

Human Biosecurity for International Air Travellers during COVID-19

Across Entities

© Commonwealth of Australia 2022

ISSN 1036–7632 (Print)

ISSN 2203–0352 (Online)

ISBN 978-1-76033-709-4 (Print)

ISBN 978-1-76033-710-0 (Online)

Except for the content in this document supplied by third parties, the Australian National Audit Office logo, the Commonwealth Coat of Arms, and any material protected by a trade mark, this document is licensed by the Australian National Audit Office for use under the terms of a Creative Commons Attribution-NonCommercial-NoDerivatives 3.0 Australia licence. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/3.0/au/>.

You are free to copy and communicate the document in its current form for non-commercial purposes, as long as you attribute the document to the Australian National Audit Office and abide by the other licence terms. You may not alter or adapt the work in any way.

Permission to use material for which the copyright is owned by a third party must be sought from the relevant copyright owner. As far as practicable, such material will be clearly labelled.

For terms of use of the Commonwealth Coat of Arms, visit the *It's an Honour* website at <https://www.pmc.gov.au/government/its-honour>.

Requests and inquiries concerning reproduction and rights should be addressed to:

Senior Executive Director
Corporate Management Group
Australian National Audit Office
GPO Box 707
Canberra ACT 2601

Or via email:

communication@anao.gov.au.



Canberra ACT
24 March 2022

Dear Mr President
Dear Mr Speaker

In accordance with the authority contained in the *Auditor-General Act 1997*, I have undertaken an independent performance audit across entities titled *Human Biosecurity for International Air Travellers during COVID-19*. Pursuant to Senate Standing Order 166 relating to the presentation of documents when the Senate is not sitting, I present the report of this audit to the Parliament.

Following its presentation and receipt, the report will be placed on the Australian National Audit Office's website — <http://www.anao.gov.au>.

Yours sincerely



Grant Hehir
Auditor-General

The Honourable the President of the Senate
The Honourable the Speaker of the House of Representatives
Parliament House
Canberra ACT

AUDITING FOR AUSTRALIA

The Auditor-General is head of the Australian National Audit Office (ANAO). The ANAO assists the Auditor-General to carry out his duties under the *Auditor-General Act 1997* to undertake performance audits, financial statement audits and assurance reviews of Commonwealth public sector bodies and to provide independent reports and advice for the Parliament, the Australian Government and the community. The aim is to improve Commonwealth public sector administration and accountability.

For further information contact:
Australian National Audit Office
GPO Box 707
Canberra ACT 2601

Phone: (02) 6203 7300
Email: ag1@anao.gov.au

Auditor-General reports and information about the ANAO are available on our website:
<http://www.anao.gov.au>

Audit team

Michael McGillion
Alicia Vaughan
Samuel Jones
Jennifer Canfield
Deborah Jackson
Daniel Whyte

Contents

Summary and recommendations.....	7
Background	7
Conclusion	8
Supporting findings.....	9
Recommendations.....	10
Summary of entity responses	11
Key messages from this audit for all Australian Government entities	13
Audit findings.....	15
1. Background	16
Introduction	16
Governance of human biosecurity for international air travel.....	16
Routine human biosecurity measures	18
Emergency human biosecurity measures	19
Rationale for undertaking the audit	22
Audit approach	23
2. Human biosecurity governance.....	25
Was the national human biosecurity response supported by appropriate agreements?	26
Have clear procedural guidance and appropriate training been provided to staff at the border?	30
Have human biosecurity requirements been clearly communicated to travellers and industry?	35
Has Health maintained sufficient oversight of human biosecurity operations?	37
3. Routine human biosecurity measures	41
Were operational roles and responsibilities for routine human biosecurity measures clearly identified and fit-for-purpose?	42
Have entities maintained appropriate coordination and information sharing arrangements for routine measures?	45
Have entities adhered to operational policies and procedures for routine measures?	49
4. Emergency human biosecurity measures	58
Were operational roles and responsibilities for emergency human biosecurity measures clearly identified and fit-for-purpose?	59
Have entities established appropriate coordination and information sharing arrangements to support mandatory quarantine?	63
Were emergency measures implemented in accordance with policy objectives?	69
Appendices	77
Appendix 1 Entity responses	78
Appendix 2 Improvements observed by the ANAO	83
Appendix 3 Typical traveller pathway during COVID-19.....	84
Appendix 4 Agreed roles and responsibilities for passenger processing by Australian Government entities, 28 March 2020.....	85
Appendix 5 Analysis of safe air travel assurance reporting	86



Audit snapshot

Auditor-General Report No.20 2021–22

Human Biosecurity for International Air Travellers during COVID-19



Why did we do this audit?

- ▶ This audit was conducted under phase two of the ANAO's multi-year strategy that focuses on the effective, efficient, economical and ethical delivery of the Australian Government's response to the COVID-19 pandemic.
- ▶ The audit was conducted to provide assurance to the Parliament that human biosecurity for international air travellers has been managed effectively.



Key facts

- ▶ Routine human biosecurity measures include entry and exit screening of travellers, pre-arrival reports by aircraft operators, and the granting of permission to unload passengers and cargo.
- ▶ Emergency human biosecurity measures include the closure of airport retail outlets, mandatory quarantine and quarantine-free flights, and pre-departure COVID-19 testing.



What did we find?

- ▶ The management of human biosecurity for international air travellers during COVID-19 has been largely effective.
- ▶ Human biosecurity operations for international air travel have been largely supported by good governance.
- ▶ The administration of routine human biosecurity measures has been partly effective during the pandemic.
- ▶ The administration of emergency human biosecurity measures has been largely effective.



What did we recommend?

- ▶ The Auditor-General made six recommendations to improve governance arrangements and ensure that departmental systems for traveller processing adequately support human health outcomes.
- ▶ Entities agreed with all six recommendations.

260,882

Number of international air arrivals (excluding travellers from New Zealand) in 2020-21.

0.9%

Percentage of international air arrivals (excluding travellers from New Zealand) in 2020-21 who tested positive for overseas-acquired COVID-19 after arrival

209

Number of Biosecurity Officers with traveller inspection responsibilities at airports as of July 2021.

Summary and recommendations

Background

1. Since its emergence in late 2019, coronavirus disease 2019 (COVID-19) has become a global pandemic that is impacting on human health and national economies. The World Health Organization (WHO) declared COVID-19 to be a ‘public health emergency of international concern’ on 30 January 2020. From January 2020 the Australian Government commenced the introduction of a range of policies and measures in response to the emergence of COVID-19, including international travel restrictions.¹ Despite the imposition of international travel restrictions, on average over 41,000 travellers (excluding crew and transit passengers) entered Australia and over 56,000 departed Australia by air each month in the 2020–21 financial year.

2. In Australia, responsibility for human biosecurity generally is shared between the Australian Government and state and territory governments. On behalf of the Australian Government, the Department of Health (Health) is responsible for managing human biosecurity risks at the international border. Department of Agriculture, Water and the Environment (DAWE) Biosecurity Officers (BOs) perform duties on behalf of Health at international airports, including working with Human Biosecurity Officers (HBOs) from state and territory health authorities to manage the risks associated with international air travellers. Other Australian Government entities involved in managing human biosecurity risks for international air travellers during the pandemic have included the Department of Home Affairs (Home Affairs), including the Australian Border Force (ABF), and the Department of Infrastructure, Transport, Regional Development and Communications.

3. Health, DAWE and state and territory officials appointed under the *Biosecurity Act 2015* (Biosecurity Act) may routinely exercise powers to manage the risk of certain human diseases, including COVID-19, being brought into or out of Australia via international air travel. During the pandemic, powers exercised by these officials have included:

- requiring travellers to provide information, such as proof of vaccination status, or submit to health screening on arrival in Australia (known as ‘entry screening’) or when departing Australia (known as ‘exit screening’);
- requiring aircraft operators to report information before arrival in Australia (a pre-arrival report); and
- preventing aircraft from unloading any person or goods from an aircraft until permission (known as ‘pratique’) is granted.

4. In addition to routine human biosecurity measures, the Biosecurity Act provides flexible powers that may be used to respond to human biosecurity emergencies. The power to determine emergency requirements under section 477 of the Biosecurity Act was used for the first time in response to the COVID-19 pandemic. The Minister for Health made emergency determinations aimed at controlling the risk of infection from international travellers passing through international airports during the pandemic: closing certain retail outlets in international air terminals from March 2020; and introducing a suite of ‘safe air travel’ measures (including

1 Further information on these restrictions can be found in Auditor-General Report No.12 2021–22 *Management of International Travel Restrictions during COVID-19*.

requirements to wear masks on international flights and provide evidence of a negative COVID-19 test before travel) from January 2021. State and territory governments also possess emergency powers within their jurisdictions that have been used during the pandemic, with support from Australian Government entities, to enforce mandatory quarantine for international air travellers.

Rationale for undertaking the audit

5. The COVID-19 pandemic and the pace and scale of the Australian Government's response impact on the risk environment faced by the Australian public sector. This performance audit was conducted under phase two of the ANAO's multi-year strategy that focuses on the effective, efficient, economical and ethical delivery of the Australian Government's response to the COVID-19 pandemic.²

6. Following the Ruby Princess incident in March 2020³, the administration of maritime human biosecurity operations by the Australian Government and state partners during COVID-19 has been considered by the Senate Select Committee on COVID-19, the Inspector-General of Biosecurity and the NSW Special Commission of Inquiry into the Ruby Princess. Between 1 July 2020 and 30 June 2021, 99 per cent of travellers arrived in Australia by air. The audit was conducted to provide assurance to the Parliament that human biosecurity for international air travellers has been managed effectively.

Audit objective and criteria

7. The audit objective was to assess the effectiveness of the management of human biosecurity for international air travellers during the COVID-19 pandemic.

8. To form a conclusion against the objective, the following high-level criteria were adopted.

- Have human biosecurity operations for international air travel been supported by good governance?
- Have routine human biosecurity measures at international airports been effectively administered during the COVID-19 pandemic?
- Have emergency human biosecurity measures introduced for COVID-19 for international air travel been effectively administered?

9. The audit focussed on the activities of Australian Government entities, including state and territory officials appointed under Commonwealth legislation. The audit did not examine changes to human biosecurity policy or operations after 31 October 2021.

Conclusion

10. Management of human biosecurity for international air travellers during COVID-19 by the Australian Government has been largely effective.

2 Further details on the ANAO's COVID-19 multi-year audit strategy can be found at: <https://www.anao.gov.au/work-program/covid-19>.

3 The Ruby Princess cruise ship arrived at the Port of Sydney on 19 March 2020 and was granted pratique. Subsequently, more than 663 passengers and crew tested positive to COVID-19, and secondary and tertiary outbreaks were traced back to passengers from the ship.

11. Human biosecurity operations for international air travel have been largely supported by good governance such as appropriate agreements and effective stakeholder communication. Arrangements under a 2017 memorandum of understanding (MOU) between Health and DAWE to respond to a human biosecurity emergency were not agreed at the start of the pandemic. Mandatory training was not completed by all HBOs and BOs.

12. The administration of routine human biosecurity measures has been partly effective during the pandemic. Roles and responsibilities for enhanced health screening were initially not clear, and roles and responsibilities for exit screening were not aligned with legislation. While the introduction of electronic traveller with illness checklists (eTICs) has improved the effectiveness of traveller screening, regulatory records maintained by DAWE are unreliable and cannot demonstrate that BOs have correctly administered routine human biosecurity measures.

13. The administration of emergency human biosecurity measures has been effective, other than a short period where roles and responsibilities for passenger processing into mandatory quarantine were not clear. Emergency measures were implemented in accordance with policy objectives and information-sharing arrangements were appropriate in the circumstances.

Supporting findings

Human biosecurity governance

14. The national human biosecurity response was largely supported by appropriate agreements. A planned schedule to the MOU between Health and DAWE covering human biosecurity emergencies was not completed and responsibility for human biosecurity in external territories has not been formalised. (See paragraphs 2.4 to 2.25)

15. Appropriate mandatory training for HBOs and BOs was available to staff at the border. However, training was not completed by approximately 20 per cent of staff. While policy documents and work instructions for routine pre-pandemic measures were clear, procedural guidance for issuing a human biosecurity control order was not finalised. Guidance on changes to BO duties as a result of COVID-19 was developed as the changes were implemented. (See paragraphs 2.26 to 2.51)

16. Human biosecurity requirements have been clearly communicated to travellers and industry on a targeted basis using multiple media types. (See paragraphs 2.52 to 2.61)

17. Health has not maintained sufficient oversight of routine human biosecurity operations as reporting from state and territory health authorities and DAWE's record-keeping largely do not facilitate performance monitoring. (See paragraphs 2.62 to 2.72)

Routine human biosecurity measures

18. Operational roles and responsibilities were clearly identified and were fit for pre-pandemic surveillance and intervention with small numbers of ill travellers. Roles and responsibilities became less clear and potentially duplicative for a period following the introduction of state and territory airside health screening for COVID-19. Roles and responsibilities for exit screening were not aligned with legislation at most airports. (See paragraphs 3.3 to 3.9)

19. Entities made adjustments to arrangements to share information on passengers to public health authorities that were appropriate in the circumstances. Pre-pandemic discussions about improved data sharing between Health and Home Affairs were resumed and progressed in response to the pandemic. (See paragraphs 3.10 to 3.24)

20. Entities have largely adhered to procedures for administering the traveller with illness checklist since the introduction of the eTIC. While there is evidence of non-compliance with policies and procedures, DAWE's regulatory record-keeping is insufficiently reliable to test the extent of non-compliance. (See paragraphs 3.25 to 3.54)

Emergency human biosecurity measures

21. Operational roles and responsibilities for emergency measures were largely clearly identified and fit-for-purpose, both for measures under the Biosecurity Act and measures taken by the Australian Government in collaboration with states and territories. The division of roles and responsibilities between Australian Government entities and state and territory authorities at the introduction of mandatory quarantine was not clear. (See paragraphs 4.5 to 4.20)

22. Fit-for-purpose local coordination arrangements have developed at each airport over the course of the pandemic. Home Affairs implemented arrangements for sharing information on impending arrivals to inform quarantine planning by states and territories that were appropriate in the circumstances. (See paragraphs 4.21 to 4.40)

23. Emergency measures were implemented in accordance with policy objectives. (See paragraphs 4.41 to 4.61)

Recommendations

Recommendation no. 1 Department of Health and Department of Infrastructure,
Paragraph 2.9 Transport, Regional Development and Communications formalise responsibility for human biosecurity in external territories.

Department of Health response: *Agreed.*

Department of Infrastructure, Transport, Regional Development and Communications response: *Agreed.*

Recommendation no. 2 Department of Health and Department of Agriculture, Water and
Paragraph 2.14 the Environment incorporate a schedule outlining contingency arrangements for human biosecurity emergencies into the human biosecurity memorandum of understanding.

Department of Health response: *Agreed.*

Department of Agriculture, Water and the Environment response: *Agreed.*

**Recommendation no. 3
Paragraph 2.40** Department of Health and Department of Agriculture, Water and the Environment ensure that human biosecurity officers and biosecurity officers (both new and incumbent) have satisfied all training and qualification requirements.

Department of Health response: *Agreed.*

Department of Agriculture, Water and the Environment response: *Agreed.*

**Recommendation no. 4
Paragraph 2.71** Department of Health implement performance monitoring arrangements to ensure meaningful and reliable information on the performance of human biosecurity functions is captured.

Department of Health response: *Agreed.*

**Recommendation no. 5
Paragraph 3.23** Department of Home Affairs, in consultation with Department of Health, ensure that the functionality and enabling legislation for the Digital Passenger Declaration supports timely, large-scale contact tracing by state and territory authorities.

Department of Home Affairs response: *Agreed.*

**Recommendation no. 6
Paragraph 3.52** Department of Agriculture, Water and the Environment ensure that traveller interactions under sections 44 and 45 of the *Biosecurity Act 2015* are adequately captured in information systems.

Department of Agriculture, Water and the Environment response: *Agreed.*

Summary of entity responses

24. Entities' summary responses to the report are provided below and their full responses are at Appendix 1.

Department of Agriculture, Water and the Environment

The Department of Agriculture, Water and the Environment (the department) welcomes the findings of the Australian National Audit Office (ANAO) report titled *Human Biosecurity for International Air Travellers during COVID-19*.

The department recognises the public health risk posed by travellers arriving on international aircraft. Throughout the COVID-19 pandemic response, the department continues its work on business improvement initiatives to better manage the human biosecurity risk posed by arriving international aircraft. This work is progressed through the department's strategic roadmap, Commonwealth Biosecurity 2030, the latest step in responding to a rapidly changing environment to ensure we have the controls, partnerships, tools, processes and networks to manage current and future threats, including human biosecurity risk.

The delivery of human biosecurity functions at the Australian border is a shared responsibility between the Commonwealth, state and territory governments. Effective cross-agency

collaboration in the administration of both routine and emergency human biosecurity functions is critical to protecting Australia from COVID-19 and other serious communicable diseases. The department will continue this collaboration to improve the management of human biosecurity risk.

The department welcomes the ANAO's finding that management of human biosecurity for international travellers during COVID-18 by the Australian Government has been largely effective. The department also agrees with the audit's findings that identify the need to improve human biosecurity governance and the administration of routine human biosecurity measures.

The department agrees with the three recommendations directed to the department and has already begun pursuing their implementation.

Department of Health

The Department of Health (Department) welcomes the findings in the report and accepts the recommendations directed to the department.

The COVID-19 pandemic response has required the rapid development and implementation of new human biosecurity measures at international airports to minimise the entry and spread of COVID-19 within Australian territory. The Department notes that in many instances, human biosecurity powers under the Biosecurity Act 2015 were implemented for the first time in the COVID-19 response.

The Department welcomes the ANAO's assessment that the management of human biosecurity for international air travellers during the pandemic has been largely effective, and attributed in part to the pre-pandemic preparedness and relationship development activities.

The Department welcomes the recommendations and opportunities for further improvements to be made to Australia's robust systems, and to ensure that Australians are protected in this and future health emergency responses.

Department of Home Affairs

Since the beginning of the COVID-19 pandemic, the Department of Home Affairs (the Department) and its operational arm, the Australian Border Force, have worked closely with the Department of Health and state and territory health agencies to support biosecurity efforts and the safe and secure transfer of passenger information, to enable an effective quarantine response. This was first undertaken manually, before moving to the interim electronic solution, the Australia Travel Declaration, and now the enduring solution of the Digital Passenger Declaration (DPD). The provision of this information electronically is key to being able to operate at scale and in close to real-time. The DPD is the Department's current electronic tool for collecting this information from international arrivals by air.

All international air travellers will provide their critical information online through the DPD before boarding their flight. Manual declarations can be completed in extraordinary circumstances. The DPD collects and shares health, testing and vaccination status information in accordance with privacy legislation. Certain personal information, including sensitive information, will be shared with public health authorities, through the Department of Health, to support the management of the ongoing challenges posed by COVID.

Department of Infrastructure, Transport, Regional Development and Communications

The Department welcomes the report, and notes the finding in relation to formalising arrangements for biosecurity in the external territories. The Department agrees with the recommendation, and will work collaboratively with the Department of Health on its implementation.

Key messages from this audit for all Australian Government entities

25. Below is a summary of key messages, including instances of good practice, which have been identified in this audit and may be relevant for the operations of other Australian Government entities.

Governance and risk management

- International airports are subject to the concurrent jurisdiction of multiple Australian, state and territory government entities, which was exercised in new ways at short notice to rapidly implement mandatory quarantine. Entities should maintain awareness of how state and territory jurisdiction intersects with their activities and objectives, and its potential to affect or contribute to the management of shared risks.
- The Australian Government's response to the human biosecurity risks of international air travel during the COVID-19 pandemic involved exercising previously unused regulatory powers under the *Biosecurity Act 2015*, and exercising existing powers in new ways, in response to rapid changes in the regulatory environment. Regulators should plan for the effective exercise of any power that has been enacted by Parliament, even where an immediate need to exercise that power is not apparent or the finer details of its exercise cannot be known. In particular, planning should ensure that appropriate ICT capabilities to collect and manage compliance information, record regulatory actions and measure the achievement of objectives for the entire regulated population will be available at the time they are needed.
- The *Australian Health Sector Emergency Response Plan for Novel Coronavirus* provides that measures to respond to the pandemic will be regularly reviewed and tailored to ensure they remain proportionate to risk. By scheduling an assurance exercise within the first month of operation of the safe air travel measures, the Department of Home Affairs provided timely and reliable evidence that the measures had been implemented in accordance with government objectives, equipping Australian governments with information needed to assess whether the measures were effective and proportionate. Entities should consider incorporating early assurance and evaluation activities into rapid implementation plans for emergency responses with significant potential consequences. This is particularly the case in circumstances such as a pandemic where response measures are likely to change through the course of the emergency.
- Before COVID-19 emerged, the Department of Health approached partner entities to progress several initiatives in response to the findings of reviews regarding Australia's preparedness for a pandemic. The events of the pandemic subsequently demonstrated the value of these review findings and recommendations. Entities should give priority to requests for cross-entity assistance or reform that stem from review findings about improving preparedness for crises,

even if the entity was not a subject of the review. Accountable authorities have a duty to encourage staff to cooperate with others where practicable, essential in ensuring the Australian Government is prepared for crises.

- The *Australian Government Crisis Management Framework* recognises that joint responses to crises require entities to have a clear understanding of roles, responsibilities and functions and clear lines for information sharing, decision-making and accountability. When negotiating, drafting and reviewing memoranda of understanding (MOUs) or similar arrangements, entities should consider these requirements in relation to foreseeable emergencies as well as for ordinary operations. Entities should ensure that both MOUs and emergency plans are regularly reviewed, and MOUs and emergency plans remain aligned if not reviewed concurrently. Well-crafted and well-maintained MOUs improve entities' responsiveness to emergencies and make it easier to identify circumstances where existing arrangements need to be supplemented or superseded by temporary emergency arrangements.

Audit findings

1. Background

Introduction

1.1 Since its emergence in late 2019, coronavirus disease 2019 (COVID-19) has become a global pandemic that is impacting on human health and national economies. The World Health Organization (WHO) declared COVID-19 to be a ‘public health emergency of international concern’ on 30 January 2020.

1.2 From January 2020 the Australian Government commenced the introduction of a range of policies and measures in response to the emergence of COVID-19. The Australian Government’s health and economic response has included:

- travel restrictions, international border controls and quarantine arrangements;
- delivery of substantial economic stimulus, including financial support for affected individuals, businesses and communities; and
- support for essential services and procurement and deployment of critical medical supplies (including the national vaccine rollout).

