

COVID-19 Response Inquiry Report

On Tuesday the 29th of October 2024 the Department of the Prime Minister and Cabinet released the COVID-19 Response Inquiry Report from the COVID 19 Response Inquiry Panel.

On 21 September 2023 the Prime Minister announced an independent inquiry into Australia's response to the COVID-19 pandemic with an Inquiry panel consisting of Robyn Kruk AO as chair, Professor Catherine Bennett, and Dr Angela Jackson.

The report includes nine guiding recommendations and 26 actions for change to enhance Australia's preparedness and response systems to manage future public health emergencies.

The full COVID-19 Response Inquiry can be found [here](#).

Priorities for Australia's preparedness:

- Minimising harm
 - Ensure decision-making processes in a pandemic fully account for the broader health, economic and social impacts of decisions, and the changing level and nature of risk to inform escalation and de-escalation of the response to minimise harm.
- Planning and preparedness
 - Develop and regularly stress-test preparedness and a national response to a pandemic that covers the broader health, economic and social response and fully harnesses capability and resources across governments, academia, industry and the community sector.
- Leadership
 - Ensure the rapid mobilisation of a national governance structure for leaders to collaborate and support a national response that reflects health, social, economic and equity priorities.
- Evidence and evaluation
 - Ensure systems are in place for rapid and transparent evidence collection, synthesis and evaluation.
- Agility
 - Build, value and maintain capability, capacity and readiness across people, structures and systems.
- Relationships
 - Maintain formal structures that include a wide range of community and business representatives, and leverage these in a pandemic response alongside the use of temporary structures.

- Trust
 - Rebuild and maintain trust between government and the community including by considering impacts on human rights.
- Equity
 - Ensure pandemic support measures include all residents, regardless of visa status, prioritise cohorts at greater risk, and include them in the design and delivery of targeted supports.
- Communications
 - Build and maintain coordinated national public health emergency communication mechanisms to deliver timely, tailored and effective communications, utilising strong regional, local and community connections.

The **learnings** from the pandemic highlight several areas for improvement in managing national emergencies. Many of the most significant achievements were reliant on key individuals and existing trusted relationships, an approach that is neither sustainable nor efficient for protracted or concurrent emergencies. This underscores the need for structured governance arrangements and clear communication pathways. Governance structures should be pre-agreed and rapidly scalable to ensure multi-sectoral coordination and national response during emergencies. Greater alignment between health emergencies and the Australian Government Crisis Management Framework would enable more seamless access to additional capabilities and expertise, with clearly defined escalation triggers for a whole-of-government response. The National Coordination Mechanism played a crucial role in national coordination during the pandemic, and its model could be adapted to support broader health responses.

Engagement with business and community groups must be strengthened by establishing clear mechanisms before a crisis occurs, allowing for quick mobilization when needed. Real-time feedback loops between operational and policy agencies are essential to enhance coherence and coordination across government, industries, and community partners. Additionally, crisis workforce planning must include provisions for workforce surges and the development of emergency management capability within the Australian Public Service, ensuring sufficient resources for future multi-sectoral incidents.

The **actions** to address these learnings are divided into immediate and medium-term priorities. **In the next 12–18 months**, efforts should focus on developing and testing a national governance structure to support future health crisis responses. This should include a purpose-specific ‘Secretaries Response Group,’ chaired by the Department of Prime Minister and Cabinet, to coordinate multi-sectoral responses. Plans should be tested in advance to ensure readiness for rapid mobilization. Building emergency management capability within the Australian Public Service

is another critical action. This includes prioritising investments in expertise, creating training programs, and ensuring agencies are prepared to fulfill their crisis management roles effectively. Flexibility in grant and procurement arrangements should also be embedded to support rapid funding and service delivery during health emergencies. Mechanisms should be in place to enable tailored community solutions, accompanied by audits to ensure accountability. Furthermore, maintaining pre-crisis engagement mechanisms with industries, unions, primary care stakeholders, and community groups will ensure effective feedback loops and genuine involvement in emergency planning. Structures established during the COVID-19 pandemic, particularly those addressing priority populations, should be maintained and built upon.

