**Australian Government Submission to the Special Rapporteur on the rights of indigenous people**

**Impacts of COVID-19 on indigenous peoples**

**EXECUTIVE SUMMARY**

As at 4 June, there have been 60 cases of COVID-19 reported in Aboriginal and Torres Strait Islander persons and no fatalities. The number of reported cases is less than one per cent of all reported cases in Australia. There have been no positive cases of Aboriginal and Torres Strait Islander persons in remote or very remote Indigenous communities.

When the risk of COVID-19 became apparent, the Australian Government moved quickly to minimise the exposure to Indigenous Australians in remote or very remote communities. The Australian Government worked in partnership with Indigenous Australians and state and territory governments[[1]](#footnote-2) to co-design a remote travel restrictions and quarantine regime to keep COVID-19 out of our most vulnerable Indigenous communities in remote Australia.

The Australian response established new governance mechanisms – such as the *Aboriginal and Torres Strait Islander Advisory Group on COVID-19* co-chaired by the Department of Health and National Aboriginal Community Controlled Health Organisation[[2]](#footnote-3) (NACCHO) – and utilised existing partnerships with Indigenous organisations and communities to target support for vulnerable populations, addressing both the health and economic impacts of COVID-19 on Indigenous communities and businesses, and delivering culturally‑appropriate and in-language communications with Indigenous Australians in remote communities.

The design and implementation of remote travel restrictions and the broader pandemic response highlights the importance of the Australian Government’s commitment to working in partnership with Indigenous communities and leaders and at all levels of government, as evidenced by its commitments to Closing the Gap,[[3]](#footnote-4) and to co‑design a national Indigenous voice and local and regional decision-making.

This submission describes the Australian Government response to COVID‑19 and the specific measures taken to protect Aboriginal and Torres Strait Islander Australians. Time and circumstance have not yet permitted detailed data collection and analysis of the impacts of COVID-19 – and the response measures – on Indigenous Australians.

On 8 April 2020, the Senate of the Parliament of Australia established an Inquiry into the Australian Government’s response to the COVID-19 pandemic. The Committee is to present its final report on or before 30 June 2022. We will be pleased to share any public findings of the Committee and any other relevant inquiries and evaluations.

**The Australian Government response[[4]](#footnote-5)**

On 21 January, the Australian Government added COVID-19 as a Listed Human Disease under the Commonwealth Biosecurity Act 2015[[5]](#footnote-6) (the Act), enabling the use of enhanced biosecurity measures to protect Australians from COVID-19. Shortly after 25 January, Australia recorded it first reported case.[[6]](#footnote-7)

As global concern increased about the pandemic potential of COVID-19, the Australian Government activated a series of plans and existing mechanisms to support the domestic response. By March, governance arrangements had also been implemented to coordinate the social and economic response. Key elements of the response included:

