Australian Government

Department of the Prime Minister and Cabinet

Senate Select Committee on COVID-19

Whole-of-Government Submission

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Contents

Overview

Over the last three months the global COVID-19 pandemic has suddenly and radically changed Australia. Tragically, 97 people in Australia have lost their lives as a result of COVID-19, and many more thousands around the world.

As can be found on the Australian Government's Coronavirus app, on 19 January 2020 Professor Brendan Murphy, the Australian Chief Medical Officer, released a statement indicating the Department of Health's awareness of cases of novel coronavirus (2019-nCov) from the region of Wuhan in China and that the Department was watching developments very closely.

We now know 2019-nCov as the disease called COVID-19. Awareness of the disease quickly turned into action when the National Incident Room was activated in the Health Department on 20 January 2020 to prepare for and respond to the COVID-19 outbreak. On 21 January 2020, 'Human coronavirus with pandemic potential' was added, by the Department of Health, as a Listed Human Disease under the *Biosecurity Act 2015*, enabling the use of enhanced biosecurity measures.

Soon after, the Department of Health began providing advice to the public on COVID-19 via its website and at all ports of entry via pre-recorded announcements, electronic signage, pull-up banners and information fact sheets. The Department of Foreign Affairs and Trade, also around this time, began regularly updating travel advice to reflect the evolving global situation.

Australia's first case was recorded by Victorian authorities on 25 January - the person was a passenger from Wuhan in China who flew to Melbourne from Guangdong on 19 January.

On 30 January 2020, following a meeting of the WHO International Health Regulations (IHR) Emergency Committee, the Director-General declared that the outbreak of 2019-nCoV constituted a Public Health Emergency of International Concern and issued advice as Temporary Recommendations under the IHR (2005).

On 1 February 2020, the Government put in place the first of a series of travel restrictions on foreign nationals entering Australia from mainland China. Subsequent travel restrictions were applied to travel from other countries which experienced outbreaks – Iran, the Republic of Korea and Italy.

The establishment of the National Cabinet at the Council of Australian Governments meeting on 13 March 2020 provided a new and effective governance mechanism through which Commonwealth, state and territory leaders could jointly take decisions to tackle both the health and economic dimensions of the fight against COVID-19.

On 15 March, the Government, through the Department of Foreign Affairs and Trade, issued advice to Australians overseas wishing to return home to do so as soon as possible by commercial means.

On 20 March 2020, the Government closed Australia's borders to all non-citizens and non-residents and on 25 March, the Government implemented a 'do not travel' ban on Australians travelling overseas, under the *Biosecurity Act 2015*. Both bans remain in place at the time of writing.

An unprecedented health response began to roll-out in February to strengthen our already world-class health system to respond to COVID-19, in line with the Australian Health Sector Emergency Response Plan for COVID-19. Australia acted early and decisively to test, trace and isolate cases and upskill the public health units in each of the states and territories. This put us in a strong position to avoid the widespread, undetected community transmission that occurred in other countries. On 11 March 2020, the Government announced a $2.4 billion first-phase public health package, followed soon after with additional funding to support the mental health of Australians, support the aged care sector, and to secure hospital beds and skilled workforce in private hospitals for the public health system.

The virus, along with the public health measures and restrictions necessary to slow its spread, has given rise to significant economic impacts. So after first building health system capabilities and making it COVID-19 ready through such measures as expanding telehealth services, the Government delivered three economic support packages to support households and businesses and the broader community.

The first focussed on delivering support for business investment, providing cash flow assistance for businesses and income support payments to households. The second focussed on providing further support for workers and households, including a Coronavirus supplement, early release of superannuation and further assistance to businesses to keep people in a job through boosting cash flow to employers. The third package aimed at maintaining an employment connection through Jobkeeper, a wage subsidy to assist employers keep employees during a period of falling demand.

A total support package of $320 billion was put in place including fiscal support from the government and monetary policy and liquidity support measures by the Reserve Bank of Australia. Across the forward estimates, this support amounts to more than 16 per cent of annual GDP.

Throughout the response, the Government has worked with other countries to share lessons, facilitate repatriations and keep global supply chains operating. Australia has provided support to regional countries as they prepare for the health crisis by reshaping the development program to build capacity and resilience. Australia will continue to support global efforts to respond to the pandemic and prepare for any future pandemic.

The scale of the Government response to COVID-19 is unprecedented and the role of the Australian Public Service (APS) in supporting the Government and the community has been critical. Significantly, the APS has performed this role during a period of immense upheaval. The APS rapidly shifted to widespread working from home arrangements, hundreds of staff have been redeployed to critical roles, and thousands more have shifted their priorities in order to focus on the COVID-19 response. The APS will continue to play a crucial role in every step on Australia's road to recovery.

Australia has responded extremely well to the COVID-19 pandemic and is the envy of many developed nations around the world. Our fundamentals of a world class health system, fiscal headroom, strong borders and effective institutions were essential conditions precedent for our effective public health and economic responses. The establishment of the National Cabinet was also decisive in providing a central governance mechanism through which Commonwealth, state and territory leaders could together make decisions with immediate life and death and long term economic impacts.

There is no victory yet. Risks still exist and setbacks will arise. Many challenges remain and will need to be managed. The Department of Prime Minister and Cabinet will continue to support the Government to work with state and territory governments, businesses and their employees and the people of Australia as we take our first steps to ease restrictions and re-open the economy consistent with safe health settings.

The architecture for the Australian Government response was established early

Australia was among the most well-prepared and well-equipped countries in the world to deal with COVID-19 because our starting point included an excellent health system and a strong economy. We also had the benefit of a series of plans, informed by lessons learned from previous epidemics in Australia and developments in the approach to pandemic response internationally, that set out a way forward.

From January 2020, as global concern increased around the pandemic potential of COVID-19, the Australian Government activated these plans and ramped-up existing mechanisms to support an effective domestic response. Early actions were focussed on strengthening the architecture for Australia's health response. By March, governance arrangements were also in place to coordinate and manage the economic and social response. Key elements of the architecture for the Government response include:

The Australian Health Protection Principal Committee (AHPPC)

The AHPPC comprises all state and territory Chief Health Officers and is chaired by the Australian Government Chief Medical Officer. It advises governments on mitigating emerging health threats related to infectious diseases, the environment and natural and human made disasters. The AHPPC was an organisational asset that pre-dated COVID-19, performing an ongoing role to advise the Australian Health Ministers' Advisory Council on health protection matters and national priorities.

