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**Towards a better new normal in the  
time of COVID-19**

**Pre-Budget Update 2020-2021  
September 2020**

## About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 18,000 physicians and 8,500 trainee physicians, across Australia and New Zealand. The RACP represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, infectious diseases medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

### Executive summary

The ongoing global pandemic has confronted the Australian Government and Australians more broadly with a unique and wide-ranging set of public health and socioeconomic challenges which will reverberate well into the future. It has also provided health policy advocates and policy makers alike with a unique opportunity to reflect on the strengths, weaknesses and needs of our health system and society and to remake them to be more resilient and equitable, better prepared for current and future challenges and better able to deliver improved health and social outcomes for all Australians.

As the Australian Government prepares to deliver its decisive COVID-era budget, the RACP suggests that these ambitious but essential goals can be achieved by investing judiciously in the set of measures proposed through this submission. These recommendations are meant as a supplement and amplification of the comprehensive 2020-21 Pre-Budget [Submission](#) released by the RACP in December 2019.

The RACP considers that the proposed recommendations, if they are adequately and appropriately funded and implemented as part of the forthcoming Budget, will deliver meaningful public health and wellbeing gains.

In summary, we ask that the Australian Government commit to the following actions:

#### Telehealth and digital health

- Retain specialist telehealth items in the MBS permanently, and undertake an evaluation to assess their mid- and long-term impacts and any further refinements to enhance patient care
- Provide additional funding for videoconferencing technology packages for selected households (targeted based on criteria, including socioeconomic disadvantage, cultural background and/or rural and remote location as well as clinical need for telehealth such as the elderly and persons with disabilities), as well as residential aged care facilities.
- Provide a Practice Incentive Payment for consultant physicians to support better digital infrastructure for interprofessional/organisational communication.

#### Residential care (including aged and disability accommodation)

- Fund and implement a clear and coordinated strategy for reducing infection transmissions in aged care that is accompanied by strong and independent national leadership representing the interests and rights of aged care residents and their families
- Commit adequate funding for the provision of home care with minimal wait times to support priority needs, minimal delays in diagnoses, assessments and treatment and the growth of multidisciplinary outreach services in the community

- Prioritise and fund appropriate palliative care services across all settings, including their expanded presence in the community
- Fund the training of RACF staff and non-palliative care health professionals to effectively deliver palliative care to residents and mitigate against potential shortages in standard delivery regimes of palliative care medications
- Fund appropriate infection control within and outside facilities to separate residents in disability care with suspected or confirmed infections of significant concern (including SARS-CoV-2/COVID-19) from the rest of the residents and create surge disability support workforce capacity to be deployed to work with disability support workers if necessary
- Fund the post-COVID recovery and rehabilitation needs of the expanding cohort of patients.

### **Health system preparedness and protection of healthcare workers**

- Work with the States and Territories to better ensure that frontline health care workers have access to necessary PPE and required training (in public and private hospitals as well as residential aged care settings)
- Ensure physicians and paediatricians working in private practice in the community can access the National Medical Stockpile for PPE in the same way as other health professionals such as General Practitioners
- Commit funding to ensure that the National Medical Stockpile has adequate reserves of PPE and provide transparent information about reserves in the National Medical Stockpile, including by jurisdiction
- Ensure that local supplies of PPE will not be interrupted in the event of international supply issues, including supporting local production as needed. All governments and health services must commit to a target of zero occupationally acquired COVID-19 infections.
- Commit funding to national and jurisdictional reporting on health care workers testing positive to COVID-19 by jurisdiction, age group, occupation, primary workplace, and whether the infection was occupationally acquired, including whether the infection was acquired from patient contact<sup>1</sup>
- Build Australia's capacity to provide and manufacture essential treatments and therapies, including radiopharmaceuticals, and put in place plans to address the issues of supply and logistics to ensure areas of health that rely on the transport of treatments and therapies from overseas and across Australia are not adversely affected and patient care not compromised
- Fund agile, easy to install specialised resources such as mobile testing facilities, mobile field stations and demountable isolation wards that can be deployed at short notice. In non-crisis times such resources may be used in rural and remote areas to increase access to specialised services.
- Support and fund Australian participation in the proposed international coalition for behavioural and social preparedness for epidemics, focusing on non-medical methods of reducing viral transition rates
- Establish a long-term, appropriately funded National Public Health Physician Training Program to strengthen public health workforce capacity and leadership.

### **Prevention**

- Commit to spending five percent of the health budget on prevention
- Fund a model of care for the management of patients with comorbid chronic health conditions that formalises and supports the integration of consultant physician care (the [RACP Model of Chronic Care Management](#) or a variation). The Government's

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<sup>1</sup> 'RACP says healthcare worker infection numbers in Victoria are extremely concerning' RACP media [release](#), 28 August 2020

implementation should be staged, starting with a small number of proof-of-concept sites, with outcomes monitored as part of a comprehensive evaluation plan.