* *National Cabinet*: Established by the Council of Australian Governments (COAG) on 13 March to provide an effective central governance mechanism through which Commonwealth, State and Territory leaders could jointly take decisions to tackle both the health and economic dimensions of the fight against COVID-19. National Cabinet comprises the Prime Minister, State Premiers and Territory Chief Ministers who are supported by the heads of their departments and the Chair of the Australian Health Protection Principals Committee (AHPPC). The AHPPC and National Coordination Mechanism are the primary bodies advising National Cabinet.
* *Australian Health Protection Principal Committee*: The AHPPC comprises all State and Territory Chief Health Officers and is chaired by the Australian Government Chief Medical Officer. It advises Governments on mitigating emerging health threats related to infectious diseases, the environment and natural and human-made disasters. The AHPPC pre-dates COVID-19, performing an ongoing role advising the Australian Health Ministers’ Advisory Council on health protection matters and national priorities.
* *National Coordination Mechanism (NCM)*: Established on 5 March to coordinate multiple streams of activities across all Commonwealth and State and Territory jurisdictions, as well as industry, to resolve issues and ensure a consistent national approach to the provision of essential services across a range of critical sectors and supply chains.[[7]](#footnote-8) The NCM was designed to operationalise the National Communicable Diseases Plan (see below) and coordinate planning and preparedness measures for the non-health impacts of COVID-19.
* *Australian Health Sector Emergency Response Plan for Novel Coronavirus*[[8]](#footnote-9): This was designed to guide the Australian health sector response to the COVID-19 outbreak, including tiered response stages to contain, manage and limit virus spread. The first stage was initiated on 17 February and the second stage on 15 March. This enabled Governments to be targeted in response to the outbreak, allocate resources properly, and mitigate risks to susceptible people.
* *Emergency Response Plan for Communicable Disease Incidents of National Significance (National Communicable Diseases Plan): National Arrangements for Coronavirus*: This outlines how non-health sector agencies[[9]](#footnote-10) support the health sector response.[[10]](#footnote-11) It includes whole‑of‑government actions to maintain society’s key functions; strengthen the ability of the community, economy and affected individuals to remain resilient and recover; and reduce the overall severity of the emergency.
* *Aboriginal and Torres Strait Islander Advisory Group on COVID-19[[11]](#footnote-12) (Advisory Group):* Established on 5 March, to develop and deliver a Management Plan for Aboriginal and Torres Strait Islander Populations[[12]](#footnote-13) (Management Plan) and implement the Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)[[13]](#footnote-14) for Indigenous Australians. The Advisory Group is co‑chaired by the Australian Government Department of Health and NACCHO and brings together Commonwealth and State and Territory health and indigenous policy agencies.
	+ The Advisory Group has been critical in bringing together Indigenous Australians and all levels of Government to advise on the implementation of the COVID-19 response as it relates to Indigenous Australians. It is a key mechanism through which Indigenous voices and advice are conveyed through the Australian Health Protection Principal Committee to National Cabinet.
* *National Mental Health and Wellbeing Pandemic Response Plan:* On 15 May the Government announced $48.1 million to support this plan that has three core objectives, to
	+ meet the mental health and wellbeing needs of all Australians to reduce negative impacts of the pandemic in the short and long-term;
	+ outline core principles and priority areas to inform jurisdictions as they respond to the challenges of COVID-19; and
	+ define governance, coordination and implementation requirements including data collection and sharing across jurisdictions to facilitate informed planning and decision making.

The plan also notes that *“an Aboriginal and Torres Strait Islander peoples’ mental health and social and emotional wellbeing pandemic response plan should be developed and implemented through Aboriginal and Torres Strait Islander leadership.”*

**Co-designing an approach to protect Australian and Torres Strait Islander Australians**

The Management Plan developed by the Advisory Group was endorsed by the AHPPC on 27 March. A number of initiatives have since been implemented to protect Indigenous people in discrete and remote communities, in consultation with Indigenous leaders and State and Territory Governments, including:

* restrictions on travel into discrete and remote Indigenous communities under the Act[[14]](#footnote-15)
* grants to support remote and very remote communities to evacuate early cases and respond if an outbreak occurs
* $123 million[[15]](#footnote-16) for targeted measures to support Indigenous business and communities to respond to COVID-19.[[16]](#footnote-17)
* $3.3 million to set up a COVID-19 Remote Point of Care Testing Program (POCT) across 83 testing sites for remote and rural Indigenous communities most at risk and in need[[17]](#footnote-18)
* general practice (GP) respiratory clinics; and
* targeted communications.

**Remote travel restrictions**

On 26 March, the Commonwealth Minister for Health made a Determination under the Act to restrict non-essential movement into remote communities. Remote travel restrictions operated across Western Australia, Northern Territory, Queensland and South Australia covering 24 per cent of Australia’s land mass and protecting 82 per cent of remote Indigenous communities. Approximately 63 per cent of all Indigenous Australians living in remote or very remote areas were covered by the travel restrictions, and 12 per cent of all Indigenous Australians.

