases in some parts of the country and the lack of media reporting.

Unfortunately, the health system has not moved on from the pandemic and we are again seeing elective surgeries paused as the hospital system. The AMA would like to see Governments again putting politics aside and listening to the medical advice.

General Comment

This submission has limited comments on many significant impacts that COVID-19 had on Australia's health system and the responses enacted to deal with them due to the tight word limit. The review itself may have been optimistic in its timing as we are now contending with issues with access to oral antivirals for COVID-19, a reduced telehealth schedule, and significant workforce shortages across the healthcare system. As such the AMA is happy to continue to engage in the review to highlight many of the other lessons we can and should learn as this pandemic continues to push our health system to the limits.

31 JULY 2022