



Australian Government

Australian Government response to the House Standing Committee on Health, Aged Care and Sport report on the *Inquiry into Long COVID and Repeated COVID Infections:*

Sick and tired: Casting a long shadow

February 2024

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Introduction

The Australian Government welcomes the opportunity to respond to the report of the House of Representatives Standing Committee on Health, Aged Care and Sport (the Committee) Inquiry into Long COVID and Repeated COVID Infections, Sick and Tired: Casting a Long Shadow (the Inquiry Report). The Government thanks the Committee for its work, and the wide range of organisations and individuals who made contributions to the Inquiry.

The Inquiry commenced following a referral from the Minister for Health and Aged Care, the Hon Mark Butler MP, on 1 September 2022. The Committee received over 560 submissions from individuals, community groups, leading health experts, prominent public health organisations and state and territory health departments. Four public hearings were also held over October 2022 to February 2023, in which select testimonies were heard.

The Inquiry Report was tabled in the House of Representatives on 19 April 2023. It contained nine recommendations for consideration by the Government, aimed at building understanding and awareness of long COVID, and strengthening support for people living with long COVID. The report also recognised the chronic nature of long COVID and the need for multidisciplinary primary care-based health services and supports in its management.

The Government acknowledges the term '*long COVID*' has been used in the Inquiry Report. However, in alignment with Recommendation 2, the term Post-Acute Sequelae of COVID-19 (PASC) will be used throughout this document. PASC encompass the wide range of presentations and symptoms that can be experienced after the acute phase of COVID-19 and recognises the potential long-term impact of COVID-19 on multiple systems in the body.

The COVID-19 pandemic continues to have direct and indirect health impacts for people, as well as the health system and its workforce. While vaccinations, oral antiviral treatments and the continuing public health response have provided strong protection against severe disease and death, the threat of COVID-19 remains very real, particularly for those in our community who are most at risk of severe illness. Attention must also be turned to long-term impacts of COVID-19, including those that experience prolonged symptoms following an acute COVID-19 infection.

The Government is committed to supporting a strong healthcare system that will deliver effective patient-centred care for people diagnosed with PASC and provide the best possible health and wellbeing outcomes for patients.

Recommendations and the Australian Government's Response

Recommendation 1

- 7.1 The Committee recommends that the Australian Government establishes and
- funds a single COVID-19 database to be administered by the soon-to-be developed Centre for Disease Control to capture data on:
 - COVID-19 infections, complications, hospitalisations, and deaths as well as recurrent COVID infections
 - This should incorporate COVID-19 infections in high-risk populations including: hospital-acquired infections (distinguishing this from community acquisition if possible), infections in aged care and other institutions, and infections in Aboriginal and Torres Strait Islander peoples and the immunosuppressed
 - This should also include the collection of data regarding select comorbid conditions and ancestry to identify infections in Aboriginal and Torres Strait Islander peoples, culturally and linguistically diverse communities and the immunosuppressed
 - Long COVID diagnoses including post COVID complications
 - COVID-19 vaccination rates, vaccination side effects and post vaccination deaths
- 7.2 The Committee additionally recommends that the Australian Government explore the use of innovative tools (e.g. artificial intelligence and self-managed care platforms) and data linkage within and between states and territories, to collect this data.

The Australian Government supports in-principle the recommendation to establish a single COVID-19 database.

The Government recognises the benefits of integrated data sets for COVID-19 and other infectious diseases and has numerous projects underway to improve data integration. Linking data can produce the same benefits as establishing a single database and may have benefits in terms of lower cost and higher participation in data collection. Distributed approaches to collecting and sharing data can also have other benefits, including improved data security. However, Australia faces challenges in data linkage including interoperability of existing systems, differences in data collection between systems, including state and territory collections and existing databases that do not capture the full range of useful information.

While the functions of the Australian Centre for Disease Control (CDC) are still being finalised, it is anticipated that some data-related activities will fall within its scope. Given data is collected by jurisdictions, in primary care, and the private sectors, the Commonwealth will work with state and territory governments, clinical service providers, researchers and others to improve national health data collections. Specific assessment will be required for priority populations, including First Nations people, older people, people receiving aged care, people with disability, people from a culturally and linguistically diverse (CALD) background, people experiencing socio-economic disadvantage, people living in rural and remote areas and people with mental

illness. First Nations Data Sovereignty principles should be considered in data collection, storage and use.

