

Submission to the COVID-19 Response Inquiry

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Preamble

I am lodging this submission in my personal capacity. I am the Henry Baldwin Professorial Research Fellow in Health Systems Sustainability at the Menzies Institute for Medical Research of the University of Tasmania. I have over 30 years of experience in health economics, health systems governance and health policy, gained in both academia and health systems in Europe, Central Asia, Sub-Saharan Africa and Australia. I have extensive knowledge of the Australian health information environment (e.g. as former Chair and Deputy Chair of the erstwhile National Health Information and Performance Principal Committee, former member Standing Committee on National Health Information); I have also led and conducted a range of research and advisory activities on Long COVID and Post-Acute Sequelae of Coronavirus-19 (PASC) in Australia since the emergence of COVID-19.¹⁻⁵

Introduction

In this submission I will address a number of issues which fall across the ToR themes of *Governance*, *Key health response measures*, *International policies*, and *Mechanisms to better target future responses*. I note with disappointment that “international programs and activities assisting foreign countries” are out of scope. Had this not been the case, I would have provided substantial additional inputs on the important opportunities to promote better health, regional leadership and global health equity which were lost due to Commonwealth Government positions and decisions on vaccine intellectual property and supply issues.⁶

Data, Surveillance and Management

In the early months of the COVID-19 pandemic, it was entirely understandable that surveillance and reporting of COVID infections data was *ad hoc* in nature. This system understandably grew out of COVID testing data, and commendable efforts were made to standardise local, state and territory reporting into national aggregates. This system was then expanded to incorporate self-reported diagnoses once rapid testing became dominant. However, there appears to have been a total failure to institute alternative surveillance systems capable of providing robust data on incidence of new COVID infections once self-reporting became optional and (predictably) rates of testing and self-reporting fell away. Alternatives could have included wastewater surveillance and/or continuous national population surveys, both of which have been undertaken in peer countries. As a consequence, Australia now finds itself with poor quality, unreliable surveillance data on the current state of COVID infections, with deep implications for the quality of ongoing decision-making.

By early 2021, it was clear that a significant subset of people who had been infected with SARS-CoV-2 went on to experience longer-lasting symptoms, impaired functioning and/or elevated risks of a range of other health conditions (“Long COVID” and PASC). Most of Australia’s peers instituted large-scale, ongoing population surveys – run by national statistics or health agencies (e.g. UK Office for National Statistics, US Centers for Disease Control, Statistics Canada etc.) – which continue to

provide surveillance data on the extent and severity of Long COVID symptoms at population level. Australia has been a notable exception to this trend, in having chosen not to institute a Long COVID survey. Instead, Australia opted to put all its eggs in the data linkage basket, focusing on the development by the Australian Institute of Health and Welfare of the [COVID-19 Register](#). The COVID-19 Register, and state and territory initiatives (e.g. the Victorian Agency for Health Information's COVID linked data project) have provided very useful data for a range of research projects. However, it was noted repeatedly that the long lead times involved in the transmission and linkage of data via linked datasets meant that these initiatives would never be able to provide information for ongoing surveillance or decision-making purposes.^{1,4} This was the reason why peer nations (including the UK, which possesses significantly superior capabilities to link healthcare data more rapidly and comprehensively than does Australia) all opted to run population surveys to provide information on Long COVID. Indeed, the utility of Australian linked data assets is already greatly diminished by the precipitous decline in self-reporting of positive COVID test results; the COVID-19 Register will continue to be a somewhat useful source of data for the period during which testing was widespread (2020-2022), but is already of little or no value for examining Long COVID and PASC etc. due to infections from early 2023 onwards.

Given my prior experience of the national health information policy environment, I believe it is highly unlikely that the option of fielding an Australian Long COVID survey was not discussed. The choice to go all in on data linkage was a positive choice. I will not speculate on why this decision was made, but it has left Australia without effective surveillance of Long COVID. This lack of data has contributed to policy uncertainty and unwarranted polarisation of views on the real severity of Long COVID in this country. It has left national, state and territory policymakers in the dark on the true scale and severity of Long COVID, with the predictable result that they have not been able to plan and fund appropriate healthcare and social policy response to support affected persons and families. It is still not too late to rectify this significant failure of data and surveillance policy, especially given the inconvenient persistence of COVID-19.

State Capacity and Bold Decision-Making

While your Inquiry will undoubtedly receive many submissions of opposing views on the appropriateness of many aspects of "lockdowns", I believe it is essential to acknowledge the fundamental, deep success of Australia's closure of the international border in "buying time" to prepare. Many aspects could have been managed more effectively and – just as important – more fairly (e.g. the inappropriate and inequitable privileging of business travel over compassionate travel exemptions etc.). However, the most important lesson for future pandemics and health emergencies is precisely that the early, hard border closure worked extremely effectively as a control measure (defying earlier overseas modelling from Swine Flu that had suggested travel bans were not effective). Just as in 1918/19, Australia was able to achieve significant and prolonged levels of control through international border closures; historians and future policymakers must be clear on this fact, and not bend to those who wish to downplay it for ideological or commercial reasons.

The COVID-19 pandemic highlighted supply shocks and supply chain resilience everywhere in the world. Many efforts are already in place to strengthen critical supply chain resilience, and the litany of increasingly disruptive geopolitical and ecological crises we are living through only heighten the importance of this work. A core overall lesson from this and other countries relates to the importance of i) overall state capacity to extend management and decision-making into unfamiliar

areas during a national emergency and ii) the need for bold and confident decision-making by the state to direct activities normally undertaken by the private sector. Australia did well in this regard, not descending into the corruption that plagued many countries' emergency procurement efforts, and making bold and decisive moves like the international border closure. Public servants need to be skilled and confident in acting flexibly in future emergencies. This needs more and better training (but not by focusing on "re-fighting the last war"); the final excision of any remaining neoliberal dogmas on outsourcing and the superiority of the private sector; and the elimination of reliance on private consultants to advise or manage key elements of any emergency response. This should be undertaken as part of a wider process of public service reform and renewal.

Recording Lessons for the Future

While the results and final report of your Inquiry will undoubtedly form one very important part of the recording of lessons for future policymakers from the COVID-19 policy response, I would like to recommend three further actions by the Australian Government to ensure that the best possible record is left for posterity:

1. The funding, commissioning and publication of a multi-volume, multi-author *Official History* of the COVID-19 response, using wartime official histories as a template.
2. The funding, commissioning and publication of an *Unresolved Questions* research project across all domains of the COVID-19 policy response, drawing on both officials, practitioners and academic subject-matter experts, with the objective of identifying all areas on which opinion and evidence remains substantially unclear or unresolved, to guide future decision-makers.
3. A cross-government policy review of the ongoing appropriateness of all Commonwealth policy settings given the surprising persistence of high levels of COVID-19 infections (albeit with decreased lethality and severity), driven by Cabinet-level acknowledgement that this persistence was not adequately foreseen earlier in the pandemic.

References

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