GSK Australia Submission: Commonwealth Government COVID-19 Response Inquiry

GSK Australia welcomes the opportunity to comment on the Commonwealth Government COVID-19 Response Inquiry.

As a global biopharma company, we are committed to playing our part in supporting pandemic preparedness. Our main contribution is via the research, development and provision of vaccines, along with antivirals and antibiotics.

GSK is proud to have partnered with the Australian Government to support Australia's pandemic response by providing COVID-19 early treatment Xevudy® (sotrovimab).

It is well recognised that while the impact of the pandemic is still being felt in Australia, Australia outperformed many counties - including the United States of America and Canada - in preserving life and population health in the pandemic.[1] Australia's pandemic response was evidence of what can be achieved when all levels of government, researchers, industry, guidelines developers, clinicians and the community work collaboratively.

In this submission, GSK draws on our own COVID-19 experience and global insights as a leader in communicable disease prevention and response. We focus on two areas of action that can be taken now to enhance our national preparedness and response systems to manage future pandemic events. These actions reflect and build on the Government's commitment to establish the Australian Centre for Disease Control:

- Invest to keep Australians well to prepare for any pandemic
- Secure Australians' access to medical innovations to respond to a pandemic, including via:
    - Priority reimbursement pathways
    - Nationally harmonised health workforce practicing to their scope of practice to meet community need
    - Awareness and communications materials for the community and health professionals
    - International collaboration

GSK's response to COVID-19

From the start of the pandemic, GSK sought ways to harness our scientific expertise and technology to make a difference. Together with our partners we are developing COVID-19 therapeutics and vaccines.

GSK is proud be partnering with the Australian Government to support Australia's pandemic response by providing COVID-19 early treatment Xevudy® (sotrovimab), which has been administered to an estimated 23,000 patients nationally.

In our experience of the pandemic, governments at all levels, researchers, industry, guidelines developers, clinicians and the community were aligned and focused. We were committed to delivering access to Xevudy® (sotrovimab) for those who needed it, when and where it was needed.

A prime example was the coordination of the Therapeutic Goods Administration's (TGA) rapid review of submissions and coordination across the Government to roll out access. The TGA worked with the Australian Department of Health and Aged Care, the state and territory health departments, the National COVID-19 Clinical Evidence Taskforce and GSK to ensure that new supply of Xevudy® (sotrovimab) could be rolled out as soon as it was approved. From the outset, clinicians were trained and supported to utilise Xevudy® (sotrovimab) to the benefit of Australians with COVID-19.

Action: Invest to keep Australians well to prepare for future pandemics

A healthy and resilient society is better equipped to face known and unknown future health challenges. Investing now to keep Australians well will ensure ongoing pandemic preparedness.

Currently, Australia underinvests in preventive health. Australia allocates 1.8 per cent of its total healthcare expenditure to preventive health, whereas in the UK, the allocation is 3.7 per cent, and in Canada, it stands at 5.9 per cent.[2]

Australia has 8.9 million residents aged over 50 years. Of these around 4.1 million are living with a chronic condition that makes them for vulnerable to preventable disease.[3] For example, older people with comorbidities were among those most impacted by COVID. In 2021, 65.1 per cent of those who lost their lives to COVID had a chronic condition reported; in 2023 this number is 85.2 per cent.[4]

Australia's underinvestment in preventive health, coupled with the growing health needs of our ageing population,[5] leave us vulnerable to the next pandemic.

There is clear evidence to support that government investment in vaccines keep people well by preventing disease and reducing poor health outcomes.[6] By maintaining overall population health and preventing and reducing poor outcomes from conditions like flu, pneumonia and shingles, people are better equipped to withstand and recover from future infections.

Every dollar invested in preventive health saves an estimated $14.30 in healthcare and other costs[7] This economic benefit was demonstrated in real time during the COVID-19 pandemic response. Vaccines and disease prevention strategies were critical to the pandemic response. Government spending on the vaccine rollout was $6.1 billion.[8] It is estimated COVID-19 vaccines reduced the pandemic's economic toll on the Australian economy by $214 billion.[9]

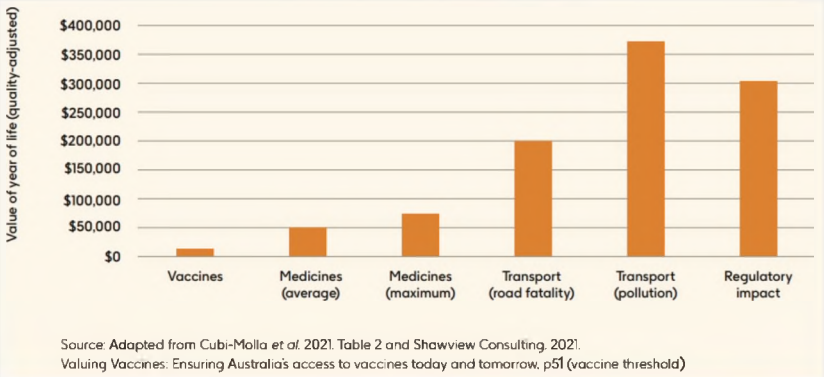
The Australian Government is conducting a review of the policy and methods utilised to assess the value of medicines (the Health Technology Assessment (HTA) Methods and Policy Review). This review provides an avenue for alignment on the Government's ambition to improve Australia's preparedness for future pandemics.

