

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

Department of Health

Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

14 August 2020

PDR Number: IQ20-000488

Contribution by Australia to COVAX

Spoken

Hansard Page number: 20

Senator: Richard Di Natale

Question:

Prof. Murphy: I'm sure we will and we can. Can I just clarify for Senator Di Natale—it may not have been clear—that, with the COVAX facility, we have formally signed up to an expression of interest, and they have not yet opened the formal contribution phase for the next round of funding. We have expressed our interest in participating in the next phase, but that round has not been opened yet. We can't contribute until that round is open. We have—and I did make it clear—formally signed up to an expression of interest as a formal process and we have expressed our strong intention to participate in the next phase, when it's open. So we are, like other countries, in the COVAX commitment. I may not have made that very clear.

CHAIR: Okay. Thank you, Professor Murphy.

Senator DI NATALE: Can I seek some clarification on that?

CHAIR: I'm going to hand over to you now, Senator Di Natale, so, yes, by all means.

Senator DI NATALE: Professor Murphy, are you suggesting that no other countries have made a contribution?

Prof. Murphy: They may have announced potential contributions, but I'm advised that the formal contribution round has not yet opened. That's my advice—that we have indicated our intention to participate, but that round has not opened yet. That's the advice I've just received.

Senator DI NATALE: Can you perhaps take that on notice, because that's not my understanding.

Prof. Murphy: We will certainly do that.

Answer:

The COVAX Facility has two financing mechanisms. The first is for high and upper-middle income countries to self-finance procurement of vaccines for domestic use. Countries that have submitted expressions of interest are undertaking consultations and no formal financial commitments have yet been required. The second funding mechanism is the COVAX Facility Advance Market Commitment (COVAX AMC) which is open now for donors to fund vaccine procurement for developing countries. On 26 August, Australia committed \$80 million through the Department of Foreign Affairs and Trade to the COVAX AMC to improve access to safe, effective and affordable COVID-19 vaccines for 92 countries in our region and around the world.

PARLIAMENTARY INQUIRY QUESTION ON NOTICE

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Senate Select Committee on COVID-19

Australian Government's Response to the COVID-19 Pandemic

14 August 2020

PDR Number: IQ20-000491

List of members of the AHPPC:

Spoken

Hansard Page number: 30

Senator: Katy Gallagher

Question:

CHAIR: I have a few questions, Professor Murphy. One is around the operation and transparency of the AHPPC. I have asked a few questions around this over the last couple of months. As I understand it, in your former role as the Chief Medical Officer, and now Professor Kelly, are the chief source of medical advice to the Commonwealth government. Is that correct?

Prof. Murphy: And to the national cabinet.

CHAIR: I'm just talking about your specific role?

Prof. Murphy: Yes.

CHAIR: You as an individual?

Prof. Murphy: Yes.

CHAIR: To the Commonwealth, you and/or Professor Kelly are the source of—

Prof. Murphy: AHPPC advice is transmitted to the national cabinet through the chair of AHPPC, yes.

CHAIR: But in terms of advice to the Prime Minister individually?

Prof. Murphy: Correct.

CHAIR: Presumably he gets advice from you two, as individuals, to the Commonwealth. You're the chief advisors to the Commonwealth and then we've got the AHPPC, which is the lead advisory body to the national cabinet which—

Prof. Murphy: Correct.

CHAIR: informs all governments. And we've got the chief health officers from each jurisdiction on that. We also have a range of other people apparently. I heard Mr Lye at the royal commission say that he attended AHPPC regularly.

Prof. Murphy: He's not a member but there are two deputy chief medical officers and there's a range of experts. A lot of—

CHAIR: But there's no list of who's on that. The public aren't told who's going to those

meetings. All we know is the chief health officers go.

Prof. Murphy: I'd have to take it on notice, but I don't think we'd have a problem with providing a list of AHPPC membership to this committee. We did co-op onto it some additional members during the COVID pandemic—some people with expertise.

Answer:

Membership

- Each jurisdiction is represented by a Chief Health Officer who has authority to make decisions or commitments on behalf of their jurisdiction.
- The Chairs of each of the AHPPC Standing Committees represent their respective Standing Committee on the AHPPC.
- The Department of Home Affairs and the Australian Defence Force are represented on the AHPPC at a senior executive level.
- During AHPPC's response to COVID-19 additional Deputy Chief Medical Officers and subject matter experts have been made temporary members.
- Other subject matter experts and departmental representatives attend meetings as required.
- A representative of the New Zealand Ministry of Health is a member and attends in relation to relevant issues on an ad hoc basis.