In 2021, the Australian Institute of Health and Welfare (AIHW) was funded \$3 million from the Medical Research Future Fund (MRFF) to establish a national linked data platform that integrates COVID-19 case information with a range of relevant existing health datasets. Significant work was undertaken to collect COVID-19 identifiers from states and territories and link these to a range of datasets including hospitalisations, aged care, immunisations and deaths to create a single national COVID-19 database, the COVID-19 Register. This de-identified dataset has over 6 million cases across 7 of 8 jurisdictions and includes information on First Nations people, chronic conditions and multiple infections. Using the hospitalisations data, hospital acquired infections can be identified.

The AIHW and Australian Bureau of Statistics (ABS) are currently examining options to bring together some of the data in separate linked datasets such as the COVID Register and Person-Level Integrated Data Asset (formerly known as Multi-Agency Data Integration Project), potentially through the Australian National Data Integration Infrastructure (ANDII) project. Any future investments in data should leverage the specialist skills within existing Commonwealth agencies and complement the existing programs of work in data linkage.

The Australian Government supports in-principle the recommendation to explore the use of innovative tools and data linkage for data collection.

The value of data linkage work extends beyond COVID-19 and into many other settings, including other infectious diseases and chronic conditions. The Health Data Collaboration, which is chaired by the Commonwealth, reports to the Health Chief Executive Officers' Forum and is driving work to improve safe health data sharing across jurisdictions.

In addition to the work already undertaken by the AIHW, the Government will continue working with states and territories to link COVID-19 case data to support:

- More comprehensive COVID-19 case identification and the study of long-term health effects associated with COVID-19
- A better understanding of the impacts of COVID-19 in population groups including First Nations people, people with disability, older Australians including aged care recipients, and people with a CALD background.

The Government recognises the importance of partnering with First Nations people to ensure:

- their priorities are reflected in data about their communities;
- their capability is developed to engage with and use data;
- they are provided with knowledge of data availability, uses, and accessibility; and
- they are included in data systems and governance.

Recommendation 2

7.3 The Committee recommends that at the present time the World Health Organization definition of long COVID be used clinically, but that the Australian Government Department of Health and Aged Care work with the states and territories to review this definition as more research and information becomes available.

7.4 The Committee additionally recommends developing evidence-based living guidelines for diagnosis and treatment incorporating tiered care including referral pathways, co-designed with patients with lived experience.

The Australian Government supports the recommendation to use the World Health Organization (WHO) definition of long COVID in Australia.

The Government recognises that a nationally consistent definition of PASC is a key enabler for research, surveillance, diagnosis and management. The Government supports the use of the WHO definition of '*post COVID-19 condition*' to define PASC in Australia.

As new research and evidence emerges, the definition may need to be reviewed. Such a review would require input from researchers, clinical and surveillance experts, and the states and territories.

The term PASC has been chosen in lieu of long COVID to encompass the wide range of presentations and symptoms that can be experienced after the acute phase of COVID-19, and to recognise the potential long-term impact of COVID-19 on multiple systems in the body. Long COVID is a term used commonly in the community to describe both ongoing symptomatic COVID-19 (symptoms lasting more than four weeks) and PASC.

The Australian Government supports the recommendation to develop evidence-based guidelines for diagnosis and treatment of people with long COVID.

The Government supports the development of evidence-based guidelines and treatment pathways to enable a consistent approach for the management of people with PASC, and the involvement of people with lived experience of PASC and the organisations that represent them in that process.

The Government also previously contracted the Royal Australian College of General Practitioners (RACGP) to develop guidance materials relating to long COVID. Health practitioner guidelines and a resource to support patients in managing PASC were published in late 2021.

Recommendation 3

7.5 The Committee recommends that the Australian Government establish a nationally coordinated research program, led by the Department of Health and Aged Care (preferably the Centre for Disease Control), to coordinate and fund COVID-19 and long COVID research.

7.6 This funding should be longer term and be nationally coordinated. The funding should aim to better integrate research by fostering greater collaboration rather than fragmentation.

7.7 The Committee also recommends that this research have adequate representation from Aboriginal and Torres Strait Islander peoples and the culturally and linguistically diverse population and be adequately funded to achieve these aims. Other vulnerable groups including the elderly, children, people with disability and the immunosuppressed should be represented.

7.8 Research programs should span basic science, clinical trials, models of care, health promotion and implementation science.