In response to the unfolding COVID-19 pandemic, on 30 January 2020, the AHPPC commenced daily meetings to provide governments with up-to-date advice as the crisis rapidly evolved. With the creation of the National Cabinet by COAG on 13 March 2020, AHPPC's role was expanded to include advising the National Cabinet on Australia's health response.

National Incident Room activated (20 January 2020)

Australia's National Incident Room (NIR), located in the Department of Health was activated for COVID-19 on 20 January 2020. The NIR has supported the Chief Medical Officer and the Australian Government to coordinate the national health sector emergency response to COVID-19. The NIR is staffed from officials across the public sector and was an early beneficiary from staff mobilisation within the APS.

'Human coronavirus with pandemic potential' added as a Listed Human Disease under the Biosecurity Act 2015 (21 January 2020)

On 21 January 2020, 'human coronavirus with pandemic potential' was added as a Listed Human Disease under the *Biosecurity Act 2015*, enabling the use of enhanced human biosecurity measures. This listing was ahead of the World Health Organization's International Health Regulations Emergency Committee declaration on 30 January 2020 that the novel coronavirus outbreak was a 'Public Health Emergency of International Concern'.

DFAT Emergency Call Unit opened (26 January) and Crisis Centre activated (1 February 2020)

Consistent with the *Australian Government Crisis Management Framework*, on 26 January 2020, the Emergency Call Unit, located in the Department of Foreign Affairs and Trade (DFAT), was activated. Since 13 March, DFAT has received over 40,820 calls from the public relating to COVID-19. DFAT's Crisis Centre was activated on 1 February 2020, to

respond to the emerging overseas COVID-19 crisis, particularly as Australians abroad became stranded due to other countries' last minute travel, movement and other restrictions.

As of 11 May, DFAT had made over 1,675 updates to travel advisories supported by social media posts to keep Australians overseas informed.

Australian Health Sector Emergency Response Plan for Novel Coronavirus (17 February 2020)

On 17 February 2020, the first stage ('Initial Action') of the Australian Health Sector Emergency Response Plan for Novel Coronavirus ('the COVID-19 Plan') was initiated. The Plan is designed to guide the Australian health sector response to the outbreak of COVID-19, including tiered response stages to contain, manage and limit the spread of the virus in Australia.

The second stage ('Targeted Action') of the COVID-19 Plan was activated on 15 March 2020. This enabled governments to take targeted action in response to the COVID-19 outbreak, ensuring that resources would be properly allocated, and mitigating the risks to susceptible people in the community. Actions under stage two of the plan included changes to intensive care unit configurations, physical distancing, fever clinics and restrictions on mass gatherings.

Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements for Coronavirus (25 February 2020)

The National Communicable Diseases Plan (the 'National CD Plan') for COVID-19 was formally activated on 25 February 2020 at the request of the Chief Medical Officer, in consultation with the Departments of the Prime Minister and Cabinet and Home Affairs.

The National CD Plan outlines how non-health sector agencies (such as police, child care, transport and essential utilities) can support the health sector response. It includes whole of government actions (local, state, Commonwealth) to maintain society's key functions; strengthen the ability of the community, economy and affected individuals to remain resilient and to recover; and reduce the overall severity of the emergency. The National CD Plan was based on a pre-existing strategy to deal with Communicable Disease Incidents and was first published on the Department of Health's website in November 2018.

National Coordination Mechanism (5 March 2020)

On 5 March 2020, the Government commissioned the National Coordination Mechanism (NCM), led by the Department of Home Affairs, to coordinate multiple streams of activities across the Commonwealth, state and territory governments, as well as industry, to resolve issues and ensure a consistent national approach to the provision of essential services across a range of critical sectors and supply chains. The NCM was designed to operationalise the National Communicable Diseases Plan and effectively coordinate planning and preparedness measures for the non-health impacts of COVID-19. It engages closely with the National COVID-19 Coordination Commission and supports the National Cabinet on non-health aspects of the COVID-19 response.

The NCM is operating in place of National Crisis Committee (NCC) meetings due to the scale and tempo of the COVID-19 work. Under the *Australian Government Crisis Management Framework*, NCC meetings are held to coordinate efforts between the Commonwealth, states and territories in response to domestic crises.

Aboriginal and Torres Strait Islander Advisory Group on COVID-19 (5 March 2020)

On 5 March 2020, the Aboriginal and Torres Strait Islander Advisory Group on COVID-19 was established to develop and deliver a Management Plan to implement the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) for Indigenous Australians. This recognised that Aboriginal and Torres Strait Islander people are at a higher risk from morbidity and mortality during a pandemic, particularly within discrete and remote communities. The Advisory Group is co-chaired by the Department of Health and the National Aboriginal Community Controlled Health Organisation. The AHPPC endorsed the Management Plan for Aboriginal and Torres Strait Islander populations on 27 March 2020.

National Cabinet (first meeting 15 March 2020)

COAG agreed on 13 March 2020 to establish a National Cabinet, comprising the Prime Minister, Premiers and Chief Ministers, to coordinate Australia's response to COVID-19 across state and territory governments and the Commonwealth Government. Leaders are supported at National Cabinet meetings by the heads of their departments and Professor Brendan Murphy also attends as Chair of the AHPPC.

In respect of the Commonwealth, material for National Cabinet consideration has been generally first considered by Cabinet or a committee of it prior to submission through the Cabinet Office. Notetakers from the Commonwealth and a representative of states record decisions which are formalised by the Cabinet Office and distributed to all members of the National Cabinet.

By the agreement of all members, the National Cabinet is constituted as a Cabinet Office Policy Committee and operated according to longstanding conventions of Cabinet government, including the guiding principles of collective responsibility and solidarity. In his capacity as Chair, the Prime Minister provides frequent public updates on National Cabinet decisions where appropriate. The Commonwealth and state and territory governments individually remain responsible for the implementation of decisions arising from the National Cabinet.

The AHPPC and the National Coordination Mechanism are the primary bodies that advise the National Cabinet.

Heads of first ministers departments have separately been meeting as a group about weekly since mid-February 2020 to discuss COVID-19 and assist National Cabinet deliberations.

Coronavirus Business Liaison Unit (15 March 2020)

The Coronavirus Business Liaison Unit (CBLU) was created in Treasury to engage with industry during the crisis. The CBLU is playing a leading role across Government in elevating cross-cutting concerns of businesses, to inform policy decisions around the Government's economic response. It is in regular contact with peak bodies such as the Australian Chamber of Commerce and Industry, the Business Council of Australia, the Council of Small Business Organisations Australia, the Australian Industry Group, the National Farmers Federation, and the Australian Banking Association. The CBLU has worked closely with the National COVID-19 Coordination Commission since its creation and other coordination mechanisms across Government.