Under the remote travel restrictions people (including residents) travelling to remote areas were required to self-isolate for 14 days before they entered a remote community. Exemptions applied for people entering remote areas to provide urgent or essential services, such as emergency services, or the delivery of food or medicine. People entering remote areas to provide urgent or essential services must comply with biosecurity requirements described by the Determination.

These arrangements, along with others actions by the Australian Government and individual jurisdictions, were intended to limit the risk of COVID-19 in remote communities and ensure essential services continue to be provided within a secure health framework. There have been no reported positive cases of COVID-19 to date (as at 12 June) by an Indigenous Australian inside an area designated by the Determination.

The remote travel restrictions applied through the suppression phase in Australia from March through April and into May. Broader restrictions began be eased from 8 May and on 15 May the National Cabinet agreed on a ‘Remote framework – conditions for easing remote area travel restrictions’.[[18]](#footnote-19) The Framework is intended to ensure jurisdictions have arrangements in place to manage the risk of an outbreak in remote communities. The final decision to remove an area from the Determination was to be a matter for the Commonwealth Minister for Health.

The remote travel restrictions were lifted for Western Australia and the Northern Territory on 5 June and for Queensland on 12 June. South Australia requested its restrictions be lifted for some of its areas from 19 June. The process for lifting restrictions involves the relevant jurisdiction consulting with affected Indigenous communities and outlining how the Remote framework conditions are being met.

**Remote Community Preparedness and Retrieval package**

The Australian Government allocated funding of $57.8 million over two years[[19]](#footnote-20) to support remote and very remote communities minimise the likelihood of exposure to COVID-19, increase their capacity to evacuate early cases, and enable an effective response if an outbreak occurs.

This includes:

* $5 million in grants for remote community organisations to support planning and preparedness activities in remote communities, as prioritised and determined by Indigenous communities. Funding was targeted to 56 organisations covering 121 communities. Communities have used funding to connect Elders to broader community through technology, ensure food security and pharmacy supplies, and provide more on‑the‑ground health staff; and
* $52.8 million for the early retrieval and evacuation for confirmed or suspect COVID-19 cases in remote communities, and to deploy mobile respiratory clinics and supplementary health services in remote locations where there is no capacity to repurpose existing health facilities.

Funding has also been provided to States and Territories to support scale up activities for coordination and logistics, on the basis of the size of their remote population covered and ability to scale up medical retrieval services in response to COVID-19.

**Point of care testing**

On 16 April, the Australian Government announced it would invest $3.3 million to establish a rapid coronavirus (COVID-19) Remote Point of Care Testing Program for remote and rural Aboriginal and Torres Strait Islander communities. Rapid identification of cases is a key element of the strategy for remote communities as outlined in the Management Plan.[[20]](#footnote-21)

A Remote polymerase chain reaction (PCR) POCT capability has been established, with 83 testing sites identified across Indigenous communities most at risk. This has reduced testing time to less than an hour, a significant difference for areas such as the Kimberley, Western Australia where receiving test results could otherwise take up to ten days.

On 21 May, the first two point of care tests were conducted in remote Western Australian communities. In both cases the test came back negative, preventing patient aeromedical evacuation and minimising the stress of leaving country for patients and their families.

**GP respiratory clinics**

GP respiratory clinics have been established around Australia to assess people with mild to moderate respiratory symptoms[[21]](#footnote-22) to reduce both the risk of further transmission of COVID-19 and the pressure on hospital emergency departments.

To date, approximately ten per cent of the over-100 Commonwealth-funded clinics operating nationally are ACCHSs. $6.9 million has also been provided to NACCHO to support its Sector Support Organisations, member services and other Aboriginal and Torres Strait Islander health services to coordinate efforts around Australia’s COVID-19 response, and in particular facilitate culturally-safe access to the GP respiratory clinics and COVID-19 testing.