- Develop, implement and fund a national population-wide preventative health strategy
- Prevent further increases in the rate of obesity in the Australian population through a national strategy on obesity. The College recommends a tax on sugar-sweetened beverages to reduce consumption, introducing restrictions on the marketing of unhealthy diets to children and young people and dedicated funding for states and territories to provide equitable access to bariatric surgery for public hospital patients. Further investment in obesity and metabolic disease research should be a key part of this strategy.
- Reduce alcohol-related harm to health by replacing the current Wine Equalisation Tax (WET) and rebate system with a volumetric taxation scheme for all alcohol products.
- Develop and fund a national climate change and health strategy that, among key issues, addresses the link between zoonoses and the human impact on the environment
- Increase funding to develop novel diagnostics, vaccines and therapies for existing and new infectious diseases including those likely to (re)emerge in Australia as a consequence of climate change.

### **Funding for specific groups**

- Commit to long-term sustainable funding for the National Partnership on Universal Access to Early Childhood Education beyond the end of 2021 for all children and expand it to starting at age 3
- Immediately appoint a chief paediatrician to coordinate early childhood policies across relevant portfolios
- Extend paid parental leave policy to provide up to 6 months (26 weeks) of paid parental leave (taken by either parent) and continue to fund the childcare support system to assist families with the cost of child care and to ensure that lower income families will not be disadvantaged
- Complement the Government's funding to tackle the isolation-related increase in domestic violence by providing further resourcing directed specifically at children. The package should provide support to programs which allow early childhood educators and carers to better recognise and respond to children exposed to domestic violence, paying specific attention to children under care and protective services, deliver transitional funding for additional therapy and support for vulnerable children and ensure equitable access to telehealth.
- Prioritise funding of fundamental and translational medical research into early childhood nutrition, brain development and immunisation
- Enact the recommendations from the Uluru Statement from the Heart to ensure Aboriginal and Torres Strait Islander peoples have self-determination and sovereignty over decisions affecting their lives
- Continue to fund telehealth and digital options for accessing drug and other alcohol services
- Commit funding for an increased access and affordability of opioid pharmacotherapies to people with opioid dependency, including by permanently establishing the COVID-era changes to the [prescribing guidelines](#)
- Invest adequately in mental health and include alcohol and other drugs prevention and treatment as critical parts of mental health care
- Fund enhanced alcohol and other drug services as a key part of investment in regional and rural Australia
- Provide all asylum seekers, and children born in Australia to asylum seeker parents, with access to Medicare and affordable pharmaceuticals
- Provide funding to address the specific needs of migrants, particularly those from Culturally and Linguistically Diverse backgrounds, new arrivals, refugees and asylum seekers.

## COVID-19 – a challenge and an opportunity

While the severe acute respiratory syndrome coronavirus 2 (also known as SARS-CoV-2) and the disease it causes (COVID-19) have posed an unprecedented challenge to Australian society, economy and the health system, they have also presented the country and the Australian Government with a once-in-a-lifetime opportunity to reassess and transform the way we design and allocate our health budgets.

The crisis has highlighted the things we already do well and what must be done better, as well as demonstrating the opportunities to use the former to improve the latter in the quest for a more effective, efficient and equitable health system. The new normal that we are collectively facing as practitioners, decision makers and the community must become a better normal.

### What Australia has done right

The unfolding response to COVID-19 has shown that strong leadership and cooperation are possible in the face of a major and unexpected crisis. Collaborative, evidence-based governance, relatively early closure of the international border and mandatory quarantine, widespread testing, rapid adoption of physical distancing measures and the expansion of telehealth saw Australia weather the ‘first wave’ of the pandemic better than many comparable nations, notwithstanding the recent setbacks in Victoria.

We learnt from the impacts of the H1N1 pandemic on Aboriginal and Torres Strait Islander people, and the Indigenous-led response to COVID-19 has worked effectively with Australian governments to minimise infection risk to First-Nation communities over the last six months. The response resulted in Aboriginal and Torres Strait Islander people comprising around 0.5% of infections despite making up around 3% of the population.

The Australian medical research sector has also risen to the challenge, developing rapid diagnostic tests and promising vaccine candidates. A closer dialogue between health experts, physician-scientists, policy makers and the public has been one of the key gains of this pandemic, one that health professionals and the governments alike must now capitalise on to build a more resilient, responsive and effective health system of the future.

