



**Australian Government**

**Australian Government Response to the  
Foreign Affairs, Defence and Trade Committee  
Report**

*The Inquiry into the use of Quinoline anti-malarial  
drugs mefloquine and tafenoquine in the  
Australian Defence Force*

March 2019

## INTRODUCTION

The Government welcomes the report of the Foreign Affairs, Defence and Trade References Committee following its inquiry into the use of Quinoline anti-malarial drugs mefloquine and tafenoquine in the Australian Defence Force (ADF).

The Government would like to thank the individuals and organisations who made submissions or gave evidence to the inquiry for their contribution to this important issue, and acknowledges that for some it was a difficult process to provide details about their concerns. Their evidence adds to the Parliament's and Government's understanding of how we can further serve and support veterans and their families.

This Response sets out the Government's view on the 14 recommendations made in the Report and indicates how the Government intends to address the concerns raised during the Inquiry. The Government largely supports the views of the Committee, and has agreed to 12 of the Committee's recommendations and agreed in principle to two of the Committee's recommendations.

### Assistance for those who are concerned about having taken mefloquine or tafenoquine

The Government is committing \$2.1 million over four years to a new initiative *Response to Senate Inquiry into anti-malarials mefloquine and tafenoquine* that will support veterans who are concerned about having taken the anti-malarial drugs mefloquine or tafenoquine during their service. This initiative will deliver a national program of comprehensive health assessments for veterans, providing a whole-of-person assessment which will allow for identification of potential service related illness, disease or injury, and where appropriate referral for further specialist assessment, treatment and support. This measure will be implemented from 1 July 2019.

As recognised by the Senate Committee, some individuals who have taken mefloquine and tafenoquine are now unwell and have complex health needs, whilst their conditions are not attributable to the anti-malarial drugs they still require support. To ensure assistance is available to those with concerns about having taken mefloquine or tafenoquine, the Department of Veterans' Affairs (DVA) and the Department of Defence (Defence) offer a range of support for current and former ADF personnel.

DVA has a designated phone line — 1800 MEFLOQUINE (1800 633 567) — to help people who were administered anti-malarial medications in the ADF and are concerned about the possible effects of having taken mefloquine or tafenoquine. Support may include accessing treatment under non-liability health care arrangements, or lodging a claim for any condition they believe was caused by anti-malarial medications.

Between September and November 2018, DVA hosted a series of Mefloquine and Tafenoquine Consultation Forums across Australia. The purpose of the forums was to hear from current and former members of the ADF who are concerned about having taken mefloquine or tafenoquine, and outline the treatment, services and support available. A summary of the key themes discussed by attendees and the resources provided at the forums are available on the Mefloquine and Tafenoquine Information webpage at [www.dva.gov.au/mefloquine](http://www.dva.gov.au/mefloquine)

Defence provides comprehensive health care to all current serving members of the ADF on full-time duty, regardless of the cause of their condition. Serving members who are concerned about the use of these medications are encouraged to seek assistance at their local health facility. Defence has developed specific clinical guidelines to assist Defence health practitioners and these are available on the 'Malaria, mefloquine and the ADF' information portal ([www.defence.gov.au/Health/HealthPortal/Malaria/](http://www.defence.gov.au/Health/HealthPortal/Malaria/)).

Defence has also established a dedicated email address ([adf.malaria@defence.gov.au](mailto:adf.malaria@defence.gov.au)). Defence continues to respond to requests for information, study documentation and/or general advice from concerned individuals received via this email address.

#### Types of support available to former serving members

The types of support provided to veterans who have been injured or suffered illness as a result of their service fall broadly into three categories – compensation, income support and health treatment. This applies to illness or injuries related to the use of anti-malarial medication, as it does to any other conditions related to service in the ADF.

To access compensation and income support, a veteran needs to make a claim and show, to the relevant standard of proof, that they have suffered an illness or injury, and demonstrate that this condition was related to their service.

In relation to health treatment, there are two pathways by which former serving members may access DVA-funded services. They can:

- access treatment for mental health conditions without the need to show that the condition is related to service (the non-liability pathway); or
- make a claim, which DVA will then assess to establish whether the condition was related to service (the liability pathway). If the claim is accepted, the veteran's entitlement to compensation and income support will then be assessed, and the veteran will be eligible for DVA-funded health treatment for the condition.

The Government is committed to providing appropriate access to treatment to all Australian veterans related to mental health, regardless of the cause. The Government encourages anyone who would like support or to talk to someone about this to call Open Arms - Veterans and Families Counselling (Open Arms) to access free, confidential, nationwide counselling and support for eligible current and former ADF members and their families and can be contacted 24/7 on 1800 011 046. Open Arms is developing the Neurocognitive Health Program, a neurocognitive health assessment service that will include a comprehensive neuropsychological and medical assessment.