The Australian Government notes the recommendation to establish a nationally coordinated research program for COVID-19 and long COVID research.

The Government supports the coordination of research on COVID-19 and PASC, providing direct support for health and medical research through the complementary MRFF and the National Health and Medical Research Council (NHMRC).

The MRFF has invested \$130 million in COVID-19 research on 80 projects across 24 grant opportunities/rounds, which includes \$13 million in funding for PASC research. These grant opportunities cover a variety of themes, including vaccine development, antiviral treatments, public health and prevention. Over \$48.1 million has also been made available for 44 research projects relevant to COVID-19 and \$1.6 million for two projects on PASC through the NHMRC. In May 2023, another \$5 million was invested in the Australian Partnership for Preparedness Research on Infectious Disease Emergencies (APPRISE) to expand and reinvigorate a single, multidisciplinary, nationally focused team, which will undertake two research projects exploring the impact of PASC, and the use and effectiveness of COVID-19 antivirals. Through this funding, APPRISE will also establish a First Nations Pandemic Research Preparedness Network to enable and amplify a First Nations perspective on research and preparedness for infectious disease emergencies.

An additional \$50 million has been made available through the MRFF for research into PASC. The funding will be provided through the MRFF Post-Acute Sequelae of COVID-19 Research Plan (MRFF PASC Research Plan), which has been developed by an Expert Advisory Panel to ensure investments focus on the areas most likely to improve patient outcomes and health care experiences. The first of two grant opportunities disbursing this \$50 million in funding opened on 6 September 2023, to enable projects to commence from Quarter 2 2024. The research projects are intended to generate evidence to inform policy and clinical guidance and improve health outcomes.

The Australian CDC may have a role in influencing public health research priorities, particularly in the context of communicable diseases and pandemic management. However, the Australian CDC's scope and role in Australia's research landscape has not yet been finalised and is subject to further consultation and agreement.

The Australian Government supports in-principle the recommendation that funding should be longer term and be nationally coordinated.

As described above, the Government funds and coordinates health and medical research, including for COVID-19 and PASC, through the MRFF and NHMRC. As part of this, \$50 million has been invested through the MRFF over 5 years from 2023-24 for a research program on PASC. This is in addition to funding available through other NHMRC and MRFF grant opportunities.

The Australian Government supports the recommendation that research should have adequate representation from Aboriginal and Torres Strait Islander peoples, the culturally and linguistically diverse population and other vulnerable groups.

Under the MRFF PASC Research Plan, multiple priorities for investment specify the need to actively include priority populations in research. For example, Aim 4 of the plan prioritises research investment that demonstrates co-design and co-implementation with priority populations. For projects under Aim 4 that focus on First Nations people, demonstrated leadership by First Nations people and communities in the design and implementation of the research is required. This approach is consistent with the Government's commitments under the National Agreement on Closing the Gap.

More broadly, the MRFF has identified First Nations and CALD people as priority populations for all funding opportunities. Further, many MRFF grant opportunities include funding streams specifically targeted to improving the health and wellbeing of these communities.

The Government provides support to multiple expert advisory committees, including but not limited to the National Aboriginal Community Controlled Health Organisation, COVID-19 Response Disability Advisory Committee, Culturally and Linguistically Diverse Communities Health Advisory Group and Aged Care Advisory Group. Where appropriate, researchers may seek advice from relevant expert advisory committees.

The Australian Government supports in-principle the recommendation that research programs should span basic science, clinical trials, models of care, health promotion and implementation science.

The Government supports health and medical research through MRFF and NHMRC grant opportunities, which support a broad range of research types. In particular, the \$50 million investment through the MRFF PASC Research Plan includes support for basic science, clinical trials, and models of care.

Recommendation 4

7.9 The Committee recommends that the Department of Health and Aged Care updates, focusses, and improves its COVID-19 vaccination communication strategy including by:

- Emphasising the benefit of COVID-19 vaccines in both reducing transmission and illness severity for acute COVID-19 infections and reducing the risk of developing long COVID
- Encouraging greater COVID-19 vaccination across the Australian population especially among children, young people and people of working age
- Encouraging immunisation in high-risk groups in particular as the virus becomes endemic
- Working with the states and territories to develop this health promotion program.

The Australian Government supports the recommendation to update and improve its COVID-19 vaccination communication strategy.