1.3 With the release of the 2021–22 Mid-Year Economic and Fiscal Outlook on 16 December 2021, the Australian Government reported that it had committed over \$23 billion to COVID-19 health support measures and \$314 billion in direct economic support.⁴

Governance of human biosecurity for international air travel

1.4 In Australia, responsibility for human biosecurity generally is shared between the Australian Government and state and territory governments.

- The Australian Government is responsible for meeting Australia’s international public health obligations, managing human health risks at the international border and within Australia’s non-self-governing territories, setting national policies, and providing national advice and coordination during health emergencies of national and international significance.
- State and territory governments have primary operational responsibility for responding to public health threats within their jurisdictions, including public health surveillance, outbreak response, clinical care through the hospital sector, vaccination programs, health promotion, public communications and public health laboratory testing and research.

1.5 Two key statutes govern the Australian Government’s management of human biosecurity for international air travellers and implement Australia’s obligations under the *International Health Regulations (2005)*.⁵ The *Biosecurity Act 2015* (the Biosecurity Act), which replaced the *Quarantine Act 1908* in June 2016, is jointly administered by the Department of Health (Health) (for human biosecurity matters) and the Department of Agriculture, Water and the Environment (DAWE) (for

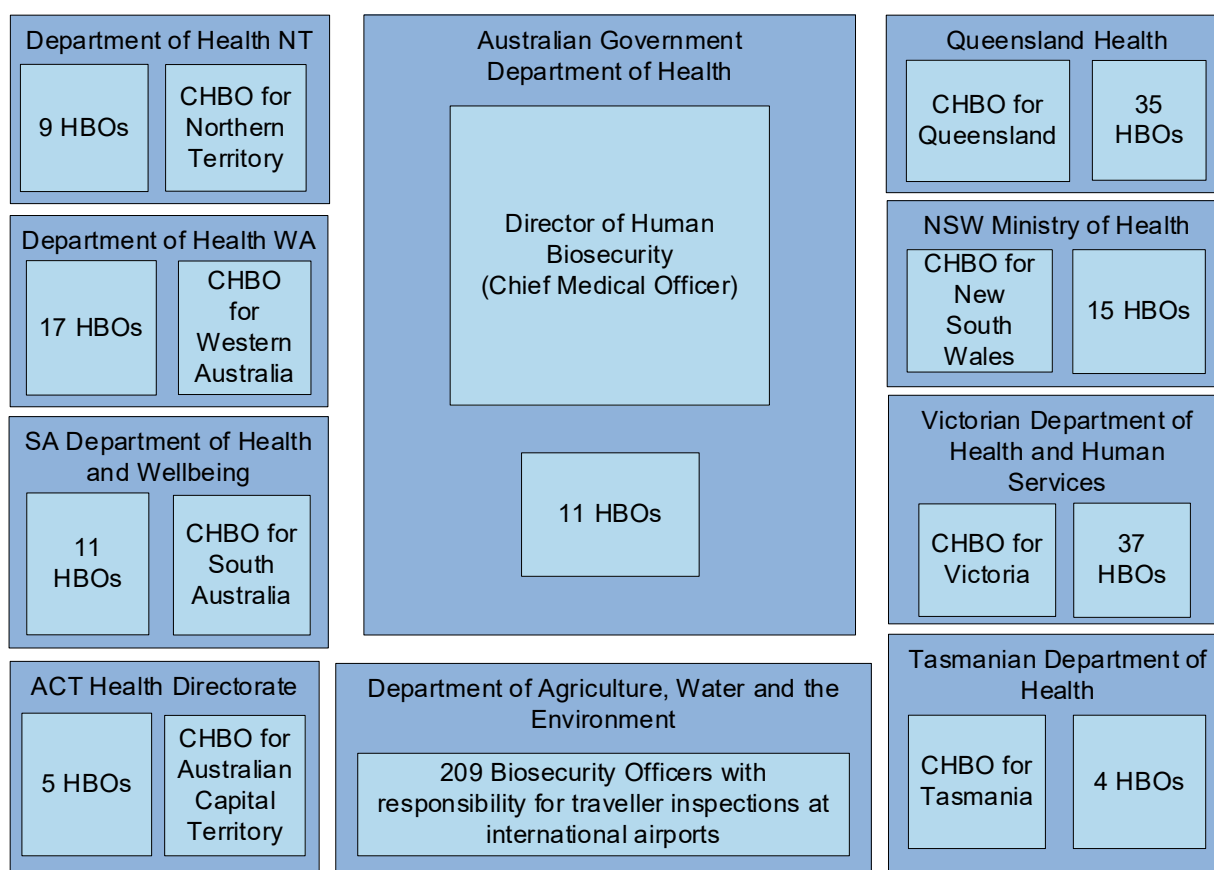
4 Commonwealth of Australia, *Recovery and response support*, Budget update 2021–22 factsheet, available at https://budget.gov.au/2021-22/content/myefo/download/myefo_fact_sheet.pdf [accessed 18 January 2022].

5 The *International Health Regulations (2005)* (IHR) are designed to prevent the international spread of infectious diseases while avoiding interference with international traffic and trade. As a Member State of the World Health Organization (WHO), Australia is obliged to comply with the IHR.

all other biosecurity matters). The Biosecurity Act established the role of Director of Human Biosecurity, which is occupied by the Chief Medical Officer.⁶ Additionally, the *National Health Security Act 2007* (NHS Act), which commenced in March 2008 and is administered by Health, establishes a national surveillance system for public health events of national significance.

1.6 Although Health administers the human biosecurity components of the Biosecurity Act, it does not operate hospital facilities. The Biosecurity Act provides for medical practitioners from state and territory health authorities to be appointed as Human Biosecurity Officers (HBOs), enabling them to clinically assess ill travellers at the international border and arrange for their safe transfer into state or territory hospital systems. Most HBOs operate under the direction of one of eight Chief Human Biosecurity Officers (CHBO), whose duties extend to coordinating the activities of HBOs in a state or territory.⁷ CHBOs are subject to the direction of the Director of Human Biosecurity in addition to their respective state and territory governments in relation to human biosecurity matters. A small number of medical practitioners in Health are also appointed as HBOs and are subject to the direction of the Director of Human Biosecurity rather than a CHBO.

Figure 1.1: Officials performing human biosecurity functions under the Biosecurity Act in July 2021



Source: Biosecurity (Human Biosecurity Officials) Authorisation (No. 6) 2021, and ANAO analysis of Health and DAWE records.

6 The Chief Medical Officer is the principal medical adviser to the Australian Government Minister for Health and the Department of Health.

7 CHBOs also possess powers that are functionally identical to those of an HBO. In this report, a reference to the functions of an HBO may be read as a reference to a CHBO who is functioning in the same capacity.

1.7 HBOs are not based at airports and largely perform their duties as an HBO remotely, on an on-call basis. The Biosecurity Act recognises that DAWE already maintains a complement of Biosecurity Officers (BOs) at international airports to undertake biosecurity related duties. As at July 2021, 209 BOs authorised under the Biosecurity Act to exercise powers in relation to human biosecurity had responsibilities that included traveller inspections at airports.

1.8 The Department of Home Affairs (Home Affairs), which includes the Australian Border Force (ABF), works alongside DAWE at international airports. Home Affairs is responsible for customs and border control other than biosecurity or human biosecurity, and assists DAWE in relation to certain human biosecurity duties.

1.9 The Department of Infrastructure, Transport, Regional Development and Communications (DITRDC) is responsible for the regulation of civil aviation and airports. Under the *Airports Act 1996*, DITRDC regulates the activities of 21 leased federal airports on Commonwealth land. Airlines proposing to operate scheduled international air services into or out of Australia must obtain a license from DITRDC under the *Air Navigation Act 1920* (Air Navigation Act). Aircraft operators proposing to conduct non-scheduled international flights must obtain permission from DITRDC, unless an exemption under the Air Navigation Act applies. A separate division of DITRDC administers Australia's external territories.

Routine human biosecurity measures

1.10 The Biosecurity Act enables Australian Government entities to manage the risk of human diseases that cause significant harm to human health and may be communicable (termed 'listed human diseases'). On 21 January 2020 the Biosecurity (Listed Human Diseases) Determination 2016 was amended to include human coronavirus with pandemic potential, capturing COVID-19 as a listed human disease.⁸

1.11 Chapters 2 and 4 of the Biosecurity Act provide powers that may be routinely exercised to manage the risk of a listed human disease being brought into or out of Australia via international air travel. These powers include:

- requiring travellers to provide information, such as proof of vaccination status, or submit to health screening on arrival in Australia (known as 'entry screening') or when departing Australia (known as 'exit screening');
- requiring aircraft operators to report information before arrival in Australia (a pre-arrival report) or before departure from Australia (a pre-departure report);
- preventing aircraft from unloading any person or goods from an aircraft until permission (known as 'pratique') is granted; and
- requiring or prohibiting persons from behaviours or practices determined by the Health Minister.

1.12 The Biosecurity Act also provides HBOs (and CHBOs) the ability to impose a Human Biosecurity Control Order (HBCO) on an individual who may have a listed human disease. BOs are

⁸ Biosecurity (Listed Human Diseases) Amendment Determination 2020, 21 January 2020, available from <https://www.legislation.gov.au/Details/F2020L00037> [accessed 25 June 2021].

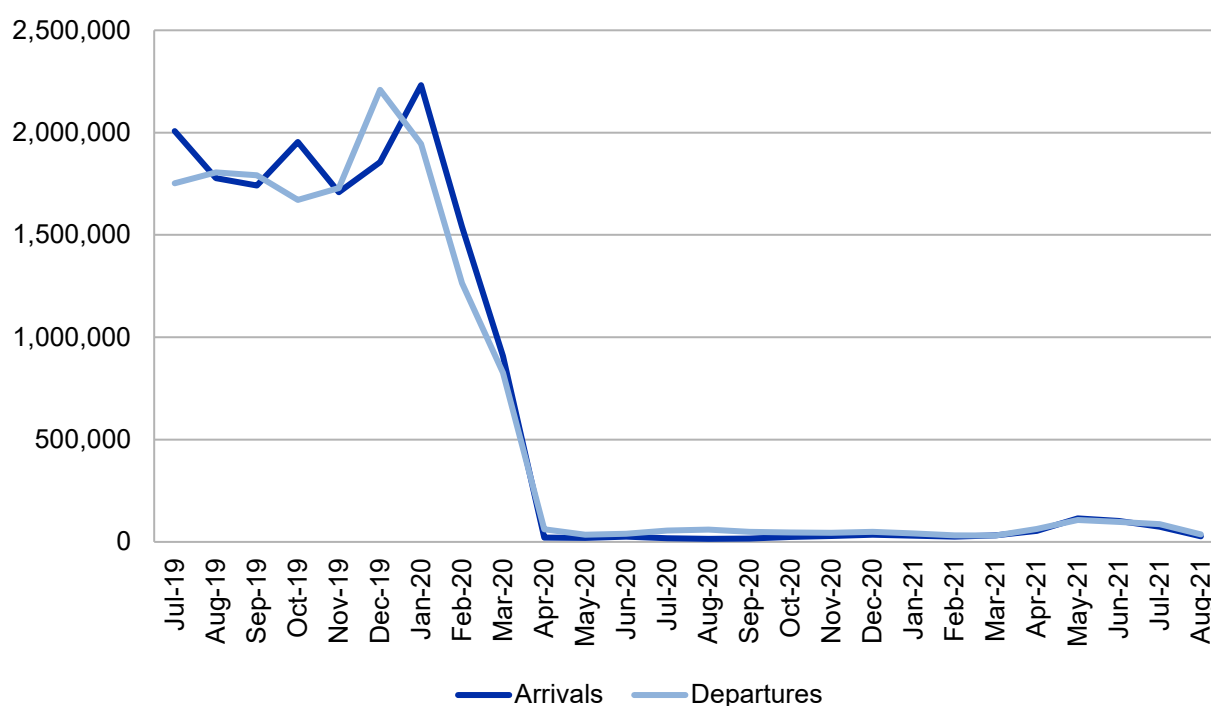
also empowered to impose a HBCO in limited circumstances.⁹ An HBCO that is in force in relation to an individual may require the individual to comply with certain biosecurity measures, such as:

- participating in contact tracing;
- contacting a specified officer to report signs or symptoms;
- movement restrictions, including quarantine;
- wearing personal protective equipment;
- undergoing decontamination;
- undergoing a medical examination and providing body samples for testing; and
- receiving a vaccination, treatment or medication.

Emergency human biosecurity measures

1.13 As the severity of the pandemic became apparent, from February 2020 onwards the Australian Government implemented emergency measures that restricted the entry or exit of international travellers. These measures were examined in 2021 in Auditor-General Report No.12 of 2021-22 *Management of International Travel Restrictions*. Figure 1.2 demonstrates the impact that these measures had on the number of travellers (excluding crew and transit passengers) arriving or departing Australia by air.

Figure 1.2: International air arrivals and departures during COVID-19



Source: Home Affairs, *Overseas Arrivals and Departures*, available at <https://data.gov.au/dataset/ds-dga-5a0ab398-c897-4ae3-986d-f94452a165d7/details?q=arrivals> [accessed 19 November 2021].

⁹ A BO may only impose an HBCO requiring an individual to participate in contact tracing or to wear personal protective equipment.

1.14 Despite the imposition of international travel restrictions, on average over 41,000 travellers (excluding crew and transit passengers) entered Australia and over 56,000 departed by air each month in the 2020-21 financial year. Australian governments introduced additional emergency measures in 2020 and 2021 to control the human biosecurity risks of these travellers.

Emergency determinations under the Biosecurity Act

1.15 In addition to routine human biosecurity measures, the Biosecurity Act provides flexible emergency powers that may be used to respond to human biosecurity emergencies. On 18 March 2020, in response to the pandemic in Australia, the Governor-General of the Commonwealth of Australia declared that a human biosecurity emergency exists.¹⁰ During a declared human biosecurity emergency, the Minister of Health may give directions or determine emergency requirements as are necessary to respond to the emergency.

1.16 The power to determine emergency requirements under section 477 of the Biosecurity Act was used for the first time in response to the COVID-19 pandemic. Two emergency requirements determined by the minister aimed to control the risk of infection from international travellers passing through international airports during the pandemic.

1.17 The first was the Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements—Retail Outlets at International Airports) Determination 2020 which required most retail outlets in international terminals to cease trading from 29 March 2020 onwards.¹¹ In exceptional circumstances, the Secretary of DITRDC can approve individual exemptions to this requirement. The determination was amended on 30 July 2020 to permit outlets located in the departures area of international terminals to re-open, provided that controls were in place to prevent the risk of COVID-19 transmission in the outlet. The determination was repealed on 12 November 2021.

1.18 The second determination was the Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements—Incoming International Flights) Determination 2021, which was made on 21 January 2021.¹² The determination implemented a suite of ‘safe air travel’ measures¹³ by imposing four key obligations on travellers and airlines. At the time they were made these obligations were:

10 Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) Declaration 2020, 18 March 2020, available from <https://www.legislation.gov.au/Details/F2020L00266> [accessed 19 November 2021]. The emergency declaration was extended on 15 May 2020, 4 September 2020, 11 December 2020, 3 March 2021, 11 June 2021, 3 September 2021, 11 December 2021 and 12 February 2022.

11 Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements—Retail Outlets at International Airports) Determination 2020, 28 March 2020, available from <https://www.legislation.gov.au/Details/F2020C00725> [accessed 19 November 2021].

12 The Biosecurity (Human Coronavirus with Pandemic Potential) (Preventative Biosecurity Measures—Incoming International Flights) Determination 2021 was made at the same time and imposes similar conditions under section 51 of the Biosecurity Act rather than section 477. The two determinations were made concurrently due to differences in the application of each power and available penalties.

13 See *Australian Health Protection Principal Committee (AHPPC) statement on safe air travel – enhancing end-to-end mitigations – international*, 8 January 2021, available at <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-safe-air-travel-enhancing-end-to-end-mitigations-international> [accessed 13 November 2021].

- Passengers and aircrew travelling on an international flight must not enter Australia unless they have worn a face mask or face covering for the duration of the flight, including during any connecting travel.
- Passengers travelling on an international flight must not enter Australia unless they are able to provide sufficient evidence that they were tested for COVID-19 and that the result was negative (the test is required to be obtained within 72 hours before the scheduled departure time of the first or only leg of the passenger's journey to Australia).
- Passengers and aircrew travelling on an international flight must not enter Australia if, within 72 hours before the flight commenced, a close contact of the person tested positive for COVID-19.
- Aircraft operators must not land in Australia unless the airline operator took all reasonably practicable steps to ensure that all passengers and aircrew travelling into Australian territory from overseas wore a face mask or face covering for the duration of the international flight and that passengers complied with the requirements in relation to testing (these requirements on airline operators apply to all incoming flights, including private aircraft).¹⁴

Measures in support of state and territory public health orders

1.19 State and territory governments also possess emergency powers within their jurisdictions that have been used in response to the COVID-19 pandemic. Australian governments agreed on 15 March 2020 that international travellers arriving in Australia be required to self-isolate for 14 days, and on 27 March 2020 that all international arrivals be required to quarantine for 14 days at designated hotels or other facilities.¹⁵ The latter announcement noted the quarantine arrangements would be 'implemented under state and territory legislation' and 'enforced by state and territory governments, with the support of the Australian Defence Force (ADF) and the ABF where necessary'.¹⁶

1.20 On 2 October 2020 the Australian Government announced that a one-way quarantine-free travel zone¹⁷ had been established with New Zealand, allowing travellers who had been in New Zealand for the previous 14 days to enter Australia without undergoing mandatory quarantine. Participation in the scheme was contingent on states and territories modifying quarantine arrangements to give effect to the measure. The Australian Government announced that ABF would

14 The Biosecurity Legislation Amendment (Incoming International Flights) Determination 2021 changed the 72 hour period for certain measures to 3 days before the day of departure, from 28 October 2021 onwards. Further changes to the requirements, which took effect on 23 January 2022, were made by the Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements—Incoming International Flights) Amendment (No. 1) Determination 2022.

15 During the COVID-19 pandemic Australian governments have met regularly through a mechanism called 'national cabinet'. These meetings have comprised the Prime Minister, state premiers and territory chief ministers. On 29 May 2020 the Prime Minister announced that national cabinet would replace the Council of Australian Governments (COAG).

16 Prime Minister, *Update on coronavirus measures* [Internet], media release, 27 March 2020, available from <https://www.pm.gov.au/media/update-coronavirus-measures-270320> [accessed 25 June 2021]. The announcement noted that aircrew would continue to be subject to existing self-isolation measures in their accommodation. During the pandemic, Australian governments have adjusted mandatory quarantine requirements to make provision for travellers in exceptional circumstances.

17 The term quarantine-free travel zone has been used in this report. However, the arrangement was also known as the 'safe travel zone' and 'travel bubble'.

support the quarantine-free travel zone through the establishment of separate processing arrangements for 'green' arrivals (quarantine-free), compared to 'red' arrivals that would remain subject to quarantine.

1.21 The Australian Government announced pauses to green flights from New Zealand from 25 January 2021 to 31 January 2021 and 15 February 2021 to 21 February 2021, in response to cases of COVID-19 being detected in New Zealand. On 24 February 2021 the CMO advised that travellers who had been in Auckland (other than Auckland airport) in the preceding 14 days would not be allowed to board a green flight to Australia. The CMO removed this advice on 11 March 2021, allowing green flights to resume the following day. These pauses were implemented by modifying state and territory quarantine arrangements.

1.22 On 19 April 2021 the Prime Minister announced that a two-way quarantine free travel zone would be established, permitting green flights to New Zealand at the discretion of the Government of New Zealand. Green flights from New Zealand were again suspended from 18 August 2021 in response to the Delta strain outbreak in New Zealand. Green flights from the South Island resumed on 19 October 2021.¹⁸

1.23 During the pandemic, state and territory health authorities have deployed healthcare workers to international airports and imposed state or territory requirements for infection prevention and control at airports, including mandatory surveillance testing of airport workers.

Rationale for undertaking the audit

1.24 The COVID-19 pandemic and the pace and scale of the Australian Government's response impacts on the risk environment faced by the Australian public sector. This performance audit was conducted under phase two of the ANAO's multi-year strategy that focuses on the effective, efficient, economical and ethical delivery of the Australian Government's response to the COVID-19 pandemic.¹⁹

1.25 Following the Ruby Princess incident in March 2020²⁰, the administration of maritime human biosecurity operations by the Australian Government and state partners during COVID-19 has been considered by the Senate Select Committee on COVID-19²¹, the Inspector-General of

18 On 30 October 2021, the CMO advised that fully vaccinated travellers from anywhere in New Zealand could travel quarantine-free into states and territories that had adopted relaxed quarantine requirements for vaccinated travellers from 1 November 2021 (see paragraph 1.30).

19 Further details on the ANAO's COVID-19 multi-year audit strategy can be found at: <https://www.anao.gov.au/work-program/covid-19>.

20 The Ruby Princess cruise ship arrived at the Port of Sydney on 19 March 2020 and was granted pratique. Subsequently, more than 663 passengers and crew tested positive to COVID-19, and secondary and tertiary outbreaks were traced back to passengers from the ship.

21 Senate Select Committee on COVID-19, Parliament of Australia, *First interim report* (December 2020), available at https://www.aph.gov.au/Parliamentary_Business/Committees/Senate/COVID-19/COVID19/Interim_Report [accessed 20 January 2022].

Biosecurity²² and the NSW Special Commission of Inquiry into the Ruby Princess.²³ Between 1 July 2020 and 30 June 2021, 99 per cent of travellers arrived in Australia by air. The audit was conducted to provide assurance to the Parliament that human biosecurity for international air travellers has been managed effectively.

Audit approach

Audit objective, criteria and scope

1.26 The audit objective was to assess the effectiveness of the management of human biosecurity for international air travellers during the COVID-19 pandemic.

1.27 To form a conclusion against the objective, the following high-level criteria were adopted.

- Have human biosecurity operations for international air travel been supported by good governance?
- Have routine human biosecurity measures at international airports been effectively administered during the COVID-19 pandemic?
- Have emergency human biosecurity measures introduced for COVID-19 for international air travel been effectively administered?