### The nature of the challenge

The novel coronavirus crisis is far from over, but as we look to the October Budget for 2020-2021, we must apply the many lessons of this emergency to deal with the health and social crises we have long been aware of but have neglected, overlooked or underfunded:

- SARS-CoV-2 can infect anyone, but its effects are often more severe in people with chronic disease such as the elderly who typically present with multiple noncommunicable conditions and in younger individuals with chronic obstructive pulmonary disease, chronic kidney disease, cardiovascular disease, obesity and Type 2 Diabetes Mellitus. It also tends to make complications of non-communicable diseases (NCDs) worse. Better management of NCDs, especially through better preventative care, will be a continuing challenge for our healthcare system.
- Disease and ill-health, mental health issues and socioeconomic disadvantage are often intimately interlinked and mutually reinforcing. The pandemic has laid bare the interconnectedness of social, economic, political, environmental, and cultural influences on health and wellbeing of Australians i.e. the social determinants of health (SDOH). The long-term socioeconomic, health and wellbeing impacts of COVID-19 will be substantial, and the

national response to them needs to be appropriately coordinated, funded and targeted at those who will require most support.

- There is increasing evidence that Australians have delayed vital medical tests and treatments (including cancer screening and regular check-ups for people with chronic conditions) because of the precautionary physical distancing required during this outbreak.<sup>2 3</sup> While the evidence is not yet settled on the potential adverse impacts from these delayed tests and treatments, a healthcare system that is configured to provide more services virtually and which is better integrated between its different components can more easily adapt to future infectious disease outbreaks as well as being more accessible for preventative and chronic care.

The submission expands on these points with recommendations for more immediate implementation as well as the longer-term implications for the healthcare system. The Budget 2020-2021 presents the Australian Government with the critical opportunity to allocate funds in a way that reflects and addresses these connections to ensure that the new normal is indeed a better normal.

## **Immediate priorities for the pandemic era**

### **Agile, flexible and responsive must be the new normal in healthcare**

The recent experience with the new MBS telehealth items for specialist and consultant physician attendances that were rapidly phased in over March and April 2020 shows that telehealth can improve the accessibility and quality of healthcare to Australians, wherever they live, as well as those with chronic and complex conditions, given that this is a significant cohort of patients treated by specialist and consultant physicians. These telehealth items have been essential in reducing the risk of infection, both for specialists and their patients. If not for these new telehealth items, it is likely that the number of Australians delaying their tests and treatments would have been higher because of the lack of an alternative to face-to-face consultations.

The RACP's [survey of members](#) indicated that the enhanced access to telehealth has made specialist care more accessible and equitable, particularly for patients who find it a challenge to attend appointments in person such as those with mobility issues, immune-suppressed patients, those living in rural and remote areas and Indigenous patients who feel more culturally safe attending appointments in their own environment. This new normal exemplified by the new telehealth items bodes well for the future insofar as the increased accessibility to physician care and reduced failure-to-attend rates it enables may translate in the long term to a reduction in avoidable hospital admissions and increasing treatment adherence. The new telehealth items should be retained in the MBS permanently, and evaluated to assess their mid- and long-term impacts and any further refinements to enhance patient care.

To ensure equitable access to telehealth, we also recommend that the Government consider additional funding for videoconferencing technology packages for selected households (targeted based on socioeconomic disadvantage, cultural background and/or rural and remote location as well as clinical need for telehealth such as the elderly and persons with disability) and residential aged care facilities. Such packages could include support for purchasing devices, initial setup and training and data packages and could be made contingent on enrolment with a GP practice or be part of a treatment plan.

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2 Cancer Council Victoria data obtained by The Australian Financial Review shows pathology cancer notifications fell by up to 120 people a day or 28 per cent during the first March to May national lockdown. 'More cancer deaths from COVID-19 lockdown' Financial Review, 12 August 2020

3 'Fears seriously ill people going unchecked as cancer referrals plummet' Sydney Morning Herald. 26 April 2020



In addition, digital health technology needs to be better embedded in our health system to help address the fragmented service delivery and poor connectivity and information transfer across health sectors and organisations. Strategic use of digital health and telehealth can help address major challenges to the health system, such as inequitable access, an ageing population, the gap in Indigenous health outcomes, chronic disease and workforce issues, resulting in reductions in medication errors and better access to health services. A strong intervention on the part of the Australian Government is needed to deliver better real-time support to connect consultant physicians to patient care services.

We recommend that the government provide a Practice Incentive Payment for consultant physicians to support better digital infrastructure for interprofessional/organisational communication. The Australian Digital Health Agency could play a role in ensuring interoperability and consistent standards to deliver fully integrated services.

### **Protecting aged care and other care in community settings**

The pandemic has further highlighted the specific vulnerabilities and needs of older Australians, whether in the community, in residential care or in hospital. Residents in Residential Aged Care Facilities (RACFs) are at an especially high risk of serious illness and death from COVID-19. These risks will also extend to those under residential disability care.

