



LEGISLATIVE ASSEMBLY

FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON THE COVID-19 2021 PANDEMIC RESPONSE

Ms Elizabeth Lee MLA (Chair), Ms Suzanne Orr MLA (Deputy Chair), Ms Jo Clay MLA

Submission Cover Sheet

Inquiry into the COVID-19 2021 pandemic response

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Dr David Monk
Secretary
LACommitteeCOVID19@parliament.act.gov.au

Dear Dr Monk,

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia, and seeks to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

PHAA welcomes the opportunity to provide input to into the Select Committee on the COVID-19 pandemic response.

PHAA congratulates the ACT Government including Andrew Barr - Chief Minister, Rachel Stephen-Smith – Minister for Health, Dr Kerryn Coleman - Chief Medical Officer, and all staff, on their leadership and robust response to the COVID-19 pandemic. This includes, but is not limited to the significant success of the ACT reaching >95% second dose vaccination rates.¹

In our view the ACT Government has been clear in purpose and in communication, it has been diligent, consistent, principled balanced and determined in the leadership of this challenging time, and prepared to push back against self-interested or misguided forces.

Leadership during this emergency has been presented with unique challenges, the leaders of the government response have dealt with these challenges in a responsive honest and very human manner, thus achieving the trust and support of the large bulk of the ACT community.

This is not easy to do and must come from a position of leading based on sound and transparent principles. Our view is that the ACT Government has demonstrated and lived those principles. As a result, the ACT Government deserves congratulations and accolades.

As the COVID-19 pandemic continues to compromise health and disrupt communities and economies, and challenge governments, it provides a stark reminder of the significance of good public health and health systems, and the impact of health and well-being on the prosperity of our Nation, now and in the future.

To ensure continued improvements in the pandemic response and in preparation for future outbreaks we highlight several areas for consideration.

Public health workforce

The ACT's existing public health workforce is highly educated, committed and effective in the tasks it is set. However, the COVID-19 pandemic exposed new and existing gaps identifying that more than ever a sustainable public health workforce is required.

We recall the cross-government statement released after the National Cabinet meeting of 26 June 2020² made a commitment to:

- establish a national training program for surge workforce
- prioritise enhancing the public health physician workforce capacity
- consider options for developing a formal public health workforce training program

However, in the Commonwealth, State and Territory budgets, no specific measures to act on these important commitments have been identified.

Further, on 13 November 2020, National Cabinet released a statement that it:

“... endorsed the review led by Australia’s Chief Scientist Dr Alan Finkel of the contact tracing and outbreak management systems in each state and territory and agreed to adopt all 22 recommendations.”

The National Contact Tracing Review (the Review) clearly outlined that Australia’s public health experts have been instrumental in safely stewarding Australia’s response through the COVID-19 pandemic, concluding that a highly qualified public health workforce is vital.³

The relevant recommendation of the Review reads as follows:

3. *Workforce and training*

3.1 *Ensure ongoing investment in the medium to long term in accredited training programs for applied epidemiology and applied public health training.*

3.2 *The Commonwealth, states and territories should consider increasing the number of public health training positions in all jurisdictions.*

3.3 *All states and territories should continually invest in training surge workforces to be employed in a reserve capacity.*

3.4 *Ensure there is capacity for the Commonwealth to mobilise a trained contact tracing surge workforce through the Australian Public Service to assist states and territories with contact tracing should the need arise.*

3.5 *Continue funding rapid deployment capability to coordinate a standby pool of equipment (including personal protective equipment and transportable laboratory equipment) and senior clinical and public health experts for extreme situations requiring surge capacity anywhere in Australia.*

3.6 *Undertake forward planning for the pathology laboratory workforce, given the ongoing requirement for high volume testing in the near and medium term.*

PHAA strongly advocates that a fully trained and capable public health workforce is integral to the management of current, and possible future disease outbreaks, and to address the heavy burden of chronic conditions.

PHAA suggests that the ACT Government partner with the Australian Government Department of Health and all States and Territories to:

1. Develop and fund a **National Public Health Officer Training Program**. The principle of such a program would include that all jurisdictions:
 - Commit to funding and conducting an ongoing Public Health Officer Training Program sufficient to ensure that Australia is well prepared to deal with future infectious and chronic disease challenges
 - Establish a system of recruitment into the training program, with minimum annual targets for each jurisdiction

- Agree consistent national training standards
- Provide for recruits from both medical and non-medical education/career backgrounds
- Provide for the program to meet the needs of public health sub specialities including Aboriginal and Torres Strait Islander Health, biostatistics, epidemiology, and others
- As a minimum there needs to be increased national coordination and agreement on aims and competencies for public health training, including as shared training and other materials.