1.28 The audit focussed on the activities of Australian Government entities, including state and territory officials appointed under Commonwealth legislation. The audit did not examine human biosecurity risk vectors other than air travellers (and aircraft to the extent that they are involved in carrying air travellers) as travellers are the predominant vector for COVID-19.

1.29 The audit's examination of mandatory quarantine was limited to the processing of travellers by Australian Government entities through international airports to the point of handover to state and territory quarantine authorities. Processing of travellers by Australian Government entities includes strategic communications to international air travellers and the collection and provision of pre-arrival passenger information to state and territory quarantine authorities, as these were the predominant activities undertaken by Australian Government entities to support mandatory quarantine for international air travellers in 2020 and 2021.

1.30 The audit did not examine changes to human biosecurity policy or operations after 31 October 2021. On 1 October 2021 the Prime Minister announced that the Australian Government expected state and territory governments would begin implementing new arrangements which would relax quarantine requirements for fully vaccinated Australian citizens and permanent residents from November 2021. New arrangements for vaccinated international travellers commenced in New South Wales, Victoria and the Australian Capital Territory from 1 November 2021, in the Northern Territory from 22 November 2021, in South Australia from 23 November 2021, in Queensland from

22 Inspector-General of Biosecurity, *Confidence testing for at-border delivery of critical human biosecurity functions – Ruby Princess cruise ship incident*, DAWE, Canberra, 2021, available at https://www.igb.gov.au/sites/default/files/documents/igb-confidence-testing-report_1.pdf [accessed 20 January 2022].

23 State of New South Wales, *Report of the Special Commission of Inquiry into the Ruby Princess*, Sydney, 14 August 2020, available at <https://www.rubyprincessinquiry.nsw.gov.au/report/> [accessed 20 January 2022].

13 December 2021, in Tasmania from 15 December 2021, and in Western Australia from 3 March 2022.

Audit methodology

1.31 The audit involved:

- reviewing submissions and briefings to government;
- reviewing other entity documentation, including meeting papers and minutes, policies and procedures, and correspondence;
- analysing administrative data held in entity systems;
- discussions with officers from relevant business areas within DAWE, DITRDC, Health, and Home Affairs, including DAWE and ABF staff at Adelaide, Brisbane, Melbourne, Sydney and Perth international airports;
- discussions with state officials from health and quarantine authorities, including state officials appointed as HBOs, involved in operations at Adelaide, Brisbane, Melbourne, Sydney and Perth international airports; and
- reviewing contributions received by the ANAO from organisations and individuals.

1.32 The audit was conducted in accordance with ANAO Auditing Standards at a cost to the ANAO of approximately \$486,000.

1.33 The team members for this audit were Michael McGillion, Alicia Vaughan, Samuel Jones, Jennifer Canfield, Deborah Jackson and Daniel Whyte.

2. Human biosecurity governance

Areas examined

This chapter examines whether human biosecurity operations for international air travel have been supported by good governance.

Conclusion

Human biosecurity operations for international air travel have been largely supported by good governance such as appropriate agreements and effective stakeholder communication. Arrangements under a 2017 memorandum of understanding (MOU) between the Department of Health (Health) and the Department of Agriculture, Water and the Environment (DAWE) to respond to a human biosecurity emergency were not agreed at the start of the pandemic. Mandatory training was not completed by all Human Biosecurity Officers (HBOs) and Biosecurity Officers (BOs).

Areas for improvement

The ANAO made four recommendations aimed at: formalising responsibility for human biosecurity services in external territories; concluding a schedule to the MOU between Health and DAWE concerning human biosecurity emergencies; implementing controls to ensure mandatory training completion; and capturing reliable performance information.

2.1 Under the *Biosecurity Act 2015* (Biosecurity Act) national human biosecurity outcomes at Australia's international airports are the statutory responsibility of the Director of Human Biosecurity in the Department of Health (Health). Department of Agriculture, Water and the Environment (DAWE) BOs, supported by state and territory HBOs, have operational responsibility for routine human biosecurity measures at the international border. Australian Border Force (ABF) officers, who are responsible for passenger clearance and facilitation, may assist BOs in the execution of their duties.

2.2 Over the course of the COVID-19 pandemic, enhanced and emergency human biosecurity measures have been introduced to control the risk of COVID-19 transmission through international air travel. In addition to Health and DAWE, the Department of Home Affairs (Home Affairs) (including the ABF) and Department of Infrastructure, Transport, Regional Development and Communications (DITRDC) and state and territory governments have been involved in administering these measures.

2.3 This chapter examines the governance of human biosecurity operations during COVID-19, focussing on whether entities have:

- established appropriate agreements to support the national human biosecurity response;
- provided clear procedural guidance and appropriate training to staff at the border;
- clearly communicated human biosecurity requirements to travellers and industry; and
- monitored the performance of human biosecurity operations.

Was the national human biosecurity response supported by appropriate agreements?

The national human biosecurity response was largely supported by appropriate agreements. A planned schedule to the MOU between Health and DAWE covering human biosecurity emergencies was not completed and responsibility for human biosecurity in external territories has not been formalised.

Intergovernmental agreements for human biosecurity services

2.4 In 2016 the Minister for Health exchanged letters with each state and territory health authority to enable the Director of Human Biosecurity to appoint state or territory officials as Chief Human Biosecurity Officers (CHBOs) and HBOs. In 2016 Health additionally concluded service agreements with all state and territory governments to provide human biosecurity services and implement health arrangements within facilities at international ports of entry under the Biosecurity Act on behalf of the Australian Government. The agreements provided funding for states and territories to provide the services between 1 July 2016 and 30 June 2020.

2.5 On 4 December 2019 Health briefed the Minister for Health that the service agreements were due to expire on 30 June 2020, and requested approval (which was given) to negotiate new agreements for services from 1 July 2020 to 30 June 2024. Health briefed the minister that the process was expected to take three to five months to complete. One 2020–2024 agreement (with the Victorian Department of Health & Human Services) was concluded before the expiry of the corresponding 2016–2020 agreement. Agreements with health authorities in the remaining jurisdictions were concluded between seven and 167 days after the expiry of the 2016–2020 agreements. The delay in concluding the agreements had no material effect on the provision of services by CHBOs and HBOs.

Human biosecurity services in external territories

2.6 In Australia's non-self-governing territories, the provision of health care is the sole responsibility of the Australian Government. During 2020 and 2021 DITRDC, which is responsible for administering external territories, maintained service delivery arrangements with two states to provide a broad range of health services on behalf of the Australian Government in the three territories that have international airports:

- Western Australia (WA), for Christmas Island and Cocos (Keeling) Islands (the Indian Ocean Territories); and
- New South Wales (NSW), for Norfolk Island.²⁴

2.7 On 12 October 2017 DITRDC and the WA Department of Health agreed to include services pertaining to communicable disease management and emergency management within the scope of its service delivery arrangement for the Indian Ocean Territories. DITRDC's service delivery arrangement with NSW for Norfolk Island did not contain terms that explicitly addressed human biosecurity. Neither the 2016–2020 nor 2020–2024 intergovernmental agreements for human

24 On 20 December 2021 DITRDC informed the ANAO that agreement had been reached with the Queensland Government to provide services to Norfolk Island instead of NSW, commencing 1 January 2022. A schedule to the agreement details public health and COVID-19 related services that will be provided by the Queensland Government.

biosecurity services with WA or NSW commit these states to provide services for external territories.

2.8 In practice, during 2020 and 2021 CHBOs for WA and NSW represented the interests of the Indian Ocean Territories and Norfolk Islands in the course of their duties, and HBOs for WA and NSW were available to perform duties in relation to international airports in these territories when required.

Recommendation no. 1

2.9 Department of Health and Department of Infrastructure, Transport, Regional Development and Communications formalise responsibility for human biosecurity in external territories.

Department of Health response: *Agreed.*

2.10 *The Department of Health notes that while informal agreements were reached with state and territory health departments for the administration of external territories, this arrangement will be formalised and documented to ensure responsibilities are clear and well known.*

Department of Infrastructure, Transport, Regional Development and Communications response: *Agreed.*

2.11 *DITRDC supports the recommendation. Implementation would support ongoing sound human biosecurity governance arrangements for the external territories. DITRDC will work collaboratively with the Department of Health to progress implementation of this recommendation.*

Agreements between Australian Government entities

Department of Health and Department of Agriculture Water and the Environment

2.12 Since 19 October 2017 the relationship between Health and DAWE in relation to human biosecurity has been defined in a memorandum of understanding (MOU) between the two departments. The MOU fell due for review on 19 October 2020. Health commenced a review of the MOU on 29 June 2021, which had not been finalised by 31 October 2021.

2.13 Schedule 3 of the Health–DAWE MOU concerns human biosecurity arrangements at Australia's international borders. The schedule was signed on 28 November 2018 and was due for review on 28 November 2021. Schedule 3 states that human biosecurity emergency response services are out of scope and will be covered in a separate schedule. This schedule was partially drafted but not finalised, with Health advising the ANAO that finalisation was delayed due to the outbreak of COVID-19. The absence of pre-planned contingency arrangements for human biosecurity emergencies contributed to an initially indistinct allocation of responsibility between DAWE and state and territory healthcare workers deployed to airports.²⁵

²⁵ Roles and responsibilities for routine biosecurity measures is discussed further in paragraphs 3.3 to 3.9.

Recommendation no. 2

2.14 Department of Health and Department of Agriculture, Water and the Environment incorporate a schedule outlining contingency arrangements for human biosecurity emergencies into the human biosecurity memorandum of understanding.

Department of Health response: *Agreed.*

2.15 *The Department of Health, together with the Department of Agriculture, Water and the Environment, is currently undertaking a review of the Memorandum of Understanding and associated Schedules. The experiences from the COVID-19 pandemic response will inform the finalisation of the draft human biosecurity emergency schedule.*

Department of Agriculture, Water and the Environment response: *Agreed.*

2.16 *The department has commenced the review of the 2017 memorandum of understanding (MoU) with the Department of Health, and will include the incorporation of an emergency schedule for contingency arrangements for human biosecurity emergencies.*

2.17 Notwithstanding the absence of emergency arrangements, Schedule 3 and its eight accompanying articles provide an appropriate governance framework for the delivery of routine human biosecurity services, and clearly delineate the roles and responsibilities of Health and DAWE in relation to items such as:

- pre-arrival reporting, pratique and assessment of ill travellers;
- training of CHBOs, HBOs and BOs;
- compliance and enforcement; and
- communications to travellers about human health risks.

2.18 On 12 September 2019 Health and DAWE signed a further MoU to develop an electronic traveller with illness checklist.²⁶

Department of Agriculture Water and the Environment and Department of Home Affairs (including the Australian Border Force)

2.19 The relationship between DAWE and Home Affairs (including ABF) is governed by a head MOU signed on 24 March 2017. The MOU provides that annexes to a 2011 MOU between the then Australian Customs and Border Protection Service (now ABF) and Department of Agriculture, Forestry and Fisheries (now DAWE) would remain current until reviewed. DAWE advised the ANAO that no annexes remained in operation. However, Home Affairs advised the ANAO that a schedule to the 2011 MOU was still operative entitled 'Passenger and Crew Processing at International and Minor Airports' signed on 12 November 2012. This schedule includes articles which provide:

- during periods of heightened human health risk DAWE officers will screen for ill travellers before they present to the immigration clearance point;

²⁶ The traveller with illness checklist and electronic traveller with illness checklist are discussed in more detail in paragraphs 3.40 to 3.45.

- ABF will facilitate, to the extent possible, DAWE's performance of functions and responsibilities on behalf of Health during periods of heightened response to human health risks;
- ABF will provide staff to marshal passengers through the secondary examination area; and
- DAWE and ABF will conduct cross-familiarisation training in each other's functions.

2.20 Interviews conducted by the ANAO with BOs and ABF officers at five international airports confirmed that DAWE and ABF adhered to the terms of the 'Passenger and Crew Processing at International and Minor Airports' schedule.

2.21 On 25 May 2021 the Secretary of DAWE was briefed that following machinery of government changes in both departments since 2017, MOUs between DAWE and Home Affairs were no longer fit-for-purpose. In June and July 2021 Home Affairs (including ABF) agreed to DAWE's proposal to refresh the MOU.

Department of Health and Department of Home Affairs (including the Australian Border Force)

2.22 Health advised the ANAO that information sharing between Home Affairs and Health in support of human biosecurity is not underpinned by an MOU, but instead follows the provisions of the *National Health Security Act 2007* (NHS Act). Prior to 1 April 2020, the National Health Security (Responsible Bodies) Determination 2008 specified Australian Customs Service, Australian Federal Police (AFP) and Department of Agriculture, Fisheries and Forestry as authorised bodies for the purposes of subsection 3(2) of the Act. On 25 March 2020 the Minister for Health issued an amending determination to update the list to specify ABF, AFP and DAWE.

Emergency response arrangements

2.23 Following the introduction of the NHS Act, Australian governments made the National Health Security Agreement (NHSa) on 18 April 2008.²⁷ The aim of the NHSa is to establish a framework for clear, quick and informed decision-making to support a coordinated national response to public health emergencies.

2.24 Under the NHSa, the Australian Health Protection Principal Committee (AHPPC) is tasked with coordinating the national health sector response to public health events of national significance. The AHPPC comprises all state and territory Chief Health Officers and is chaired by the Chief Medical Officer.²⁸

2.25 The NHSa was last reviewed in 2013 and has not been reviewed since the introduction of the Biosecurity Act. Health advised the ANAO that, in response to a recommendation of the World Health Organization's Joint External Evaluation of International Health Regulations Core Capacities of Australia, a review of the NHSa was commenced in 2019 but was placed on hold due to the 2019–2020 bushfires across Australia and the ongoing COVID-19 pandemic.

27 Department of Health, *National Health Security Agreement* [Internet], 2011, available from <https://www1.health.gov.au/internet/main/publishing.nsf/Content/ohp-nhs-agreement.htm> [accessed 29 November 2021].

28 Department of Health, *Australian Health Protection Principal Committee (AHPPC)* [Internet], 2021, available from <https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc> [accessed 29 November 2021].

Have clear procedural guidance and appropriate training been provided to staff at the border?

Appropriate mandatory training for HBOs and BOs was available to staff at the border. However, training was not completed by approximately 20 per cent of staff. While policy documents and work instructions for routine pre-pandemic measures were clear, procedural guidance for issuing a human biosecurity control order (HBCO) was not finalised. Guidance on changes to BO duties as a result of COVID-19 was developed as the changes were implemented.

2.26 Article VI of Schedule 3 of the Health–DAWE MOU divides responsibility for delivering training to HBOs, CHBOs and BOs.

- Health is responsible for providing clear instructions to HBOs and CHBOs regarding their responsibilities and powers under the Biosecurity Act, including: operational processes for the involvement of HBOs; prompt response times required to manage ill travellers at the border; issuing of human biosecurity control orders; and permission to bring deceased individuals and human remains into Australian territory.
- DAWE is responsible for ensuring BOs have completed all relevant training and have appropriate skills. DAWE is also responsible for developing and implementing a sustainable training program including refresher training for BOs on public health aspects at first points of entry, with input from Health as appropriate.

2.27 Schedule 3 also provides that DAWE will develop instructional material consistent with Health’s policies and advice for the implementation of human biosecurity services at the border.

Training for HBOs and CHBOs

2.28 Sections 562 and 563 of the Biosecurity Act provide that the Director of Human Biosecurity must determine in writing the training and qualification requirements for HBOs and CHBOs. The Biosecurity (Training and Qualification Requirements for Human Biosecurity Officers) Determination 2016 was made on 7 June 2016, taking effect on the same date as the Biosecurity Act. The determination prescribes the following requirements for an HBO:

- (a) the person must be a medical practitioner;
- (b) the person must have completed a training module for HBOs prepared by Health; and
- (c) if the person is a state or territory employee, the person must have completed any other training required by that state or territory to be authorised as an HBO.

2.29 Health advised the ANAO that it checks the Australian Health Practitioner Regulation Agency website to confirm that a proposed HBO is a medical practitioner before preparing the authorisation documents for the Director of Human Biosecurity to consider. Health’s standard operating procedure for appointing HBOs and CHBOs does not contain instructions to perform this check. The ANAO reviewed authorisation documents and found no evidence to demonstrate this check was performed.

2.30 Health developed a four-hour training module, which was used in April and May 2016 to conduct a roadshow of face-to-face training for HBOs in each capital city in Australia prior to the commencement of the Biosecurity Act. The training module provides instruction on all matters that were agreed in Article VI of Schedule 3 of the Health–DAWE MOU. Since the 2016 roadshow, Health

has implemented a requirement that new HBOs confirm they have reviewed the training module before Health recommends them for appointment by the Director of Human Biosecurity. Health records training completions and the issuance and return of HBO identity cards in a manually compiled register. Analysis of the register as at 22 July 2021 showed 80 per cent of appointees had dates recorded for completing Health's training module, and 69 per cent of appointees had completed the training before they were issued an HBO identity card (see Table 2.1).

Table 2.1: Timing of HBO training completions, as at 22 July 2021

Date between card issuance and training	Total
Training completion before identity card issued	105
Training completion within 14 days after identity card issued	9
Training completion more than 14 days after identity card issued	4
No card issue date recorded	3
No evidence of training completion	31
Total	152

Source: ANAO analysis of Health records

2.31 On 23 December 2019 Health contracted a private training provider to update the training materials and deliver a roadshow of face-to-face training using the revised materials in all capital cities. This training, which was planned for April 2020, was cancelled due to the COVID-19 pandemic. On 19 May 2020 Health contracted the same provider to instead create three training videos which Health would make available to HBOs, with a delivery date of 26 March 2021 (later extended to 10 December 2021). In September and October 2020 Health delivered interim 1.5 hour refresher training sessions at the request of CHBOs in two states (Western Australia and New South Wales).

2.32 With regard to mandatory state or territory training requirements, Health advised the ANAO that it relies on CHBO nominations, in which CHBOs are required to attest that HBO nominees have met other training and qualification requirements. Some jurisdictions have detailed jurisdiction-specific training and guidance for HBOs, whereas others have no jurisdiction-specific training. HBOs interviewed by ANAO provided feedback that Health's training package was good for understanding Commonwealth requirements, but jurisdiction-specific guidance or advice was also necessary to acquit the role of an HBO.

Training for BOs

2.33 Sections 545 and 546 of the Biosecurity Act provide that the Director of Biosecurity (within DAWE) must determine in writing the training and qualification requirements for BOs. The Biosecurity (Training and Qualification Requirements for Biosecurity Officers and Biosecurity Enforcement Officers) Determination 2016 was made on 6 June 2016, taking effect on the same date as the Biosecurity Act. The determination prescribes that staff must complete two DAWE training modules (or equivalent training from another government agency):

- an introduction to the Biosecurity Act; and
- an introduction to administrative decision-making.

2.34 DAWE's Inspections Group Competency Framework requires BOs who perform traveller inspections at airports to complete the following courses related to human biosecurity:

- 'Human health intervention';
- 'Human health digitisation'; and
- 'Pratique – purpose and function'.²⁹

2.35 Training for BOs is delivered through a mix of online and face-to-face (or 'face-to-screen') learning and covers key topics for conducting traveller operations in the air pathway, including: roles and responsibilities of different entities and officers; powers available to officers under the Biosecurity Act; processes to be followed when meeting conveyances³⁰, administering the traveller with illness checklist (TIC) and granting pratique; and test questions and exercises requiring participants to demonstrate their understanding and consider how risks should be managed in a range of scenarios.³¹

2.36 At the conclusion of formal training, BOs must undergo a 'national job card' assessment to ensure they have acquired the relevant competencies and completed the necessary training. Consistent with the Health-DAWE MOU (discussed at paragraph 2.26), from mid-2021 refresher training has also been available to returning staff who have not worked in the airport environment for three months or more. DAWE advised the ANAO that no other programs of refresher training for BOs are in place.

2.37 In December 2020 DAWE deployed an eLearning module on 'COVIDSafe behaviours and use of PPE', which was made a prerequisite for the 'Human health intervention' and 'Human health digitisation' courses. BOs interviewed by ANAO advised that this module was preceded and supplemented by various forms of training from state and territory health authorities on personal protective equipment (PPE) practices in 2020. Feedback from staff interviewed by the ANAO indicated that communications during the pandemic were regular and detailed.

2.38 As reported in Auditor-General Report No.42 of 2020-21 *Responding to Non-Compliance with Biosecurity Requirements*, records in DAWE's training systems indicated that not all BOs across the department had completed the two mandatory training modules specified in the Determination as at June 2021. The report stated:

Of the 2230 officers recorded by the department, 457 were not recorded as having completed the decision-making training, and 90 were not recorded as having completed the *Biosecurity Act 2015* training. Fifty-two had not completed either training.³²

2.39 Completion rates for other compulsory courses for the 209 BOs with responsibility for traveller inspections at airports as at July 2021 are outlined in Table 2.2.

29 BOs who perform traveller inspections at airports are required to have completed an additional six courses, which do not specifically relate to human biosecurity functions.

30 'Conveyances' includes aircraft and ships.

31 After 'Human health intervention' was transitioned to eLearning in early 2021, the scenario-based exercises were removed from the course.

32 Auditor-General Report No.42 2020-21 *Responding to Non-Compliance with Biosecurity Requirements*, paragraph 3.53.

Table 2.2: Completion of training by appointed BOs with responsibility for traveller inspections, as at July 2021

Course	Date introduced	Number of staff completed	Percentage (%) of staff completed
Human health intervention	Prior to January 2020	166	80
Human health digitisation	November 2020	160	77
Pratique – purpose and function	May 2021	168	86
Traveller inspections – national job card	Prior to January 2020	89	42 ^a
COVIDSafe behaviours and use of PPE	December 2020	181	87

Note a: DAWE has advised that job cards were introduced in 2019. Of the 120 staff who were recorded as not having completed the job card, 100 (83 per cent) were appointed before 2019. Of the 27 staff appointed in 2019 or later, 15 had completed the job card.

Source: ANAO analysis of DAWE records.

Recommendation no. 3

2.40 Department of Health and Department of Agriculture, Water and the Environment ensure that human biosecurity officers and biosecurity officers (both new and incumbent) have satisfied all training and qualification requirements.

Department of Health response: Agreed.

2.41 *The Department of Health is revising the Standard Operating Procedure for the appointment of Human Biosecurity Officers to more clearly outline processes such as confirming Australian Health Practitioner Regulation Agency registration. The implementation of new Human Biosecurity Officer training materials provides further opportunity to implement improved training and qualification assurances.*

Department of Agriculture, Water and the Environment response: Agreed.