The RACP's recent [supplementary submission](#) to the Royal Commission for Aged Care on the impact of COVID-19 on aged care services<sup>4</sup> sets out the perspectives of frontline physicians and makes a range of recommendations, including the requirement for all RACFs to have in house (or access to) infection control expertise, and comprehensive outbreak management plans in place.

While the recently upgraded Government package to reinforce Australia's aged care comprises additional funding for the aged care workforce and infection control and addresses some of the gaps exposed by the pandemic, the funding so far committed is unlikely to adequately address the ongoing challenges to the strained sector. Most of the funding has been allocated to the expansion of existing initiatives and is not guided by a national plan to deal with the gaps in the aged care system highlighted by the current crisis.

To remedy these issues, a clear coordinated strategy for reducing transmissions in aged care needs to be accompanied by strong and independent national leadership representing the interests and rights of aged care residents and their families. This must include ensuring that all Residential Aged Care Facilities (RACFs) are appropriately resourced to have in house (or access to) infection control expertise, and comprehensive outbreak management plans in place.

There must also be adequate funding for the provision of home care with minimal wait times to support priority needs, minimal delays in diagnoses, assessments and treatment and the growth of multidisciplinary outreach services in the community. These enhanced home care options need to be designed and delivered within the framework of integrated care to ensure system-wide interoperability and resilience and deliver better outcomes to older Australians while securing cost effectiveness/reducing waste in the budget

The Government must also prioritise and fund appropriate palliative care services across all settings, including their expanded presence in the community. At the same time, the accessibility of palliative care services in RACFs must be improved through, in the first place, training RACF staff and non-palliative care health professionals to effectively deliver palliative care to residents and mitigating against potential shortages in standard delivery regimes of palliative care medications.

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<sup>4</sup> RACP Submission to the Royal Commission for Aged Care Impact of COVID-19 on Aged Care services July 2020.

Taking heed of the recent problems in aged care, the Government must urgently act to prevent further COVID-19 infections in residential disability care. The required steps include collaboration with the States to ensure appropriate Commonwealth funded infection control within and outside facilities to separate residents with suspected or confirmed infections of significant concern (including SARS-COV-2/COVID-19 from the rest of the residents and creating surge disability support workforce capacity to be deployed to work with disability support workers if necessary, <sup>5</sup>

Finally, the Government must accurately assess and adequately fund the post-COVID-19 recovery and rehabilitation needs of the expanding cohort of patients. The long-term effects of the disease are manifold and extensive, spanning respiratory, cardiac, neurological, immunological and mental health conditions. Physicians across a range of specialties will be called upon to respond to the enduring effects of COVID-19 – the Government must make sure that ongoing care and rehabilitation of COVID patients is funded well beyond the acute phase of this crisis.

### Health system preparedness and protection of health and aged care workers

We note that the many public health lessons of the pandemic are continuing to emerge. The National Cabinet's decision to develop a new plan for *Australia's Public Health Capacity and COVID-19* is a clear indication that the Government is determined to use the pandemic and its response to it to improve our preparedness for this and future pandemics. It is important to acknowledge that the Government has striven to meet the exceptional challenge of COVID-19 with an evidence-based, coordinated and collaborative national response that has cut down on the number of transmissions, infections and deaths. However, it is clear from the 'second wave' of the pandemic in Victoria and outbreaks in healthcare and aged care settings that there is absolutely no room for complacency and that we can and must do better to protect our health and aged care workers and vulnerable patients.

Our health and aged care workers have the right to a safe workplace, and all governments and health services must commit to a target of zero occupationally acquired COVID-19 infections. Unfortunately, it is clear from the major outbreaks in residential aged care facilities, and the recent [Victorian Government report](#) indicating that 86% of investigated COVID-19 infections in healthcare workers have been acquired in the workplace, that measures to date have been seriously inadequate. Appropriate PPE is essential for workers who are at an increased risk of infection, and a precautionary approach is required, including input from occupational and environmental medicine specialists. Of note, the RACP has recently [surveyed](#) our members and published evidence-based [advice on Personal Protective Equipment](#) use for health and age care workers.

