

COVID-19 Royal Commission

[REPORT - April 2024](#)

Chapter 3

Terms of reference for a COVID-19 royal commission

3.99 The objective of the Royal Commission is to:

(a) examine, consider, and report on preparations for and the response to the COVID-19 pandemic by the Commonwealth, State and Territory Governments; and

(b) make recommendations to inform preparations for a future pandemic.

3.100 In meeting its objective, the COVID-19 Royal Commission must examine, consider and report on the following matters (without limitation):

(a) the preparedness of the Commonwealth, State and Territory Governments for a pandemic, including: (i) the adequacy of pre-pandemic planning; (ii) whether such planning considered the health, social, economic and human rights implications of any proposed response; (iii) the consistency between pre-pandemic planning and actual responses; (iv) the reasons for any discrepancies; and (v) how planning and preparedness may be improved for a future pandemic;

(b) the governance structures and decision-making processes of the Commonwealth, State and Territory Governments relevant to the response to the pandemic, including: (i) coordination between the respective governments through the operation of the National Cabinet, the National Coordination Mechanism and the Australian Health Protection Principal Committee and otherwise; (ii) any inconsistency in approach between respective governments and the impacts of such inconsistency; (iii) the availability and use of data, research and expert evidence; (iv) the adequacy of checks and balances on the exercise of emergency powers; and (v) engagement with representatives of different sectors and cohorts of the Australian community, including non-government organisations representing vulnerable and at risk communities;

(c) the effectiveness and appropriateness of Commonwealth, State, and Territory Government responses to the pandemic, including (without limitation) in relation to:

- (i) public health measures (including testing, contact tracing, and quarantine protocols);
 - (ii) broader health supports for people impacted by COVID-19 and/or lockdowns (for example, mental health and suicide prevention supports and access to screening and other preventative health measures);
 - (iii) procurement of COVID-19 vaccinations, key medical supplies such as personal protective equipment, and the provision of quarantine facilities;
 - (iv) the health sector (including hospitals, general practices, pharmacies and health advisory services);
 - (v) the aged care sector (including labour shortages, protecting the clinical vulnerable and restrictions on visitation rights);
 - (vi) the education sector (including early childhood education and care, school closures and higher education);
 - (vii) housing and homelessness;
 - (viii) family and domestic violence;
 - (ix) industry and business (including supply chain and transport issues, labour shortages, and support for specific industries, small business and the self-employed);
 - (x) health and care sector workers, police and other frontline and essential workers;
 - (xi) people from culturally and linguistically diverse backgrounds (including those located in particular geographic locations);
 - (xii) First Nations peoples;
 - (xiii) children and young people;
 - (xiv) women;
 - (xv) people with disability;
 - (xvi) elderly people; and
 - (xvii) the justice system (including the operation of the court system, prisons and other places of detention).
- (d) the effectiveness and appropriateness of Commonwealth, State and Territory government support provided to different sectors, groups and cohorts of the Australian community, including (i) whether or not such supports should be modified for future pandemics; (ii)

identification of any vulnerable or “at-risk” communities who received inadequate support; and (iii) any additional support required to address ongoing issues arising from the pandemic;

(e) the effectiveness and appropriateness (including from a human rights perspective) of public health orders and policies, including:

(i) lockdowns;

(ii) school closures;

(iii) social distancing;

(iv) remote working arrangements;

(v) mask mandates;

(vi) interstate border closures;

(vii) international border closures;

(viii) quarantine arrangements; and

(ix) vaccination, including vaccine mandates imposed by both government and non-government organisations;

(f) the effectiveness, appropriateness, and consistency of public communications strategies related to the public health orders and the policies listed in paragraph (e) and government engagement with media, including social media platforms;

(g) the governance structures and decision-making processes relating to: (i) medical treatment protocols; (ii) the COVID-19 vaccines; and (iii) regulation of medical health practitioners;

(h) the design and operation of the COVID-19 Vaccine Claims Scheme, including: (i) the experience of Australians seeking to access the scheme; and (ii) any enhancements or modifications which should be made to the scheme;

(i) the costs and benefits associated with the pandemic response measures, including consideration of the impact of such measures upon: (i) public health outcomes (both during and after the pandemic); (ii) public finances; (iii) the economy; (iv) mental health and well-being; (v) human rights; and (vi) social cohesion; and

(j) the lessons which can be learned from the response to the pandemic and improvements which can be made in preparation for a future pandemic.