***First regional Aboriginal-led clinic***

*The first regional Aboriginal-led clinic opened in Toowoomba, Queensland. The clinic provides locals with a culturally-safe place to be tested and treated for COVID-19. A specialist respiratory clinic has also opened in Nerang, Queensland to treat those with COVID-19 (or like-symptoms) for Indigenous residents. The clinic also treats non-Indigenous vulnerable residents.*

***Australian National University Training Modules***

*On 8 May, the Australian Government engaged the Australian National University to develop COVID-19 epidemiology training for remote area Aboriginal Health Practitioners. This included the delivery of five online training modules to cover key COVID-19 related areas, such as contact tracing in remote communities, personal protective equipment (PPE), interviews and data management. To date, two modules have been delivered online with over 16,000 workers completing the modules. Aboriginal Health Practitioners are also able to claim the training as continuous professional development (CPD) hours to meet their ongoing registration requirements.*

**Targeted communication materials**

All levels of Government have made a coordinated effort to ensure the availability of culturally‑appropriate messaging on COVID-19 to Indigenous Australians. The Advisory Group has been instrumental in leading a national approach to support tailored information for Indigenous Australian households, organisations and communities during the COVID-19 pandemic.

A range of national communications activities to support both awareness and preparedness have been developed under the tagline ‘Keep our Mob Safe.’ All communications have been grounded in a strength-based approach to support collaboration across the sector, Governments and communities in delivering key messages and information that is culturally-safe and community-led.

33 Creative, a First Nations-owned media company, has also been engaged to develop communication materials on COVID-19, specifically for Indigenous Australians, with a focus on remote communities. Activities have largely prioritised remote communities and local language translations. This is being done in collaboration with First Nations Media Australia, and to date have focused on radio, electronic distribution mail-out of key messages, social media and outreach through the Aboriginal and Torres Strait Islander health sector.

Key messages have been translated into 15 Indigenous languages,[[22]](#footnote-23) and messages focus on coronavirus awareness and prevention, as well as mental and physical health management, and domestic and physical violence supports.

In addition to this, as part of $74 million in funding to support the mental health and wellbeing of all Australians, the Government funded Gayaa Dhuwi (Proud Spirit) Australia (a national Indigenous wellbeing, mental health and suicide prevention leadership body) to develop culturally appropriate mental health and wellbeing resources.

**Food security**

Food security in remote communities has been a particular focus for the Australian Government throughout the COVID-19 pandemic response.

Early on, the Australian Government identified that the success of the remote travel restrictions hinged on the confidence of remote communities that access to their lands would be controlled and enforced; confidence in the provision of medical supplies and services; and confidence in the security of food supply, thus negating the need for unnecessary movement out of community.

The Australian Government worked both upstream in the food security domain through the NCM’s Supermarkets Taskforce where it dealt with national issues of supply and adequate market share being secured for the remote food and grocery sector. The Australian Government also worked downstream on local and regional issues through a Working Group convened by the National Indigenous Australians Agency (NIAA) working with the major remote food and grocery store management companies, wholesalers and distributors and representatives from relevant State and Territory Governments.

While there were short periods where continuity of food supply was challenged, the collaborative efforts of community store management companies, wholesalers, manufacturers and suppliers and Government was able to stabilise food supply to remote communities and support the integrity of the remote travel restrictions.

**Support for Indigenous business and communities**

On 2 April, the Australian Government announced targeted measures to enable Indigenous business and communities to respond to COVID-19:

* Up to $50 million will be made available through Indigenous Business Australia[[23]](#footnote-24) to help Indigenous businesses, including providing specialist advice to help businesses survive, adapt and recover, assistance to access the different business support packages available from Government, and new funding arrangements where there are gaps in the mainstream measures and a demonstrated need.
* Up to $25 million has been announced for regions and industries facing workforce losses, helping employers and Indigenous job seekers access short-term employment initiatives.
* While travel restrictions are in place, $10 million will be made available to help the Northern Territory Land Councils address immediate infrastructure needs and travel expenses associated with people returning to homelands.
* Up to $10 million will be directed to boost Community Night Patrols[[24]](#footnote-25) to assist in ensuring community safety is maintained. Community Night Patrols will also work with state and territory governments and police to increase regulation awareness and adherence to travel restrictions and physical distancing requirements.
* $23 million will be directed to improve the delivery of critical social support programs, including alcohol and other drug services, social and emotional wellbeing projects, family support and youth engagement and diversion programs.
* Up to $5 million will be directed to expand the school nutrition program in the Northern Territory, so meal deliveries can continue during school closures and holiday periods. The program will also extend to vulnerable families and the elderly where required.