The Government continues to communicate the importance of vaccination and behaviours to protect against COVID-19. Primary prevention methods continue to be important in reducing the incidence of COVID-19 and subsequent complications, such as PASC.

With high levels of hybrid immunity, ongoing communication will have a particular focus on the vulnerable and at-risk populations. Communication will be tailored for different vulnerable groups to ensure messaging is relevant and accessible. This includes translation and co-design with priority populations.

The National Aboriginal and Torres Strait Islander Health Protection Sub-Committee (NATSIHP) of the Australian Health Protection Principal Committee (AHPPC) will be considered as part of the information sharing approach, as it provides holistic and culturally safe advice on health protection for First Nations people. NATSIHP also has a key role in strengthening partnerships to ensure shared decision-making. This includes partnering with the National Aboriginal Community Controlled Health Organisation and Aboriginal and Torres Strait Islander Community Controlled Health Services to assist in the collection and analysis of data and in the promotion of culturally appropriate information on PASC written in First Nations people's own languages.

The Government's 2023-24 Budget commitment of \$4.7 million will continue to support community-led and tailored solutions to effectively engage CALD communities in the COVID-19 vaccine program and ensure CALD health consumers and communities have better access to COVID-19 vaccinations and information.

The Australian Technical Advisory Group on Immunisation (ATAGI) closely monitors all current and emerging evidence on COVID-19 vaccines to make evidence-based recommendations to the Government on vaccines in the COVID-19 Vaccination Program. While primary course COVID-19 vaccinations are encouraged across age groups, the evidence supports different booster recommendations based on age and risk factors. The Government will encourage vaccination in line with ATAGI advice and best available evidence.

It is not possible to pre-empt changes to ATAGI advice, nor broader recommendations for the COVID-19 Vaccination Program. Updated recommendations to the Minister for Health and Aged Care are made as required, based on any emerging evidence. Stakeholders and states and territories will continue to be engaged.

Recommendation 5

7.10 The Committee recommends that the Pharmaceutical Benefits Advisory Committee regularly review the benefits of antiviral treatments for COVID-19 in accordance with emerging research with a view to expanding the list of groups eligible to access these treatments through the Pharmaceutical Benefits Scheme (PBS).

7.11 The Committee also recommends that antiviral treatments for COVID-19 be approached as a pharmacist-initiated medication to participants eligible under the PBS.

7.12 The Committee additionally recommends that the Australian Government review its framework for access to antiviral treatments for COVID-19 to include non-mortality and non-hospitalisation outcomes such as productivity gains, time to illness resolution, return to work and number of health encounters.

The Australian Government supports the recommendation to regularly review the PBS listings for antiviral treatments for COVID-19 in accordance with emerging research.

The Government recognises the importance of ensuring eligibility for oral antiviral treatments for COVID-19 remains in line with emerging research.

In accordance with its establishing legislation, the statutory Pharmaceutical Benefits Advisory Committee (PBAC) advises the Minister for Health and Aged Care about medicines and medicinal preparations that should be funded on the Pharmaceutical Benefits Scheme (PBS). The PBAC is an independent, expert body comprising doctors, health professionals, health economists and consumer representatives.

The PBAC has already reviewed and expanded eligibility criteria for COVID-19 antivirals. The PBAC will again consider the PBS listings of both COVID-19 oral antiviral treatments in 2023, taking into account the evolving evidence on COVID-19 and available treatments.

The PBAC's consideration is generally initiated when the pharmaceutical company responsible for a specific medicine submits an application for PBS listing. This is because pharmaceutical companies usually hold scientific data and other information necessary to inform the PBAC's consideration. The PBAC cannot be directed by the Government in how it conducts its statutory functions, including to have a view towards expanding eligible groups. It reviews and applies evidence of safety, clinical effectiveness and cost effectiveness in making its recommendations to Government, as required by its establishing legislation.

The Australian Government does not support the recommendation that antiviral treatments for COVID-19 be approached as a pharmacist-initiated medication to participants eligible under the PBS.

Antiviral treatments for COVID-19 are currently classified as Schedule 4 (*'Prescription Only'*) medicines through their scheduling in the Poisons Standard. Schedule 4 medicines are intended to be prescribed by medical or dental professionals, in accordance with the national policy for

applying access restrictions on all poisons agreed by the Commonwealth and all state and territory health ministers (the Scheduling Policy Framework (SPF)).

