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Joint Standing Committee on Foreign Affairs, Defence and Trade  
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## **Re: Australia's Foreign Affairs, Defence and Trade policy in a post-pandemic world**

To the Joint Standing Committee on Foreign Affairs, Defence and Trade,

The Royal Australasian College of Surgeons welcome this opportunity to contribute to this consultation. Our remit is surgical practice, standards and patient care. In the context of this submission and your terms of reference, our concerns lie with the impact this pandemic has had and its ripple effect on our healthcare system and surgical profession. We thank you for the extension.

In preparation for Prime Minister Scott Morrison's declaration that a wind back of various pandemic related measures will commence come 30 September 2020, we are concerned about a second wave of the coronavirus. RACS advocates for both our Fellows and our patients and by doing so we must be cognisant of any possible detrimental outcomes.

We feel that global geopolitics has impacted upon our shores and thrust our profession into the broader arena of international health policy engagement. It is this unique convergence of foreign affairs and international trade disputes which has RACS concerned as to how Australia will be influenced geopolitically during and after this pandemic has subsided. The ultimate question being *can our healthcare system withstand another pandemic?*

RACS' focus will be to examine how these converging geopolitical factors have come to manifest themselves into an interconnecting trinity of concerns. If these concerns are not met, we fear dire consequences to our healthcare system if an aggressive second wave or new pandemic were to occur on our shores and impact our regional neighbours. Your terms of reference which RACS will comment on will be in red. Our concerns relate to the following.

- **Health Humanitarianism:** Our Pacific Island neighbours (our commitment to health care and surgical support to Pacific Island Nations) *'strategic alliances and regional security'*
- **Health Equity and the Environment:** Medical Waste Management (impact of pollution on healthcare) *'human rights'*
- **Trade Security:** PPE and ventilator supply chains (independence and support for a manufacturing industry) *'supply chain integrity/assurance'*

**Implications for Australia's Foreign Affairs, Defence and Trade policy, particularly with respect to *strategic alliances and regional security***

### **Health Humanitarianism – Pacific Islands**

Regional security and strategic alliances relate to maintaining stability within our neighbouring Pacific Islands. RACS Global Health involvement with health humanitarianism has been an effective means of reducing regional instability



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that can be caused by poor health outcomes and limited of health workforce capacity. RACS has a long history implementing our organisational vision, 'safe surgical and anaesthetic care is available and accessible to everyone'. Our Global Health Pacific Islands Program (PIP) has worked towards equitable healthcare across the Pacific since 1995.

Funds received from the Department of Foreign Affairs and Trade (DFAT) 'have seen more than 600 volunteer medical teams visit 11 Pacific Island countries, providing over 60,000 consultations and 16,000 procedures.' In 2016, RACS entered into a five-year grant agreement with DFAT with the aim of 'strengthening ties with other Australian, New Zealand, and Pacific Island specialist associations and colleges.' This program works in partnership with Pacific Island nations to support provision of 'medical education, hospital services, clinical governance, workforce planning, the continuing professional development of clinicians, and the systems and structures that support their function throughout the Pacific.'<sup>i</sup>

RACS Global Health has established a value for money volunteer mobilisation model that deploys pro bono training, mentoring and surgical support through Visiting Medical Teams aligned with our strategy to develop clinical mentoring and healthcare capacity alongside training and education of specialists across the Pacific. However, this model has relied on ensuring entry of medical and allied health professionals across Pacific borders. We have worked closely with DFAT and Pacific partners to ensure an effective 'COVID pivot' of existing programs to ensure the most effective use of funds and technical support to host countries.

With the advent of COVID-19, RACS Global Health rapidly developed a new delivery model and has continued to work in partnership with Pacific Island nations to provide training and mentoring utilising remote digital training platforms. They include establishing new partnerships with Australian Managing Contractor JID to coordinate delivery of critical COVID-19 related speciality advice in PNG across 5 Australian Specialty

Colleges via the Covid-19 Healthcare E-Learning Platform.  
(<https://cohhelp.learnbook.com.au/login/index.php>).

RACS Global Health has continued to work with the Pacific Community in the interest of Sustainable Pacific Development. RACS does so by meeting their requests for remote speciality training (COVID and non-COVID related) for nurses and surgeons across the Pacific Region, holding more than 8 remote training sessions since March 2020.

RACS Global Health recognises that the risk to the region, if the coronavirus were to reach into the Pacific, is the potentially devastating consequences of challenged work force capacity and limited treatment options, particularly in Intensive Care Units. We have focused on maintaining and building appropriate treatment capacity with the medical workforce directed by host country need on specific topics of practice which will assist their ability to respond local healthcare needs.