**Education**

The Australian Government has been working with State and Territory Governments (which under the Australian system have primary responsibility for education) to ensure Aboriginal and Torres Strait Islander students' education remains a priority. There are approximately 230,000 Aboriginal and Torres Strait Islander students (139,000 primary and 91,000 secondary students)[[25]](#footnote-26). Of these, approximately 5,000 study away from home, with over two-thirds from remote or very remote areas. Many of these students travelled home to their communities at the height of the pandemic and were provided some form of remote learning.

Temporary changes were made to the Australian Government’s payment scheme to enable boarding providers to continue receiving full boarding payments during the pandemic. This was to support students’ remote learning, and will assist students to return to boarding as soon as they are able.

Australian Government-funded service providers pivoted their activities to support education continuity. Youth engagement and diversion activities were adapted to comply with physical distancing and hygiene requirements, including one-on-one in-person support, phone and online services, youth engagement using social media and online forums.

***Australian Indigenous Mentoring Experience***

*AIME is delivering mentoring and other education programs through their YouTube channel, IMAGI-NATION TV.*

***Work Exposure in Government***

*The WEX program moved to a WEX Virtual delivery mechanism, so WEX students can continue to connect with each other and a team of mentors, learn about Government careers, and develop personal and workplace skills.*

**Culture and ceremony impacts**

On 24 March, the Australian Government announced stage two of COVID-19 social distancing measures, suspending non-essential gatherings. This advice included guidance on the appropriate number of people for indoor and outdoor gatherings, and set a ten-person limit on attendance at funerals.

The Advisory Group established a Cultural Working Group to provide advice on cultural gatherings while social distancing and travel restrictions were in place. The Working Group developed guiding principles for Indigenous communities. These include ensuring measures are community-driven insofar as possible and can be adapted to changing local circumstances. State and Territory Governments, along with land councils and Indigenous organisations, developed a range of supporting resources.

Leaders and communities responded to the restrictions in a variety of ways, limiting attendance at ceremonies and using video or livestreaming to share with a wider audience, or postponing ceremonies to a later date.

**Family and domestic violence**

The Australian Government recognises that COVID-19 extended isolation may lead to an increase in household stressors (such as alcohol and substance use, mental health, overcrowding and unemployment), instances of sexual assault, domestic and family violence, and broader community safety issues.

The Australian Government is working with State and Territory Governments and service providers to adapt or expand the delivery of family and domestic violence support services to Indigenous communities. This has included support to the Family Violence Prevention Legal Services (FVPLS) and $23 million to improve the delivery of critical Indigenous-specific social support programs, including alcohol and other drug services, social and emotional wellbeing projects, family support and youth engagement and diversion programs.

On 4 June, the Parliament of Australia’s House of Representatives Standing Committee on Social Policy and Legal Affairs commenced an inquiry into family, domestic and sexual violence with a view to informing the next National Plan to Reduce Violence against Women and their Children. The terms of reference for the inquiry include reporting on “the impact of natural disasters and other significant events such as COVID-19, including health requirements such as staying at home, on the prevalence of domestic violence and provision of support services.”