2.42 *The department is reviewing controls to ensure biosecurity officers who undertake human health functions such as the administration of the eTIC at the border will complete the required compulsory training and demonstrate competency for that role.*

Policy documents and work instructions

2.43 Since the introduction of the Biosecurity Act, Health has created or reviewed three policy documents that inform DAWE's instructional material in relation to human biosecurity for international air travellers:

- 'Assessing Ill Travellers at Australia's International Border' (published in 2012, last updated May 2019);
- 'Human Biosecurity Control Orders' (published in June 2017); and
- 'Human Biosecurity Compliance Policy' (published in June 2018).

2.44 Health drafted a pratique policy in 2016 to support the implementation of the Biosecurity Act but this was not finalised. In August 2020 Health commenced development of a new pratique policy. In 2019 Health started drafting an updated version of its 2012 yellow fever policy to address the implementation of the Biosecurity Act and changes to the International Health Regulations in 2016, but the updated policy has not been finalised.

2.45 In addition to policies supporting Schedule 3, in October 2019 Health presented a draft emergency border measures policy to CHBOs for consultation. This policy was not finalised before the COVID-19 pandemic.

2.46 DAWE has published three work instructions in an 'Instructional Material Library' on its intranet to support human biosecurity operations for international air travellers:

- 'Ill traveller assessment – air pathway' (published 2008, last updated November 2020);
- 'Yellow fever action cards – air pathway' (published 2009, last updated September 2020); and
- 'Clearing non-scheduled flights' (published 2008, last updated September 2018).

2.47 These work instructions clearly outline the procedures BOs must undertake when managing pratique, administering the TIC and questioning travellers about their yellow fever vaccination status.

2.48 The November 2020 update of the 'Ill traveller assessment – air pathway' work instruction removed a section of guidance on issuing HBCOs. As at December 2021, a separate DAWE work instruction on issuing HBCOs remained under development. The current version of the 'Ill traveller assessment – air pathway' work instruction indicates that BOs are to impose HBCOs under HBO instruction, but contains no further guidance on how a BO may serve a HBCO issued by an HBO. The absence of guidance means that BOs may not be adequately supported to use HBCOs.³³

2.49 DAWE developed a work instruction on 'Outbound health screening at Brisbane Airport' in September 2021 to support screening of travellers bound for Pacific Island countries, ahead of DAWE assuming responsibility for this process in October. This work instruction was published in the Instructional Material Library.

2.50 On 18 February 2020 DAWE circulated a document titled 'COVID-19 – Information for Biosecurity Officers – Travellers Pathway' containing guidance on changes to BO duties as a result of COVID-19.³⁴ This document was updated 25 times between March 2020 and September 2021 and included: instructions on new arrangements for meeting flights; hyperlinks to guidance on PPE; requirements for health screening depending on the presence of state health authorities at airports; and details of red and green zones (after their introduction in October 2020). Feedback from staff interviewed by the ANAO indicated that this document was a key source of information for BOs working in airports during the pandemic and that updated versions were circulated regularly via email.

2.51 Since December 2019, DAWE has conducted quarterly verification exercises to ensure compliance by BOs across Australia with instructional materials. Results of the exercises have been collated nationally and circulated to relevant managers on a quarterly basis. From 1 January 2020

33 Paragraph 3.46 describes two instances during the pandemic where HBCOs were invalidly issued.

34 In March 2020 this document was retitled to 'COVID-19 - Role of Biosecurity Officer'.

to 31 October 2021, DAWE documented 18 gaps in performance across 362 verifications relevant to human biosecurity measures at airports. DAWE's internal reporting indicates that these gaps were largely addressed through on the job or formal learning.

Have human biosecurity requirements been clearly communicated to travellers and industry?

Human biosecurity requirements have been clearly communicated to travellers and industry on a targeted basis using multiple media types.

Pre-pandemic stakeholder communications

2.52 At the outset of the COVID-19 pandemic, entities provided guidance and information primarily via departmental websites.

2.53 Health maintained a page entitled 'Australia's Human Biosecurity', which contained information primarily directed towards travellers, including:

- information about human biosecurity legislation and border measures in Australia such as the TIC;
- general travel health information, current traveller health alerts, information on communicable diseases and vaccination entry requirements for yellow fever; and
- information on national public health response planning at Australia's border.

2.54 DAWE maintained a page titled 'Human health' which contained information aimed at travellers (relating to yellow fever requirements and importing human remains), and links to information contained on Health's website. DAWE also maintained a page titled 'Guidelines for airline and aircraft operators arriving in Australia', which provided detailed information on regulatory requirements including: pre-arrival reporting requirements; pratique; first point of entry requirements; and mandatory and optional passenger announcements that relate to human health (an example of which is provided in Box 1), including multimedia files containing mandatory announcements in Arabic, Cantonese, French, Hindi, Japanese, Korean and Mandarin.

Box 1: Mandatory passenger announcement in November 2019

'This is an important message from the Australian Government... After any international travel, there may be a small chance that you have been exposed to a communicable disease. If you are feeling unwell, particularly with fever, chills or sweats, it is important for your own health and for the protection of others, that you bring this to the attention of a member of the crew.'

2.55 Home Affairs has chaired the National Passenger Facilitation Committee, which is a long-standing strategic forum for communication between government, airports, airlines, and industry bodies to improve facilitation of passengers through airports while maintaining appropriate border security. Health, DAWE and DITRDC are standing members of the committee.

Communications during COVID-19

2.56 The *Emergency Response Plan for Communicable Disease Incidents of National Significance: National Arrangements (National CD Plan)* provides that during a communicable disease

emergency, Health will lead the coordination of national communications activities. Throughout 2020 and 2021 Health produced regular whole-of-government situation reports which included standing updates on communications efforts.

Aviation industry

2.57 DAWE updated the 'Guidelines for airline and aircraft operators arriving in Australia' four times between January 2020 and November 2021 to incorporate new procedures introduced in response to COVID-19. To support the imposition of mandatory infection prevention and control measures for airlines travelling to Australia on 21 January 2021, Health created a webpage to provide information on the safe air travel measures to international airlines on 20 January 2021.

2.58 Both DAWE and Home Affairs used direct emails or industry circulars to aviation industry participants to communicate specific changes to requirements throughout 2020. The CMO wrote to aviation industry members on 3 February 2020 to explain changes to Australia's international travel policies and to provide advice on COVID-19 and infection control measures. In response to concerns about non-compliance communicated by AHPPC to Health, on 4 September 2020 the acting CMO wrote to airlines to remind them of their regulatory obligations to submit pre-arrival reports.

2.59 On 7 May 2020 entities used the National Passenger Facilitation Committee to brief airlines and airports on changes to operations due to human health requirements during the pandemic. In October 2020 a sub-committee was established by Home Affairs to facilitate exchange of views between government and industry on reopening Australia's international borders.

Travellers

2.60 Since 19 March 2020 DAWE has maintained a webpage which provides information for travellers on health screening and COVID-19 specific information. Health has maintained a specific webpage for travellers on biosecurity measures and travel restrictions specific to COVID-19 since 15 March 2020.

2.61 Health and DAWE have used multiple media to provide advice and guidance to travellers on arrival in Australia, including:

- a specific COVID-19 announcement played to passengers before disembarking the aircraft;
- factsheets on COVID-19 handed by BOs to passengers as they disembark the aircraft;
- signage in the airport terminal to assist passengers to identify signs and symptoms of COVID-19 and to comply with health screening procedures; and
- in-terminal announcements played as passengers walk through the arrivals concourse (for an example see Box 2).

Box 2: In-terminal announcement in May 2020

'This is an important health announcement from the Australian Government regarding coronavirus. If you are feeling sick and have a fever, cough, sore throat, or are having difficulty breathing, please speak to a biosecurity officer now. Travellers may be required to undergo health screening in the terminal. You must follow the direction of the health professional, who may require you to go to hospital. All travellers must remain in quarantine in a hotel for 14 days after entering Australia. You will be directed to private buses for transport to your hotel. Please

follow all directions given by Government officials. Failure to comply with these directions may result in fines or imprisonment...'

Has Health maintained sufficient oversight of human biosecurity operations?

Health has not maintained sufficient oversight of routine human biosecurity operations as reporting from state and territory health authorities and DAWE's record-keeping largely do not facilitate performance monitoring.

2.62 As noted in paragraph 2.1, national human biosecurity outcomes at Australia's international airports are the statutory responsibility of the Director of Human Biosecurity in Health, obliging Health to maintain oversight of human biosecurity operations.

Periodic review and evaluation

2.63 Health has periodically conducted, or participated in, formal reviews and evaluations of human biosecurity measures for international air travellers.

- In 2015 Health commissioned a review of its response to the Ebola outbreak in West Africa, which was declared to be a Public Health Emergency of International Concern by the World Health Organisation between 8 August 2014 and 29 March 2016. The review made positive findings regarding the coordination of clinical advice and strategic communications, and identified areas for improvement relating to organisational structures, risk management frameworks and agency preparedness. In the same year Health contributed to the design of a separate review by the Department of Foreign Affairs and Trade (DFAT), which examined the domestic response to the pandemic including quarantine and border protection measures. The DFAT review found that the domestic response was robust, timely and appropriate, and made recommendations to strengthen the response to future incidents, including considering implementing safe and secure electronic transfer of passenger data to facilitate case finding, risk assessment and contact tracing.³⁵
- In 2017 Health compiled a self-evaluation report for the consideration of the Joint External Evaluation of the International Health Regulations Core Capacities of Australia conducted by the World Health Organization.³⁶ The Joint External Evaluation found that Australia has a comprehensive system of capabilities and functions (including border and quarantine measures) to prepare, detect and respond to health security threats. The Joint External Evaluation recommended entities implement a sustainable systematic training program for staff at first points of entry (such as international airports), introduce electronic TIC

35 Paragraphs 3.32 to 3.35 of Auditor-General Report No.57 2016–17 *Department of Health's Coordination of Communicable Disease Emergencies* discussed Health's response to five reviews of Health's ability to respond to communicable disease emergencies undertaken between 2009 to 2015, including these two reviews on the West Africa Ebola outbreak.

36 World Health Organization, *Joint external evaluation of IHR core capacities of Australia: mission report, 24 November – 1 December 2017*, available from <https://apps.who.int/iris/handle/10665/272362> [accessed 2 November 2021]

forms, and conduct multisector multiagency preparedness exercises for human health related hazards.

2.64 In 2016 and 2017, Health sponsored a post-graduate epidemiology student to conduct two studies on the effectiveness of the yellow fever surveillance system and the TIC.

- The first study comprised a survey administered to travellers arriving at Sydney and Melbourne (Tullamarine) airports who could not produce a vaccination certificate for yellow fever between 1 August 2017 and 31 October 2017. The report made several recommendations including proposed questions for travellers in the proposed electronic replacement for the paper-based Incoming Passenger Card and exploring the possibility of automatically linking vaccination information from the Australian Immunisation Register with immigration data for Australian citizens.
- The second study reviewed all TIC notifications submitted to Health with assessment dates between 1 July 2016 and 30 June 2017, a period roughly corresponding to the first year of operation for the Biosecurity Act. The report recommended that Health and DAWE move to collecting TIC information electronically, that minor interim changes should be made to the TIC form, and that BOs should be reminded of the need to use the most current version of the TIC form.³⁷

2.65 In response to a recommendation in Auditor-General Report No.12 of 2021–22 *Management of International Travel Restrictions during COVID-19*, Health indicated it would conduct a post-pandemic review of the public health response to the COVID-19 pandemic, including the effectiveness of international travel restrictions and mandatory quarantine.

Ongoing performance information

State and territory government reporting

2.66 Service agreements between Health and state and territory governments for human biosecurity services do not specify performance indicators or measures of performance by CHBOs or HBOs. The agreements require state and territory partners to submit annual progress reports to Health that certify that human biosecurity services have been delivered in accordance with the agreement, and estimate the number of calls received by HBOs and the actual number of times an HBO has attended a port in person. In September 2018 Health briefed CHBOs that the results of the TIC study in 2017 (discussed in paragraph 2.64) showed a discrepancy between the number of TICs that resulted in the BOs calling an HBO to escalate the case (33 nationwide in 2016–17) and the number of such calls estimated by states and territories for the same period (220).

2.67 During 2020 and 2021, annual progress reports were submitted late and contained estimates with low accuracy or confidence. Table 2.3 demonstrates these issues for the 2019–20 annual progress reports.

37 The studies are reproduced in Chapters 5 and 6 of P Andersson, *Applied Epidemiology: within, at the border and outside Australia*, Australian National University, 2018, available at <https://openresearch-repository.anu.edu.au/handle/1885/158242?mode=full> [accessed 20 January 2022].

Table 2.3: Excerpt from 2019–20 annual progress reports

Jurisdiction	Date 2019–20 report submitted (due 15 July 2020)	Responses to 'approximate number of calls made to HBOs' provided by states and territories
NSW	20 July 2020	200
VIC	15 March 2021	125 (this is very likely an underestimate as many calls to HBOs were recorded as either COVID notifications, or COVID-related queries, particularly during the first three months of the pandemic response)
QLD	28 July 2020	500+
SA	31 July 2020	Hundreds due to COVID
WA	4 August 2020	680
TAS	28 July 2020	Numerous telephone calls and emails, particularly relating to suspected COVID-19 cases early in the pandemic, and subsequent planning around air and sea arrivals
NT	30 July 2020	50
ACT	24 Sept 2020	4

Source: ANAO reproduction of Health records.

Department of Agriculture, Water and the Environment reporting

2.68 With the exception of electronic traveller with illness checklists (eTICs)³⁸, Health does not obtain regular performance reporting from DAWE on the exercise of regulatory powers or functions under the Biosecurity Act in relation to human biosecurity. The Health–DAWE MOU does not provide for the regular provision of performance data or periodic performance reporting.

2.69 DAWE's ability to provide performance information to Health has been constrained by inadequate record-keeping for human biosecurity functions undertaken by BOs. At the start of the pandemic DAWE did not have appropriate systems in place to collect information on human biosecurity functions such as pre-arrival reporting and grant of pratique³⁹ that would support performance monitoring. In December 2019 the Travellers Management Group in DAWE considered a discussion paper titled 'Interim Aircraft Arrival Compliance Reporting (AACR) Data Capture'. The paper outlined how DAWE's record-keeping for aircraft arrivals did not support performance monitoring and regulatory outcomes, stating:

The Department does not have a centralised aircraft pre-arrival reporting system or defined data set to record and report information that is required under the *Biosecurity Act 2015* and *Biosecurity Regulations 2016*... Currently airports are collecting this information but not in a consistent format or data set to support meaningful analysis and using different methods of recording, as this has not previously been defined...as there are concerns with the inconsistent

38 The introduction of the eTIC in November 2020 as a replacement for the paper-based traveller with illness checklist (TIC) is discussed in paragraph 3.41. A transition to electronic based reporting of TICs was a recommendation of the 2017 TIC study discussed in paragraph 2.64.

39 Under section 193 of the Biosecurity Act, aircraft operators must provide a pre-arrival report before landing in Australia. Pratique is permission for things to be unloaded from, and persons to disembark from, an aircraft. DAWE's systems to record the performance of regulatory functions such as receiving pre-arrival reports and granting pratique are described in paragraphs 3.25 to 3.34.

collection and storage of data and the completeness of data, this results in the inability for reliable and sophisticated data analysis.

The above issues impact on the Department's ability to target effort effectively and manage compliance in the international aircraft arrival pathway and with the industry, creating vulnerabilities for the Department as the regulator. This can lead to unnecessary levels of manual processing and intervention on more compliant entities, accompanied by the inability to ensure appropriate measures are taken in managing levels of non-compliance through engagement, intervention and sanctions. These limit the Department's ability to understand and manage compliance and non-compliance threats and trends.

2.70 Since May 2021, Health has received monthly reporting from DAWE on the administration of eTICs. The monthly reports provide a breakdown of trends in eTIC reporting and administration. The reports provide reliable performance information on the number of calls escalated to HBOs through the eTIC application in each state and territory.

Recommendation no. 4

2.71 Department of Health implement performance monitoring arrangements to ensure meaningful and reliable information on the performance of human biosecurity functions is captured.

Department of Health response: *Agreed.*

2.72 *The Department of Health (the Department) intends to conduct a post-pandemic review of the human biosecurity services agreements with state and territory health departments. As part of this process, the Department will revise the performance monitoring arrangements to enhance the usefulness and quality of information provided. The Department will continue to work with the Department of Agriculture, Water and the Environment to ensure meaningful data capture on human biosecurity services conducted by Biosecurity Officers.*

3. Routine human biosecurity measures

Areas examined

This chapter examines whether entities have effectively administered human biosecurity measures under arrangements that were already in place at the onset of COVID-19 to deal with listed human diseases.

Conclusion

The administration of routine human biosecurity measures has been partly effective during the pandemic. Roles and responsibilities for enhanced health screening were initially not clear, and roles and responsibilities for exit screening were not aligned with legislation. While the introduction of electronic traveller with illness checklists (eTICs) has improved the effectiveness of traveller screening, regulatory records maintained by the Department of Agriculture, Water and the Environment (DAWE) are unreliable and cannot demonstrate that Biosecurity Officers (BOs) have correctly administered routine human biosecurity measures.

Areas for improvement

The ANAO made two recommendations aimed at: improving the sharing of information on travellers to state and territory health authorities; and improving record-keeping on traveller interactions.

The ANAO also suggested that the design phase for a project to expand the Maritime Arrivals and Reporting System should include consideration of pre-departure reporting requirements.

3.1 The Department of Health (Health) and DAWE, with assistance from the Department of Home Affairs (Home Affairs), have carried out several routine activities under the *Biosecurity Act 2015* (Biosecurity Act) and *National Health Security Act 2007* (NHS Act) at international airports during the COVID-19 pandemic:

- granting pratique to aircraft arriving from overseas and identifying non-compliance by aircraft operators with the Biosecurity Act;
- identifying ill travellers, collecting information about them and passing this information to relevant health authorities;
- controlling and advising incoming travellers, if necessary using statutory powers to manage public health risks;
- requesting high-risk travellers provide evidence of vaccination for yellow fever; and
- exit screening of travellers leaving Australia for Pacific Island countries and Timor-Leste.

3.2 To assess whether these routine human biosecurity measures have been effectively implemented, the ANAO examined whether:

- operational roles and responsibilities at international airports were clearly identified and fit-for-purpose;
- entities maintained appropriate arrangements for sharing information and coordinating operations for international air travel; and
- entities adhered to operational policies and procedures.

Were operational roles and responsibilities for routine human biosecurity measures clearly identified and fit-for-purpose?

Operational roles and responsibilities were clearly identified and were fit for pre-pandemic surveillance and intervention with small numbers of ill travellers. Roles and responsibilities became less clear and potentially duplicative for a period following the introduction of state and territory airside health screening for COVID-19. Roles and responsibilities for exit screening were not aligned with legislation at most airports.

Pre-pandemic roles and responsibilities at the airport

3.3 Prior to the COVID-19 pandemic, roles and responsibilities for human biosecurity operations at the airport were clearly identified in key policy documents. Health's 'Assessing Ill Travellers at Australia's Border' policy (discussed in paragraph 2.43), which was first published in 2012 and last updated in May 2019, clearly identifies the roles and responsibilities of officers in relation to travellers arriving on international flights. Health's June 2018 'Human Biosecurity Compliance Policy' divides responsibility for enforcing compliance with human health aspects of the Biosecurity Act for travellers and conveyances between Health and DAWE, and assigns the role of monitoring compliance at airports, investigating non-compliance and undertaking enforcement action to BOs or other areas within DAWE. Box 3 contains relevant excerpts from these policies.

Box 3: Roles and responsibilities outlined in key policy documents

Relevant excerpts from Health's 'Assessing Ill Travellers at Australia's Border' policy:

- 'The [Director of Human Biosecurity (DHB)] has specific human health biosecurity powers defined under the Act. The DHB is supported in the application of these powers by the CHBOs and HBOs.'
- 'Health, in consultation with [DAWE], CHBOs and HBOs, develops and reviews the Traveller with Illness Checklist (TIC)..., which is a questionnaire that facilitates the initial assessment of arriving travellers who are declared, reported or identified as ill.'
- '[DAWE] administers the TIC to undertake the initial assessment of people arriving in Australia who are ill and refers anyone meeting the requirements of the TIC to a CHBO or HBO. Biosecurity officers may also administer a limited range of measures under a HBCO, or administer the Yellow Fever Action Card (YFAC).'
- 'If a traveller is suspected of having [a listed human disease] based on the completion of the TIC, the CHBO or HBO in the relevant state/territory will be notified by the biosecurity officer. A case management decision concerning the traveller will be made by the CHBO or HBO based on the traveller's medical requirements and the protection of public health.'
- 'As part of administering the [Incoming Passenger Card] at the Primary Line, an ABF officer will obtain information concerning tuberculosis and yellow fever. Travellers indicating they have been in Africa, South/Central America, or the Caribbean in the past 6 days are processed for yellow fever entry requirements.'

Relevant excerpts from Health's 'Human Biosecurity Compliance Policy':

- 'As noted, [DAWE] Biosecurity Officers are the front-line staff for implementation of the Act and are likely to identify compliance issues. Once a contravention of a Chapter Two^a requirement has been identified, [DAWE] will alert Health and assist in the collecting and collating of evidence to support an enforcement activity as appropriate... [DAWE] will undertake compliance and enforcement activities on behalf of Health, and with input from Health and the Health Incident Advisory Group, as appropriate.'
- '[DAWE] is responsible for governance arrangements relating to compliance contraventions outside of Chapter Two, such as those that relate to plant, animal and conveyance matters.^b Where a matter has human health aspects... Health will participate in decision making bodies managed by [DAWE].'

Note a: Chapter Two of the Biosecurity Act contains most provisions relating to human health, including pratique.

Note b: Chapter Four of the Biosecurity Act contains the requirement for the operator of an aircraft to lodge a pre-arrival report concerning ill travellers.

3.4 Interviews conducted by the ANAO with BOs, Human Biosecurity Officers (HBOs) and Australian Border Force (ABF) officers at five international airports confirmed that the duties of officers and officers' understanding of their roles reflected the arrangements set out in Health's policies. In line with these policies, BOs advised that, in relation to ill travellers, a decision to grant pratique to an aircraft operator would only be made:

- if the TIC indicated the traveller does not have a listed human disease;
- in accordance with a course of action determined by the HBO; or
- where the traveller has urgent or life-threatening needs.