In the medium term, priorities include building emergency management and response capabilities through training programs led by the National Emergency Management Agency (NEMA). These programs should address gaps identified in emergency exercises and enhance readiness at jurisdictional levels. Agreements under the Biosecurity Act 2015 (Cth) should be regularly reviewed and tested to ensure clarity on shared responsibilities between national and state agencies, with a focus on adopting a 'One Health' approach that integrates plant, animal, and human biosecurity. Additionally, investments in modernizing data, systems, and processes should be aligned with preparedness goals to ensure tailored and effective crisis responses in the future. These actions aim to create a resilient, coordinated, and well-prepared system for managing national health emergencies.

The immediate and medium-term actions have been listed below.

Further information

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Further Hawker Britton Occasional Papers are available here.

Immediate actions – Do in the next 12-18 months	
Action 1: Address critical gaps in health recovery from the COVID-19 pandemic	including prioritising greater investment in mental health support for children and young people and a COVID catch-up strategy in response to a decline in the delivery of key health prevention measures.
Action 2: Review the COVID-19 Vaccine Claims Scheme, with a view to informing the future use of similar indemnity schemes in a national health emergency for a wider profile of vaccines and treatments.	
Action 3: Conduct post-action reviews of outstanding key COVID-19 response measures to ensure lessons are captured	including a review of the <i>Biosecurity Act 2015</i> (Cth) and key economic measures.
Action 4: Establish structures to ensure young people and their advocates are genuinely engaged, and impacts on children are considered in pandemic preparedness activities and responses to future emergencies	This should include establishing the role of Chief Paediatrician and including the Chief Paediatrician and National Children’s Commissioner on the Australian Health Protection Committee.
Action 5: Develop updated health emergency planning and response arrangements in conjunction with states and territories, and key partners, including consideration of escalation and de-escalation points, real-time review and a focus on post-emergency recovery	This should include: <ul style="list-style-type: none"> o An enhanced National Health Emergency Plan (updated National Health Emergency Response Arrangements) and updated National Communicable Disease Plan. These updated plans should align with the Australian Government Crisis Management Framework. o Management plans under the National Communicable Disease Plan for priority populations. o Modular operational plans for specific sectors, including high-risk settings, which can be deployed in response to a variety of hazards
Action 6: Develop legislative and policy frameworks to support responses in a public health emergency	including for: <ul style="list-style-type: none"> o international border management o identifying essential services and essential workers o quarantine o the National Medical Stockpile o an Economic Toolkit
Action 7: Finalise establishment of the Australian Centre for Disease Control (CDC) and give priority to the following functions for systemic preparedness	to become trusted and authoritative on risk assessment and communication, and a national repository of communicable disease data, evidence and advice:

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	<ul style="list-style-type: none"> o Build foundations for a national communicable disease data integration system, enabled for equity and high-priority population identification and data interrogation, with pre-agreements on data sharing. o Commence upgrade to a next-generation world-leading public health surveillance system, incorporating wastewater surveillance and early warning capability. o Work with the Department of Health and Aged Care and jurisdictions on updated communicable disease plans. o Conduct biennial reviews of Australia’s overall pandemic preparedness in partnership with the National Emergency Management Agency. o Establish an evidence synthesis and national public communications function. o Build foundations of in-house behavioural insights capability. o Establish structures including technical advisory committees to engage with academic experts and community partners
<p>Action 8: Establish mechanisms for National Cabinet to receive additional integrated expert advice for a whole-of-society emergency</p>	<p>including advice on social, human rights, economic and broader health impacts (including mental health considerations), as well as specific impacts on priority populations</p>
<p>Action 9: Agree and document the responsibilities of the Commonwealth Government, state and territory governments and key partners in a national health emergency</p>	<p>This should include escalation (and de-escalation) triggers for National Cabinet’s activation and operating principles to enhance national coordination and maintain public confidence and trust</p>
<p>Action 10: Agree and test a national Australian Government governance structure to support future health crisis responses, including an appropriate emergency Cabinet Committee and a ‘Secretaries Response Group’ chaired by the Department of the Prime Minister and Cabinet</p>	<p>that brings together the lead Secretaries and heads of relevant operational agencies, to coordinate the Australian Government response</p>
<p>Action 11: Improve data collection, sharing, linkage, and analytic capability to enable an effective, targeted and proportionate response in a national health emergency</p>	<p>including:</p> <ul style="list-style-type: none"> o improvements to timeliness and consistency of data collection and pre-established data linkage platforms across jurisdictions, including for priority populations o expanded capability in Australian Government departments to gather, analyse and synthesise

