

RE: COVID-19 RESPONSE ENQUIRY

Dear Chair

Thank you for the opportunity to make a submission to the **COVID-19 RESPONSE ENQUIRY** in Australia.

I am a Professor in the School of Population and Global Health at the University of Western Australia. I write this submission as an individual academic. I respond to the following topics.

- **Key health response measures (for example across COVID-19 vaccinations and treatments, key medical supplies such as personal protective equipment, quarantine facilities, and public health messaging)**

Decisions and associated evidence (not just “expert” opinion) around availability of vaccines and anti-viral treatments (and similar decisions) needs to be very clear or else confusion feeds into misinformation. For example, why did Australia focus on only one vaccine initially while other countries had a choice? Why are other countries vaccinating from six month of age and Australia isn’t? Why are other countries encouraging broader use of ne monovalent vaccines and Australia isn’t? There have been mistakes made and these are not unexpected but very few have been properly acknowledged.

The lack of focus on the evidence (from early stages) that SARS-CoV2 is airborne with a focus on wiping surfaces and hand sanitising rather than ensuring clean air by having activities outdoors, opening windows and HEPA filters has been a significant problem.

Public health messaging has been a serious problem. Politicians (federal, state, local) have often damaged public health messaging with conflicting and confusing information. An independent rigorous CDC needs to be a high priority and it needs to provide leadership in critiquing the evidence. We need to invest in public health training at all levels and ensuring broader understanding of public health and current best evidence to those who need to make relevant decisions.

- **Mechanisms to better target future responses to the needs of particular populations (including across genders, age groups, socio-economic status, geographic location, people with disability, First Nations peoples and communities and people from culturally and linguistically diverse communities).**

Critical reflection on the current pandemic and appropriate accountability are essential in preparing for future pandemics. There is a need to plan in advance of the next pandemic – for example we could: 1. continue to improve air quality in schools, settings where people are vulnerable (aged care, medical settings) and improve green approaches to improving air quality (design, appropriate sources of energy); 2. address misinformation much more strongly through an appropriate multifaceted approach; and 3. ensure a focus on critical evaluation of evidence in advance of future

pandemics and have processes to evaluate evidence quickly when another pandemic does arise. A lot of damage has been done – for example with poor and conflicting messaging, a lack of clear focus on evidence and prevention which have undermined public health. There needs to be accountability for those providing opinion and making decisions.

I hope this enquiry is deep enough and thorough enough to make a difference.

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