We call on the Government to:

- Enhance funding for the National Medical Stockpile and introduce new funding for PPE training
- Work with the States and Territories to ensure that frontline health care workers have access to necessary PPE and required training (in public and private hospitals as well as residential care settings)
- Ensure physicians and paediatricians working in private practice in the community can access the National Medical Stockpile for PPE in the same way as other health professionals such as General Practitioners, though noting that the Stockpile should serve as a safety net rather an exclusive source for all PPE requirements .<sup>6</sup>

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<sup>5</sup> 'Let's heed the warnings from aged care. We must act now to avert a COVID-19 crisis in disability care', Helen Dickinson and Anne Kavanagh, The Conversation, August 21 2020, <https://theconversation.com/lets-heed-the-warnings-from-aged-care-we-must-act-now-to-avert-a-covid-19-crisis-in-disability-care-144669>

<sup>6</sup> 'RACP survey: 20 per cent of physicians in public hospitals sourcing their own PPE – calls for greater transparency on government stockpile' RACP media [release](#), 10 August 2020



The Government also needs to commit new funding to:

- Ensure that local supplies of PPE will not be interrupted in the event of international supply issues, including supporting local production as needed
- Provide transparent information about reserves in the National Medical Stockpile, including by jurisdiction
- Report nationally and by jurisdiction on health care workers testing positive to COVID-19 by jurisdiction, age group, occupation, primary workplace, and whether the infection was occupationally acquired, including whether the infection was acquired from patient contact.<sup>7</sup>

More generally the Government needs to:

- Review its public health preparedness status, to ensure the lessons learned from this pandemic are embedded in the national health emergency planning and epidemic preparedness regime
- Build Australia's capacity to provide and manufacture essential treatments and therapies, including radiopharmaceuticals, and put in place plans to address the issues of supply and logistics to ensure areas of health that rely on the transport of treatments and therapies from overseas and across Australia are not adversely affected and patient care not compromised.
- Fund agile, easy to install specialised resources such as mobile testing facilities, mobile field stations and demountable isolation wards that can be deployed at short notice. In non-crisis times such resources may be used in rural and remote areas to increase access to specialised services.
- Support and fund Australian participation in the proposed international coalition for behavioural and social preparedness for epidemics, focusing on non-medical methods of reducing viral transition rates.<sup>8</sup>

The Government should also consider establishing and funding a central national preventive health agency. Supported by Commonwealth legislation governing its cooperation with other jurisdictions, the agency would set nationwide preventive health goals, direct strategic investment in public health and research, coordinate implementation of initiatives and evaluate the evidence for the cost-effectiveness of population-wide public health interventions. The agency would prioritise and direct the preventative health expenditure upon its increase from the current level to five percent of the national health spending (see the section on prevention, below, for more detail) and invest heavily in the development of the public health workforce.

To ensure national public health preparedness and strengthen public health workforce capacity, the Government should ensure a nationally coordinated and consistent approach to capacity in public health workforce including specialists and trainees who can provide leadership and oversight of public health systems.

The RACP recommends the establishment of a long-term, appropriately funded National Public Health Physician Training Program to strengthen the public health physician workforce capacity and leadership. It is envisaged that such a program would include training for public health physicians, recognising the important leadership contribution to the public health workforce that physicians make.

The establishment and effective operation of the program is expected to support and accelerate other recommended system reform and sustainability efforts.

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<sup>7</sup> 'RACP says healthcare worker infection numbers in Victoria are extremely concerning' RACP media [release](#), 28 August 2020

<sup>8</sup> 'Top experts call for major new coalition on non-medical pandemic research' News GP, 3 July 2020

We welcome the National Cabinet's plan for Australia's Public Health Capacity and COVID-19 to improve long term sustainability of the public health workforce.

## **Building better beyond the pandemic: Investing in prevention across populations and life cycles**

More than ever, the pandemic-era budget needs to prioritise funding for integrated health care delivery across medical conditions, localities, and populations. We know that the budget impacts of the pandemic will be felt for a generation, and for this very reason it is time to embrace major reforms, rather than short sighted approaches that will exacerbate avoidable costs to the health system over the longer term.

Over 80 percent of Australians are estimated to have at least one chronic condition or risk factor.<sup>9</sup> As the rates of people living with complex and co-morbid conditions continue to rise, the Government is bearing the cost of unnecessary or avoidable exacerbations and deterioration of conditions resulting in increased demand for hospital services<sup>10</sup> as well as duplicated pathology and inappropriate referrals.<sup>11</sup>

Disconnected care and care based on incomplete or incorrect information not only leads to poor health outcomes and loss of life and wellbeing for Australians, it is also inefficient and often cost-ineffective. Accordingly, Government investment priorities in the 2020-2021 Budget must aim to better interlink primary and secondary care, with the Government committing to:

- Funding a model of care for the management of patients with comorbid chronic health conditions that formalises and supports the integration of consultant physician care (the [RACP Model of Chronic Care Management](#) or a variation). The Government's implementation should be staged, starting with a small number of proof-of-concept sites, with outcomes monitored as part of a comprehensive evaluation plan.
- Expansion of complex care delivery in the community, making it less synonymous with hospital settings, which in turn makes it both more accessible and less expensive. The pandemic has further underscored the need for this long sought-after intervention.