**Mental health and suicide**

Supporting mental health and suicide prevention remains one of the Government’s highest priorities. The Australian Government is providing $48.1 million to support the Mental Health and Wellbeing Pandemic Response Plan. As part of this Plan, $3.5 million will be provided to Primary Health Networks to work with local Aboriginal and Torres Straits Islander communities to bolster existing services as restrictions are lifted. This investment builds on approximately $500 million for mental health and suicide prevention announced by the Government since 30 January 2020, including $64 million for suicide prevention, $74 million for preventative mental health services, and a significant proportion of the $669 million telehealth package to support Medical Benefits Schedule subsidised treatments provided by GPs, psychologists, psychiatrists and other mental health professionals.

The Australian Government continues to monitor Indigenous suicide notifications closely through the National Indigenous Postvention Service and has not (at the time of briefing) noticed a marked increase in Indigenous suicides due to COVID-19. This aligns with the findings of the Australian Government Department of Health, based on information from a range of sources such as surveys, crisis line activity and uptake of support services.

**Justice**

The Australian Government acknowledges concerns about the COVID-19-related risks to safety for Aboriginal and Torres Strait Islander Australians, including those in prisons. In Australia’s Federal system of government, State and Territory Governments maintain responsibility for their justice systems, including the administration of court systems and ensuring the welfare of those in police or corrective services custody. All levels of government are working to ensure the health and safety of all parties, including those in prisons, while ensuring essential justice services continue and the safety of the community is prioritised.

On 5 May, National Cabinet agreed the Australian Government will, in partnership with jurisdictions, develop ‘Safe Travel Plans’ for newly released Indigenous prisoners including access to self-isolation accommodation and secure transport to designated communities. The Australian Government is continuing to work with States and Territory Governments on implementation of the measure.

The NIAA continues to support providers to deliver existing ‘through-care’ programs, which support Indigenous prisoners who are released to reintegrate into the community through intensive case management to address the underlying causes of offending. Australian Government-funded Custody Notification Services are also continuing to operate in New South Wales, the Australian Capital Territory, the Northern Territory and Western Australia during the COVID-19 pandemic. The Victorian CNS will commence operations shortly. These services provide culturally-appropriate health and welfare support and basic legal advice for Indigenous Australians detained by police.