Enhanced screening for ill travellers during the pandemic

3.5 On 1 February 2020 the Australian Health Protection Principal Committee (AHPPC) agreed that additional border measures may be required to manage the COVID-19 transmission risk of travellers arriving from high-risk areas. From February 2020 onwards, state and territory healthcare workers other than HBOs were positioned at major international airports to conduct screening of passengers with high COVID-risk travel histories, at the discretion of state and territory health authorities (see Table 3.1).

Table 3.1: State or territory healthcare worker presence at international airports, as at 4 February 2020

State health screening available for all flights	State health screening attending high-risk flights only	No state or territory health screening
Sydney, Brisbane, Cairns, Gold Coast, Perth	Adelaide, Melbourne	Avalon, Canberra, Darwin, Newcastle, Port Hedland, Norfolk Island, Christmas Island

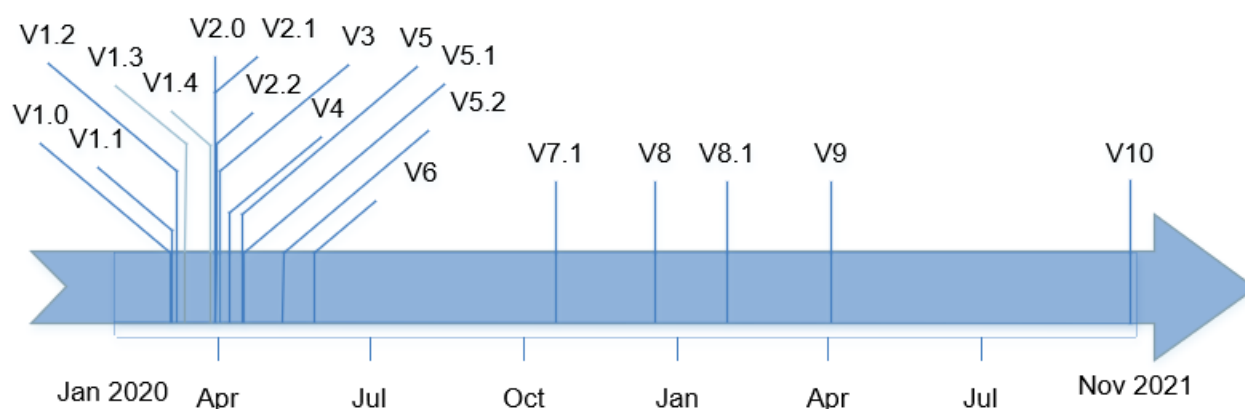
Source: ANAO summary of DAWE records.

3.6 On 2 February 2020 Health issued a protocol describing additional roles and responsibilities of BOs and ABF officers. The protocol outlined new activities to be undertaken by BOs, such as boarding aircraft to provide information on COVID-19 to all passengers, regardless of whether the aircraft required pratique to be granted before disembarking passengers. The protocol also described in general terms how BOs and ABF officers would adjust passenger processing arrangements to refer high-risk passengers to state or territory health care workers where present,

and additional actions that would be undertaken by BOs if state or territory health care workers were not present. The protocol did not detail specific arrangements for each international airport.

3.7 The protocol was continuously updated throughout the pandemic, and between February and March 2020 involved frequent changes to the duties of BOs as arrangements to incorporate state or territory health care workers into passenger processing were settled (see Figure 3.1). From 18 February 2020 onwards, the protocol was supplemented by specific guidance for BOs developed by DAWE (discussed in paragraph 2.50).

Figure 3.1: Version changes to the protocol for enhanced border measures at airports



Source: ANAO analysis of Health records

3.8 On 26 March 2020 the Biosecurity (Exit Requirements) Determination 2020 was registered, which provides that individuals departing specified airports in Australia bound for specified Pacific Island countries and Timor-Leste ‘must be screened by a biosecurity officer or a human biosecurity officer’ to establish whether the individual presents a COVID-19 risk. The determination does not provide that an individual can meet the requirement by being screened by a state and territory healthcare worker who is not appointed as an HBO. On 27 March 2020 Health issued a protocol outlining that the screening would be administered by a state or territory healthcare worker, under the direction of an HBO and escorted by a BO. DAWE advised the ANAO in August 2021 that exit screening had been conducted entirely by state or territory health authorities without a BO or HBO present in at least two airports. On 2 October 2020 DAWE BOs assumed responsibility for administering exit screening at Brisbane Airport.

3.9 Feedback provided to the ANAO by BOs, HBOs, ABF officers and state agencies described the introduction of enhanced screening as a period where roles and responsibilities were not clear. Interviewees spoke of confusion around issues such as:

- to what extent the presence of medically trained state or territory officials at the airport superseded the role of non-medically trained BOs and on-call HBOs in screening for listed human diseases and arranging for the transfer of symptomatic travellers into state or territory health systems;
- to what extent state or territory officials were screening for listed human diseases other than COVID-19 or fulfilling other regulatory functions under the Biosecurity Act; and

- potential duplication of traveller interactions (such as administering a checklist of health indicators) by state or territory officials and BOs (under separate mandates) with the effect of slowing passenger processing.

Interviewees indicated that this confusion eased as:

- staff from Australian Government and state agencies working at airports became familiarised with each other's processes;
- agencies progressively promulgated instructions that contained greater detail and addressed multiple scenarios; and
- the pace at which agencies issued revised instructions to staff slowed.

Have entities maintained appropriate coordination and information sharing arrangements for routine measures?

Entities made adjustments to arrangements to share information on passengers to public health authorities that were appropriate in the circumstances. Pre-pandemic discussions about improved data sharing between Health and Home Affairs were resumed and progressed in response to the pandemic.

Coordination of routine human biosecurity arrangements

3.10 Health maintains four standing forums which are used to coordinate the activities of BOs and HBOs, including in relation to international air travellers:

- a meeting of all CHBOs and the Director of Human Biosecurity, attendance at which is a condition of the intergovernmental funding agreements for human biosecurity services (discussed at paragraphs 2.4 to 2.5); and
- three separate bilateral meetings between Health and DAWE at a Deputy Secretary level, Assistant Secretary level (known as the Human Biosecurity Forum) and officer level (known as the Human Biosecurity Sub-forum), as provided in the Health–DAWE MOU.

As depicted in Table 3.2, agencies met with increased frequency during 2020 and 2021 in response to the demands of the pandemic.

Table 3.2: Frequency of standing coordination meetings for human biosecurity, January 2019–November 2021

CHBO meetings	Health-DAWE Deputy Secretary bilateral	Human Biosecurity Forum (Assistant Secretary)	Human Biosecurity Sub-forum (Executive Level 2)
<ul style="list-style-type: none"> • 5 March 2019 • 15 October 2019 • 11 February 2020 • 17 February 2020 • 24 February 2020 • 2 March 2020 • 11 March 2020 • 23 March 2020 • 23 June 2020 • 24 September 2020 • 17 November 2020 • 4 March 2021 • 1 April 2021 • 27 May 2021 • 21 October 2021 	<ul style="list-style-type: none"> • 17 January 2019 • 23 July 2019 • 2 September 2020 • 11 November 2020 • 18 March 2021 • 16 September 2021 	<ul style="list-style-type: none"> • 21 February 2019 • 4 April 2019 • 16 May 2019 • 27 June 2019 • 8 August 2019 • 4 May 2020 • 26 June 2020 • 29 July 2020 • 27 August 2020 • 28 October 2020 • 3 December 2020 • 19 January 2021 • 30 March 2021 • 24 May 2021 • 13 July 2021 • 14 September 2021 • 9 November 2021 	<ul style="list-style-type: none"> • 19 August 2019 • 30 September 2019 • 11 November 2019 • 19 May 2020 • 29 June 2020 • 10 August 2020 • 7 September 2020 • 10 November 2020 • 17 February 2021 • 14 April 2021 • 2 June 2021 • 21 July 2021 • 22 September 2021

Source: Health and DAWE records.

Adjustments to pre-pandemic routine information sharing arrangements

3.11 Prior to the pandemic, Health maintained arrangements to facilitate the provision of information on individual air travellers to state and territory health authorities in accordance with the *National Health Security Act 2007* (NHS Act) in circumstances where it is necessary to manage public health risk, such as contact tracing for an infectious air arrival. These arrangements included the ability for Health to request scanned images of incoming passenger cards (IPCs) from Home Affairs, and to request passenger seat allocation lists (PSALs) from airlines.

Incoming passenger cards

3.12 In August 2018 Health and Home Affairs agreed on two standardised request types for IPCs:

- a request for IPCs for all individuals aboard a flight with a single known index case⁴⁰; and
- a request for IPCs for multiple specified individuals where the incoming flight details are not known.

⁴⁰ An index case refers to the traveller that is first noticed by health authorities as carrying a communicable disease.

3.13 In June 2019 Health approached Home Affairs requesting access to electronic data held by Home Affairs for the purpose of contact tracing.⁴¹ Preliminary discussions concerned facilitating direct access for Health officers to Home Affairs databases containing movement records and visa application data, and the possibility of obtaining Passenger Name Record (PNR) data for the purpose of contact tracing.

3.14 On 4 March 2020 a Deputy Chief Medical Officer from Health wrote to the Deputy Secretary, Security and Resilience Group of Home Affairs requesting the discussions be expedited in light of criticism from state and territory health authorities about the timeliness of the provision of passenger information. Home Affairs amended a legislative instrument under the Migration Regulations 1994 on 24 March 2020 to grant specified Health employees access to passenger movement record databases for the purpose of supporting contact tracing by state and territory health authorities.

3.15 On 4 March 2020 Home Affairs issued an operational directive that authorised states and territories to seek IPC images directly from the imaging company (contracted to Home Affairs) responsible for scanning the cards into the Passenger Card Image System (PCIS). The following day Home Affairs implemented a supplementary process whereby cards would initially be scanned by ABF officials in batches using multi-function devices at the airport before passing the cards to the contractor for normal processing. This additional scanning provided a means of responding to urgent requests in the period between passenger clearance and the appearance of card images in PCIS. Home Affairs ceased the additional scanning on 9 November 2020.

3.16 On 6 March 2020 Home Affairs commenced negotiations with the imaging company to vary the service levels in the contract, which was agreed on 30 April 2020. The briefing note stated that IPC data was often not available to electronically sort and search for 24 hours after arrival. The revised service levels meant that IPCs would be available in the timeframes depicted in Table 3.3.

Table 3.3: Timeframes for scanning an IPC

Port location	Estimated average time to deliver cards to contractor	Processing Time	Total time from collection to visibility in PCIS
Melbourne/Sydney	5 hours	1 hour	6 hours
Brisbane	7 hours	1 hour	8 hours
Adelaide	10 hours	1 hour	11 hours
Gold Coast	10.5 hours	1 hour	11.5 hours
Cairns	14.5 hours	1 hour	15.5 hours
Darwin	16 hours	1 hour	17 hours
Perth	17 hours	1 hour	18 hours

Source: ANAO reproduction of Home Affairs records

41 The 2015 Department of Foreign Affairs and Trade review of the domestic response to the Ebola outbreak, discussed in paragraph 2.63, recommended entities consider implementing safe and secure electronic transfer of passenger data to facilitate case finding, risk assessment and contact tracing.

Passenger seat allocation lists

3.17 On 18 March 2020, at the request of AHPPC, Communicable Diseases Network Australia (CDNA, a subcommittee of AHPPC) considered a paper prepared by Health proposing changes to streamline the provision of PSALs. The paper noted a streamlined process had already been implemented on 4 March 2020 whereby states and territories would request and receive PSALs directly from airlines, with Health sending a concurrent request to provide authority under the NHS Act for the provision of the information. CDNA did not agree to adopt the new approach, instead agreeing that contact tracing for international arrivals be deprioritised due to the introduction of mandatory self-isolation requirements for international arrivals from 15 March 2020.

Information collected under additional entry requirements

3.18 Section 44 of the Biosecurity Act provides a routine power for the Health Minister to require travellers entering Australia to provide a declaration of their travel history before entering Australia, and to complete a questionnaire on their health.⁴² From 16 October 2020, passengers travelling on quarantine-free flights from New Zealand were required to: declare that they had only been in New Zealand for the preceding 14 days; provide contact details while in Australia; record their flight and seat number; and answer two COVID-19 health screening questions.

3.19 A paper-based form called a COVID-19 Declaration Card (CDC) was used to collect this information from passengers who have not completed an Australia Travel Declaration.⁴³ The form was collected in addition to the IPC. Information from the CDC was intended to be available for contact tracing if needed; it was not used for quarantine planning as the CDC was only collected from passengers on quarantine-free flights.

3.20 On 15 October 2020 Home Affairs advised Health that ABF officers would collect the CDCs from passengers as they cleared immigration, but Home Affairs would not be responsible for scanning the cards and sending them to Health. Ongoing arrangements for scanning and sending the cards were not settled until 27 October 2020. An interim arrangement instituted by Health on 16 October 2020 was unable to facilitate the prompt provision of CDC images in response to a request from a state authority on 17 October 2020. From 27 October 2020 onwards, CDCs were collected and bundled by ABF officers and handed to BOs to scan and send to Health.

Feedback from states

3.21 State and territory authorities provided feedback to the ANAO that electronic data exchange was preferable to transcribing passenger information from scanned images of paper-based forms.

3.22 On 13 September 2021 the Minister for Home Affairs announced that Accenture was the successful tenderer for a project to replace the IPC and the Australia Travel Declaration with a Digital

42 The same power is used to require travellers to declare their yellow fever vaccination status.

43 By late February 2022, the COVID-19 Declaration Card (and Australia Travel Declaration) had been superseded by similar arrangements. As at March 2022, travellers who are unable to complete a Digital Passenger Declaration due to exceptional circumstances may complete a paper-based Health Declaration Card, which is collected on arrival by ABF officers and BOs.

Passenger Declaration, which would provide the capacity to share information on international travellers with state and territory public health authorities.⁴⁴

Recommendation no. 5

3.23 Department of Home Affairs, in consultation with Department of Health, ensure that the functionality and enabling legislation for the Digital Passenger Declaration supports timely, large-scale contact tracing by state and territory authorities.

Department of Home Affairs response: *Agreed.*

3.24 *The Digital Passenger Declaration (DPD) collects information from incoming travellers in accordance with relevant legal and policy requirements. The DPD will support provision of information by digital means including personal information legally required to be provided electronically under existing legislation (the Biosecurity (Entry Requirements - Human Coronavirus with Pandemic Potential) Determination 2022). The sharing of relevant information, collected through the DPD, with the states/territories for their contact tracing functions along with management of a disease with a pandemic potential, will continue through the Department of Health in accordance with the National Health Security Act 2007.*

Have entities adhered to operational policies and procedures for routine measures?

Entities have largely adhered to procedures for administering the traveller with illness checklist since the introduction of the eTIC. While there is evidence of non-compliance with policies and procedures, DAWE's regulatory record-keeping is insufficiently reliable to test the extent of non-compliance.

Pre-arrival reporting and pratique

3.25 Aircraft operators must provide a pre-arrival report (PAR), as required by section 193 of the Biosecurity Act, before landing in Australia. A PAR includes the details of any person on board the aircraft who has, or had, signs or symptoms of a listed human disease during the flight.⁴⁵ Flights made under an international airline license granted by the Department of Infrastructure, Transport, Regional Development and Communications (termed 'scheduled flights') are only required to provide a PAR if there is information to give. All other flights (termed 'non-scheduled flights') must provide a PAR in all circumstances.⁴⁶

3.26 Pratique is permission for things to be unloaded from, and persons to disembark from, an aircraft. Aircraft entering Australia are ordinarily automatically granted pratique at the time of

44 Minister for Home Affairs, *Joint media release with the Hon Stuart Robert - New digital platform to support reopening of the international border*, 13 September 2021, available at <https://minister.homeaffairs.gov.au/KarenAndrews/Pages/new-digital-platform-to-support-reopening-of-the-international-border.aspx> [accessed 23 November 2021].

45 A PAR may include other information, including information regarding whether the aircraft is required to be sprayed to eradicate insects on arrival, animals or plants onboard the aircraft, and any deaths that occurred in transit.

46 Examples of non-scheduled flights include medical evacuation, military and charter flights. Regular commercial flights are usually 'scheduled' flights.

arrival (termed ‘positive pratique’). However, positive pratique does not apply in certain circumstances, including if an individual onboard has, or had during the flight or voyage, signs or symptoms of a listed human disease. Aircraft arriving under these circumstances must be granted pratique by a BO (termed ‘negative pratique’).

3.27 BOs become aware of flights carrying reportedly symptomatic passengers either through information reported on the PAR, or through other means such as a passenger or member of the aircrew advising a BO of a symptomatic passenger on or after arrival.

3.28 Under the Biosecurity Act, a BO may grant pratique orally or in writing. If a BO grants pratique orally, they must make a written record of the grant as soon as practicable after the aircraft arrives.

3.29 Until late 2020, DAWE’s record-keeping of PAR receipt and oral pratique was managed locally at each airport. As discussed at paragraph 2.69, data was entered manually into spreadsheets and the resulting records do not provide consistent or reliable data for review. As shown in Table 3.4, DAWE’s records were adequate for only one of the six major international airports, identifying non-scheduled flights and recording receipt of PARs, oral pratique and responsible BOs.

Table 3.4: Local airport records at major international airports in February 2020

International airport	Are non-scheduled flights identified?	Is PAR receipt recorded?	Is oral pratique recorded?	Is the responsible BO/s identified?
Adelaide	✓	✗	✗	✗
Brisbane	✓	✓	✓	✓
Darwin	✓	✗	✓	✓
Melbourne	✗	✗	✗	✗
Perth	✗	✗	✗	✓
Sydney	✗	✗	✗	✓

Source: ANAO analysis of DAWE records.

3.30 In July 2020 DAWE deployed a new spreadsheet called the ‘Aircraft Arrival Reporting and Compliance System’ (AARCS). This spreadsheet was an interim measure pending development of a national IT system for recording such information. Reporting in the AARCS format was adopted progressively by airports from August 2020. DAWE staff at each airport were required to populate a templated spreadsheet with flight details, and email copies to a central area at the end of each week for consolidation into a national version of the spreadsheet. While the AARCS improved the collection of data on whether: a flight was non-scheduled; a PAR was provided; oral pratique was granted⁴⁷; and the PAR identified signs or symptoms of a listed human disease, issues with the completeness and reliability and data have remained.

47 The ‘Ill traveller assessment – Air pathway’ guideline states that: ‘Where oral pratique was granted, biosecurity officers must make a record in AARCS.’

3.31 The ANAO tested AARCS records for 56 flights identified in DAWE and Health records as having arrived between 1 January 2021 and 31 October 2021 for which TICs indicated an ill traveller was on board.

- For 22 flights where the BO was advised of a traveller illness prior to disembarkation, two flights were not recorded in the AARCS at all. For the remaining 20 flights:
 - the AARCS did not indicate whether a PAR was required for eight flights;
 - the AARCS indicated a PAR was not required for two flights where other records show that the BO was notified of a traveller illness prior to disembarkation⁴⁸;
 - oral pratique was not recorded for six flights;
 - the name of the responsible BO was not recorded for three flights; and
 - records did not indicate that ill travellers had been identified for eight flights.
- For 34 flights where the BO was advised of a traveller illness after disembarkation, one flight was not recorded in the AARCS at all. For the remaining 33 flights:
 - the AARCS did not indicate whether a PAR was required for six flights; and
 - the name of the responsible BO was not recorded for one flight.

3.32 The ANAO identified further issues with the completeness of AARCS data. There were 2564 flights identified as requiring a PAR between 1 January 2021 and 31 October 2021, but only 1928 (75 per cent) of these recorded whether a PAR had been lodged. Of the 1928 flights that had PARs, the time of lodgement was recorded for 1780 (92 per cent).

3.33 This analysis indicates the AARCS does not provide a reliable record of compliance with PAR and pratique requirements for the purpose of monitoring and enforcement of compliance with the Biosecurity Act. Based on records within the AARCS, DAWE has not reliably identified non-scheduled flights required to submit a PAR or correctly granted pratique in all circumstances where it is required. These observations are supported by DAWE's non-compliance reporting, which recorded at least five failures to identify non-scheduled flights in 2020 and two in 2021, involving at least 15 flights overall.

3.34 In the 2021–22 Budget DAWE received \$28.735 million in funding to expand the Maritime Arrivals and Reporting System to cover pre-arrival reporting and pratique for aircraft.⁴⁹ As at December 2021, this project had commenced preliminary analysis of the AARCS and existing business processes. DAWE advised the ANAO that a capability to collect pre-departure reporting under section 50 of the Biosecurity Act is not within the scope of the project. DAWE should consider pre-departure reporting in the design phase of the project, as there is a risk that DAWE will be called upon to rapidly implement pre-departure reporting to respond to a future pandemic during the life of the system.

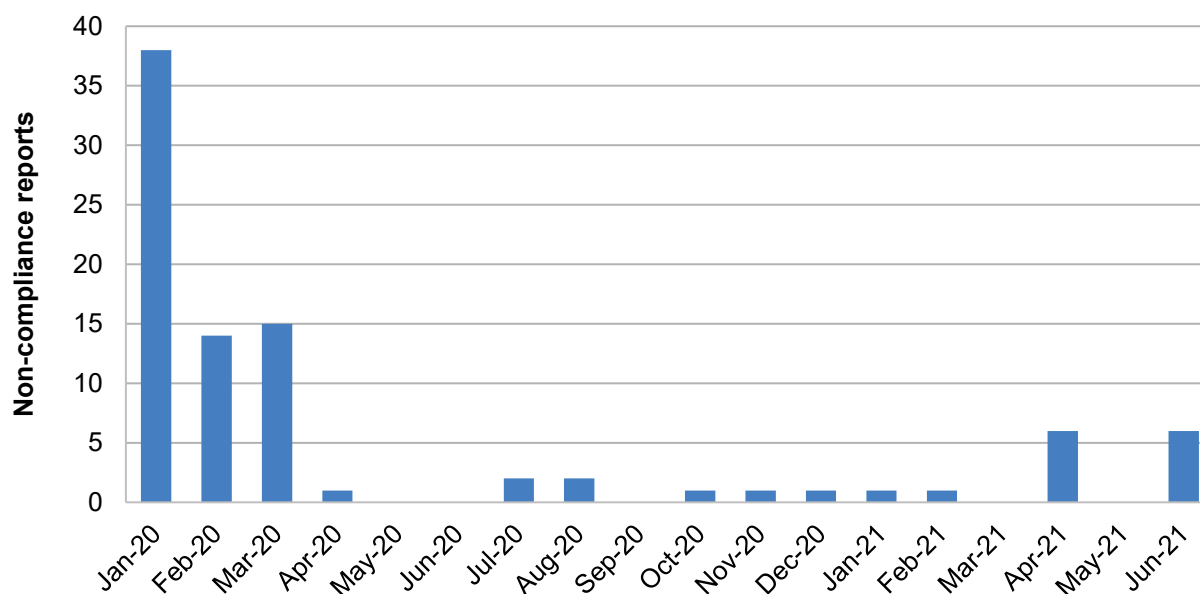
48 It is possible for the PAR obligation to have not arisen in these circumstances, for example if a passenger only notifies a crew member of symptoms after landing.