**RECOMMENDATION:** *Explore the ongoing development of digital remote training platforms to ensure the ongoing provision of COVID related health protection and normative specialist training to Pacific Island Nations with the support of Australasian and Pacific Island medical practitioners who volunteer to assist in the Pacific Island region.*

### The impact on *human rights*

#### **Health Equity and the Environment – Waste Management**

RACS believes human rights are intrinsically linked to the health equity of our lower socio-economic neighbours. Poor environmental conditions can have an adverse impact on health. This pandemic has

demonstrated the need to improve the disposal of medical waste. We are concerned as to how medical waste is disposed of and recycled and the pressures placed upon lower socio-economic countries who burden themselves with receiving such waste from countries like Australia.

It has been reported in the past countries outside the Pacific Island like Malaysia, Indonesia, the Philippines, Thailand and Vietnam have been receiving Australia's rubbish with some nations deciding to stop the practice.<sup>ii</sup> These are the environmental consequences of both domestic manufacturing and international trade agreements. For example, the incineration of PPE is not without controversy as this contributes to the release of unwanted gases into the atmosphere in absence of gas cleaning technologies<sup>iii</sup> that poorer countries cannot afford. These countries could be the first to experience toxicity in their breathable air leading to an assortment of illnesses.

The COVID-19 pandemic has had an immense impact holistically on the environment. According to a recent study, there has been a temporary and dramatic decrease in "CO<sub>2</sub> emissions during forced confinements. Daily global CO<sub>2</sub> emissions decreased by -17% (-11 to -25% for  $\pm 1\sigma$ ) by early April 2020 compared with the mean 2019 levels." With some countries showing a decrease "by -26% on average" at their "peak".<sup>iv</sup>

Fatih Birol, the executive director of the *International Energy Agency* claims such findings match their own analysis and concluded "This decline in emissions, the biggest in history, is the result of economic trauma" but without the right long term policy measures this "decline will be easily erased".<sup>v</sup> Such a temporary decline is no cause for celebration as Australia has in recent years only shown 'Partially Sufficient' emission cuts of 26-28% of GHG (Greenhouse gases) emission below 2005 level and with both China and the USA's cuts as 'Insufficient'.<sup>vi</sup> These statistical findings will not meet the goals of the Paris Agreement of 4 November 2016<sup>vii</sup> in a post pandemic environment.

The COVID-19 pandemic is generating a huge amount of medical waste from bodily fluid to infectious materials, as well as disposable PPE. Gloves made of latex rubber are not eco-friendly choices when the amount is so great in number.<sup>viii</sup> Many surgical masks are made of polypropylene which may provide some protection from bacteria, but they are still plastic based and liquid resistant with a long afterlife once discarded.<sup>ix</sup> Food security within the Pacific is of great importance according to the World Health Organization and their concern for fish contamination due to pollution is further enhanced by 'unusual weather, which affects the algae that fish feed on, and has been seen in many Pacific islands'.<sup>x</sup>

Medical waste remains a real threat to the environment with discarded masks, gloves and hand sanitizer containers ending up on landfills or in the ocean.<sup>xi</sup> With the sudden short-term increase in the manufacturing of PPE, this poses the great possibility that there will be an increase in harm to our environment and our health through the mismanagement of waste. Is the Australian government prepared to reconsider its policy regarding a pandemic with a stronger environmental component in the aftermath of COVID-19 as we enter a new phase of global health equity?

**RECOMMENDATION:** *Create, support, and promote more effective means of disposal and recycling of medical waste.*

*Supply chain integrity / assurance to critical enablers of Australian security (such as health, economic and transport systems, and defence)*

### **Trade Security – PPE and Ventilator Supply Chains**

Medical supplies are needed in the battle against COVID-19. Many countries like Australia have revealed their dependency on existing global supply chains. The Organisation for Economic Co-Operation and Development has reported that demand could not be met when in January 2020 China had to stop its

manufacturing and as a result it “stopped exporting masks and imported 56 million masks in the first week of January” and suddenly became reliant on donations from other countries.

The demand rose to “240 million masks per day” which exceeded China’s manufacturing capacity by “ten times.”<sup>xii</sup> A worsening global pandemic may place great pressure upon ‘in demand’ PPE manufacturing countries like China and India and their status as sustainable and reliable suppliers for the rest of the world. How will Australia cope in the coming months when the need for PPE is again outweighed by both the global pandemic and potential global trade disputes?