The 'value' of vaccination

Immunisation is described as 'one of the best health investments money can buy' by the WHO, underpinning global health security.[10]

Australia's assessment processes for medicines and vaccines place a lower value on a human life than similar countries overseas, and even than other government portfolios such as transportation. This means that the Government will not pay the same price for a medicine or vaccine that can extend life or improve quality of life with as other countries, or even itself with a road safety measure.

Table 1: Value placed on life by policy area, Australia



Source: Adapted from Cubi-Molla *et al.* 2021. Table 2 and Shawview Consulting. 2021.
Valuing Vaccines: Ensuring Australia's access to vaccines today and tomorrow. p51 (vaccine threshold)

Action: Secure Australians' access to the health innovations to respond to a pandemic

Embedding mechanisms to support the rapid translation of innovation to access within Australia's legislative, policy and health sector environment is essential to preparing for future pandemics. The COVID-19 pandemic exposed limitations within our health system. Public health and other legislation, systems and process aimed at translating new research and real-world evidence into improved patient outcomes were not fit for purpose.

All levels of government, researchers, industry, guidelines developers, clinicians and the community worked collaboratively to put in place measures that were needed in this emergency. The implementation of these measures took significant effort, time, investment and not all access was equal for Australians. For example, while incidences of COVID-19 were highest in major cities, the poorest health outcomes were experienced by those who lived in regional and rural areas.[11] Health literacy and limited access to health services are among the reasons for inequity within these communities. Aboriginal and Torres Strait Islander people and Culturally and Linguistically Diverse communities were also disproportionally impacted.[12]

In preparing for future known and unknown health challenges, the Government has an opportunity to establish mechanisms to enable and support an emergency response. This section outlines four areas for action for how the Government can boost its pandemic preparedness by securing Australians' access to medical innovation.

- **Priority reimbursement pathways**

The Australian Government deviated from its standard vaccine and medicine assessment processes to procure, approve and rollout COVID-19 vaccines and treatments. GSK's Xevudy® (sotrovimab) experience demonstrates how the regulatory evaluation, cost-effectiveness assessment and clinical recommendations were conducted efficiently with the community need at the centre.

With the HTA Methods and Policy Review underway, the Government has an opportunity to establish more flexible and priority pathways for vaccines and medicines. 'The New Frontier - Delivering better health for all Australians' inquiry held by the Standing Committee on Health, Aged Care and Sport recommended that the National Immunisation Program (NIP) should be reviewed with a view to reform "existing approaches used to value vaccines to ensure early and rapid deployment of vaccines in Australia".[13] In its response, the Government noted that the NIP is not intended to procure or deploy vaccines in emergencies.[14] However, streamlined reimbursement pathways capable of efficiently rolling out vaccines in response to non-emergency public health needs is closely linked to Australia's pandemic preparedness.

Once approved by the TGA, it takes an average of 466 days for medicines to be reimbursed in Australia.[15] For vaccines, the average is 1375 days from the time of TGA approval to it being listed on the NIP.[16] If the COVID-19 vaccines had followed the standard process for funding to the NIP, they would not have been available to patients for at least two years.[17] Similarly Xevudy® (sotrovimab) would not have been available for approximately a year.

Antimicrobial resistance: an emerging pandemic

Antimicrobial resistance (AMR) is global health emergency, recognised by the WHO as one of the top ten public health threats facing humanity.[18] It is a known pandemic threat that could cause 10 million deaths by 2050.[19]

AMR occurs when microorganisms such as bacteria become resistant to antimicrobial medicines. Discovery and development of new medicines will be critical to managing and responding to this health challenge.

Countries such as the UK and Sweden have developed specialist reimbursement pathways to encourage the development and secured doses of novel antimicrobials for their populations. Australia's National Antimicrobial Resistance Strategy 2020 and Beyond recommends a pathway to access for these medicines be established, however the way forward remains unclear.[20]

- **Nationally harmonised health workforce practicing to their scope of practice to meet community need**

The COVID-19 pandemic placed an "enormous burden" on Australia's health workforce and services.[21] There was a community need, and all levels of governments responded. Actions included development and implementation of the Surge Workforce Program, expansion of telehealth services and expanded scope of practices.

