Inquiry into the Victorian Government's
Response to the COVID-19 Pandemic
Submission no. 91

GRATTAN
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Room to improve management, contact tracing, communication, and coordination

Submission to the Victorian Parliamentary committee on COVID

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Overall, Australia – including Victoria – handled the first wave of the pandemic well. Australia closed its borders and imposed mandatory quarantine for returning travellers, and introduced appropriate restrictions, which stopped the spread.[1] The first wave was primarily driven by international transmissions, and so is quite different to the second wave which has a high proportion of community-based transmissions.

Our early success created an air of complacency and so we were poorly prepared when the second wave struck. Victoria's overall approach to the second wave included Level 3 and Level 4 lockdowns. Those were appropriate and proportionate.[2]

However, Victoria has handled some aspects of the second wave less well, including:

Management failures:

- failures of quarantine, which are the subject of a separate enquiry;
- failures of mitigating transmission in residential aged care, which is primarily due to poor Commonwealth

Government planning and coordination, but also involve state responsibilities.[3] The residential aged care failures are the subject of a forthcoming report from the Royal Commission on Aged Care Quality and Safety;

- not recognising early enough the impact on high-risk settings such as over-crowded housing, and the impact on vulnerable communities, such as people with insecure jobs.[4] Pandemic leave payments and test isolation payments were good initiatives, but came too late.

Contact tracing failures:

- use of paper-based contact tracing methods well into the second wave slowed down the tracing of potential contacts.[5] This is a symptom of under-investment in public health, and public health IT, by both sides of politics over decades;
- the failures of the COVIDSafe app to be able to be used effectively.[6] This is primarily a Commonwealth Government failure, but possibly exacerbated by the paper-based contact tracing referred to above.

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[1] Duckett, *et al.* (2020)
[2] Duckett (2020a)

[3] Ibrahim (2020); Montayre and Lindley ibid.; Hammer and Milthorpe ibid.
[4] Duckett (2020e)
[5] See Preiss (2020) which includes a photo of contact tracing using a whiteboard.
[6] England (2020)

Inquiry into the Victorian Government's
Response to the COVID-19 Pandemic
Submission no. 91

Communication failures:

- the failure to be fully transparent with the public about the management of the pandemic.[7] NSW and international jurisdictions provide significantly more information such as cases by postcode, list of clusters and testing rates by location. This suggests there is no functioning information system within the Department of Health and Human Services which generates this information for internal management, which in turn suggests poor internal oversight of the pandemic response. This might also be a symptom of under-investment in past years;
- the use of complex criteria for lifting restrictions, some of which are not evidence-based, such as the curfew;[8]
- not communicating the rationale for many lockdown restrictions, such as the need for a curfew;
- the failure to provide adequate warning for imposition of lockdown restrictions. For example, when entering into Stage 4 restrictions, there was only a few hours' warning.

Coordination failures:

- the failure of the Commonwealth and state governments to coordinate responses to the pandemic across a range of areas, for example testing, and the mental health response. This is a shared failure;

- the failure to coordinate an appropriate response to the quick lockdown of social housing estates.[9] This is symptomatic of poor coordination within the Department of Health and Human Services of public health and housing areas;
- the failure to initiate a broadly consultative approach to health system change post-pandemic. Queensland, by contrast, established a task group on this topic which consulted broadly and reported in a timely manner. (Dr Duckett was an advisor to this task group);
- the failure to put in place timely regional coordination arrangements to manage public health and treatment pathways in anticipation of a possible second wave. The introduction of COVID cluster management groups was late and rushed.

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[7] Duckett (2020d)
[8] Duckett (2020b); Duckett (2020c)

[9] Carrasco, *et al.* Ibid.

Inquiry into the Victorian Government's
Response to the COVID-19 Pandemic
Submission no. 91

The key lessons from this litany of failures are that:

- the Victorian government needs to reinvest in public health staffing and infrastructure; and
- part of post-pandemic recovery should be additional investment in social housing.

We have discussed in more detail our assessment of the response to the pandemic, and policy proposals for life after the pandemic, in two reports, *Coming out of COVID-19 lockdown: the next steps for Australian health care*,[10] published in June, and *Go for zero: how Australia can get to zero COVID-19 cases*,[11] published in September. Both are attached to this submission.

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[10] Duckett, *et al.* (2020)
[11] Duckett, *et al.* (2020)

Inquiry into the Victorian Government's
Response to the COVID-19 Pandemic
Submission no. 91

Submission to the Victorian Parliamentary committee on COVID

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Inquiry into the Victorian Government's
Response to the COVID-19 Pandemic
Submission no. 91

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