49 The Maritime Arrivals and Reporting System is an online web portal used by commercial maritime vessel masters and shipping agents to submit pre-arrival documents. Details of the funding can be found in Australian Government, Budget Measures: Budget Related Paper No. 1.1: 2021-22, Agriculture, Water and Environment Portfolio, Commonwealth of Australia, Canberra, 2021, p. 29.

Managing non-compliance

3.35 BOs who suspect non-compliance with PAR or pratique obligations by an aircraft operator⁵⁰ may conduct initial inquiries and complete a non-compliance report (NCR) to outline the details of the incident. BOs prepared 75 NCRs documenting airlines' failure to declare sick air travellers in 2020 and 14 in the first half of 2021. The majority of NCRs occurred from January to March 2020 (see Figure 3.2).

Figure 3.2: Non-compliance reports for failure to report ill travellers, 1 January 2020–30 June 2021



Source: ANAO analysis of DAWE NCR records.

3.36 Where an NCR provides a reasonable suspicion that a traveller alerted aircrew of their own or another traveller's symptoms, DAWE will formally write to the aircraft operator notifying of the potentially non-compliant incident and seeking an explanation of why the operator failed to provide a PAR. DAWE internal documentation states that DAWE will consider investigating matters that are sufficiently serious for potential enforcement action.

3.37 DAWE advised the ANAO that it issued 14 letters to airlines in relation to pratique or PAR non-compliance between 1 January 2020 and 18 October 2021. None of these incidents resulted in further investigation to collect evidence for enforcement action (including failures to submit PARs that resulted in COVID-19 transmission, outlined in case study 1).

Case study 1. Failure to submit pre-arrival reports concerning aircrew found to have COVID-19

On 26 August 2020, a state health authority advised Health that two flights operated by the same airline had separately landed in Australia. According to the state health authority, on each flight:

⁵⁰ For example, if the operator of an aircraft fails to lodge a PAR despite being aware of an ill passenger on board, or allows passengers to disembark while the aircraft is subject to negative pratique.

- a crew member was aware they were a close contact of a confirmed COVID-19 case prior to departing for Australia;
- the crew member became symptomatic during the flight to Australia; and
- the crew member tested positive for COVID-19 in Australia.

On 1 September 2020 DAWE wrote to the airline requesting that it explain why a PAR was not submitted for either flight, and what measures it would take to prevent a recurrence. The airline advised that it did not consider the circumstances gave rise to a PAR obligation. DAWE wrote again on 9 September 2020, advising that the airline had not made clear how it would ensure that crews meet the PAR requirement in the future. DAWE advised the ANAO that no further correspondence was received from the airline in relation to the matter.

DAWE informed ANAO that it determined that further enforcement action was not warranted and it closely monitored NCRs in the following months to ensure there was no further non-compliance of this nature by the airline.

3.38 DAWE records show six matters were investigated between 2019 and 2021 related to a failure to report a PAR or comply with pratique controls. All six investigations occurred in 2019. No further enforcement action was taken in relation to these incidents.

3.39 In June 2021 DAWE agreed to an ANAO recommendation that it implement a framework to support the effective use of its full suite of available regulatory tools by 1 July 2022.⁵¹

Traveller with illness checklist

3.40 The traveller with illness checklist (TIC) is a questionnaire for assessing ill or potentially ill travellers who have signs or symptoms of a listed human disease. The TIC was developed by Health to be administered by BOs (who are not clinically trained). Depending on the traveller's answers, the TIC may direct the BO to contact an HBO (who is clinically trained) via telephone for further guidance.

3.41 At the start of the pandemic the TIC was a paper-based form which BOs completed when attending an aircraft, and then scanned into DAWE's electronic records and emailed to Health. In November 2020 an electronic version of the TIC (eTIC) was deployed to smart devices carried by BOs. The eTIC uses smart-form technology to ensure the checklist is completed correctly and automatically submitted to Health. The paper-based TIC remains in use as a backup if the eTIC cannot be completed.

3.42 The ANAO assessed a sample of 133 paper-based TICs submitted between 1 January 2020 and 17 March 2021, of which 114 were completed in 2020.⁵² The ANAO also analysed all 45 eTICs

51 Auditor-General Report No.42 2020-21 *Responding to Non-Compliance with Biosecurity Requirements*, recommendation no. 7.

52 For TICs where the date was not recorded on the form, this was inferred from other data such as the date of the covering email to Health.

that were completed between 1 January and 31 October 2021.⁵³ The results of this assessment (shown in Table 3.5) indicate DAWE has not fully adhered to procedures for administering the paper-based TIC. In comparison, eTIC records show better adherence to procedures and better consistency, completeness and accuracy of data collected.

Table 3.5: Assessment of paper-based TICs and eTICs

	Sample of paper-based TICs	All eTICs
Date range of samples	1 Jan 2020 – 17 Mar 2021	1 Jan 2021 – 31 Oct 2021
Total assessed	133	45
TICs with at least one error ^a	84	15
Question/s not completed in accordance with workflow	35	0
TIC not legible	5	Not applicable
Traveller's personal details (including contact details) not recorded	12	2
BO name not recorded	23	0
HBO name not recorded	5	4
Date not recorded or recorded incorrectly	15	0
Airport not recorded	15	0
Flight number not recorded	3	0
HBO not contacted when indicated	2	0
HBO contacted unnecessarily	12	0
Second attempt to reach HBO not made 10 minutes after leaving first message	Not recorded	10
NIR not contacted 20 minutes after leaving first message	Not recorded	7
Emailed to Health a day or more after the TIC was completed	81	Not applicable

Note a: Some TICs may have more than one error, for example the airport and flight number may both be missing.

Source: ANAO analysis.

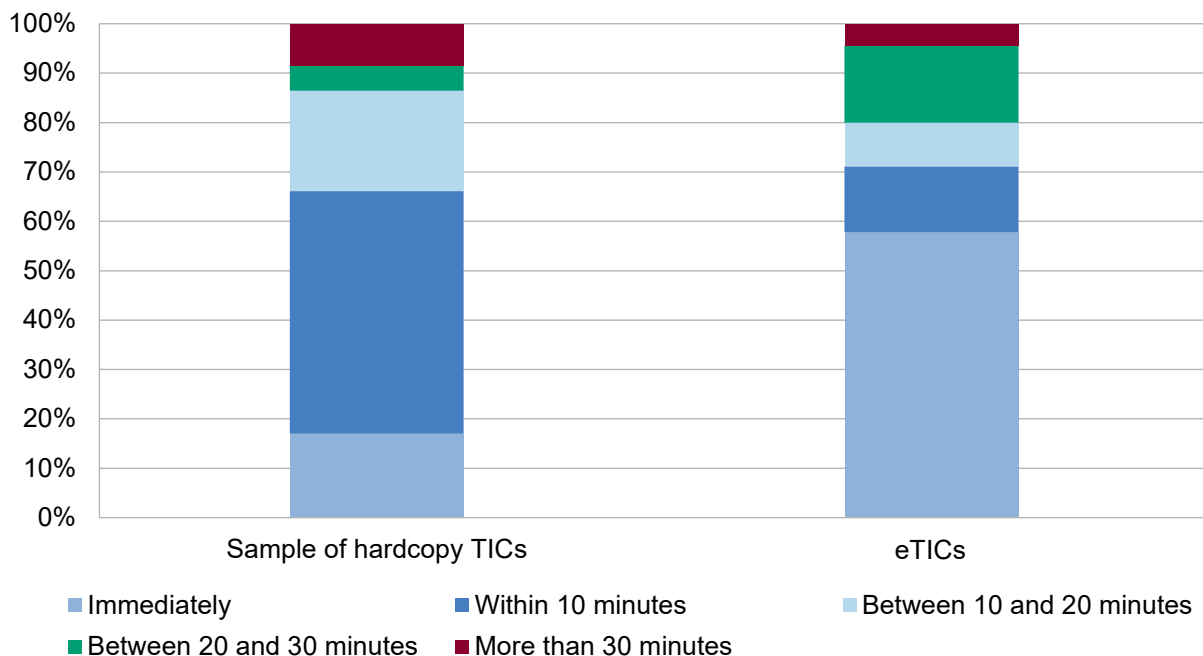
3.43 Health's policy sets out an expectation that HBOs will answer a call from a BO within 10 minutes. DAWE instructs BOs who are unable to reach an HBO immediately to leave a message and wait for the HBO to return the call. BOs must attempt to contact the HBO a second time when 10 minutes have elapsed since the first message was left. If the BO cannot reach the HBO on the

53 The analysis excludes two eTICs that were initiated in the eTIC application but cancelled mid-completion because the traveller required urgent medical attention. Through the eTIC application, DAWE additionally recorded 221 interactions with ill travellers between 1 January and 31 October 2021, where the traveller answered 'no' or 'do not know' to Question 1.1: 'At any time in the last 24 hours have you had a fever, chills or sweats; OR a new coughing illness which developed in the past 2 weeks?' In accordance with protocol, this response does not require a paper-based TIC or eTIC to be completed.

second attempt, the BO is required to leave a second message, grant pratique and escort the ill passenger to a first aid room in the airport terminal to await advice from the HBO.

3.44 An HBO was contacted for 62 of the 133 paper-based TICs assessed. Times were not recorded for three of these interactions. An HBO was contacted for all 45 eTICs assessed, and the time taken to receive advice was automatically recorded. As shown in Figure 3.3, roughly 70 per cent of calls to HBOs received advice within 10 minutes.

Figure 3.3: Time between initial call to HBO and receipt of advice



Source: ANAO analysis.

3.45 DAWE's 'Ill Traveller Assessment – Air Pathway' guideline states that a BO must contact Health's National Incident Room (NIR) if they have not received advice from an HBO within 20 minutes of the first call. The ANAO assessed nine eTICs that took more than 20 minutes for HBO advice to be received. Contact logs for five of the nine eTICs contain no record that the NIR was contacted by the BO.⁵⁴ Additionally, contact logs for two of the nine eTICs show that the BO received advice from the NIR more than 55 minutes after the first call.⁵⁵

Human Biosecurity Control Orders

3.46 If travellers refuse to comply with TIC screening or other human health measures, a BO or HBO may issue a Human Biosecurity Control Order (HBCO). Health advised the ANAO that no valid HBCOs have ever been made. The ANAO identified two invalid HBCOs that were issued to international air travellers by an HBO in March 2020.⁵⁶ In each case, Health contacted the relevant

⁵⁴ For each of these eTICs, advice was ultimately received from the state-based HBO initially contacted, between 20 to 30 minutes after the first call.

⁵⁵ One BO interviewed by the ANAO expressed the opinion that calls to NIR-based HBOs would usually result in advice that the BO should retry making contact with the state-based HBO.

⁵⁶ The grounds for invalidity were either that the officer who signed the order purportedly as an HBO was not authorised as an HBO under the Biosecurity Act, or that the suspected disease nominated in the order was not a listed human disease under the Biosecurity Act.

CHBO on the same day it received a copy of the HBCO to discuss the circumstances of the invalid HBCO. Health records indicate that both invalid HBCOs were issued with the consent of the travellers involved.

Yellow fever vaccination

3.47 Under DAWE's 'Yellow fever action card – air pathway' guideline, ABF officers should request that any travellers who indicate on their IPC that they have been in high yellow fever risk countries present a valid international certificate for yellow fever vaccination when passing through immigration clearance. Travellers who cannot produce a valid certificate should be referred to BOs, who will then brief the traveller on the significance of yellow fever and provide a Yellow Fever Action Card.

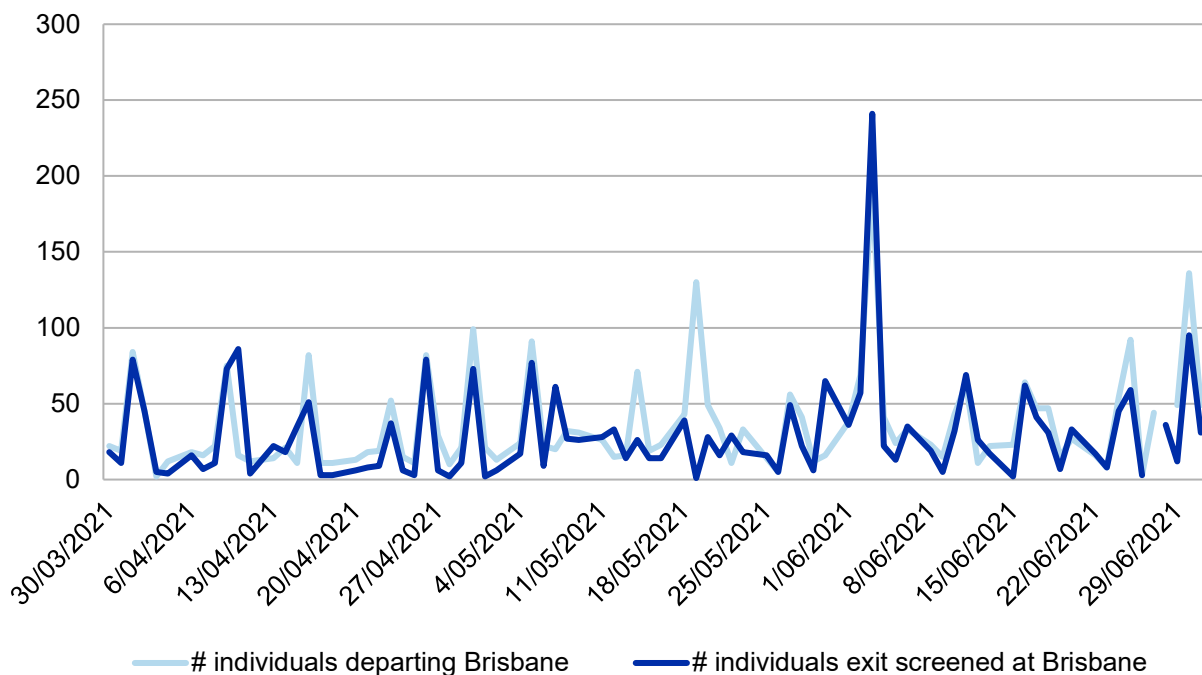
3.48 No records (other than completed IPCs) or statistics are kept by Health, DAWE or Home Affairs on interactions with passengers who are referred to DAWE BOs to be briefed about their yellow fever vaccination status.⁵⁷

Exit screening

3.49 As mentioned in paragraph 3.8, in all states and territories except Queensland COVID-19 exit screening for travel to Pacific Island countries is conducted by state or territory healthcare workers rather than BOs. DAWE tracks the number of passengers and flights subject to exit screening (whether by BOs or state and territory healthcare workers) in a manually collated spreadsheet. The spreadsheet does not track individuals other than passengers who are required to be exit screened (such as aircrew).

3.50 The ANAO compared DAWE's records of the number of passengers screened with Home Affairs' passenger and crew movement records over the period of 29 March 2021 and 1 July 2021. The comparison showed exit screening had largely occurred on the days that flights left specified airports for specified jurisdictions, but there was a general trend that fewer individuals were recorded as exit screened than departed Australia. In some cases, more individuals were recorded as exit screened in a day than departed Australia that day, or exit screening was recorded on days when no departures took place. Figure 3.4 illustrates these trends for Brisbane airport, which has been the main airport at which exit screening has occurred.

⁵⁷ The 2017 study of the yellow fever surveillance system discussed in paragraph 2.64 was based on a three-month survey of passengers collected on a voluntary basis at two airports.

Figure 3.4: Exit screening at Brisbane airport

Source: ANAO analysis of Home Affairs passenger and crew movement data and DAWE exit screening records.

3.51 This analysis shows DAWE's regulatory record-keeping is insufficiently reliable to demonstrate adherence to policies and procedures for the administration of entry and exit requirements under the Biosecurity Act.

Recommendation no. 6

3.52 Department of Agriculture, Water and the Environment ensure that traveller interactions under sections 44 and 45 of the *Biosecurity Act 2015* are adequately captured in information systems.

Department of Agriculture, Water and the Environment response: Agreed.

3.53 *The Human Health Digitisation (HHD) App is already capable of recording certain human health traveller interactions under Section 44 (Entry requirements).*

3.54 *The department has commenced, under the Conveyance Arrivals Modernisation (CAM) and Traveller and Mail Modernisation (TMM) programs, to investigate possible enhancements to systems and tools (e.g., the Human Health Digitisation (HHD) app), to capture human health traveller interactions under sections 44 and 45 of the Biosecurity Act 2015.*

4. Emergency human biosecurity measures

Areas examined

This chapter examines whether entities have effectively administered human biosecurity measures under emergency provisions in the *Biosecurity Act 2015* (Biosecurity Act) and state and territory public health orders.

Conclusion

The administration of emergency human biosecurity measures has been effective, other than a short period where roles and responsibilities for passenger processing into mandatory quarantine were not clear. Emergency measures were implemented in accordance with policy objectives and information-sharing arrangements were appropriate in the circumstances.

4.1 As the severity of the pandemic became apparent in early 2020, Australian governments supplemented routine human biosecurity measures for international air travellers with temporary measures that were implemented using emergency powers provided by the Biosecurity Act and state and territory public health legislation.

4.2 During the pandemic, the Department of Health (Health) introduced two emergency determinations under the *Biosecurity Act 2015* (Biosecurity Act) to control the health risks of international air travellers, relating to:

- between March 2020 and November 2021, the closure of certain retail outlets in international airports; and
- from January 2021 onwards, safe air travel measures including the mandatory wearing of face masks on international flights, pre-departure PCR testing, and restrictions on travellers who had been exposed to a confirmed COVID-19 case within 72 hours of the flight's scheduled departure time.

4.3 Additionally, in March 2020 Australian governments introduced mandatory quarantine for international air travellers under state and territory legislation.⁵⁸ These arrangements were supported by changes to passenger processing arrangements by the Department of Home Affairs (Home Affairs), including the Australian Border Force (ABF), and the Department of Agriculture, Water and the Environment (DAWE). Quarantine requirements were subsequently adjusted to permit quarantine-free travel to and from New Zealand.

4.4 To assess whether these emergency human biosecurity measures have been effectively implemented, the ANAO examined whether:

- operational roles and responsibilities at international airports were clearly identified and fit-for-purpose;
- entities maintained appropriate arrangements for sharing information and coordinating operations to support mandatory quarantine; and
- emergency measures were implemented in accordance with policy objectives.

58 As discussed in paragraph 1.30, on 1 October 2021 the Prime Minister announced that the Australian Government expected state and territory governments would begin implementing new arrangements to relax quarantine requirements for fully vaccinated Australian citizens and permanent residents from November 2021.

Were operational roles and responsibilities for emergency human biosecurity measures clearly identified and fit-for-purpose?

Operational roles and responsibilities for emergency measures were largely clearly identified and fit-for-purpose, both for measures under the Biosecurity Act and measures taken by the Australian Government in collaboration with states and territories. The division of roles and responsibilities between Australian Government entities and state and territory authorities at the introduction of mandatory quarantine was not clear.

Closure of retail outlets

4.5 The Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements – Retail Outlets at International Airports) Determination 2020 was made by the Health Minister on 28 March 2020 on the advice of the Director of Human Biosecurity and the Australian Health Protection Principal Committee (AHPPC). The determination did not detail roles or responsibilities for Australian Government agencies, other than the Secretary of the Department of Infrastructure, Transport, Regional Development and Communications (DITRDC), who was responsible for approving exemptions from the determination.

4.6 As the administering entity, Health had responsibility for ensuring compliance with the determination. Health does not have any staff at international airports and did not allocate the role of monitoring whether outlets at international airports remained closed in compliance with the determination to another entity. On 19 August 2021, after the ANAO had inquired about compliance arrangements, Health convened a meeting with DAWE, Home Affairs and DITRDC to discuss a compliance and enforcement framework for the determination. Health advised the ANAO that, while potential revisions to the determination were discussed at this meeting, no amendments were made and the determination was repealed on 12 November 2021. The absence of a formally allocated role for enforcing compliance did not prevent Australian Government entities from identifying and responding to two instances of non-compliance (discussed at paragraph 4.45).

Mandatory quarantine

4.7 On 27 March 2020 the Prime Minister announced that Australian governments had agreed that all travellers arriving in Australia from 11:59pm 28 March 2020 would be required to undertake 14 days mandatory quarantine enforced by state and territory governments. On the same day, Home Affairs commenced discussions with state and territory governments regarding state and territory preparations for mandatory quarantine and potential requests for Commonwealth assistance. Concurrently, Home Affairs convened an interdepartmental meeting to coordinate the actions of Australian Government entities.

4.8 On 28 March 2020 Home Affairs, DAWE, Health and the Australian Federal Police (AFP) produced a document detailing agreed roles and responsibilities for passenger processing by Australian Government entities. An excerpt from this document is reproduced at Appendix 4. The documented process maintained the arrangements that had evolved by March 2020 for passenger screening up to the point that immigration and biosecurity clearance had been

completed. Post-clearance, the process identified that passengers would be escorted onto buses located airside⁵⁹ by the AFP, assisted by ABF officers and the Australian Defence Force.

4.9 State government agencies provided feedback to ANAO that the division of roles and responsibilities between Australian Government and state agencies was initially not clear, and that while networking between airport stakeholders provided a mechanism to settle roles and responsibilities, the manner and degree to which the arrangements were subsequently formalised varied between jurisdictions.