Human Biosecurity Emergency declared by the Governor-General under the *Biosecurity Act 2015* (18 March 2020)

On 18 March 2020, the Governor-General declared a 'human biosecurity emergency' under the *Biosecurity Act 2015* given the significant risks COVID-19 posed to human health in Australia. The declaration was made following the recommendation of the Commonwealth Minister for Health, on the advice of the Chief Medical Officer in his capacity as the Director of Human Biosecurity that the determination was necessary to prevent or control the spread of COVID-19 in Australian territory.

The human biosecurity emergency period is in force for an initial period of three months. It ceases on 17 June 2020, unless extended by the Governor-General. During a human biosecurity emergency period, the Commonwealth Minister for Health can issue legally enforceable requirements and directions to prevent or control the spread of COVID-19.

Australian Government Disaster Response Plan (COMDISPLAN) activated (23 March 2020)

On 23 March 2020, the Government activated the COMDISPLAN, administered by Emergency Management Australia, through the Australian Government Crisis Coordination Centre (within the Department of Home Affairs). COMDISPLAN outlines coordination arrangements for the provision of Australian Government non-financial assistance to states and territories in the event of an emergency or disaster. 'Non-financial assistance' refers (but is not limited) to: planning expertise, provision of mapping services, counselling, advice, management of external resources and physical assistance.

National COVID-19 Coordination Commission (NCCC) (25 March 2020)

On 25 March 2020, the Australian Government announced the creation of the NCCC to advise the Government on actions to minimise and mitigate the risks of the virus on jobs and businesses, and facilitate the fastest recovery possible of lives and livelihoods once the virus has passed. Based in the Department of the Prime Minister and Cabinet, the Commission provides a channel for business, industry and the not-for-profit sector to raise issues and connect to Government. The Commission also helps business to connect with other businesses to match problems with solutions.

The Executive Board of Commissioners, led by Mr Nev Power, brings a wide range of practical business and industry experience and networks that allow them to work across private, public and jurisdiction lines. Mr Power is joined by Mr David Thodey AO (Deputy Chair), Mr Greg Combet AM, Ms Jane Halton AO PSM FAICD FIPPA, Mr Paul Little AO and Ms Catherine Tanna, as well as the Secretaries of the Department of the Prime Minister and Cabinet, Mr Philip Gaetjens, and the Department of Home Affairs, Mr Michael Pezzullo. The Secretary of the Treasury, Dr Steven Kennedy PSM, has a standing invitation to attend Board meetings. Both the NCM and Treasury's CBLU provide reporting to the NCCC.

Advisory Committee for the COVID-19 Response for People with Disability (2 April 2020)

The Chief Medical Officer on 2 April 2020 commissioned an Advisory Group with membership from across the health and disability sectors to guide development and implementation of a Management and Operational Plan for People with Disability as part of the Government's response to COVID-19. The Advisory Group was announced by Ministers on 3 April 2020. The committee is overseeing the plan's implementation and meets weekly.

The scale of the Australian Government response is unprecedented

The Australian Government implemented a wide-range of strategies and measures to minimise the transmission of COVID-19 for the purposes of keeping Australians safe and to avoid overwhelming the health system. The Government also responded in a substantial way to support the Australian community socially and economically during the pandemic phase of this virus.

The various elements of the Government's response were designed and implemented in close consultation with state and territory governments and business and community groups, in response to rapidly evolving conditions. The Government is regularly monitoring implementation and adjusting responses as the health, social and economic circumstances change.

A list of significant policy announcements and operational developments in the Government's response is at Attachment A to the submission.

Border and quarantine arrangements

The Australian Government implemented a number of border measures to stop the spread of COVID-19. Decisions taken to impose travel restrictions were made under AHPPC's advice, based on the severe and immediate threat to human health and the need to prevent and control the entry and spread of COVID-19. Based on expert medical advice, Australia was one of the first countries in the world to implement travel restrictions in response to COVID-19.

From 1 February 2020, foreign nationals (excluding permanent residents) who were in mainland China were not allowed to enter Australia for 14 days from the time they have left or transited through mainland China. These restrictions were later extended to include other regions experiencing outbreaks, including Iran, the Republic of Korea and Italy.

On 20 March 2020, the Government closed Australia's borders to all non-citizens and non-residents and on 25 March, the Government implemented a 'do not travel' ban on Australians travelling overseas, under the *Biosecurity Act 2015*. Both bans remain in place at the time of writing.

Since the commencement of travel measures from 1 February 2020 (up to 1 May 2020), there were 2,550,509 arrivals by sea and air into Australia. As at 11 May 2020, the number of confirmed COVID-19 cases in Australia was 6,941. This stands in contrast to other comparative nations. The early introduction of border controls, effectively worked to form a shield around Australia underneath which domestic measures can then apply. The controls bought time in which Australia was able to build up its health sector preparedness and delay the onset of cases.

From 28 March 2020, further restrictions were imposed on the movement of incoming travellers. State and territory governments, supported by Commonwealth law enforcement agencies and the Australian Defence Force, implemented mandatory 14 day quarantine arrangements at designated facilities, including hotels for all international arrivals. This is enforceable under state and territory law. Over 2200 Australian Defence Force personnel were deployed to assist with contact tracing, planning support, and state and territory border controls.

The National Coordination Mechanism has supported information sharing between Commonwealth, state and territory governments on incoming flights and passengers. This coordination has also assisted the distribution of passengers arriving on

Government-facilitated flights and charter flights across states and territories to manage quarantine capacity.

Social policy response

The Government has responded to the many health and broader social policy challenges presented by COVID-19 with a comprehensive package of measures, designed to support the Australian community through the period of restrictions required to stop the spread of the virus.

The main elements of the Government's social policy response include:

- $2.4 billion for the first phase health package, covering primary care, aged care, hospitals, research and to augment the National Medical Stockpile.

  - $58.7 million Remote Community Preparedness and Retrieval Package includes funding for an aeromedical retrieval package, boosting support to the Royal Flying Doctors Service to evacuate COVID-19 cases in remote areas. It also supports Indigenous Australians to protect themselves against COVID-19, through 45 flexible grants to 110 remote communities.