## **Supporting evidence-based population-wide interventions**

In 2016-17, Australia spent nearly \$181 billion on health, 69 percent of it funded by Australian governments.<sup>12</sup> However, in recent years it has been estimated that Australia spent only an overall \$2 billion or \$89 a year per person on prevention. This amounts to a mere 1.34 percent of all health spending, considerably less than the UK, NZ and Canada. For instance, Canada, the leader among Organisation for Economic Cooperation and Development (OECD) countries in this respect, spends

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9 Britt, H., Miller, G.C., Henderson, J., Bayram, C., Harrison, C., Valenti, L., Pan, Y., Charles, J., Pollack, A.J., Wong, C. and Gordon, J., 2016. General practice activity in Australia 2015–16. Sydney University Press

10 In 2017-2018, 51 percent of hospitalisations involved 1 of ten select chronic conditions. Chronic disease snapshot, Australian Institute of Health and Welfare, 2019

11 A recent estimate of select 21 procedures at an Australian private hospital demonstrated that about 21 to 32 percent of them were low value. Chalmers, Pearsons et al, Measuring 21 low-value hospital procedures: claims analysis of Australian private health insurance data. BMJ, 2019. For more on the RACP flagship initiative to tackle low-value care, please see the Evolve website [one.evolve.edu.au](http://one.evolve.edu.au)

12 Australian Institute of Health and Welfare (2018), Health expenditure Australia 2016-17

more than 6 percent of its health budget on prevention.<sup>13</sup> Australia also only spends \$40 a year per person on medical research compared to \$169 in the US.<sup>14</sup>

This is counterproductive and inefficient as, on average, for every dollar invested in prevention, up to seven dollars are returned in economic benefits.<sup>15</sup> <sup>16</sup> Given the ways in which the pandemic has set the health of many Australians back, and the increasing budgetary pressures as the health system copes with the challenge of COVID-19, we can no longer afford to underinvest in prevention and medical research, leaving that seven-to-one benefit ratio off the table.

A true focus on prevention in the context of the COVID-time budget means not just increasing the funding but expanding the scope of prevention, deploying better diagnostics, prioritising systems thinking, strengthening social safety nets and targeting most effective interventions.

While increased funding is only one aspect of delivering effective preventative health, the Government must commit to a specific long-term minimum target percentage of the healthcare budget to be earmarked for prevention – in that respect we support the recently proposed target of five percent of the health budget recommended by Public Health Association Australia, the Australian Medical Association and the Sustainable Health Review undertaken by the WA Department of Health.<sup>17</sup> <sup>18</sup> <sup>19</sup> In addition, the Government must allocate appropriate resources to the 'best buys' initiatives and:

- Develop, implement and fund a national population-wide preventative health strategy that fully addresses the magnitude of the multi-level systemic issues it seeks to tackle. To achieve long-term progress on prevention, the strategy must effectively address “the causes of the causes of risk factors for NCDs”, also known as social determinants of health, as well as taking a life-course approach to tackling social inequalities. Monitoring and evaluating the effectiveness of preventative health interventions must be part of the resourcing.
- Prevent further increases in the rate of obesity in the Australian population through a national strategy on obesity. The College recommends a tax on sugar-sweetened beverages to reduce consumption, introducing restrictions on the marketing of unhealthy diets to children and young people and dedicated funding for states and territories to provide equitable access to bariatric surgery for public hospital patients. Further investment in obesity and metabolic disease research should be a key part of this strategy.
- Reduce alcohol-related harm to health by replacing the current Wine Equalisation Tax (WET) and rebate system with a volumetric taxation scheme for all alcohol products.

### Targeting spending at specific needs of key demographic groups

The College also asks the Government to acknowledge the critical interdependency of public and occupational health and clinical care and the fact that large swathes of prevention involve sectors outside of the health portfolio by addressing the following key issues and populations.

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13 Jackson H, Shiell A. Preventive health: How much does Australia spend and is it enough? Foundation for Alcohol Research and Education 2017

14 Empowering research, for a healthy and equitable Australia. Australian Society for Medical Research, 2019

15 New Horizons: The review of alcohol and other drug treatment services in Australia

16 The Heavy Burden of Obesity: The Economics of Prevention, Organisation for Economic Cooperation and Development 2019

17 Immediate Policy Priorities, Public Health Association Australia, 2019

18 Pre-Budget Submission 2020-2021. AMA 2020

19 For comparison, countries at the upper end of the list for preventive health expenditure include Canada (6.2%), United Kingdom (5.3%), Italy (4%) and Korea (4%). Australia ranks 28th out of 32 countries for expenditure on preventive care. Sustainable Health Review. The WA Department of Health, 2019