This would not be starting from scratch, as it has been widely recognised that NSW Health has a long-established program of this kind, and we understand that NSW Health has indicated a willingness to cooperate in the planning and development of a national program.

2. Establish a **National Public Health Workforce strategy**. While the training program would focus on recruiting and training the workforce in the near-term, there is still a need to ensure an appropriate long-term approach to our workforce structure. Such a long-term strategy would:

- Establish the clearest possible understanding of the current public health workforce. This should include quantum of workforce, stability, growth levels, current skill and training levels, areas of focus, training opportunities, development pathways, and areas of unmet demand.
- Engage with the necessary stakeholders across government (federal, state-territory and local) to establish current and anticipated needs, and assess existing investment in staff, programs and training initiatives
- Examine the current training infrastructure including the capacity, throughput and standards of tertiary education and other providers
- Consider issues of competencies, accreditation, registration at the level of individual, training providers and employing institutions.
- Consider and make recommendations relevant to both medical and non-medically trained members of the current and future public health workforce.
- Draw on models for the above from similar professional groups within Australia and from public health workforce accreditation structures overseas to guide recommendations on issues.
- Make clear recommendations relevant to all stakeholders aimed at improving the quantum and standard of the public health workforce in Australia for the medium and long term.
- Consider specific options such as expanding the scope of training opportunities for public health Physicians to include Metro based positions and positions in public facilities.

Investment in preventive health

The COVID-19 pandemic has shown that people with obesity and/or chronic diseases get sicker and are more likely to be hospitalised, intubated, and die due to COVID-19.⁴⁻⁵ Chronic conditions include cardiovascular diseases, cancer, diabetes, and mental health conditions. In 2017-18, almost half of all adults, (48.7 per cent) in the ACT had at least one of ten chronic diseases.⁶

Many of these diseases are preventable, by addressing risk factors including tobacco use, alcohol use, high blood pressure, insufficient physical activity and unhealthy diet, and overweight and obesity. They are also more likely in populations groups adversely impacted by the social determinants of health.

As a consequence of the COVID-19 pandemic there has also been a significant disruption to chronic disease preventative services including but not limited to routine immunisation and screening programs.

From a business perspective, the rise in chronic conditions is cause for concern; particularly given the relationship between poor health and diminished workplace attendance and performance. The estimated

cost of absenteeism to the Australian economy is \$7 billion each year,⁷ with the cost of presenteeism estimated as being nearly five times more at \$34.1 billion in 2009-2010.⁸

The draft National Preventive Health Strategy 2021-2030 sets a target of “investment in preventive health will rise to be 5% of total health expenditure by 2030”.⁹

The Western Australian Government has already announced a policy to reach this point by the year 2029.¹⁰

Health expenditure is currently spent primarily on the treatment of illness and disease. Investment in prevention needs to be enhanced (and reported clearly) in order to achieve a better balance between treatment and prevention in the ACT.

Prisoner health

Health care services in criminal justice settings should be equivalent to those available in community settings. The United Nations Standard Minimum Rules for the Treatment of Prisoners 2015 includes provisions for healthcare including Rule 24 that “Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health-care services free of charge without discrimination on the grounds of their legal status. Health-care services should be organised in close relationship to the general public health administration and in a way that ensures continuity of treatment and care”.¹¹ Due to lockdowns, PHAA understands some health care services have been disrupted. We advocate that the government prioritise re-establishing these services.

Aboriginal and Torres Strait Islander health

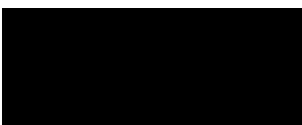
Equitable access to safe and effective vaccines is critical to ending the COVID-19 pandemic. PHAA commends the ACT Government’s effective and efficient vaccination campaign. Although COVID-19 vaccination rates are lower in Aboriginal and Torres Strait Islander communities (82.7%), the rate is higher than all other states and territories.¹

PHAA strongly advocates for Aboriginal and Torres Strait Islander led public health policy, and service delivery, it is imperative that Aboriginal and Torres Strait Islander people are involved in and listened to by government, paving the way for self-determination and justice.¹² This includes building and resourcing a strong and supported health workforce that has appropriate clinical and non-clinical skills to provide culturally safe and responsive health care, and targeted and universal prevention policies.

PHAA supports the ACT Government’s proactive and robust response to the COVID-19 pandemic to date, the area’s outlined above will further strengthen preparedness for, and response to future outbreaks.

Please do not hesitate to contact PHAA should you require additional information or have any queries in relation to this submission.

Yours Sincerely,



Terry Slevin
Chief Executive Officer
Public Health Association of Australia

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