  - Through the National Partnership on COVID-19 response, the Australian Government funding 50 per cent of the additional costs incurred by state and territory health services as a result of the diagnosis and treatment of patients with COVID-19, those suspected of having the virus or activities to prevent the spread of it. This support is uncapped and demand driven and funding will rise in response to the changing health needs of Australians.

- An estimated $1.3 billion in funding to ensure the viability of private and not-for-profit hospitals, and secure an additional 30,000 hospital beds and the sector's 105,000 skilled workforce including nurses and other staff for the national health effort.

- $1.1 billion in funding to support the mental health of Australians, bolster domestic violence services, further expand telehealth and ensure access to emergency relief, food and essentials for vulnerable people.

  - $669 million to expand Medicare-subsidised telehealth services for all Australians until 30 September 2020, with extra incentives to GPs and other health practitioners.

  - $200 million to support emergency and food relief providers in meeting surging demand for services, financial counselling services, support for temporary visa holders and to expand the No Interest Loan Scheme.

  - $150 million for the COVID-19 Domestic and Family Violence Response Package, which will deliver $130 million of funding for states and territories to support frontline services, where it is most needed, and $20 million for Commonwealth funded services such as 1800RESPECT and Men's Line.

  - $74 million to support the mental health and wellbeing of all Australians, including through a national communications campaign; the creation of a dedicated coronavirus wellbeing support line, additional funding to bolster the capacity of existing mental health support lines (including Lifeline and Kids Helpline); and dedicated mental health support for frontline health workers.

- $1.3 billion to support around 117,000 apprentices and trainees through wage subsidies.

- $205 million to support the aged care sector to respond to COVID-19, and $444.6 million to support the aged care workforce and support aged care providers to meet the needs of older Australians.

- $352 million for COVID-19 research and development, including $15 million towards global efforts to develop COVID-19 vaccines and diagnostics and $337 million to fund work in Australia on vaccines, diagnostics, therapeutics and respiratory medicine.

- $1.6 billion to guarantee baseline funding and provide families with free childcare in the Early Childhood Education Care sector.

- $90.7 million to support disability employment initiatives and to establish a Disability Information Hotline to provide information and referrals for people who need help because of coronavirus.

- $63.3 million for frontline legal assistance services to support Australians affected by COVID-19, including $20 million for domestic violence matters and $29.8 million for other issues such as tenancy disputes, insurance, credit and debt related problems and work related claims and $13.5 million to support virtual delivery by legal assistance services.

- $41.7 million to establish a separate funding source to provide additional funding for the Career Transition Assistance program to support mature age job seekers access training and support.

- $6 million in additional funding for online and phone support services for people experiencing drug and alcohol problems.

A number of initiatives have also been implemented to protect Indigenous Australians in remote communities, in consultation with Indigenous leaders and state and territory governments, including:

- Restrictions on travel into remote Indigenous communities under the Commonwealth *Biosecurity Act 2015* announced on 26 March 2020, such as the 14 day self-isolation requirement before entering a designated remote area.

- $3.3 million for a COVID-19 Remote Point of Care Testing Program, setting up 83 testing sites for remote and rural Indigenous communities most at risk and in need.

The Government also announced a range of initiatives to support National Disability Insurance Scheme participants, workers and providers. On 16 April 2020, the Prime Minister announced that National Cabinet had endorsed the 'Management and Operational Plan for COVID-19 for People with Disability'. This Plan provides a framework to minimise the risk of harm and to protect the rights of people with disability during the pandemic.

In addition, the Government worked with the aged care sector on an 'Aged Care Visitor Access Code' for residential aged care, which encourages providers to act compassionately while balancing the challenges of COVID-19 and the wishes of individual residents.

In partnership with the Council of Australian Government's Women's Safety Council, the Australian Government also developed an action plan to address the impact of COVID-19 on women and children experiencing, or at risk of, family and domestic violence. This also included the finalisation of the National Partnership on COVID-19 Domestic and Family Violence Responses.

The Government also tasked the National Mental Health Commission, led by CEO Ms Christine Morgan, to prepare a National Pandemic Mental Health Plan, in consultation

with states. This Plan, which is currently under development, will inform planning for remaining phases of the Government's COVID-19 response, including as restrictions ease, to ensure people can access the help they need to promote mental health and wellbeing.

The Government is also guaranteeing Commonwealth Grant Scheme and HELP funding as part of $18 billion provided to universities in 2020, providing $100 million in fee relief to the tertiary and international sector, and bringing forward up to $3 billion of funding for non-government schools.

The Higher Education Relief Package gave providers certainty, by guaranteeing funding for universities at current levels even if there is a fall in domestic student numbers, and provided greater flexibility in the use of these funds. In particular, restrictions on the use of public funding across bachelor, postgraduate and sub-bachelor places was removed.

The Government also introduced a new model of higher education certificate short courses, providing six months of education at a significant discount to the normal course costs. The Government committed $7 million to support short courses at non-university higher education providers. Tertiary and international education providers were provided with regulatory fee relief.

Economic response

As mentioned in evidence to this Committee by Dr Steven Kennedy, the Secretary to the Treasury, "[w]e have never seen an economic shock of this speed, magnitude and shape, reflecting that this is a significant shock to both supply and demand".

Australia's position heading into the crisis is stronger than many and the Australian Government has acted decisively to respond in a timely, targeted and proportionate way to the economic challenges posed by COVID-19.

A total package of $320 billion has been announced across the forward estimates which represents more than 16 per cent of annual GDP. This includes a wide range of measures in response to COVID-19 designed to keep Australians in jobs and support the viability of businesses.

On 12 March 2020, the Government announced a $17.6 billion economic support package. This package supported business investment; provided cash flow assistance to help small and medium size business to stay in business and keep their employees in jobs; targeted support for the most severely affected sectors, regions and communities; and, household stimulus payments that will benefit the wider economy. As part of this package, the Government announced:

- $1 billion Relief and Recovery Fund to support those sectors, regions and communities that have been disproportionately affected by the economic impacts of the Coronavirus, including those heavily reliant on industries such as tourism, agriculture and education.

On 22 March, the Government announced the second stage of its economic plan to cushion the economic impact of the coronavirus and help build a bridge to recovery. This included $66.1 billion to support households including casuals, sole-traders, retirees and those on income support; assistance for businesses to keep people in a job; and, regulatory protection and financial support for businesses to stay in business. As part of this package, the Government announced:

- A temporary expansion in eligibility for income support payments and established a new, time-limited Coronavirus supplement of $550 per fortnight. This is being paid to

both existing and new recipients of the JobSeeker Payment, Youth Allowance, Parenting Payment, Farm Household Allowance and Special Benefit.