1. Australia is a federation of the Commonwealth or Australian Government and six states (New South Wales, Queensland, South Australia, Tasmania, Victoria and Western Australia) and two self-governing territories (Australian Capital Territory and Northern Territory), each of which have their own constitutions, parliaments, governments and laws. This submission focuses primarily on the Australian Government response, except where specific state or territory jurisdiction examples have been cited. [↑](#footnote-ref-2)
2. NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Services (ACCHSs) across Australia on Aboriginal health and wellbeing issues. [↑](#footnote-ref-3)
3. In 2008, the Council of Australian Governments committed to specific targets for reducing inequalities in Aboriginal and Torres Strait islander life expectancy, mortality, education and employment. A seventh target to close the gap in school attendance was added in 2014. To finalise a refresh of Closing the Gap a formal Partnership Agreement between the Australian Government and the National Coalition of Aboriginal and Torres Strait Islander Peak Organisations came into effect in March 2019. [↑](#footnote-ref-4)
4. The Parliament of Australia’s Select Committee on COVID-19 is conducting an inquiry into the Australian Government’s response to the COVID-19 pandemic (See: [aph.gov.au/Parliamentary\_Business/Committees/Senate/COVID-19](https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/COVID-19)). The final report is to be released on or before 30 June 2022. The Department of Prime Minister and Cabinet’s submission to the inquiry is available here: [aph.gov.au/DocumentStore.ashx?id=34176972-783f-44d5-820d-087bb8051cda&subId=680501](https://www.aph.gov.au/DocumentStore.ashx?id=34176972-783f-44d5-820d-087bb8051cda&subId=680501) with a timeline here: [aph.gov.au/DocumentStore.ashx?id=f9a4d6e4-5871-4c72-ac2b-3449a6781d82&subId=680501](https://www.aph.gov.au/DocumentStore.ashx?id=f9a4d6e4-5871-4c72-ac2b-3449a6781d82&subId=680501). [↑](#footnote-ref-5)
5. [legislation.gov.au/Details/C2020C00127](https://www.legislation.gov.au/Details/C2020C00127) [↑](#footnote-ref-6)
6. The first reported case was a passenger from Wuhan, China who flew to Melbourne from Guangdong on 19 January. As at 12 June Australia has 7,285 confirmed cases, with 6,761 recovered and 102 deaths. [↑](#footnote-ref-7)
7. The NCM is operating in place of National Crisis Committee (NCC) meetings due to the scale and tempo of the COVID-19 work. Under the *Australian Government Crisis Management Framework*, NCC meetings are held to coordinate efforts between the Commonwealth, states and territories in response to domestic crises. [↑](#footnote-ref-8)
8. [health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19](https://www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19) [↑](#footnote-ref-9)
9. Such as police, childcare, transport and essential utilities. [↑](#footnote-ref-10)
10. The Communicable Diseases Plan was activated on 25 February 2020 at the request of the Chief Medical Officer, in consultation with the Department of the Prime Minister and Cabinet and Home Affairs [↑](#footnote-ref-11)
11. [health.gov.au/committees-and-groups/aboriginal-and-torres-strait-islander-advisory-group-on-covid-19](https://www.health.gov.au/committees-and-groups/aboriginal-and-torres-strait-islander-advisory-group-on-covid-19) [↑](#footnote-ref-12)
12. Department of Health, *Management Plan for Aboriginal and Torres Strait Islander Populations*. 2020. [health.gov.au/resources/publications/management-plan-for-aboriginal-and-torres-strait-islander-populations](https://www.health.gov.au/resources/publications/management-plan-for-aboriginal-and-torres-strait-islander-populations) [↑](#footnote-ref-13)
13. Department of Health, *Australian Health Sector Emergency Response Plan for Novel Coronavirus (COVID-19)*. 2020. [health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19](https://www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19) [↑](#footnote-ref-14)
14. Announced on 26 March. [↑](#footnote-ref-15)
15. Over 2019-20 and 2020-21 [↑](#footnote-ref-16)
16. Announced on 2 April. [↑](#footnote-ref-17)
17. Announced on 16 April. [↑](#footnote-ref-18)
18. [health.gov.au/resources/publications/remote-framework-conditions-for-easing-remote-area-travel-restrictions](https://www.health.gov.au/resources/publications/remote-framework-conditions-for-easing-remote-area-travel-restrictions) [↑](#footnote-ref-19)
19. 2019-20 and 2020-2021. [↑](#footnote-ref-20)
20. Also the *Interim National Guidance for Remote Aboriginal and Torres Strait Islander communities for COVID‑19*, published as a complement to the CDNA Series of National Guidelines for Public Health Units on COVID-19; [health.gov.au/resources/publications/cdna-interim-national-guidance-for-remote-aboriginal-and-torres-strait-islander-communities-for-covid-19](https://www.health.gov.au/resources/publications/cdna-interim-national-guidance-for-remote-aboriginal-and-torres-strait-islander-communities-for-covid-19) [↑](#footnote-ref-21)
21. A fever, cough, shortness of breath, a sore throat and/or tiredness. [↑](#footnote-ref-22)
22. These are available on the Australian Government Department of Health website: [health.gov.au/resources/collections/coronavirus-covid-19-resources-for-aboriginal-and-torres-strait-islander-people-and-remote-communities](https://www.health.gov.au/resources/collections/coronavirus-covid-19-resources-for-aboriginal-and-torres-strait-islander-people-and-remote-communities). [↑](#footnote-ref-23)
23. Indigenous Business Australia was created to assist and enhance the economic development opportunities of Aboriginal and Torres Strait Islander people across Australia. [↑](#footnote-ref-24)
24. The Community Night Patrols promote culturally-appropriate dispute resolution as well as partnerships with police and other services. [↑](#footnote-ref-25)
25. Figures from the National Report on Schooling in Australia data portal, ACARA, 2019 data. [↑](#footnote-ref-26)