Investing in the early years of life offers the possibility of shifting the trajectory of a person's health and wellbeing over the course of their life and disrupting intergenerational cycles of disadvantage. Given the strong evidence for the early origins of adult health outcomes, including NCDs, obesity and mental health and wellbeing, the Government must design and invest in long-term lifespan health care programs that can have sustained impact on health and psychosocial outcomes. The Government should:

- Commit to long-term sustainable funding for the National Partnership on Universal Access to Early Childhood Education beyond the end of 2021 for all children and expand it to starting at age 3
- Immediately appoint a Chief Paediatrician to coordinate early childhood policies across relevant portfolios
- Extend paid parental leave policy to provide up to 6 months (26 weeks) of paid parental leave (taken by either parent) and continue to fund the childcare support system to assist families with the cost of child care and to ensure that lower income families will not be disadvantaged.
- Complement the Government's funding to tackle the isolation-related increase in domestic violence by providing further resourcing directed specifically at children. The package should provide support to programs which allow early childhood educators and carers to better recognise and respond to children exposed to domestic violence, paying specific attention to children under care and protective services, deliver transitional funding for additional therapy and support for vulnerable children and ensure equitable access to telehealth.
- Prioritise funding of fundamental and translational medical research into early childhood nutrition, brain development and immunisation.

The First-Nations-led response to COVID-19 has shown clearly “how effective (and extremely cost-effective) giving power and capacity to Indigenous leaders is. The response has avoided major illness and deaths and avoided costly care and anguish”<sup>20</sup>. In recognition of the effectiveness of the quick and resolute response to COVID-19 from Aboriginal community controlled organisations, Land Councils and local communities and the enduring resilience of Aboriginal and Torres Strait Islander peoples in the face of trauma and dispossession and to prevent perpetuation of these harms, we ask that the Government:

- Enact the recommendations the Uluru Statement from the Heart to ensure Aboriginal and Torres Strait Islander peoples have self-determination and sovereignty over decisions affecting their lives
- Commit to working with all stakeholders to resolve the inequitable outcomes experienced by Indigenous people, including in health, life expectancy, education and housing.

In the absence of constitutional reform, public administration becomes the conduit and interface through which Aboriginal self-determination and decision-making in the policy process must be re-prosecuted every time a new program emerges<sup>21</sup>.

To prevent the potentially negative impacts of the worsened pandemic-era economy and secure improved health outcomes for all, the Government must maintain and strengthen a mechanism for national coordination of policy initiatives that impact people with disability. We also call on the Government to:

- Ensure that the needs and voices of people with disability are adequately considered at all stages in policy development and implementation

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20 'Australia's First Nations' response to the COVID-19 Pandemic' The Lancet Vol 396, July 2020

21 Davis, M. (2018, July). Voice, treaty, truth. *The Monthly*. Retrieved

from <https://www.themonthly.com.au/issue/2018/july/1530367200/megan-davis/voice-treaty-truth>

- Make sure that appropriate and appropriately funded policies are integrated across all relevant portfolios.

The mind is “one important gateway through which social circumstances influence health and disease”<sup>22</sup>. The COVID-19 pandemic has a potential to result in increased mental distress and intensify problematic alcohol and other drugs use amongst certain populations. To prevent potential deterioration of mental health and physical health outcomes, support health and wellbeing of Australians and reduce the health, social and financial burden of harmful substance use on the community we must improve access to treatment for people who use alcohol and other drugs in a problematic way. To achieve this goal, the Government should:

- Continue to fund telehealth and digital options for accessing drug and other alcohol services
- Increase access and affordability of opioid pharmacotherapies to people with opioid dependency, including by permanently establishing the COVID-era changes to the [prescribing guidelines](#)
- Invest adequately in mental health and include alcohol and other drugs prevention and treatment as critical parts of mental health care
- Fund enhanced alcohol and other drug services as a key part of investment in regional and rural Australia.

The delivery of the health and social service recommendations outlined in this document need to take into account the specific needs of migrants, particularly those from Culturally and Linguistically Diverse (CALD) backgrounds, new arrivals, refugees and asylum seekers. Service providers and advocacy groups working with CALD communities report a disproportionate impact of COVID-19 on these groups because of the combination of factors including socioeconomic disadvantage that leaves many members of the community exposed to high-risk occupations and language and cultural issues.<sup>23</sup> It is crucial that these considerations are adequately addressed through funding and service design as part of the national response to COVID-19.

It is also instrumental to provide all asylum seekers, and children born in Australia to asylum seeker parents, with access to Medicare and affordable pharmaceuticals.