Under state and territory law, pharmacists are usually prohibited from prescribing Schedule 4 medicines, but this is ultimately a matter for states and territories, which implement the Poisons Standard through local Poisons Acts or equivalent. For example, pharmacists are able to initiate COVID-19 vaccinations under the law of many states and territories.

The Government must comply with current legislation, which does not support pharmacists dispensing COVID-19 oral antivirals without a prescription or prescribing these medicines as pharmaceutical benefits. The National Health Act 1953 and subordinate legislation do not authorise pharmacists to prescribe pharmaceutical benefits that are eligible for PBS subsidies.

The Australian Government notes the recommendation to review the framework for access to antiviral treatments for COVID-19.

The PBAC's approach to economic evaluation uses the health care system perspective, which includes health and health-related resource use (costs and cost offsets), and health-related outcomes. However, the PBAC guidelines advise that a broader societal perspective may be considered where justified. The guidelines advise that an economic evaluation that incorporates considerations beyond the patient and the health care system may be presented in supplementary material, where the proposed intervention has important societal implications extending beyond the health outcomes of the patient receiving the medicine, and beyond the health care system. For example, costs or savings or socially relevant outcomes in domains such as education, housing or justice, or economic productivity impacts.

A Health Technology Assessment (HTA) policy and methods review is currently underway in which the PBAC process is being examined to understand how it can be more responsive and efficient.

Recommendation 6

7.13 The aim of the Committee is to ensure people get the support they need, most of which will occur via the primary care network. Accordingly, the Committee makes the following recommendations regarding management:

- Support and education should be provided to general practitioners (GPs) as well as other primary healthcare providers to diagnose long COVID and to help manage those suffering from it. Education for GPs should be coordinated and eligible for Continuing Professional Development (CPD). The Medicare Benefits Schedule (MBS) chronic disease management item number should be reviewed
- Clinical care should be linked to nationally coordinated research and data collection
- Funding be provided in partnership with state health departments for selected public hospitals to develop multidisciplinary long COVID clinics linked to nationally consistent referral guidelines for screening patients with challenging long COVID complications
- Mental health support for those with long COVID must be provided in an affordable, timely and equitable manner, and regular review of mental health issues should be part of GP management noting that the extent of related mental health impacts is still unknown
- Telehealth and digital health resources be leveraged to make self-management and access to primary care easier
- Funding be provided so that outreach long COVID clinics can be developed for rural and regional areas, accessible either face to face or via telehealth, as a GP resource.

The Australian Government agrees that the majority of supports for people with long COVID will occur via the primary care network.

The Australian Government notes the recommendation to provide educational supports to general practitioners and other primary healthcare providers, and for this to be made eligible for Continuing Professional Development.

The Government remains committed to ensuring support and education is provided for primary healthcare providers, including GPs, for appropriate diagnosis and management of PASC. As per Recommendation 2, the Government previously engaged the RACGP to develop a health practitioner guideline '*Caring for patients with post-COVID-19 conditions*' and a consumer resource '*Managing post-COVID-19 symptoms*', both published in 2021.

Continuing Professional Development (CPD) requirements for medical doctors are determined by the Medical Board of Australia, medical colleges or accredited CPD Homes. These are not Commonwealth government organisations.

The Australian Government supports review of the Medicare Benefits Schedule (MBS), and as part of this, items for treatment of chronic conditions.

The Strengthening Medicare Taskforce was established in July 2022 to improve primary health care for all Australians and ensure that future health care needs can be met. Stemming from the Strengthening Medicare Taskforce Report, published on 3 February 2023, significant reforms have already been announced (\$6.1 billion over 5 years in the 2023-2024 Budget).

These reforms will have implications for chronic disease management, which includes the management of many people with PASC. In particular, the introduction of MyMedicare will support the continuity of care and improve access to telehealth for patients registered with their local GP. Changes from 1 November 2024, including an increase to the rebate for reviews of chronic disease management plans by GPs, should encourage more regular patient management and treatment reviews.

The Australian Government supports the recommendation to link clinical care to nationally coordinated research and data collection.

In recognition of the importance of translating evidence to clinical practice, the MRFF has announced a new \$50 million MRFF research initiative to drive innovation in primary health. Priority groups for research include people with complex chronic conditions.