4.10 Airport corporations expressed views to the ANAO that the absence of a nominated lead from either the Australian Government or state and territory governments complicated the implementation of arrangements to process passengers into mandatory quarantine. In separate interviews, airport corporation representatives stated:

It's a piece of infrastructure, you just divide things up and make sure who's accountable for what part of the process. That often fell to us [the airport corporation] as there was no sense of senior agency from Commonwealth or State... It really did suffer from lack of an appointed body to bring people together. I appreciate different approaches are needed for different states but it lacked a coordinated effort. (Airport 1)

All airport processes have had to be aligned with both state and federal requirements and have plans approved by both. The common goal is health and to get passengers through as quickly as possible. (Airport 2)

We [the airport corporation] would get information from state agencies in the first instance and try to form a facilitation plan – our job is to move people through the facility as quickly and efficiently as possible. We would then take that approach to the federal agencies to make sure their needs were being met. Our initial approach was to try and be the mediator. Now with the passing of time and building of trust and understanding of how the place operates, we have an open discussion that everyone brings their issues to. (Airport 3)

4.11 An internal analysis prepared by Home Affairs in June 2020 concluded that there was a 'lack of explicit integration of roles for Health, ABF, DAWE and state/territory health authorities in the operational management of a biosecurity emergency at the border.'

Quarantine-free travel arrangements

4.12 On 9 June 2020 the Australian Government directed that Home Affairs, Health, DAWE and the Department of Foreign Affairs and Trade (DFAT), in consultation with DITRDC, progress arrangements to open a quarantine-free travel zone between Australia and New Zealand when the public health risk was acceptably low. Home Affairs convened a working group of Australian Government entities, which developed a national implementation plan outlining measures that would be implemented at international airports for the processing of high, medium and low risk passengers. The national implementation plan outlined the roles and responsibilities of DAWE, Home Affairs, Health, state and territory health and policing authorities, airlines and airport operators (see Table 4.1).

59 'Airside' refers to areas of the airport accessible only by passengers (either departing or arriving) or crew, airport staff and other authorised officials.

Table 4.1: Examples of responsibilities set out in the national implementation plan

Entity	Examples of responsibilities listed in the plan
Home Affairs	Engage with airlines in major transit hubs to facilitate travellers and educate airlines on entrance requirements for Australia Manage offload rate to ensure physical distancing within terminal Ensure incoming passenger card completion for effective health contact tracing
Health (Australian Government)	Develop and disseminate revised fact sheets for travellers and industry Set policy for health screening of incoming travellers, including consultation with state and territory health authorities
DAWE	Provide mandatory in-flight messages to airlines Issue pratique to airlines Board aircraft to deliver 'on-arrival' messaging and fact sheets to travellers Ensure messaging in airport concourse supports management of COVID-19 Disseminate COVID Declaration Cards (green flights only) to Health
Airlines	Monitor travellers for signs of COVID-19 symptoms
State and territory health authorities	Conduct further health assessment of travellers dependant on risk Arrange integration of symptomatic travellers into health system
State and territory police authorities	Enact state powers in relation to emergency management Conduct additional state border measures/approvals as required
Airport operators	Display signage as requested by government agencies Facilitate requests by government agencies for reconfiguration of terminal

Source: ANAO, based on Home Affairs records

4.13 The first iteration of the plan was finalised in July 2020, four months before the first quarantine-free flight. The plan was periodically updated to maintain currency between July and October 2020, as entities waited for AHPPC advice that the risk of quarantine-free travel was acceptably low before implementing quarantine-free travel.

4.14 From December 2020, Home Affairs developed a joint implementation plan with New Zealand Government border agencies to facilitate two-way quarantine-free travel with New Zealand. On 6 April 2021 the New Zealand Government announced it would receive quarantine-free flights from Australia, commencing 19 April 2021. A joint implementation plan was agreed between Home Affairs, Immigration New Zealand and the New Zealand Customs Service on 19 April 2021. Similar to the national implementation plan, the finalised plan articulated roles and responsibilities among government agencies involved in receiving quarantine-free flights in either Australia or New Zealand, and also committed both governments to using existing immigration, biosecurity, health and customs procedures to confirm the eligibility of departing travellers.

Safe air travel requirements

4.15 On 6 and 7 January 2021 AHPPC considered and endorsed a proposal from Health to implement additional human biosecurity measures for safe air travel. The full suite of measures required implementation under Commonwealth and state and territory legislative frameworks. On 8 January 2021 Australian governments agreed to implement the safe air travel measures proposed by AHPPC. On 15 January 2021 the Director of Human Biosecurity wrote to the Minister for Health

recommending certain measures be implemented under the Biosecurity Act, including mandatory wearing of face masks on international flights, pre-departure polymerase chain reaction (PCR) testing, and restrictions on travellers who had been exposed to a confirmed COVID-19 case within 72 hours of the flight's scheduled departure time.⁶⁰

4.16 The Biosecurity (Human Biosecurity Emergency) (Human Coronavirus with Pandemic Potential) (Emergency Requirements—Incoming International Flights) Determination was made on 21 January 2021. The emergency determination was accompanied by a separate determination that imposed broadly similar requirements to the extent these could be determined under subsection 51(2) of the Biosecurity Act.

4.17 As the administering entity, Health has been responsible for ensuring compliance with the determinations. The emergency determination outlined the following roles:

- airline operators are obliged to take all reasonable steps to confirm passengers have complied with the emergency requirements or are covered by an exemption;
- a Chief Human Biosecurity Officer, Human Biosecurity Officer (HBO), Biosecurity Officer, or ABF officer may request evidence of compliance with pre-departure requirements, and issue exemptions to individuals in exceptional circumstances; and
- the Director of Human Biosecurity may make exemptions that apply to classes of travellers.⁶¹

4.18 Health developed standard operating procedures on 22 January 2021 that outline a process whereby requests for exemption from safe air travel requirements may be submitted either:

- by the traveller via email to a dedicated address within Health; or
- by airlines seeking an urgent exemption on behalf of a passenger who has presented at check-in without complying with the safe air travel measures, via communication with ABF's Border Operations Centre (BOC).⁶²

4.19 In both cases requests are to be referred to an HBO within Health for decision. The HBO then emails BOC advising whether travellers have been granted or refused exemptions, so that BOC may advise airlines accordingly.⁶³

4.20 On 11 February 2021 Home Affairs and the Director of Human Biosecurity agreed on a protocol outlining circumstances in which ABF officers in the BOC could respond to individual requests for exemption without HBO advice, and circumstances in which exemption requests should continue to be referred to an HBO for consideration (see Box 4).

60 See paragraph 1.18 for further explanation of the safe air travel measures.

61 Roles and responsibilities discussed in this section were adjusted from January 2022 in the course of consolidating legislative instruments specifying entry requirements under the Biosecurity Act.

62 The Border Operations Centre (BOC) provides operational advice and assistance to airlines to assist them in meeting their obligations and helping to resolve boarding issues for travellers. The BOC operates 24 hours a day, 7 days a week.

63 For applications received by Health from travellers, the traveller is also notified of the outcome directly.

Box 4: Examples of circumstances for which BOC would make an exemption decision

Circumstances in which an exemption would be granted or denied by BOC:

- A child is four at the time of scheduled departure. The flight is delayed and the child turns five prior to the revised time for departure. An exemption would be granted by BOC.
- A passenger's COVID-19 PCR test results include age or passport number, but not date of birth. An exemption would be granted by BOC.
- A passenger requests an exemption stating they cannot take a PCR test on medical grounds, and presents a medical certificate which does not include a consultation date or details of the medical practitioner. An exemption would be denied by BOC.
- A passenger does not provide evidence of a COVID-19 PCR test result but does provide evidence of a negative serology (antibody) test. An exemption would be denied by BOC.

Circumstances in which BOC would refer the request to an HBO for decision:

- A passenger provides evidence of a positive COVID-19 PCR test accompanied by a medical certificate indicating the passenger tested positive due to an old infection and is cleared for travel.
- A passenger is required to be transferred to Australia under emergency medical evacuation and has not undertaken a COVID-19 PCR test.

Have entities established appropriate coordination and information sharing arrangements to support mandatory quarantine?

Fit-for-purpose local coordination arrangements have developed at each airport over the course of the pandemic. Home Affairs implemented arrangements for sharing information on impending arrivals to inform quarantine planning by states and territories that were appropriate in the circumstances.

Local coordination arrangements

4.21 The imposition of mandatory quarantine under state and territory legislation required Home Affairs and DAWE to tailor passenger processing tasks to the particular administrative, policing and health arrangements applicable for each international airport. The need to maintain separation of traveller cohorts and the high level of control over the movement of travellers between interactions in the airport terminal affected operational decisions, such as how many buses should be used to shuttle travellers to hotels being used for quarantine, the rostering of staff to process travellers, and the planning of arrival times for incoming aircraft.

4.22 There was no nationally standardised model for local airport coordination arrangements. Interviewees advised that local coordination meetings were typically convened by state quarantine authorities or airport corporations, with DAWE and ABF officers invited as attendees. DAWE and ABF officers advised the ANAO that they maintained personal notes of these meetings but were not responsible for preparing formal minutes.

4.23 Airport stakeholders interviewed by the ANAO advised that the following types of meetings were convened to coordinate passenger processing during the pandemic:

- flight by flight or daily operational briefings, used to confirm operational details such as timings, expected numbers, staff assignments, and contact details of key personnel across agencies;
- weekly or fortnightly operational coordination meetings, used to review and adjust the operations of government agencies and the implementation of new state and territory requirements, such as surveillance testing for aircrew;
- meetings convened by airport corporations to coordinate changes to airport facilities or processes with government agencies; and
- pre-existing emergency management, security or industry consultative committee meetings at which COVID-19 specific passenger processing arrangements may be raised.

4.24 BOs, ABF officers, state authorities and airport corporations interviewed by ANAO provided feedback that, following an initial period of confusion with the rapid implementation of mandatory quarantine in March 2020 (discussed in paragraphs 4.7 to 4.11), appropriate local coordination arrangements and inter-agency working relationships were established to support the processing of passengers into mandatory quarantine.

Sharing of pre-arrival passenger information

4.25 The introduction of mandatory hotel quarantine on 28 March 2020 created a need for state and territory authorities to receive information on international air travellers before arrival, for the purpose of allocating appropriate quarantine accommodation. State and territory quarantine authorities advised the ANAO that information requirements for this purpose included:

- whether passengers were travelling as a party or family and could be accommodated together;
- whether any passengers were unaccompanied minors; and
- whether passengers had special accommodation or dietary needs.

4.26 As reported in Auditor-General Report No.12 of 2021–22 *Management of International Travel Restrictions during COVID-19*, in discussions with ANAO officials from state and territory government entities raised issues about information sharing, including that insufficient information has been provided to state and territory entities managing mandatory quarantine about arriving travellers.

4.27 Since 28 March 2020, Home Affairs has had access to five sources of advance passenger information, as outlined in Table 4.2.

Table 4.2: Sources of pre-arrival passenger information

Name	Introduced for COVID-19?	Description	When is it available
Passenger Name Record (PNR) data	No	Ticketing information supplied by the customer to airlines	Initial information available 72 hours before travel and periodically updated until aircraft departs for Australia
Advance Passenger Information (API)	No	Passenger information reported to Home Affairs by airlines via the Advance Passenger Processing system to comply with the <i>Migration Act 1958</i>	On check-in to the flight by each passenger
Passenger report	No	Passenger manifests reported to Home Affairs by aircraft operators who do not use Advanced Passenger Processing to comply with the <i>Customs Act 1901</i>	Between one and three hours before arrival
Passenger manifests for charter flights	Yes	Passenger manifests collated by DFAT and provided to Home Affairs, or provided by charter operators directly to Home Affairs	After bookings are finalised, usually between 48 and 72 hours before departure
Australia Travel Declaration (ATD)	Yes	Voluntary declaration by travellers to Home Affairs	Recommended to be submitted 72 hours before departure

Source: ANAO analysis

4.28 Prior to 28 March 2020, the Intelligence Division of Home Affairs generated automated reporting on expected arrivals into Australia in the following 36 hours, drawn from API data, to support Home Affairs' efforts to enforce country-specific travel bans.⁶⁴

4.29 Following the imposition of mandatory quarantine by Australian governments, on 28 March 2020 the reporting was adjusted to include information sourced from PNR data, such as an indication of which travellers were booked to travel together, and the time period was extended to 48 hours before arrival.⁶⁵ The product was disseminated twice daily to regional commands in ABF and the AFP, who used the information to inform their provision of API data to state and territory

64 On 1 February 2020 the Australian Government agreed to: implement a 14 day ban on foreign nationals entering Australia from China; and require Australian citizens, permanent residents and their immediate families returning from China to self-isolate for 14 days. The Australian Government subsequently decided to extend the China travel restrictions (on 13 February 2020) and implement additional restrictions for Iran (on 29 February 2020), South Korea (on 5 March 2020) and Italy (on 11 March 2020), before replacing country-specific travel bans with restrictions applicable worldwide. Auditor-General Report No.12 of 2021–22 *Management of International Travel Restrictions during COVID-19* contains further information on these restrictions.

65 Article 3(4) of the *Agreement between the European Union and Australia on the processing and transfer of Passenger Name Record (PNR) data by air carriers to the Australian Customs and Border Protection Service* (the PNR treaty) permits the processing of PNR data in exceptional cases where necessary for the protection of the vital interests of an individual, such as risk of death, serious injury or threat to health.

quarantine authorities under pre-existing arrangements to share information on passengers of interest to law enforcement agencies. Home Affairs advised the ANAO that PNR data was not disseminated to state or territory quarantine authorities due to treaty-level restrictions on the disclosure of PNR data.⁶⁶

4.30 By February 2021, Home Affairs became aware of regional variances in information sharing to support mandatory quarantine. A 4 February 2021 internal Home Affairs briefing on passenger information sharing to support hotel quarantine noted:

- Aviation Operations Melbourne and Brisbane are sharing API data which includes passenger name, DOB, passport number and nationality. This information is assessed by the local authorities who are managing hotel quarantine to understand the specific accommodation requirements that may be necessary.
- Aviation Operations Adelaide have shared API data and IPCs with [South Australia Police] at various points throughout the COVID response. The recent practice is to share passenger lists comprising of name and date of birth to support quarantine planning.
- Aviation Operations Darwin do not share passenger information
- WA is currently sharing advice on the number of passengers, their names, DOBs which [includes] the division of Australian citizens compared to temporary visa holders (eg: Maritime Crew).
- NSW don't share information. We have a person placed in the NSW Command Centre who work alongside the local authorities to clarify any discrepancies in passenger numbers, names etc. but the information is not handed over.

4.31 On 18 February 2021 Home Affairs proposed to state and territory quarantine authorities that it would cease sharing API information, noting that the ATD had been introduced to support mandatory quarantine planning. However, this proposal was not supported by state or territory quarantine authorities as the ATD was not fit for that purpose.

4.32 On 9 April 2021 Home Affairs implemented a national process to replace local information sharing of API information. Under the new arrangement, passenger manifests for each expected flight were automatically generated based on API and shared directly to email addresses nominated by state and territory authorities up to five hours before arrival. The ANAO identified one airport in which the national process was supplemented by continued local information sharing to meet the needs of the state quarantine authority.

Passenger manifests for facilitated and non-facilitated charter flights

4.33 In addition to existing sources of pre-arrival information, in 2020 and 2021 Home Affairs received finalised passenger manifests for charter and private flights facilitated by the Australian Government from the Department of Foreign Affairs and Trade (DFAT) up to 72 hours before flight departure.⁶⁷ On 5 May 2020 Home Affairs established an intergovernmental working group

66 Article 18 of the PNR treaty ordinarily restricts the disclosure of PNR data to specified Commonwealth agencies that prevent, detect, investigate or prosecute serious transnational crime or terrorist offences. Article 18 provides that this restriction does not apply where the disclosure is necessary for the purposes of Article 3(4).

67 The ANAO is separately conducting a performance audit on the effectiveness of the DFAT's management of the return of overseas Australians in response to the COVID-19 pandemic, which is due to table in March 2022.

comprising representatives from Home Affairs, DAWE, DITRDC, DFAT and state and territory police and health authorities to make operational decisions regarding incoming facilitated flights into Australia, based on the ability of states and territories to receive them. On 8 May 2020 Home Affairs requested states and territories provide email addresses to receive passenger manifests and a summary tracking spreadsheet from Home Affairs.

4.34 Home Affairs also sought to collect information on a non-statutory basis from charter flights not facilitated by the Australian Government. On 9 July 2020 Home Affairs announced that all non-scheduled flights must submit an application to the ABF via the Air and Sea Approval Portal (the ASA Portal) at least seven days before the proposed flight, including a finalised passenger list provided 72 hours before departure. Home Affairs advised ANAO that between 1 March 2020 and 21 October 2021, 11 applications for non-government facilitated flights were processed through the ASA Portal; seven of these applications contained passenger manifests; and two of the manifests were provided to state and territory authorities. In October 2021 Home Affairs provided a submission to the Minister for Home Affairs which stated that ABF had administered the policy requirement with ‘light-touch oversight’ since July 2020, and that private charters ‘were still arriving without advance notice to authorities’.

4.35 On 25 October 2021 DITRDC amended the Air Navigation (Exemption for Commercial Non-Scheduled Flights) Determination 2019 to require all commercial passenger charter operators to seek approval from the Secretary of DITRDC to operate charter flights (other than medical evacuation flights) within Australia. As part of the consultation process preceding the change, DITRDC published advice that applications for charter flights carrying passengers with a seating capacity less than 80 seats would submit applications via the ASA Portal, which would be forwarded to DITRDC by ABF. Home Affairs advised ANAO that it identified six charter flights that arrived between 25 October 2021 and 14 November 2021 that did not comply with pre-arrival application requirements. In December 2021 DITRDC updated advice on its website for applicants seeking permission to operate international charter flights, to provide guidance to applicants required to apply via the ASA Portal as well as those required to continue applying to DITRDC directly.

Australia Travel Declaration

4.36 On 13 May 2020 Home Affairs noted at a National Coordination Mechanism meeting that, in response to ongoing challenges in providing pre-arrival passenger information to assist with quarantine planning, Home Affairs had met with industry leaders to discuss the feasibility of a voluntary declaration of more detailed and relevant passenger information.⁶⁸ Home Affairs subsequently ‘soft-launched’ the ATD on 4 November 2020, with full implementation occurring on 9 December 2020.⁶⁹

4.37 The ATD was an electronic form through which travellers to Australia could submit information to Home Affairs prior to departure. The form asked questions designed to support quarantine planning and contact tracing by state and territory authorities. After its introduction, the form was amended to ask additional questions to support adjustments made to the New

68 Situated in Home Affairs, the National Coordination Mechanism was activated in March 2020 to coordinate whole-of-government responses (other than direct health management) to the COVID-19 pandemic

69 The ATD was replaced by the Digital Passenger Declaration in February 2022.

Zealand quarantine-free travel zone⁷⁰, the India travel pause⁷¹ and planning for new travel restrictions that are dependent on vaccination status⁷² (see Box 5 for example questions).

Box 5: Examples of questions asked for the ATD in July 2021

- Are you experiencing any symptoms of COVID-19, such as fever, sore throat or a cough?
- Do you wish to quarantine with any other travellers?
- How many people will be in your hotel quarantine room?
- Will you require additional prescription medication to cover your 14 days in quarantine?
- Do you need mobility aids or assistance?
- Are you pregnant?
- Are you caring for a baby?
- Within 14 days after arriving in Australia, or within 14 days after leaving quarantine, do you intend to travel to another state?
- I declare that I have only been in either New Zealand, Australia or both for the full 14 days prior to my flight to Australia

4.38 ATD data was lodged by passengers via a webpage or mobile app to Home Affairs, which collated the data and sent it automatically to Health. Once a day, Health prepared and distributed the data via email in encrypted spreadsheets to state and territory health authorities, for onwards distribution to state and territory authorities responsible for planning mandatory quarantine. Health considers that the receipt and dissemination of ATD data was governed by the *National Health Security Act 2007*, which generally restricts the disclosure of data by Health to state health authorities; as a result, Health relied on state and territory health authorities to manage further distribution to other state or territory government entities.

4.39 State and territory quarantine authorities have made limited use of ATD data for the purposes of quarantine planning because they do not consider that it is timely, accurate or complete. States and territories provided feedback to Home Affairs that ATD data:

- provided useful intelligence on impending arrivals, but unlike a flight manifest is not a source of truth on who is likely to arrive on a given flight and enter quarantine as not all passengers complete an ATD and passengers can submit an ATD but not travel;
- could be difficult to work with as it is distributed as a list of passengers who have submitted the ATD in the preceding day, requiring further work to collate all passengers on a given flight; and
- could be useful for contact tracing on travellers who submit an ATD, but cannot provide assurance regarding passengers who do not submit the form (including diplomats and crew members).

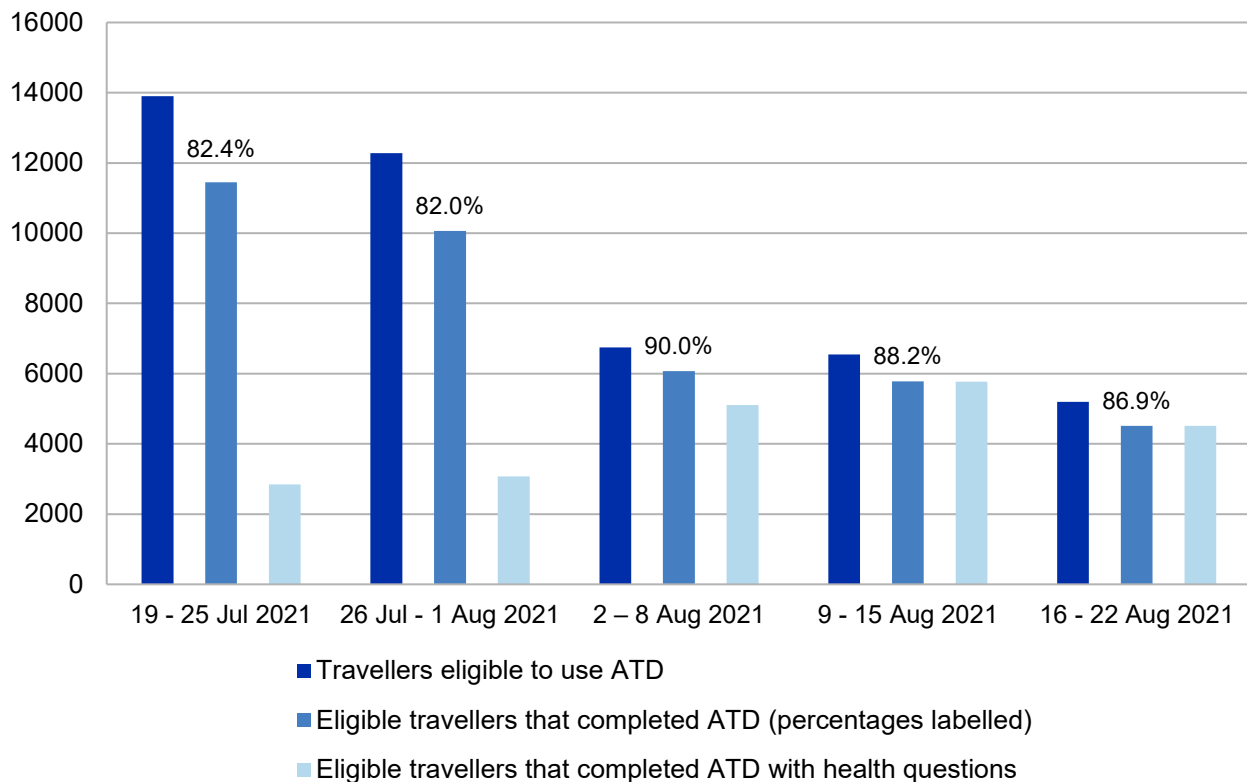
70 See paragraphs 1.20 to 1.22.