#### GP Health Assessment

All former serving personnel can access a comprehensive health assessment from their general practitioner (GP). Ex-service personnel can access this one-off health assessment through Medicare at any stage after leaving the ADF. A key objective of this comprehensive health assessment is to help the GP identify and diagnose the early onset of any physical or mental health conditions. GPs will then be able to treat or refer their patients to other services, as necessary.

Individuals who were administered mefloquine or any other anti-malarial medications during their service and are concerned about possible side effects should call 1800 MEFLOQUINE (1800 633 567) for assistance.

DVA funds a wide range of health services for veterans where they are clinically required and eligible. Services are accessed using a DVA Gold or White Card and include:

- medical consultations (general practitioners and medical specialists) and procedures available through Medicare and listed on the Medicare Benefits Schedule (MBS);
- allied health including dental, hearing, psychology, optometry and visual aids, social work, orthoptics, dietetic, chiropractic, physiotherapy, occupational therapy, exercise physiology, osteopathy, speech pathology, diabetes education, podiatry services and medical grade footwear;
- community services including community nursing, convalescent care, medication reviews, oxygen, rehabilitation aids and appliances, and Veterans' Home Care including domestic assistance, personal care, safety related home and garden maintenance and respite care;
- surgical procedures, hospital treatment and palliative care;
- pathology services and diagnostic imaging;
- pharmaceutical items prescribed by a doctor;
- transport including ambulance and travel assistance to obtain health care; and
- mental health treatment including care from a general practitioner, psychiatrist or other medical specialist, psychologist, social worker, occupational therapist, public or private hospital services, specialist PTSD programs, Open Arms, and pharmaceuticals as required to treat the condition. At Ease — DVA's portal to online mental health information ([www.at-ease.dva.gov.au](http://www.at-ease.dva.gov.au)) provides links to a range of mental health resources for health professionals and GPs for effective evidence-based treatment for veterans.

## GOVERNMENT RESPONSE TO RECOMMENDATIONS

### **Recommendation 1**

*The committee recommends that the terms of reference of the Departments of Defence and Veterans' Affairs Human Research Ethics Committee be updated to explicitly include consideration that prospective research participants may be vulnerable to perceived coercion to participate.*

### **Recommendation 2**

*The committee recommends that all members of the Australian Defence Force who are invited to participate in medical research have access to a confidential conversation with an independent participant advocate prior to consenting to participate.*

#### **Government Response: Agreed in principle.**

The Government supports recommendations 1 and 2. However, the Departments of Defence and Veterans' Affairs Human Research Ethics Committee (DDVA HREC) is a non-statutory body independent from both Defence and DVA. Its Terms of Reference include its mandate to protect the mental and physical welfare, rights, dignity and safety of research participants and to review human research in accordance with the National Statement, other national guidelines and legislative instruments. The National Statement suggests that researchers should *'invite potential participants to discuss their participation with someone who is able to support them in making their decision. Where potential participants are especially vulnerable or powerless, consideration should be given to the appointment of a participant advocate'*.

Due to its independence, Defence and DVA cannot direct DDVA HREC to implement these recommendations. As indicated in the report, the Surgeon General of the ADF (SGADF) wrote to the Chair of the DDVA HREC on 4 October 2018 to request that the DDVA HREC consider additional measures to ensure participants "are fully informed of all aspects of the studies and that there is no belief created that Command is endorsing or actively encouraging the study". On 16 January 2019, the SGADF again wrote to the Chair of the DDVA HREC to inform him of the Committee's recommendations and to request DDVA HREC consider the matters raised.

Defence is currently reviewing its Human and Animal Research Manual and will ensure that these matters are appropriately addressed at the policy level.

### **Recommendation 3**

*The committee recommends that the Department of Veterans' Affairs expedite their investigation on antimalarial claims lodged since September 2016 and continue to offer individuals assistance to lodge their claims and facilitate access to an advocate if required.*

#### **Government Response: Agreed.**

### **Recommendation 4**

*The committee recommends that the Department of Veterans' Affairs continue to provide ongoing training, information and support for the officers working in the Complex Case Team.*

#### **Government Response: Agreed.**

DVA's Complex Case team has participated in mental health first aid training to assist delegates who undertake the assessment of anti-malarial claims and the Senior Medical Advisor attached to the Complex Case Team will continue to provide ongoing education in relation to the current medical understanding of the impact of anti-malarial medications.

