

Dear Panel Members,

**Re: Commonwealth Government COVID-19 Response Inquiry**

Thank you for the opportunity to respond to this inquiry.

We are three academic health economic researchers, based in the Centre for Health Economics, Monash Business School, Monash University and the Melbourne Institute: Applied Economic & Social Research at the University of Melbourne. We have expertise in the analysis of large and complex datasets to inform health and social policy decisions.

We write to highlight the importance of **Data Preparedness** in providing near real-time information to inform policy responses during health emergencies, such as during COVID-19. This cuts across many of the terms of reference for this inquiry, in particular pertaining to mechanisms through which governments can target responses to priority populations. We reflect on lessons learned during the COVID-19 pandemic in terms of Commonwealth Government Data Preparedness and provide recommendations for the Commonwealth Government moving forward.

Data preparedness encompasses existing practices and processes for managing and leveraging data such as organization, accessibility, and reliability. In a recent review performed for the Asian Development Bank (ADB) we reflect on the importance Data Preparedness for Pandemics and other Emergencies (please see the attached report). In this analysis, we reviewed all ADB countries and ranked their Data Preparedness based on data accessibility, frequency of collection, and linkage. We found that Australia ranked first of all ADB countries in terms of Data Preparedness and that this provided Australia with a distinct advantage in the COVID-19 policy response. Pre-existing investment into data linkage projects such as the Person Level Integrated Data Asset (previously known as the Multi-Agency Data Integration Project) and associated data governance processes were highlighted as key contributions to Australia's Data Preparedness. Specifically, these assets and processes were crucial in informing, monitoring, and evaluating fiscal and health policy, including, but not limited to; the COVID vaccine rollout efficacy, and uptake; additional funding for mental healthcare services; and government welfare payments (e.g., JobKeeper, increase in JobSeeker payments) during the pandemic.

The report also highlighted where there was scope for improving Data Preparedness in Australia. This included transparency in decision-making and more broadly attempting to facilitate social licensing in data use by providing examples of evidence-based policy. It was also noted that further bolstering administrative data collections would be useful in the context of health emergencies (e.g., the incorporation of hospital data into PLIDA). It was also noted that enhancing knowledge sharing between data custodians, decision makers, and researchers could facilitate faster policy response during emergencies.

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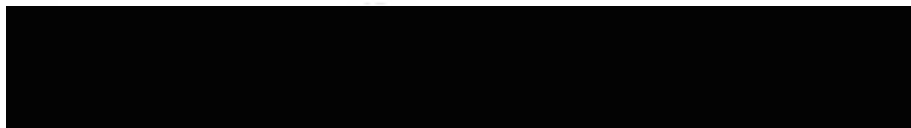
All global pandemics are likely to be different and therefore having insights into not only where and in what population subgroups issues are emerging but also to rapidly evaluate whether policies put in place are achieving their aim is critical.

Based on this analysis we make the following recommendations for the panel to consider

### Recommendations

- Continue to bolster survey-linked administrative datasets that can track experiences and outcomes for Australians in real time.
- Ensuring that this data is accessible and already being used by academic and government researchers who have specific expertise in data wrangling and causal inference. Ensuring expertise and pre-existing statistical code for these assets means that, in times of health emergencies, data can be rapidly analysed to inform policy and monitor outcomes
- Communicate the importance multi-jurisdictional buy-in from data custodians to ensure that data assets are complete and provide a holistic whole-of-population information. E.g., State/Territory hospital data linkage to ensure that outpatient and inpatient care and ED visits can be linked to individual level primary care and demographic information.
- Foster collaborations and knowledge sharing between decision makers, data custodians and academic and government researchers

Best regards,



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