- A further $750 payment to social security and veteran income support recipients and eligible concession card holders, in addition to the stimulus payment announced on 12 March 2020.
- Allowing early release of superannuation for individuals in financial stress of up to $10,000 in 2019-20 and a further $10,000 in 2020-21.
- Payments of up to $100,000 to eligible small and medium sized businesses, and not-for-profits (including charities) that employ people, with a minimum payment of $20,000.
- The Coronavirus Small and Medium Enterprises Guarantee Scheme to guarantee up to $20 billion to support $40 billion in loans issued by eligible lenders.
- A $90 billion Reserve Bank of Australia (RBA) special funding facility for commercial banks and small business.
- A $15 billion investment via the Australian Office of Financial Management to enable smaller lenders to continue lending to small and medium enterprises.

On 30 March, the Government announced a wage subsidy to around 6 million workers who will receive a flat payment of $1,500 per fortnight through their employer, before tax. The JobKeeper Payment scheme helps businesses significantly impacted by COVID-19 with the costs of their employees' wages so more Australians can retain their jobs and businesses can restart quickly when the crisis is over. Payments started in the first week of May 2020.

On 30 March, the Government also announced that it would temporarily relax the partner income test to ensure that an eligible person can receive the JobSeeker Payment, and associated Coronavirus supplement, so that more couples who experience an economic shock will be able to access support.

The RBA announced a further easing in monetary policy by reducing the cash rate by 25 basis points on 3 March and again on 19 March with the cash rate now at 0.25 per cent.

Supporting essential services and bolstering supply chains

The Australian Government led and coordinated a national response to the most pressing non-health challenges emerging from the COVID-19 pandemic. This included supply risk issues in power, water, food, telecommunications and transport.

The National Coordination Mechanism (NCM) has provided a platform to respond to supply chain challenges across a diverse array of topics, including coordination of logistics chains, and resolving issues around cross border movements of essential goods and workers.

The NCM includes a number of groups which focussed on particular sectors. For example, the Supermarkets Taskforce led by the Department of Home Affairs, facilitated collaboration across all major industry players to shore up food supply chains to urban, regional, rural and remote communities.

The Government also ensured sufficient supplies of Personal Protective Equipment and other medical equipment needed to respond to the COVID-19 pandemic. As international supply chains came under strain, the Government worked with industry, health care providers and the states and territories to source supplies from overseas and scale up local manufacture.

The Australian Government has made support available to the aviation industry to ensure core regional, interstate and international links for passengers and freight.

Federal science and research agencies, including the CSIRO and Defence Science and Technology, reprioritised their considerable practical research expertise to critical national needs, including the supply of personal protective equipment, ventilators, and virus transmission and survivability modelling. Australian Defence Force personnel worked with Victorian company Med-Con to increase the supply of surgical face masks from a capacity of two million per year to up to 50 million per year.

The Government has also continued to support essential services in Australia's external territories.

International response

Since the initial government-assisted departure from Wuhan, China in February 2020, Government officials have helped thousands of Australians return home. Since 13 March, more than 300,000 Australian citizens and permanent residents have returned to Australia. DFAT has facilitated the return of over 16,500 of those Australians, including around 6,500 from 51 cruise ships around the world. They have provided critical consular support to Australians in quarantine or diagnosed with COVID-19 overseas. The Government continues to work with other countries to manage international travel restrictions that have prevented the virus' spread, and to ensure their effective implementation and communication.

Throughout the response, the Government cooperated closely with international partners. We are re-shaping Australia's $4 billion international development assistance program to respond to COVID-19. Immediate priorities include ensuring health security, stability and economic recovery in the region. We have worked with our Pacific partners to establish a Humanitarian Essential Services Corridor and reshaped our bilateral development programs to directly support their management of COVID-19. We have shared lessons and expertise with our international partners, including at leaders' level, and remain engaged with the World Health Organisation (WHO), G20, APEC, ASEAN and others to ensure a coordinated and effective global response. COVID-19 training packages developed for use by the Department of Defence have been made available through Australia's overseas posts, and shared with partners in North Asia, South East Asia and South Asia.

On 4 May 2020, the Government pledged $352 million at the EU COVID Vaccine Pledging Conference to support global COVID-19 efforts, including $15 million for international efforts to develop COVID-19 vaccines and diagnostics.

Australia continues to work with other countries on support for an independent and transparent review of the global outbreak of COVID-19, including the emergence of the virus in China and its development into a pandemic, the WHO's and broader international response, and ways to strengthen our collective ability to respond to pandemics.

Government officials are working with their New Zealand counterparts to establish a Trans-Tasman COVID-Safe Travel Zone, when safe to do so, to help stimulate economic, business and people to people links between Australia and New Zealand.

The Government is working internationally to keep global supply chains open, particularly for critical medical supplies and agricultural exports through a temporary International Air Freight Assistance Mechanism (A$110 million), and to prepare for the future easing of international restrictions. The Government is assisting exporters, tourism operators and the education sector to overcome complex and fast-moving COVID-19 challenges internationally. It is providing support through additional funding for export development grants and business-saving export finance. The Export Market Development Grants program was boosted by $49.8 million to reimburse international marketing costs.

State and territory responses

The Australian response to COVID-19 is a national endeavour, with state and territory governments responsible for a wide range of actions that give effect to national decisions and also augment the Commonwealth response. National Cabinet meets frequently to ensure Australian responses are coordinated and complementary. The genuine and constructive way in which leaders have been working together during this challenging time has highlighted the strength of Australia's federated system of government.

State and territory governments have the legal power to impose public health orders or directions under their public health legislation. They also have a range of other legal powers, and compliance and enforcement measures available to them under public health legislation and emergency management legislation.

States and territories have used their powers to, for example, enforce social distancing directions, restrict retail trading, regulate commercial and residential leases, and impose quarantine requirements on individuals travelling from inter-state.

In addition, states and territories are making significant contributions to the effort to support jobs, businesses and vulnerable Australians during the pandemic. Some jurisdictions, for example, are deferring or waiving payroll tax for certain businesses, deferring rent for small commercials tenants, boosting funding to prevent homelessness, and bringing forward capital works and maintenance.

Further information on state and territory measures are available via state government websites.

The APS is playing a crucial role in the response

The hard work and dedication of the 145,000 members of the APS has been critical to the design, implementation and delivery of the Australian Government response to COVID-19. The APS has shown its abilities and commitment to high-quality policy advice and service delivery in the face of extremely high expectations, extremely short timeframes and a disrupted working environment.