Prof Paul Kelly	Acting Commonwealth Chief Medical Officer
Dr Nick Coatsworth	Deputy Commonwealth Chief Medical Officer
Prof Michael Kidd	Deputy Commonwealth Chief Medical Officer
Prof Alison McMillan	Chief Nursing and Midwifery Officer
Dr Andrew Robertson	Chief Health Officer, Western Australia
A/Prof Nicola Spurrier	Chief Health Officer, South Australia
Adj Prof Brett Sutton	Chief Health Officer, Victoria
Dr Kerry Chant	Chief Health Officer, New South Wales
Dr Jeannette Young	Chief Health Officer, Queensland
Dr Mark Veitch	Chief Health Officer, Tasmania
Dr Kerryn Coleman	Chief Health Officer, Australian Capital Territory
Dr Hugh Heggie	Chief Health Officer, Northern Territory
RADM Sarah Sharkey	Commander Joint Health and Surgeon General, ADF
Mr Rob Cameron	Director General, Emergency Management Australia
Dr Caroline McElroy	New Zealand Ministry of Health (for relevant issues)
Dr Sonya Bennett	Chair, Communicable Diseases Network Australia
Prof Ben Howden	Chair, Public Health Laboratory Network
Prof Len Notaras	National Critical Care and Trauma Response Centre

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14 August 2020

PDR Number: IQ20-000492

Publishing of minutes and outcomes of the AHPPC meetings:

Spoken

Hansard Page number: 31

Senator: Katy Gallagher

Question:

CHAIR: There have been over 150 working days, is my guess. There's only 60 statements published, and those public statements go through national cabinet and are approved by the politicians who sit at that forum. Is that correct?

Prof. Murphy: Since the formation of national cabinet, AHPPC published some statements before the formation of the national cabinet. But it was a decision of the national cabinet that the material bits of health advice, because we were very, very concerned to have consistent health advice that all governments would sign up to, there was an agreement that those matters of significant substance would be published after approval of national cabinet, yes.

CHAIR: But Australians don't then don't have access to information about what AHPPC are considering on the days you don't issue a statement, nor any access to independent advice from the AHPPC. Is that correct?

Prof. Murphy: The records of the daily meetings are not published documents, no.

CHAIR: So there's no record of the agenda of the meetings or the decisions of the meetings. In terms of transparency here, we're in the worst pandemic we've had in a hundred years. The AHPPC's making big calls, big decisions that affect all of our lives, and it goes to the national cabinet. Do you think it's reasonable that only a select few are given the information about how, why, when and what these decisions are?

Prof. Murphy: When you talk about big calls, they are the things that are published as statements through the national cabinet. So, when big calls are made, they are always published. A lot of the other discussions on other days, when it isn't published, is really what's been happening, an epidemiological update, an advice and discussing issues in an iterative way. But I think the big calls, when advice has changed governments' directions collectively, have all been published.

CHAIR: But we'd take your word for that, because we don't know, do we?

Prof. Murphy: Yes.

CHAIR: I trust you. As an individual I trust you.

Prof. Murphy: Yes, I understand.

CHAIR: We're going to go on for some time. Don't you think there's an improved level of transparency that could be provided about this body that's making these calls, considering issues—

Prof. Murphy: The AHPPC—and I don't chair it any more—has now been formally constituted as a subcommittee of the national cabinet, for the duration of the pandemic. So, any decision around further transparency would require engagement with the national cabinet. If this committee would like us to do so, we could ask Professor Kelly—

CHAIR: I'm not sure I speak to the committee. I'm interested in transparency in a general level. I think the longer the pandemic goes on the more people will question some of these calls. Transparency would assist in that, I think. But I don't speak for the committee on that. I also note that Sage, the equivalent body, publishes quite a lot of information, including minutes and outcomes of meetings. So, it is happening around—

Prof. Murphy: We're happy to take that issue on notice, but it would be a decision of the national cabinet to do anything about that.

Answer:

Prior to the COVID-19 outbreak, the Australian Health Protection Principal Committee (AHPPC) was a pre-existing body under the Council of Australian Government. Documents created by the AHPPC between 19 January and 25 February 2020 are available on the Department's FOI Disclosure Log: <https://www.health.gov.au/resources/foi-disclosure-log/foi-request-1560-ahppc-minutes>.

Since the National Cabinet for Australia's Coronavirus Response (National Cabinet) was established, the AHPPC has assumed the role of a subcommittee of the National Cabinet.

'Cabinet documents' include material that has been 'created for the purpose of informing a proposal to be considered by the Cabinet' (Cabinet Handbook). Materials prepared for and considered by the AHPPC including minutes, which are in turn provided to the National Cabinet, or which are reflected in submissions AHPPC made to the National Cabinet, or in the deliberations or decision of National Cabinet, are treated as Cabinet-in-Confidence.

It is a long standing practice not to disclose information about the operation and business of the Cabinet and its committees, including when a matter went to Cabinet, who attended, and what form of submission was provided, as to do so could potentially reveal the deliberations of the Cabinet, which are confidential.

Since the COVID-19 outbreak AHPPC discussions have resulted in a number of public statements that have been published post consultation with National Cabinet.