The World Health Organisation back in March 2020 made a call globally to all “industry and governments to increase manufacturing by 40 per cent to meet rising global demand.”<sup>xiii</sup> The Australian Medical Association, the Royal Australasian College of Surgeons and the Royal Australian College of General Practitioners have warned the Australian government about the difficulties in obtaining PPE right across the health sector.<sup>xiv</sup>

Dramatic initiatives supported by government funded agencies in this time of crisis have been self-evident. One example was back in March 2020 when the Australian Competition and Consumer Commission announced that “Medical technology companies will be allowed to work together to coordinate the supply and potential manufacture in Australia of ventilators, testing kits, personal protective equipment and other medical equipment needed to deal with the COVID-19 pandemic.”<sup>xv</sup>

Problems associated with international PPE and ventilator supply chains have shown high producing countries like China cannot be relied upon due to the pandemic, the consequences of social isolation, and the shutdown of medical specific manufacturing industries overseas. Contingency plans in Australia need to be realised. The World Trade Organisation has already predicted back in April 2020 that general world trade will ‘fall by between 13% and 32% in 2020 as the COVID 19 pandemic disrupts normal economic activity and life around the world.’<sup>xvi</sup> Taskforces for both PPE and ventilators were created in Australia. The government needs to be reminded that any shortage in PPE and ventilators will also have a huge impact particularly in rural regions and smaller hospitals.

We understand that our government is busy trying to become more resilient with reports in May 2020 that there had been increased production in Australia of ventilators and medical protective equipment. This has allowed the Federal Health Minister Hon Greg Hunt MP to ‘exempt ventilators from the usual safety and performance laws’ with promises that 2,000 ventilators will be built by July 2020.<sup>xvii</sup> However, the convergence written of earlier in this submission relating to domestic and international market pressures should not impact upon the quality, safety and care of our patients, and we seek further reassurances as to the limits of such exemptions. While RACS applauds our government’s initiatives, is this sustainable in 2020 and beyond?

**RECOMMENDATION:** *Promote and support local manufacturing of PPE and Ventilators to support metropolitan and rural regions*

### Any related matters

#### Telehealth

An unintended consequence of this pandemic and the difficulties of accessing PPE has been the greater use of telehealth which has increased health equity in Australia. Telehealth and digital health (such as digital prescribing) have been pivotal to ensuring improved access in disadvantaged communities, rural and remote populations, as well as the elderly who continue to receive healthcare while carefully conserving PPE resources.<sup>xviii</sup> Other outcomes RACS has witnessed on the ground include improved work productivity by reducing unnecessary travelling times, costs and burdens. Telehealth is a viable and sustainable modality for surgical specialities as a complement to in-office attendances for pre- and post-operative

consultations. Utilisation of PPE can be reserved for surgical interventions including those required for treating COVID-19 positive patients.<sup>xxix</sup> In a post-COVID Australia, will the government be prepared to pay and maintain the costs and remuneration for our surgeons using telehealth via the MBS?

**RECOMMENDATION:** *Telehealth and MBS related item numbers to provide appropriate remuneration and extension of reach to support health deliverables for both regional and metropolitan Australia.*

### Second Wave

It has been six months into the pandemic and what Australia has witnessed initially was one of the most successful global containment programs. The economic response from the Australian Treasury has seen a 'support package of \$259 billion'<sup>xxx</sup> to assist the country. Journalists have reported this to be one of the 'biggest economic bailouts in the nation's history' with an end date of 30 September 2020.<sup>xxxi</sup> Recently in July 2020 what we have witnessed nationally a concerning trend of clusters of outbreaks in Victoria and NSW leading to border closures, hard lockdowns and greater restrictions.<sup>xxiii</sup> In this submission RACS has demonstrated how delicate our health system is. When elective surgery halted to diminish the rate of infection for medical staff and patients alike, the surgical landscape had begun to change. With a 'second wave' Australia will face difficulties. But this can be overcome provided government can create good policy initiatives and is willing to collaborate with healthcare providers. RACS can provide healthcare advice to our government where necessary during these difficult times.

### WE RECOMMEND

- Explore the ongoing development of digital remote training platforms to ensure the ongoing provision of COVID related health protection and normative specialist training to Pacific Island Nations with the support of Australasian and Pacific Island medical practitioners who volunteer to assist in the Pacific Island region.
- Create, support, and promote more effective means of disposal and recycling of medical waste.
- Promote and support local manufacturing of PPE and Ventilators to support metropolitan and rural regions.
- Telehealth and MBS related item numbers to provide appropriate remuneration and extension of reach to support health deliverables for both regional and metropolitan Australia.

Yours sincerely



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