

# **PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Inquiry into the Australian Government's response to the COVID-19  
pandemic**

**02 June 2020**

**PDR Number: IQ20-000344**

**Question subject:** Development of a vaccine

**Question type:** Spoken

**Hansard Page number:** 14

**Senator:** Rex Patrick

## **Question**

Senator PATRICK: Thank you very much. What about in relation to the development of a vaccine under the WHO auspices? Obviously they're clearly focusing on that, and we and a number of other players are focusing on that.

Ms Edwards: There is an enormous focus worldwide on the development of a vaccine. There are a whole range of potential candidates, including ones we're investing in directly here in Australia. Having an organisation like the WHO involved in those things is an asset, but I couldn't comment on what impact any changes in its support or otherwise from another country might have. It's just outside my field of expertise, I'm sorry.

Senator PATRICK: Does that have an impact, for example, if a vaccine is developed in the United States? I understand inside the WHO there were discussions taking place about fair distribution and so forth. You might have to take that on notice as well.

Ms Edwards: I really do. Obviously there are discussions about how we could make sure there's fair distribution of a vaccine, particularly access to it in Australia—and we would be very keen to ensure that. I would have to take on notice exactly how the role of the WHO works and how this might impact it.

## **Answer:**

Issues relating to global access and distribution of any vaccine, including equitable access, are being considered in a variety of forums, including the World Health Organization (WHO), the Coalition for Epidemic Preparedness Innovations (CEPI), and Gavi, the Vaccine Alliance

(Gavi). Australia has well-established existing relationships with the WHO, CEPI and Gavi, and is engaging in discussions regarding what role Australia might take in these initiatives.

Australia was also among the earliest and strongest advocates for a World Health Assembly resolution, which called on WHO Member States to collaborate to promote research and development of vaccines, diagnostics and therapeutics; and recognised the need for all countries to have unhindered, timely access to quality, safe, efficacious and affordable diagnostics, therapeutics, medicines and vaccines.

Australia is also contributing to vaccine and research development activities supported by these organisations, including by providing \$66 million, from the Medical Research Future Fund, into finding a vaccine and treatments for COVID-19 as well as research to inform preparing for future pandemics.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**02 June 2020**

**PDR Number: IQ20-000349**

**Medicare data matching**

**Type of Question:** Spoken

**Hansard Page number:** 30

**Senator:** Rex Patrick

**Question:**

**Senator PATRICK:** I understand that you can detect this through Medicare data matching. Is that correct?

**Ms Edwards:** I'd have to take on notice the extent to which it might be possible to check that. It would depend. It's quite a complex data matching anyway, so I'd have to take on notice the extent to which data matching might be a useful tool to check compliance with this agreement. I don't know the answer.

**Answer:**

The Australian Government is working with the states and territories to monitor activity levels in public and private hospitals using information from a range of sources, including the aggregate level of in-hospital Medicare Benefit Schedule claiming and additional reporting of hospital activity by jurisdictions.

While this process may provide insight into volume and type of surgeries being conducted, data matching is not available to directly identify any potential breaches of restrictions on elective surgery.

Non-compliance with a National Cabinet decision and/or any breach of the arrangements between private hospitals and a state or territory is matter for jurisdictions. Any known instances of non-compliance are referred to the relevant state or territory.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Australian Government's response to the COVID-19 pandemic**

**02 June 2020**

**PDR Number: IQ20-000350**

**Question Subject:** Elective surgery

**Type of Question:** Spoken

**Hansard Page number:** 30

**Senator:** Rex Patrick

**Question:**

**Senator PATRICK:** Sure. Could you also take on notice how much level 1 elective surgery—which I think was allowed—and urgent level 2 surgery took place during that period that you mentioned? Obviously we would expect none for level 3, but is there any advice the department has—and I accept you don't have knowledge of it—that there in fact were breaches? If there were breaches, what remedial action is being taken in respect of those?

**Ms Edwards:** I will absolutely take it on notice. There would be some reporting that we've got through the national partnership. I would be very surprised if we hold any information about the extent to which there were breaches or breaches were investigated, but we'll certainly come back on notice with anything we do know.

**Answer:**

Data on individual elective surgery events in public hospitals, including the categorisation of an elective surgery by urgency category, is published annually and data is still to be reported for the 2019-20 year.

This data is collected as part of the Australia Institute for Health and Welfare's (AIHW) National Elective Surgery Waiting Times Data Collection. The AIHW is expected to release its analysis of 2019-20 elective surgery data late in the 2020 calendar year.

Therefore, the department does not hold data on the levels of category 1, category 2 and category 3 elective surgery that took place in April, May and June 2020.

The Australian Government is working with the states and territories to monitor activity levels in public and private hospitals using information from a range of sources, including the aggregate level of in-hospital Medicare Benefit Schedule claiming and additional reporting of hospital activity by jurisdictions.

Non-compliance with a National Cabinet decision and/or any breach of the arrangements between private hospitals and a state or territory is matter for jurisdictions. Any known instances of non-compliance are referred to the relevant state or territory.

**PARLIAMENTARY INQUIRY QUESTION ON NOTICE**

**Department of Health**

**Senate Select Committee on COVID-19**

**Inquiry into the Australian Government's response to the COVID-19  
pandemic**

**02 June 2020**

**PDR Number: IQ20-000354**

**Question Subject:** Advice to the Australian Health Protection Principal Committee

**Type of Question:** Spoken

**Hansard Page number:** 31

**Senator:** Rex Patrick

**Question:**

**Senator PATRICK:** Well, we wouldn't know, because we're not allowed to see it. On the point of advice to the AHPPC, that advice could not be covered by cabinet-in-confidence because it is not for the purpose of cabinet submission. I accept that, as it's gone through the AHPPC, there's an argument that their advice to cabinet is protected by cabinet-in-confidence, but that protection does not flow all the way back to the original roots; it goes to a clinician—

**Ms Edwards:** I'll take it on notice, because I don't even know if there is any such advice, so we may as well not debate that now.

**Answer:**

The response to Senator Patrick's question on the Commonwealth's position on the use of masks is provided in IQ20-000352.