### **A health-supporting, sustainable economy in the pandemic; a truly healthy economy beyond**

The long-term socioeconomic, health and wellbeing impacts of COVID-19 will be substantial, and the national response to them needs to be appropriately coordinated, funded and targeted at those who will require most support. As previously discussed, the social determinants of health are the “causes of the causes” of risk factors for NCDs which then determine the population’s susceptibility to infectious diseases such as COVID-19.

In other words, there is a nexus between insecure work, poverty and social marginalisation and mortality and morbidity outcomes. There is therefore a clear public health interest in the Government’s ensuring an adequate social safety net for Australians in especially exposed positions, such as un- and underemployed, homeless, families living under or close to the poverty line, vulnerable youth, people who use drugs, people in rural and remote areas and people with mental health issues. This requires, at a minimum, a commitment on the part of the Government to

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22 Marmot, M., Bell, R., Social determinants and non-communicable diseases: time for integrated action. *BMJ* 2019; 365:Supp 1

23 Submission to the Inquiry into the Victorian Government’s Response to the COVID-19 Pandemic, Ethnic Communities’ Council of Victoria. July 2020.

support the hundreds of thousands of Australians, including children, expected to be pushed into poverty as a result of the proposed changes to the federal unemployment programs.<sup>24</sup>

It also needs to be recognised that the proposed targeted actions to address social determinants of health, even if implemented fully, will fail to address the relative poverty and the subsequent ongoing health inequalities that exist in Australia. Inequalities in wealth have increased over the last twenty years in most OECD members and Australia is no exception. Inequalities in income have also increased.<sup>25</sup>

This leads to a sense of powerlessness among many that is only partially addressed by safety nets, which in themselves are often stigmatising and socially excluding. For instance, restricting advertising, introducing a sugar tax, and improving the taxing of alcohol, while necessary, will not by themselves empower the most disadvantaged to eat better and lose weight. Research has long established such powerlessness as a vital health issue as it can become a significant risk factor for disease.<sup>26</sup>

We clearly see the differential effect of COVID-19 on the most disadvantaged in our society: those with relatively little power over their own lives due to income, wealth, age, language barriers, and race.

A 'healthy' economy in the broader sense also implies an environmentally healthy or sustainable economy. In addition to its well-documented contribution to disaster events and the burden of mortality and morbidity from malnutrition, malaria, diarrhoea and heat stress, climate change and expansion of human settlements that increasingly encroach onto nature are likely to increase the likelihood of human exposure to new and old viruses and other communicable agents. To moderate these threats, the Government must commit to:

- Inclusion of independent health impact assessments of all fossil fuel extraction projects
- De-prioritisation of fossil fuel extraction as the key part of economic recovery
- The development and funding of a national climate change and health strategy that, among key issues, addresses the link between zoonoses and the human impact on the environment.
- Increased funding to develop novel diagnostics, vaccines and therapies for existing and new infectious diseases including those likely to (re)emerge in Australia as a consequence of climate change.

### **The new, better normal through improved and targeted funding**

Mid- to long-term effects of COVID-19 remain unknown, both in terms of its impacts on those directly affected by the disease as well as the consequences of potential lifestyle changes, anticipated socioeconomic stressors and resulting physical and mental health issues. But we already know they will be considerable and will test our health care system's capacity and capability to deliver.

To ensure the best possible health and wellbeing outcomes in this time of social and economic recovery, the Government must use the October 2020 Budget to fund the best buys in prevention – such as support for healthy body weight and reduction of alcohol use on a systemic level, adequate investment in early intervention and an effective safety net and action on air pollution and other

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24 JobSeeker Cut to Push 370,000 into Poverty, Including 80,000 Children. The Australia Institute, July 2020

25 Raising Inequality? A stock-take of evidence, Productivity Commission, 2018

26 Wallerstein N. Powerlessness, empowerment, and health: implications for health promotion programs. *Am J Health Promot.* 1992;6(3):197-205. doi:10.4278/0890-1171-6.3.197



urgent climate change challenges – and in system reform through better integration, crisis preparedness and improved access to telehealth.

These actions will increase systemic resilience to both communicable diseases and noncommunicable diseases, alleviate strain on the health system and improve and save Australian lives. What the COVID-19 pandemic clearly demonstrates is that policies that reduce communicable diseases often complement and reinforce those that combat chronic disease and that timely, coordinated and considered action is at the crux of tackling even the most serious and unexpected of health and social crises.

Perhaps more than anything from both the public health and clinical perspective, the COVID-19 pandemic has demonstrated to the Government that evidence-based, well-coordinated and appropriately funded collaborative action on a national scale brings about real results. The common factors that systemically promote NCDs, communicable diseases and environmental degradation and the inequalities they produce can and must be addressed by effective action across those systems.

As the Government and its COVID-era budget steer through the historic transformations of this challenging time, the enduring lessons of the pandemic that could lead Australia towards genuine system reform must not be wasted.