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	<p>integrated economic, health and social data to inform decisions</p> <ul style="list-style-type: none"> o finalising work underway to establish clear guardrails for managing data security and privacy and enabling routine access to linked and granular health data, and establishing pre-agreements and processes for the sharing of health, economic, social and other critical data for a public health emergency
Action 12: Develop a plan to build, value and maintain emergency management capability within the Australian Public Service, including planning and management of a surge workforce	
Action 13: Agree nationally consistent reforms to allow health professionals to work to their full training and experience	
Action 14: Embed flexibility in Australian Government grant and procurement arrangements to support the rapid delivery of funding and services in a national health emergency	including to meet urgent community needs and support populations most at risk
Action 15: Ensure there are appropriate coordination and communication pathways in place with industry, unions, primary care stakeholders, local government, the community sector, priority populations and community representatives on issues related to public health emergencies	Structures should be maintained outside of an emergency, and be used to provide effective feedback loops on the shaping and delivery of response measures in a national health emergency
Action 16: Develop and agree transparency principles for the release of advice that informs decision-making in a public health emergency	
Action 17: Develop a national strategy to rebuild community trust in vaccines and improve vaccination rates	
Action 18: Proactively address populations most at risk and consider existing inequities in access to services (health and non-health) and other social determinants of health in pandemic management plans and responses	identifying where additional support or alternative approaches are required to support an emergency response with consideration for health, social and economic factors
Action 19: Develop a communication strategy for use in national health emergencies	that ensures Australians, including those in priority populations, families and industries, have the information they need to manage their social, work and family lives

Medium-term actions – Do prior to the next national health emergency	
Action 20: The Australian Government work with the states and territories to improve capability to shift to remote learning if required in a national health emergency	<p>This should include:</p> <ul style="list-style-type: none"> o incorporating competency in developing and delivering remote learning into initial teacher training and the Australian Professional Standards for Teachers o investing in the development of a suite of remote learning modules consistent with the Australian Curriculum, made available to all schools, teachers and students to improve preparedness for future emergencies that may require school closures
Action 21: Build emergency management and response capability	<p>including through:</p> <ul style="list-style-type: none"> o regular health emergency exercises with all levels of government, interfacing with community representatives, key sectors and a broad range of departments o regular economic scenario testing, to determine what measures would be best suited in different forms of economic shocks and keep an Economic Toolkit up to date o training for a pandemic response
Action 22: Develop a whole-of-government plan to improve domestic and international supply chain resilience	
Action 23: Progress development of the Australian Centre for Disease Control	in line with its initial progress review and to include additional functions to map and enhance national pandemic detection and response capability
Action 24: Maintain regularly tested and reviewed agreements between relevant national and state agencies on shared responsibilities for human health under the <i>Biosecurity Act 2015</i> (Cth)	with a focus on facilitating a ‘One Health’ approach that considers the intersection between plant, animal and human biosecurity
Action 25: Continue to invest in monitoring and evaluating the long-term impacts of COVID-19	including for long COVID and vaccination adverse events, mental health, particularly in children and young people, and educational outcomes
Action 26: Include a focus as part of ongoing systems upgrades on modernising and improving data, systems and process capabilities	to enable more tailored and effective program delivery in a crisis.