In a video message to the APS on 3 April, the Prime Minister commended the APS for rising to the challenge of COVID-19 and enabling the Australian Government to support fellow Australians, saying:

> *Your extraordinary efforts are protecting Australians…Public service has never meant more than now…the focus of all the agencies, departments and their employees will be on delivering those critical services that the Australian public is relying on us for.*

The APS was quick to pivot to support the Government response. There has been a large scale re-prioritisation of tasks and re-deployment of staff to critical needs, and the service has been united in the shared purpose of ensuring Australians fare as well as possible during and after the pandemic phase of COVID-19.

Engagement across departments, with state and territory governments, with business and community groups, and with the academic, research and consultancy sectors has been frequent and widespread, characterised by exceptional levels of collaboration and sharing. This level of engagement is enhancing the APS's performance and the advice available to Government.

The APS's efforts and actions in responding to the COVID-19 pandemic are tangible demonstrations of a modern, high-performing service described in the Government's reform agenda released in December 2019, *Delivering for Australians,* and in response to the Review of the APS[1].

Remarkably, this positive transformation is occurring against a challenging backdrop. Like other large organisations, the APS is operating very differently to how it did just months ago. Large numbers of staff are working full-time from home for the first time, challenging IT systems and support, disrupting normal rules and directions, and requiring teams and managers to interact with each other differently. Members of the APS, like all Australians, are grappling with the personal implications of COVID-19. They are worried for their health and the health and livelihoods of their friends and family, they are supervising their children's education, they are supporting vulnerable members of their communities. Despite the significant challenges they, like their fellow Australians, face, the level of effort, commitment and service delivery from members of the APS remains extremely high.

The APS's role in the Government response has been possible because of the willingness of staff to go the extra distance in trying times, strong and coordinated leadership across the service, mobilisation of staff to critical roles, and IT equipment and systems that, while tested, have delivered.

Leadership

The Secretaries Board (the Board) is the principal service-wide governance committee for the APS, chaired by the Secretary of PM&C. The Board also includes the Secretaries of all other departments, the Australian Public Service Commissioner and the Director-General of

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[1] *Our Public Service, Our Future. Independent Review of the Australian Public Service. Commonwealth of Australia 2019. https://pmc.gov.au/sites/default/files/publications/independent-review-aps.pdf*

National Intelligence. The heads of the two major service delivery agencies, the Australian Tax Office and Services Australia, along with the Head of the Digital Transformation Agency, have been included in the Board as ex-officio members during the crisis.

The Board has met regularly, typically twice weekly, during the COVID-19 pandemic, and more frequently when needed. The Board's focus has been on:

- APS support to the Government's response to COVID-19, including implementation of cross-agency decisions arising from National Cabinet; and

- APS enterprise management in a COVID-safe environment, including work, health and safety and wellbeing issues.

The Chief Operating Officers' Committee (the COO Committee) includes the COOs from all departments and major agencies. Established by the Secretaries' Board, it first met in February 2020 with a remit to take on, for the first time, an enterprise-wide approach to APS operations and management. The COO Committee quickly focussed on managing whole-of-APS operations relating to COVID-19, including planning ahead beyond the immediate crisis.

The COO Committee met 17 times between mid-March and end of April. It is briefed regularly on COVID-19 impacts by the Deputy Chief Medical Officer, Professor Paul Kelly, to inform workforce management decisions. The COO Committee facilitates consistent messaging across the APS, using guidance and support material developed by the Australian Public Service Commission (ASPC) COVID-19 Taskforce relating to service-wide operating changes and COVID-19 impacts on staff. It played a major role in supporting the APS to transition to large scale working from home arrangements throughout March and April 2020, and is currently readying the APS for a graduated transition back to the workplace when health guidance indicates it is safe to do so.

The COO Committee works closely with the APSC's Workforce Management Taskforce to identify urgent staffing needs and arrange redeployment of staff where feasible, such as to Services Australia and other frontline agencies.

Mobilisation

Supported by the Secretaries Board, COO Committee and the APSC, the APS mobilised quickly to support the Government's response to COVID-19 – particularly to increase the capacity and speed of frontline service delivery.

Across the APS, agencies identified some 5350 staff for potential moves to support service delivery agencies. A number of agencies have also provided liaison officers to key coordination areas such as the Health National Incident Room and Treasury's Coronavirus Business Liaison Unit.

Within APS agencies, organisational structures have been stood up to support the Government's response and the senior APS governance forums outlined in the previous section. This includes the widespread establishment of taskforces comprising staff temporarily seconded from their business-as-usual roles.

For those APS officers not directly impacted by inter-agency or intra-agency movements, there has been an uptick in demands and pressures to keep the core functions and capabilities going with more limited staffing availability. In the case of corporate areas such as IT and human resources, the work tempo has surged to support the large-scale and rapid transition of the workforce to working from home arrangements.

Remote working capability

At a time when the APS is working more closely and collaboratively than ever to deliver the services Australians need, its people have been forced to work further apart. Figures collated by the APSC indicate that approximately 57 per cent of staff are currently working from home (as at 28 April 2020). On any given day in PM&C around 80 per cent of staff are working from home. Some departments, like PM&C, were reasonably well positioned to transition to widespread remote work.

At PM&C, most staff work off laptops, using an online document sharing system, and large numbers of staff are able to work remotely on PM&C's private network at the same time. We recognised the change in risk from having large numbers of people working remotely and provided advice to staff. To support secure home based work practices, staff were provided with guidance about appropriate handling of information and assets to meet the requirements of the Protective Security Policy Framework. In addition, PM&C increased its focus on cyber threats related to COVID-19 such as an increased threat of email phishing attacks containing topics related to COVID-19.

However, the experience across the APS is not universal, as departments and agencies are individually responsible for managing their IT assets and systems. Across the board, the large-scale and rapid transition of the APS workforce to working from home arrangements has necessitated widespread upgrade to systems and intensive workloads for IT and other corporate areas of departments and agencies. While the APS has managed the transition to large-scale working from home arrangements well, the situation has highlighted the importance of regular investment in, and maintenance of, IT assets and systems, particularly in relation to remote access.

Business requirements also limit what roles can be performed remotely. For example, staff working regularly on highly classified material must do so from secure assets in secure premises. Because these roles are essential, APS staff in these types of roles have continued to work from the office during the pandemic. Strict social distancing measures are in place for staff in the workplace.