Australia's health system remains under significant pressure today. The pandemic is having an ongoing impact and the demand on health services increases as our population ages. For example, Queensland hospitals have seen a 12.7 per cent increase in emergency department presentation since 2018-2019 (compared to 6.5 per cent population growth).[22]

The Government can act now to best position Australia's health workforces and services to deliver a more sustainable health system and manage future pandemics by harmonising scope of practices nationally. The Government is currently conducting the Unleashing the Potential of our Health Workforce – Scope of practice review. The Government can use this review to ensure there is consistent scope of practice nationally which would provide better access for patients, more flexibility within the workforce, improve access to health services for Australians, and ensure our health professionals are better supported to utilise their skills and training.

Pharmacist scope of practice

Pharmacists are qualified, experienced and trusted health professionals. They are highly accessible and provide patients with access to vital medicines, health care services and support. Since August 2021, they have administered almost 10 million COVID-19 vaccine doses.[23]

Each jurisdiction has its own scope of practice for pharmacists with clear inconsistencies. This results in equity of access and presents challenges in training and the quality use of medicines. This is particularly difficult with evolving practice which is common in pandemic response. The scope of practice for vaccinations demonstrates current fragmentation within the system:

- In NSW, a child aged five can be vaccinated for measles, mumps and rubella in a pharmacy without a script, but in Queensland, they must be 16 to be vaccinated and in South Australia, they must be 10.
- In the ACT, NSW, South Australia, Tasmania and Victoria a person over 50 can be vaccinated in pharmacy for shingles, but in the Northern Territory, Western Australia and Queensland a person cannot.
- Pharmacists in WA are able to deliver NIP vaccines, while pharmacists in the ACT, NSW, South Australia and Victoria can deliver private market vaccines as well as vaccines listed on the NIP.

- **Awareness and communications materials for the community and health professionals**

Health literacy is essential to enabling patients, families and carers to understand and manage their health to improve their quality of life and reduce the impact of disease.[24]

During the COVID-19 pandemic response we saw the impact of low English proficiency, education levels, misinformation, passive government communications strategies, national inconsistency as well as limited access to health services.[25] To best prepare to manage future pandemics, a new approach to public health campaigns is needed. Governments, the health sector - including the medicines industry - and community can work together to ensure Australians have access to the right information, at the right time, presented in the right way This is very important Aboriginal and Torres Strait Islander and Culturally Linguistically Diverse Communities where COVID-19 and future pandemics can compound existing health inequities.

- **International collaboration**

A pandemic is a worldwide spread of a new disease.[26] A global outlook is needed to enhance our national preparedness to manage future pandemics and ensure health security. This responsibility extends beyond the health portfolio to areas of foreign affairs, defence, science, industry and environment.

GSK's support to the Australian Government's COVID-19 response relied on global mechanisms, such as disease surveillance, horizon scans, reporting frameworks, harmonisation of clinical trials, supply chain networks, sharing of data, and resources for increased efficiency and efficacy. Medicines research, development, manufacturing and supply is conducted around the world. Australia does not and cannot operate in isolation.

For example, the supply chain for medicines is global in nature. Manufacturing sites – whether located in Australia or not – rely on global supply chains to receive the active ingredients needed to manufacture medicines.[27] As became evident during the height of COVID-19, no country in the world can onshore the entire medicines supply chain.

Despite high global demand for Xevudy® (sotrovimab), GSK was able to work with the Government and our international colleagues to secure the doses that Australia needed. For example, following the Omicron outbreak in late-2021, an additional 45,000 doses of Xevudy® (sotrovimab) were secured and purchased by the Australian Government with the Minister for Health the Hon Greg Hunt announcing the agreement on 3 January 2022.[28] As a global company with a well-established global network, GSK was well positioned to respond support Australia in its COVID-19 pandemic response.

The Government has taken steps to encourage increased international collaboration. This includes the Therapeutic Goods Administration (TGA) international engagement strategy, increased funding and partnerships via the Department of Foreign Affairs and Trade including the WHO and the Partnerships for a Health Region strategy, however there is more to be done.

Conclusion

GSK Australia applauds the Government for looking to enhance national preparedness and response systems to manage future pandemic events. This includes the establishment of the Australian CDC.

As a world leader in vaccine and treatments for communicable disease we would welcome the opportunity to expand on the themes in this submission in this inquiry's targeted stakeholder engagement in 2024.

GSK is proud to have partnered with the Australian Government to support Australia's pandemic response by providing COVID-19 early treatment Xevudy® (sotrovimab). Our experience was one of collaboration, with patients and improved health outcomes at its centre.

The Government can act now to embed systems and processes reflective of this value to best position Australia to manage known and unknown health challenges that are ahead. Investing to keep Australians well to prepare for any pandemic and securing Australians' access to medical innovations to respond to a pandemic are essential.

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