Research projects are expected to be funded from July 2024. Funding will be targeted to research focused on identifying and evaluating models of primary care including:

- team-based care;
 - the application of research findings in primary care settings and disseminating knowledge to improve person-centred care; and
 - better use of data and digital technologies to evaluate models and support health system planning.
- The Australian Government notes the recommendation to fund multidisciplinary long COVID clinics.

Through the National Health Reform Agreement (NHRA), the Government provides a significant funding contribution to states and territories to assist with the cost of delivering public health and hospital services. Under the current agreement, it is at the discretion of states and territories to determine how this funding is allocated. Some jurisdictions may use this funding to establish multidisciplinary clinics for PASC management.

Most people with PASC will be effectively treated through existing multidisciplinary primary care services. For those with complex presentations, more intensive multidisciplinary or specialist care may be required. As described above, the Government has previously engaged the RACGP to develop both healthcare provider and consumer resources.

The Australian Government supports the recommendation to provide mental health supports for people with long COVID.

Noting mental health is not exclusively a PASC issue, a number of mental health supports are currently available to those impacted by COVID-19. These include Medicare-subsidised psychological services through the MBS Better Access Initiative, access to telehealth arrangements, a range of online and digital supports and access to mental health support through MBS chronic disease management items. In recognition of the need to improve access to mental health support, the Government announced the following commitments in the 2023-24 Budget:

- \$79.4 million over 4 years from 2023–24 to support Primary Health Networks (PHNs) to commission allied health services to improve access to multidisciplinary care for people with chronic conditions in underserved communities.
- \$8.7 million in 2023–24 to continue the current service capacity of digital mental health services and to maintain the national Head to Health website.
- \$260.2 million over two years to ensure continuity of psychosocial supports for people with mental illness.
- \$91.3 million over five years to address critical shortages in the workforce for services in psychology.

The Government’s commitment to strengthening Medicare will also improve access to mental health services. The implementation of MyMedicare will enable multidisciplinary teams to deliver tailored care to patients with complex health needs and support increased access to care for all Australians.

The Government has also committed to further mental health reform, including in response to the Better Access evaluation. This will include considering a new model for digital services for mental health services, to ensure digital services, including clinician-supported online services, are appropriately embedded within the mental health service system.

The national Head to Health program (inclusive of the face-to-face centres, the phone service and the website) offers free information, programs and services to all Australians seeking support with their mental health and wellbeing. The national Head to Health program is positioned to offer support to people suffering from PASC through the mental health supports on offer and being managed via the face-to-face, phone service and website channels.

The Australian Government supports the recommendation to leverage telehealth and digital health resources to improve access to primary care services.

The Government recognises the utility of digital health technologies in the treatment and management of people with PASC. Telehealth services and other digital supports can enable more complex care delivery, more innovative models of care and can support clinical supervision and training.

To support the delivery of telehealth services, the Government has announced a commitment of \$5.9 million to support longer GP telehealth phone consultations for MyMedicare registered patients, with reduced administration for practices.

The Australian Government notes the recommendation to fund outreach long COVID clinics for rural and regional areas.

As described above, the Government provides significant funding to the state and territory public health and hospital services through the NHRA. It is at the discretion of the jurisdiction to determine where funds are allocated.

The Government recognises that most people with PASC can be managed through primary health care services, but notes people in rural and regional areas may experience additional

barriers to accessing primary care due to a reduced number of health providers available within their area.

In the 2023-24 Budget, the Government announced \$3.5 billion to triple bulk billing incentives, including scaled increases in the value of the incentives for regional, rural and remote communities. Increases to incentives will cover both general face-to-face and telehealth consultations, including home consultations for people who are homebound, increasing the accessibility of primary care services.

The Government is committed to building medical workforce capability in rural and remote settings, including by growing the number of GPs and rural generalists, increasing opportunities and recognition for doctors to supplement their skills and broaden their scope of practice, as detailed in the National Medical Workforce Strategy 2021-2023 (NMWS).

The NMWS also promotes digital health as a key enabler to new models of care and to improve access to medical and other health care, particularly in rural and remote Australia. The NMWS includes action to harness digital capabilities to support expanded scope of practice for service delivery, for example through implementation of improved computerised clinical decision support systems to assist generalists to practise safely with an expanded scope in primary care settings.

