



Roundtable Summary – Pandemic Response Logistics

Date: Tuesday 21 May 2024

Host: Professor Catherine Bennett, Panel Member, Commonwealth Government COVID-19 Response Inquiry

Participants: This roundtable brought together a range of participants from the health sector, peak bodies and unions to discuss their experiences of pandemic response logistics.

Purpose of this roundtable

- A strong public health response in a pandemic requires timely and appropriate access to medical supplies, including vaccines and personal protective equipment.
- While Australia's health response to the pandemic was in many ways exemplary, there are lessons to be learned from the vaccine rollout and access to medical supplies from government reserves.
- This roundtable provided peak bodies an opportunity to reflect on ways in which the distribution of medical supplies by the Australian Government could be strengthened for a future crisis.

What we heard at the roundtable

- Consistent and credible communications delivered in plain language and utilising local knowledge and voices, especially for priority or hard-to-reach cohorts, are vital to improving understanding, engagement and adherence with public health measures.
- Primary care providers should be the 'first to know' of policy changes, including testing, vaccine and antiviral policy, as they are the first to be asked by the community, and policy will alter their practice.
- The Australian Government should recognise it is not best placed to do service delivery, it should acknowledge that people on the ground know what's happening and – when planning for service delivery in a crisis – draw upon existing structures and expertise to prioritise and reach vulnerable community members.
- Innovation in community outreach and progressive changes to scope of practice to deliver the COVID-19 vaccine roll out have not extended to other vaccines.
- Vaccination and testing were not always accessible (or subsidised), impacting access to general healthcare and support services with a negative test threshold for entry. Emergency service workers are impacted in a health crisis especially with concurrent natural disasters and should be considered and consulted in planning.

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- There needs to be a concerted effort to enable and inform all of the health workers with the training and skills to respond in a crisis, to utilise the full scope of their practice, and to understand that some (those servicing priority groups for example) have distinct needs that must be considered.
- Some health workers are experiencing post-pandemic moral distress, including those who believe they were underutilised in the vaccine rollout.
- There is an ongoing need for vaccination prioritisation for those who work alongside people at high risk of severe COVID-19 including carers and social care workers.
- Clarity on what stock is held in the National Medical Stockpile and how approved providers can access it in an emergency must be provided well ahead of the next pandemic.
- Better preparedness planning including for rural and remote locations through whole-of-government/community and service provider scenario testing exercises will help clarify service delivery roles and responsibilities in a future health crisis.
- A data system with improved linkages, including with the care and support sector, is critical to support tailored responses and planning.