#### **Recommendation 5**

*The committee recommends that the Department of Veterans' Affairs, in addition to the existing program of consultation forums, ensure matters raised by attendees and families are followed up. The forums should continue to be promoted widely and in consultation with ex-service organisations and advocate groups.*

#### **Government Response: Agreed.**

A summary of the key themes raised at the Mefloquine and Tafenoquine consultation forums held nationally from September to November 2018 was developed and this document is available on the DVA Mefloquine and Tafenoquine Information webpage ([www.dva.gov.au/mefloquine](http://www.dva.gov.au/mefloquine)). DVA, in consultation with Defence, will continue to investigate possible actions to address the issues raised during the forums, taking into consideration the outcome of the Inquiry and recommendations of the Committee.

#### **Recommendation 6**

*The committee recommends that the Department of Veterans' Affairs make the material provided at the consultation sessions available online.*

#### **Government Response: Agreed.**

Materials provided to attendees during the Mefloquine and Tafenoquine Consultation Forums are available on the DVA Mefloquine and Tafenoquine Information webpage ([www.dva.gov.au/mefloquine](http://www.dva.gov.au/mefloquine)).

#### **Recommendation 7**

*The committee recommends that the Department of Defence attend the Department of Veterans' Affairs' consultation forums to maintain their knowledge of the issues raised by the veteran community. This will assist Defence to ensure their dedicated website is updated appropriately.*

#### **Government Response: Agreed.**

DVA has consulted with Defence in developing the summary documentation following the consultation forums and will continue to work with Defence in developing any actions to address the issues raised. As stated in Recommendation 5, this summary is available on the DVA Mefloquine and Tafenoquine webpage ([www.dva.gov.au/mefloquine](http://www.dva.gov.au/mefloquine)).

Defence undertakes to continue to support and attend DVA led consultation forums.

#### **Recommendation 8**

*The committee recommends that the Department of Veterans' Affairs undertake a targeted awareness raising campaign, in consultation with ex-service organisations and veterans' advocates, to increase veterans' awareness of the non-liability pathway.*

#### **Government Response: Agreed.**

### **Recommendation 9**

*The committee recommends that the Department of Veterans' Affairs and Department of Defence, in collaboration with the Royal Australian College of General Practitioners and other health professionals, review and update the clinical guidelines developed in 2016 to recognise the complex conditions with which some veterans may present.*

**Government Response: Agreed.**

A current version of the Joint Health Command *Clinical Guidelines for providing appropriate care to ADF members concerned about having been prescribed mefloquine* may be found at:

[http://www.defence.gov.au/Health/HealthPortal/Malaria/Documents/160609\\_Mefloquine\\_management\\_guidelines.pdf](http://www.defence.gov.au/Health/HealthPortal/Malaria/Documents/160609_Mefloquine_management_guidelines.pdf)

### **Recommendation 10**

*The committee recommends that the Department of Veterans' Affairs consult with the Royal Australian College of General Practitioners to assess whether General Practitioner briefings, like the one that occurred in Townsville in 2016 would be beneficial in other areas, including around major bases.*

**Government Response: Agreed.**

### **Recommendation 11**

*The committee recommends that the Department of Veterans' Affairs review the University of Queensland research findings due in late 2018 with a view to further inform the development of any new initiatives and the ongoing review of existing programs.*

**Government Response: Agreed.**

This research was delivered to DVA and Defence in December 2018. DVA and Defence will work collaboratively in consideration and dissemination of research findings and determination of future actions.

### **Recommendation 12**

*The committee recommends that the Department of Veterans' Affairs prioritise the development of the Neurocognitive Health Program. To enable veterans to access this program as soon as possible, consideration should be given to the rollout of a pilot program to a targeted population.*

**Government Response: Agreed.**

Open Arms is leading the development of the Neurocognitive Health Program which will be piloted in 2019 from both the Townsville and Sydney Open Arms centres.

### **Recommendation 13**

*The committee recommends that the pilot program undertaken as part of the Neurocognitive Health Program be formally evaluated and that the evaluation report be made publicly available.*

**Government Response: Agreed.**

A formal evaluation of the pilot program will be conducted and made publicly available after it has been considered by Government.

**Recommendation 14**

*The committee recommends that, following the evaluation of the Neurocognitive Health Program pilot, a collaborative working group be established, including those who contributed to the development of the program, veterans and advocates, medical professionals and the Department of Veterans' Affairs. This group would consider the outcomes of the pilot and, if supported by the evaluation, how best to roll out and promote the program to all veterans it could assist.*

**Government Response: Agreed.**

The evaluation will be used by Government to inform whether further assistance may be needed.