Recommendation 7

7.14 The Committee recommends the Australian Government establish and fund a multidisciplinary advisory body including ventilation experts, architects, aerosol scientists, industry, building code regulators and public health experts to:

- Oversee an assessment of the impact of poor indoor air quality and ventilation on the economy with particular consideration given to high-risk settings such as hospitals, aged care facilities, childcare and educational settings.
- Lead the development of national indoor air quality standards for use in Australia.

The Australian Government notes the recommendation to establish and fund a multidisciplinary advisory body to assess the impact of poor air quality and ventilation and lead the development of national air quality standards.

The Government recognises the importance of good air quality and ventilation to human health, including the flow on effects this may have on reducing the incidence of COVID-19. In September 2022, the Government announced funding of a new NHMRC Centre for Research Excellence, the Centre for Safe Air. The remit of the Centre for Safe Air encompasses all sources of reduced air quality, indoor and outdoor, bringing together experts, policy makers and consumers to create innovative solutions to protect community health from airborne threats such as allergens, traffic emissions and smoke.

The Government has also requested that the Office of the Chief Scientist provide advice on the mechanisms at play in the transmission of airborne diseases and areas to focus future effort in improving indoor air quality standards. They will report on best practice and opportunities for Australia to improve indoor air quality.

In addition, the AHPPC has tasked its Environmental Health Standing Committee (enHealth) with further considering the health aspects of air quality and the development of practical guidance for the general public.

The Australian Building Codes Board will monitor the above work and assess any proposed changes to the National Construction Code for indoor air quality in new buildings. State and territory governments are generally responsible for monitoring and regulating air quality in their jurisdictions.

The Government notes that air quality in many high-risk settings is an aspect of work health and safety (WHS), which is also regulated at the jurisdictional level. Australia has a robust WHS framework based on the model WHS laws, which have been implemented in all jurisdictions except Victoria. The model WHS laws require employers to eliminate, or minimise so far as reasonably practicable, WHS risks in the workplace. This includes the risk of exposure to biological hazards and airborne contaminants.

The Government is also in the process of developing a new Residential Aged Care Accommodation Framework, including National Aged Care Design Principles and Guidelines. The Design Principles and Guidelines will provide a comprehensive, evidence-based resource to

promote the design of aged care accommodation and support the delivery of high quality, safe, respectful and dignified care. From 1 July 2024, the Design Principles and Guidelines will also consider clinical supports and safety features, including infection prevention and control measures and clean air.

Recommendation 8

7.15 The Committee recommends funding be made available for Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) research and patient support and that this funding should be allocated in consultation with peak bodies for ME/CFS and with note of the recommendations of the ME/CFS Advisory Committee's 2019 report to the National Health and Medical Research Council.

The Australian Government supports in-principle the recommendation to support Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS) research and patient supports.

The Government recognises the challenges faced by individuals with ME/CFS in accessing support, including through primary care. This issue was also identified by the Strengthening Medicare Taskforce.

People with ME/CFS are currently able to access support through time-tiered GP general attendance items and MBS chronic disease management items. People with ME/CFS will also likely benefit from recent reforms to primary care that enable care to be delivered in more tailored and efficient ways to better address patient needs.

The Government is providing \$880,000 under Program 1.5 Preventive Health and Chronic Disease Support over four years (2022-23 to 2025-26) to Emerge Australia, a patient-focused organisation for Australians living with ME/CFS. The funding will assist in improving support services provided to Australians living with ME/CFS through the provision of a nurse-led patient information and support service, resource development, advocacy, and the facilitation of community support groups, including online support.

Additionally, the Government has previously provided \$3.3 million through the NHMRC's Targeted Calls for Research scheme and \$1.27 million through Ideas Grants to fund four projects to better understand the causes and disease processes of ME/CFS to improve its diagnosis, management and treatment.

Recommendation 9

7.16 The Committee recommends, given the multiple questions that have arisen during our Inquiry, that the Australian Government consider a comprehensive summit into the COVID-19 pandemic and Australia's past and current response, including by governments at all levels, with particular consideration to the role of the future Centre for Disease Control.

The Australian Government supports in-principle the recommendation to review Australia's COVID-19 pandemic response.

On the 21 September 2023, the Prime Minister announced a Commonwealth Government COVID-19 Response Inquiry (the Inquiry). The Inquiry's Terms of Reference can be found at: www.pmc.gov.au/resources/commonwealth-government-covid-19-response-inquiry-terms-reference.

The Inquiry's recommendations will contribute to other pandemic preparedness work, including the development of the Australian CDC.