Along with overcoming the hurdle of ensuring all staff in roles capable of being performed remotely have the assets, systems and support to work remotely, the APS has been strongly focussed on maintaining staff wellbeing and organisational performance in a remote work context.

The APS role – in numbers

- Services Australia has processed over 1,000,000 JobSeeker claims since mid-March. It processed more JobSeeker claims in six weeks than it would usually process in a year.

- As at 5 May 2020, 7.98 million Telehealth services had been delivered to 4.82 million patients, since 13 March.

- As at 8 May 2020, the ATO had approved 1.3 million applications (a total of $10.6 billion) for early release of superannuation.

- As at 30 April 2020, the Department of Education, Skills and Employment has approved 15,562 claims for wage subsidy assistance under the Supporting Apprentices and Trainees measure, providing $72.6m to support employers to retain their apprentices.

- Over 2000 Defence personnel have been allocated to support national efforts to respond to COVID-19 – at its peak-to-date on 16 April, this number was 2246 personnel.

- 20,000 people overseas are currently registered with DFAT for consular assistance in 162 countries. Of these, we estimate approximately 16,000 wish to return home [current as at 6 May].

- DFAT has helped over 16,500 Australians and permanent residents return home including 6,500 passengers from 51 ships.

- As at 1 May 2020, DFAT has made over 1600 updates to travel advisories.

- DFAT has received approximately 40,000 calls since its Emergency Call Unit's reactivation on 13 March.

- As at 0630hrs 11 May 2020, there have been 5,526,143 COVIDSafe app registrations.

- As at 4 May 2020, 13,240 child care services have received $765 million of Relief Payments through the Early Childhood Education and Care Relief Package.

Case Study 1: Department of Health

On 20 January 2020, Australia's National Incident Room, located in the Department of Health in Canberra, was activated in response to the COVID-19 outbreak. Shortly after this, the Department commenced providing advice to the public on COVID-19.

In response to the events unfolding both nationally and internationally, on 30 January, the Australian Health Protection Principal Committee, commenced daily meetings. This longstanding Committee, chaired by the Australian Government Chief Medical Officer, and including Chief Health Officers in every state and territory, provides advice directly to governments and has been essential to determining our response measures.

In response to the scale of the pandemic and potential impact to life of Australians, additional staff were quickly mobilised to support the National Incident Room in monitoring the situation and responding quickly to emerging issues.

At the same time, an unprecedented health response commenced in February, following activation of the Australian Health Sector Emergency Response Plan for COVID-19. Work focused across the health system. Medicine and Personal Protective Equipment supply lines were secured, hospital capacity and workforce surge needs were assessed and research funding for the development of a COVID-19 vaccine was quickly made available.

On 11 March the Government announced a $2.4 billion first phase health package, designed to deliver three immediate objectives: to inform Australians and protect vulnerable people from the effects of COVID-19; to test, treat and support those with symptoms; and, to preserve the capability of our health care system, including stocks of essential medical supplies and equipment.

Subsequent measures have injected over $1 billion in funding to support the mental health of Australians, bolster domestic violence services, further expand telehealth and ensure access to emergency food and essentials for vulnerable people, and secure additional stocks of personal protective equipment and other medical supplies and equipment. An additional $444.6 million in support has been provided for the aged care sector. A $1.3 billion guarantee to private hospitals has secured 30,000 hospital beds and 105,000 nurses and other staff.

Most recently, on 26 April, the Government announced the COVIDSafe app to assist in the early alert and finding of people who may have been in contact with a person that is positive with a diagnosis.

The Department has redirected staff from across the Department to implement the Government's health response while simultaneously employing successful work from home arrangements, with 2,000 to 3,000 staff working remotely on any given day.

This response has delivered a systemic shift to the way our health system operates. The Department has worked collectively with governments and the broader health and medical sector to support a rapid response to the virus. The initiatives the Department is implementing, when combined with the COVIDSafe app and broader measures such as social distancing, border restrictions and strong messaging on good hygiene, has meant Australia is well placed in managing the virus.

Case Study 2: Services Australia

Services Australia, an executive agency in the Social Services portfolio, has been at the forefront of the Australian Government's COVID-19 response. Just as it did during the summer bushfires, Services Australia mobilised quickly to provide Australians with the services they need.

In response to unprecedented demand on myGov and Centrelink services, Services Australia bolstered capacity to ensure it has sufficient staff to facilitate the delivery of new Government measures in response to COVID-19, providing government support and payments to Australians when they need it most.

On Sunday, 22 March 2020, the Prime Minister announced 5,000 extra staff for Services Australia. In addition to recruiting these 5,000 staff to assist with answering calls and processing claims Services Australia has:

- deployed 2,100 staff through existing service delivery partners;
- redeployed more than 3,400 staff from within the Agency; and
- supported by the Australian Public Service Commission and the Department of Social Services, redeployed more than 1,700 staff from other Commonwealth agencies.

Contact centres were established in the Department of Social Services premises in Tuggeranong in the ACT and at some additional locations across Australia and training was rolled out to approximately 12,000 staff.

Services Australia's contribution to the Government's COVID-19 response is demonstrated by the volume of claims being processed and system changes to support the streamlining of services:

- Since mid-March, Services Australia has processed more than 1,000,000 JobSeeker claims. It processed more JobSeeker claims in 6 weeks than it would normally process in a year. During the same period, Services Australia also answered nearly 2.5 million calls from members of the public on social security and welfare matters.
- The JobSeeker customer experience has been improved by making it easier for customers to prove their identity, allowing them to get a Customer Reference Number through myGov, and introducing a streamlined online claim form.
- Customer and staff facing digital services have been scaled substantially to meet unprecedented demand. For example, myGov capacity has been expanded from 90,000 to 300,000 concurrent users. On 25 March 2020 almost 3 million people logged into their myGov account, compared to the previous daily record of 1.8 million logins during the July tax time peak last year.
- Since mid-March Services Australia has created 279 new Medicare Benefits Schedule service items designed to facilitate telehealth to support the COVID-19 response. This has enabled the provision of 7.7 million services to be claimed for 4.7 million patients by over 90,000 health professionals at a cost of almost $400 million to date.
- Services Australia has removed the need for any Medicare transactions to be done in the face to face environment, meaning Australians no longer need to attend a service centre for Medicare business.

Case Study 3: Home Affairs Portfolio

Since the Australian Government's activation of the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19) on 27 February 2020, the Home Affairs Portfolio has actively responded to critical non-health aspects of the COVID-19 threat. The Department of Home Affairs made structural changes to support implementation of pandemic planning measures.

On 5 March 2020, the Australian Government activated a National Coordination Mechanism (NCM). It coordinates activities across state and territory jurisdictions, industry bodies and critical businesses, bringing a national approach to providing essential services across a range of critical sectors and supply chains. To support this, Home Affairs established a National Coordination Mechanism Task Force which has drawn in support from across the Home Affairs portfolio.

Almost daily, Home Affairs has chaired National Coordination Mechanism meetings to ensure a coordinated approach across all governments on a range of issues including: public safety and law enforcement, emergency management, visa and migration issues, corrective services, water, resources, agriculture, home delivery, volunteering, border restrictions, quarantine arrangements, and returning Australians. Between 6 March and 30 April 2020, the NCM has coordinated 70 meetings across 27 themes.

The Home Affairs Portfolio has also seconded officers to other priority critical areas of the Government's COVID-19 response, for example:

- Almost 100 staff have been seconded to Services Australia, seven staff are supporting the National COVID-19 Coordination Commission, three staff have been seconded to the Department of Health, and one staff member assisted the Australian Public Service Commission;

- As at 2 May 2020, the Australian Federal Police has deployed 104 officers to assist the Northern Territory authorities to protect remote communities from COVID-19; and

- Law enforcement agencies have supported states and territories with intelligence and investigatory support including through the establishment of a national Joint Intelligence Group.

In addition to these specific roles and contributions, the Home Affairs Portfolio has remained focused on securing Australia's national borders, supporting the states and territories in the establishment of quarantine facilities, effective functioning of the migration program as well as dealing with security, criminal and societal threats exacerbated by the COVID-19 pandemic.

Case Study 4: Australian Public Service Commission

As the central agency with responsibility for the APS workforce, the APSC is providing a range of workforce management guidance and support during the COVID-19 response. In addition to assisting agencies with their own responses to the pandemic, the work of the APSC is facilitating significant collaboration across the APS to ensure delivery of essential services to the Australian public.

Early on in the pandemic, it became clear that the newly established COO Committee would have a critical role to play in coordinating and managing the whole-of-APS response. To support the Committee, on 11 March 2020, the Australian Public Service Commissioner, Mr Peter Woolcott AO, established the APSC COVID-19 Taskforce, comprising staff from the APSC, Defence, Finance, Home Affairs and PM&C, as a single source of truth for APS workforce management arrangements.

The COVID-19 Taskforce provides regular information and advice to the COO Committee on workforce issues such as remote working, leave, workplace principles for minimising the spread of COVID-19, and extending the employment contracts of non-ongoing employees. This has enabled a consistent, principles-based approach to these issues across the APS, while leaving scope for individual agencies to take account of their own operational requirements. The APSC has also issued public guidance on these matters to the broader APS workforce.

On 26 March 2020, the Prime Minister issued a Direction under section 21(1) of the *Public Service Act 1999* to ensure that APS employees working in non-critical functions would be redeployed across the APS to deliver the most critical government services. To facilitate implementation of the Prime Minister's Direction, the Commissioner established a Workforce Management Taskforce, led and supported by senior officers from across the APS, including the APSC, ATO, DFAT, Industry, Services Australia and Social Services.

The Workforce Management Taskforce is working closely with APS agencies to identify employees who are able to be redeployed to work in other agencies. At 29 April 2020, 1,723 seconded employees from 34 APS and three non-APS agencies were working in a surge capacity workforce at Services Australia. Secondees report that they have appreciated the opportunity to offer frontline support that directly supports the wellbeing of Australians.

The Workforce Management Taskforce is also using data provided by agencies to undertake scenario-based modelling of the possible longer term impacts of COVID-19 on the APS workforce. This will assist the COO Committee in its ongoing enterprise-wide approach to APS operations and management, particularly with regards to potential workforce gaps and associated risks.

The APS COVID-19 pandemic response has been empowered by highly effective cross-APS collaboration and mobility. The APSC will continue to work closely with the Secretaries Board and the COO Committee to ensure that lessons learned from the pandemic response will inform future APS workforce reform initiatives.

Case Study 5: Prime Minister and Cabinet Portfolio

In the early phase of the response, PM&C reviewed critical functions within the department to realign priorities and allocations of staff to COVID-19 related activities, while ensuring critical business as usual functions could continue, albeit in a scaled-back form. Caroline Edwards was transferred to Health to become Acting Secretary to allow Professor Brendan Murphy to fully focus on the COVID-19 pandemic.

PM&C established a COVID-19 Taskforce to lead the department's initial response to the crisis, restructuring the workforce to support the Prime Minister's needs and provide policy advice to National Cabinet and the APS. A dedicated reporting function was created within the Taskforce to provide a twice daily comprehensive COVID-19 brief for the Prime Minister. This function was supported by a specialist data analytics team (including experts seconded from across the APS) which compiled data provided from Commonwealth, state and territory sources as well as private sector and international sources on COVID-19. The data team's up-to-date information, statistics, trend analysis and modelling on COVID-19 was an essential component in guiding Government decision-making and tracking of the impact of measures taken.

Staff were also redeployed internally to support the new governance structures activated by the Government to coordinate the response. Stephanie Foster was appointed temporarily to Associate Secretary to allow the Secretary to fully focus on COVID-19 matters and to support the Prime Minister in his role as Chairman of National Cabinet.

PM&C's Cabinet Division, together with a specialist team in the COVID-19 Taskforce, provide support for the National Cabinet, as well as the sharply increased pace of regular Cabinet and other Cabinet Committee meetings. Staff have worked to establish the National COVID-19 Coordination Commission - which is part of the PM&C portfolio - and have been moved into roles to support its ongoing function. PM&C has also re-directed resources to support the National Coordination Mechanism, and continues to support the principal APS governance forums, including the Secretaries Board and the COO Committee.

In addition to interagency re-deployments to Services Australia, PM&C has provided staffing assistance and/or liaison officers to the Department of Health, the Treasury and the APSC.

The Office of National Intelligence (ONI) is responsible for enterprise level management of the National Intelligence Community. In response to COVID-19, ONI appointed a dedicated COVID-19 Intelligence Mission Manager to coordinate the efforts of all 10 intelligence agencies to support the Government on security, defence and foreign policy matters. ONI has continued to support the Prime Minister and Cabinet through the production of all-source intelligence assessments and the Prime Minister's Intelligence Daily briefing.

Attachment A: List of significant policy announcements and operational developments up to 8 May 2020