71 For an explanation of the India travel pause that was in effect between 3 May 2021 and 15 May 2021 see: Parliament of Australia, *India Travel Pause Biosecurity Determination*, available at https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/FlagPost/2021/May/India_Travel_Pause_Biosecurity_Determination [accessed 18 January 2022].

72 See paragraph 1.30.

4.40 Home Affairs internal dashboard reporting on ATD completion rates (depicted in Figure 4.1) show that in August 2021, roughly 86 per cent of travellers eligible to complete an ATD did so.

Figure 4.1: Home Affairs dashboard reporting on ATD Trends



Source: ANAO reproduction of Home Affairs internal briefing

Were emergency measures implemented in accordance with policy objectives?

Emergency measures were implemented in accordance with policy objectives.

Closure of retail outlets

4.41 Between 29 March 2020 and 30 July 2020, the only retail outlets permitted to trade in the international area of an airport terminal were pharmacies or outlets selling take-away food or non-alcoholic beverages in the departures area. Following an amendment to the determination, from 31 July 2020 pharmacies and any outlet in the departures area were permitted to trade, provided the operator of the retail outlet had put in place and maintained measures to ensure social distancing among customers and minimise the risk of transmission of COVID-19 from international transit passengers.

4.42 Under subsection 6(1) of the determination, in exceptional circumstances the Secretary of DITRDC could grant individual exemptions from the requirement not to trade. Exemption approvals needed to be in writing, and similar to the standing exemptions, were only valid if operators had put in place and maintained social distancing measures and measures to minimise international transit passenger transmission risk.

4.43 Between August 2020 and May 2021, 29 exemption applications were made to the DITRDC Secretary by airport corporations on behalf of retail outlet operators. All applications included supporting information about the measures in place to ensure social distancing and minimise the transmission of COVID-19. The exceptional circumstances cited in the applications fell into two categories:

- retail outlets located in areas inaccessible to travellers required to quarantine and accessible to the non-travelling public ('landside'); and
- retail outlets in arrival areas ('airside') seeking permission to trade only for quarantine-free flights from New Zealand or Australia's external territories.

4.44 DITRDC granted 28 exemptions (97 per cent). One application was refused as the retail outlet did not have an operator at the time, and thus could not fulfil the requirement that the retail operator put in place and maintain certain measures to prevent COVID-19 transmission. In December 2020 Health developed detailed guidance on how to manage COVID-19 risk in duty-free shopfronts, which was forwarded by DITRDC to airport corporations when advising that an exemption application had been approved.

4.45 Although formal responsibility for monitoring compliance with the determination was not assigned, two instances of non-compliance with the determination were detected.

- On 25 November 2020 Home Affairs wrote to Health reporting that a retail outlet in Melbourne airport had been trading in contravention of the determination, and confirmed the following day that CCTV footage on the 18 November 2020 provided evidence of non-compliance. On 2 December 2020 Health wrote to Melbourne Airport to remind the airport corporation of the retail outlet operator's obligations. On 8 December 2020 Melbourne Airport responded to Health, confirming the circumstances of the breach and advising that it was the result of a misunderstanding regarding the newly implemented green zone arrangements.
- On 28 April 2021 DITRDC requested Home Affairs check whether retail outlets were trading at Brisbane Airport as they had not received a request for exemption for outlets at this airport. Home Affairs provided confirmation the same day that outlets in Brisbane Airport were trading in contravention of the determination. On 29 April 2021 Brisbane airport applied for an exemption. On 30 April 2021 Health wrote to Brisbane Airport to remind the airport corporation of the retail outlet operator's obligations. The DITRDC Secretary received briefing on the non-compliance with the determination, when approving an exemption for seven retail outlets at Brisbane Airport.

Quarantine-free travel arrangements

4.46 The national implementation plan for quarantine-free travel was developed to give effect to the following protocols, which were consistent with AHPPC advice and decisions of the Australian Government:

- zones would be implemented in Australian airports to ensure separation of low and high risk travellers, and promote social distancing by cohorts of red or green passengers;
- only people who had been in New Zealand for the past 14 days would be eligible for quarantine-free travel to Australia; and

- eligibility for quarantine-free travel would be adjusted in response to any outbreaks of COVID-19 in New Zealand.

Red and green zones

4.47 In accordance with the whole-of-government implementation plan for quarantine-free travel zones, Home Affairs worked with airports to develop plans detailing how red and green travellers would be separated. On 24 June 2020 Home Affairs sought endorsement of draft plans for Adelaide, Avalon, Brisbane, Cairns, Canberra, Darwin, Gold Coast, Melbourne, Perth and Sydney airports from Chief Health Officers in relevant jurisdictions. The ABF Commissioner also wrote to agency heads responsible for hotel quarantine in NSW, Victoria and Queensland to confirm the plans when each jurisdiction commenced receiving green flights.

4.48 On 12 August 2020, in response to a letter from Professor Jane Halton AO PSM to the ABF Commissioner expressing concerns about PPE usage at airports, Home Affairs issued an operational directive to standardise PPE usage at international airports. Home Affairs subsequently commenced a clinical assurance program to provide assurance over the infection control and prevention measures contained both in the operational directive, and in airport plans for implementing the quarantine-free travel zone with New Zealand. Most reviews were conducted virtually in consultation with the relevant state or territory health authority.⁷³

Table 4.3: Clinical assurance walkthroughs

Airport	Date of assurance	Assurance type	Local health authority (LHA)
Sydney International Airport	<ul style="list-style-type: none"> • 23 September 2020 • 1 October 2020 • 30 July 2021 	<ul style="list-style-type: none"> • On site • On site • On site 	New South Wales Health
Melbourne International Airport (Tullamarine)	<ul style="list-style-type: none"> • 4 December 2020 • 16 March 2021 • 29 September 2021 	<ul style="list-style-type: none"> • Virtual walkthrough • On site • On site and virtual 	Victorian Department of Health and Human Services
Perth Airport	<ul style="list-style-type: none"> • 21 December 2020 	<ul style="list-style-type: none"> • Virtual walkthrough 	Western Australia Department of Health
Adelaide Airport	<ul style="list-style-type: none"> • 22 December 2020 	<ul style="list-style-type: none"> • Virtual walkthrough 	South Australia Health
Brisbane Airport	<ul style="list-style-type: none"> • 22 December 2020 	<ul style="list-style-type: none"> • Virtual walkthrough 	Queensland Department of Health
Darwin Airport	<ul style="list-style-type: none"> • 13 January 2021 	<ul style="list-style-type: none"> • Virtual walkthrough 	Northern Territory Department of Health
Cairns Airport	<ul style="list-style-type: none"> • 25 January 2021 	<ul style="list-style-type: none"> • Virtual walkthrough 	Queensland Department of Health
Canberra Airport	<ul style="list-style-type: none"> • 10 February 2021 	<ul style="list-style-type: none"> • Virtual walkthrough 	ACT Health
Gold Coast Airport	<ul style="list-style-type: none"> • 8 April 2021 	<ul style="list-style-type: none"> • On site 	Queensland Department of Health

⁷³ The virtual inspection involved the state or territory health official using a mobile device to videoconference with ABF, walking through the airport terminal while discussing PPE arrangements.

Airport	Date of assurance	Assurance type	Local health authority (LHA)
Avalon Airport	<ul style="list-style-type: none"> 5 November 2021 	<ul style="list-style-type: none"> On site 	Victorian Department of Health and Human Services

Source: ANAO reproduction of Home Affairs internal briefing

4.49 In March 2021 Home Affairs worked with airport corporations to update airport plans in preparation for the introduction of two-way quarantine-free travel. Revised plans were finalised for nine of the ten airports that had green flights to and from New Zealand since 19 April 2021.⁷⁴

4.50 The ANAO reviewed plans for five airports and interviewed airport stakeholders to determine the arrangements in place for maintaining separation between red and green cohorts. Advice from stakeholders in these interviews was largely consistent with the measures described in the airport plans.

- Green arrivals were separated from red arrivals either through the use of dedicated, physically separated gates and terminal space, or by preventing red and green flights from processing passengers concurrently.
- Similar arrangements were in place to ensure red departures (such as red aircrew turning around without having quarantined for 14 days in Australia, and passengers transiting from red flights) were kept separate from green departures.
- Separate red and green workbenches and processing points were maintained by most airports. One airport used the same workbenches and processing points, but these were sanitised after each flight.
- Social distancing was encouraged by airport corporations through signage and by selectively closing workstations and processing points to maintain 1.5 metre separation. ABF officers also promoted social distancing while marshalling passengers through the terminal.

Eligibility for quarantine-free travel

4.51 Home Affairs relied upon airlines in New Zealand to confirm the eligibility of passengers to travel on a green flight, by requesting at check-in that passengers either:

- provide evidence they had submitted an ATD confirming their eligibility (from November 2020 onwards); or
- complete a COVID Declaration Card, in advance of their arrival in Australia.⁷⁵

4.52 ANAO identified records of five cases of eligibility criteria for green travel from New Zealand to Australia being enforced by Home Affairs. In three cases, travellers were prevented from travelling to Australia. In two cases, travellers were identified on arrival in Australia and referred to state authorities for further action.

4.53 As part of the joint implementation plan for two-way quarantine-free travel (discussed in paragraph 4.14), Home Affairs agreed to undertake targeting of outbound passengers whose travel

⁷⁴ A plan was not finalised for Sunshine Coast Airport. Home Affairs advised the ANAO that Sunshine Coast Airport elected to receive only green flights, and did not receive any red flights during this period.

⁷⁵ The COVID Declaration Card did not ask the traveller to declare whether they have been in a hotspot within New Zealand within the past 14 days.

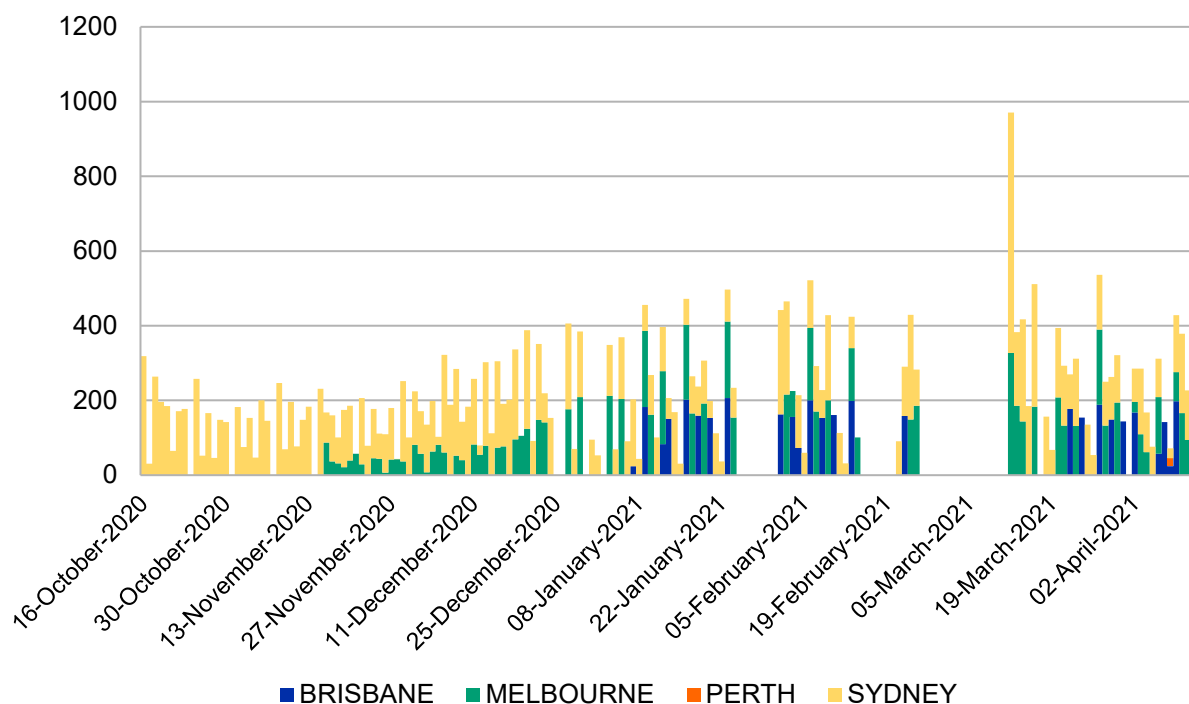
movement data indicated ineligibility for travel to New Zealand on a green flight. ANAO identified one record of an ineligible traveller who was identified by Home Affairs after arrival in New Zealand.

Adjustments in response to hotspots

4.54 Home Affairs has used the Advance Passenger Processing (APP) system to enforce the inwards travel ban policy during the pandemic.⁷⁶ Home Affairs implemented changes to its APP system to create a 'greenlist' for quarantine-free travel zone flights from New Zealand, as passengers eligible to travel on quarantine-free flights were not required to apply for an exemption under the policy to enter Australia.

4.55 Home Affairs movements records show that no greenlisted flights were recorded during periods in January, February and March when the quarantine-free travel zone was suspended or partially suspended in response to COVID-19 outbreaks in New Zealand.

Figure 4.2: Arrivals carried on greenlisted flights



Source: ANAO analysis of Home Affairs data

Safe air travel measures

Passenger and airline compliance

4.56 Following the introduction of safe air travel measures in January 2021, Home Affairs conducted a week-long program of activities to understand the rate of compliance with the measures, and to ascertain whether additional at-border interventions would be necessary to promote compliance by airlines and travellers. The program involved direct observation of a sample

⁷⁶ See Auditor-General Report No.12 2020-21 *Management of International Travel Restrictions during COVID-19*, paragraphs 2.52 to 2.56.

of passengers at check-in offshore through the Airline Liaison Officers program⁷⁷, checks of a sample of passengers upon arrival to Australia, and a review of exemptions granted or refused by Home Affairs or Health under agreed processes. At the conclusion of the assurance activity, ABF officers reported to the Deputy Commissioner National Operations that:

- Airline Liaison Officers (ALOs) observed 16 per cent of passengers during check-in processes at eight airports overseas, with 100 per cent of passenger interactions observed involving reasonable efforts by the airline to ensure compliance with safe air travel measures;
- ABF staff at five Australian airports questioned 32 per cent of travellers arriving on 113 flights between 10 and 17 February 2021, with no non-compliance with PCR testing requirements observed;
- of the 1028 travellers questioned, 25 (2.4 per cent) were exempt from PCR testing requirements under standing exemption categories determined by the Minister or Director of Human Biosecurity; and
- between 11 and 17 February 2021 BOC received 15 calls from airlines, of which 12 required a referral to Health for a decision (a breakdown of exemption responses provided in the report is reproduced in Table A.3).

4.57 The ANAO reviewed two sources of internal Home Affairs reporting between 10 and 17 February 2021 to assess the accuracy of Home Affairs' assurance over the safe air travel measures. The first source of information was the ABF Daily Australian Border Situational Update, which reproduced daily figures from ports participating in the compliance assurance activity. The second source of information was an internal tracking spreadsheet maintained by the BOC on requests for exemption from the safe air travel measures. Analysis from these sources is presented alongside figures from the assurance review report in Appendix 5. The ANAO identified minor discrepancies with the compliance results reported to the Deputy Commissioner National Operations and information contained in other internal Home Affairs reporting. Discrepancies included:

- ALOs reported 'a high level of compliance' by airlines rather than quantifying the compliance rate;
- three passengers were identified as potentially non-compliant with PCR testing requirements; and
- BOC processed 22 calls from airlines rather than 15.

4.58 Despite the discrepancies in reporting, the results of the exercise indicated a high level of compliance with the safe air travel measures by airlines and travellers.

Administration of exemptions to safe air travel measures

4.59 On 21 January 2021 the Director of Human Biosecurity extended the testing period for a pre-departure PCR test from 72 to 96 hours for seven Pacific Island countries, and exempted eight

⁷⁷ ABF maintains a network of 30 Airline Liaison Officers (ALOs) in 17 offshore international airports. ALOs work closely with host government officials and airport stakeholders to facilitate travel for genuine travellers and identify those who may pose a threat to Australia.

countries from the testing requirement.⁷⁸ On 9 February 2021 the testing period was extended to 96 hours for another five countries, and one country was exempted from testing.⁷⁹ On 15 February 2021 a class exemption from PCR testing was granted to travellers from New Zealand who were scheduled to travel to Australia quarantine-free before the suspension of quarantine-free travel in response to COVID-19 cases in New Zealand.

4.60 Health maintained a tracking spreadsheet for exemption requests from individual travellers, which recorded 291 exemption requests from individual travellers to 31 October 2021, of which 238 (82 per cent) were granted. Of the 189 exemptions granted between 23 January 2021 and 29 July 2021, 188 (99.5 per cent) related to the requirement for a PCR test, and one was for both the PCR testing and face mask requirements. All exemption approvals were made in writing, either in a standardised form or via email in urgent cases.

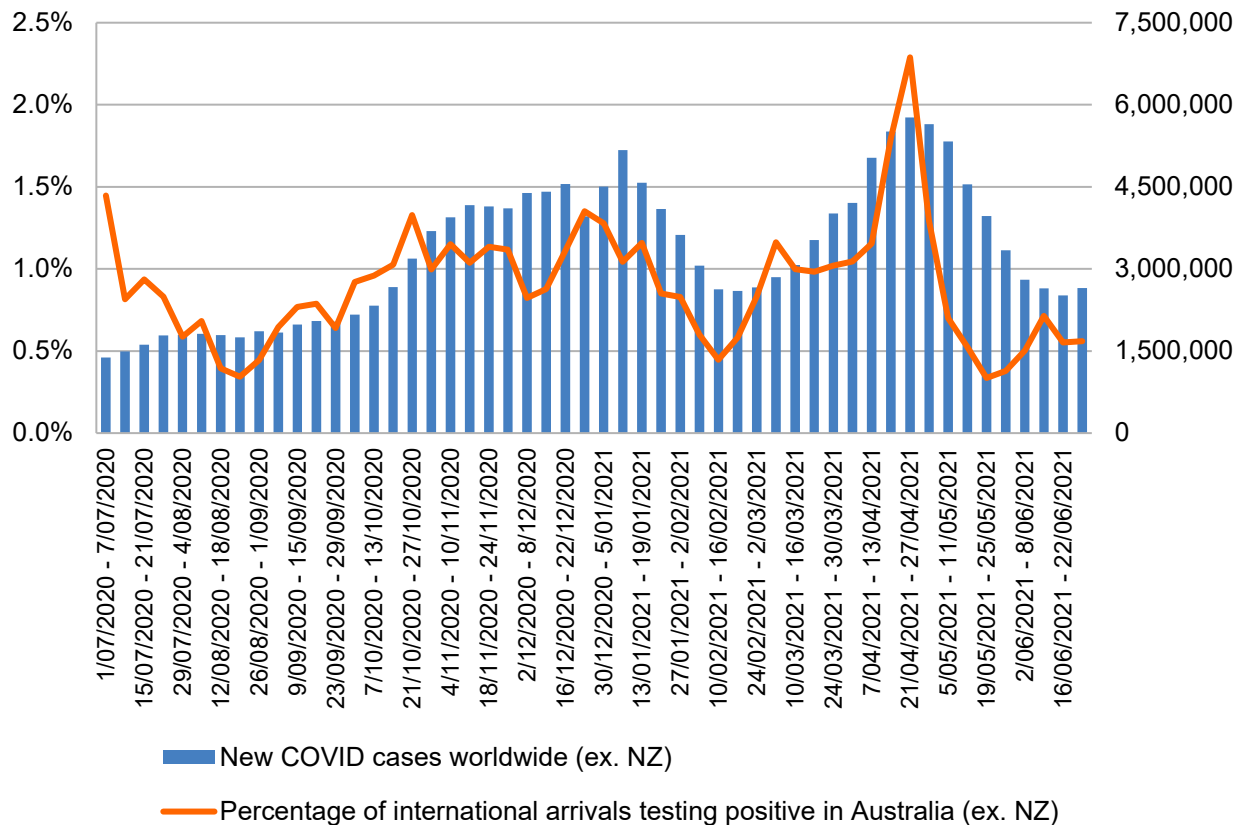
Effect of safe air travel measures

4.61 As shown in Figure 4.3, epidemiological data before and after the introduction of the safe air travel requirements does not display a discernible trend that can be used to conclude whether the safe air travel requirements were effective or ineffective in reducing the number of COVID-19 positive passengers travelling to Australia by air.

78 The countries with extended testing periods were Cook Islands, Federated States of Micronesia, French Polynesia, Marshall Islands, Nauru, Palau and Timor-Leste. The countries exempted from the requirement were Kiribati, Niue, Samoa, Solomon Islands, Tokelau, Tonga, Tuvalu and Vanuatu.

79 The countries with extended testing periods were Belize, Fiji, New Caledonia, Papua New Guinea, Wallis and Futuna. The country exempted from the requirement was Myanmar.

Figure 4.3: Percentage of passengers arriving by air (excluding New Zealand) with overseas acquired COVID-19, compared to worldwide COVID-19 cases (excluding New Zealand)



Source: National Notifiable Disease Surveillance System; Home Affairs flight data; Our World in Data

Grant Hehir

Grant Hehir
Auditor-General

Canberra ACT
24 March 2022

Appendices

Appendix 1 Entity responses



Australian Government
Department of Agriculture,
Water and the Environment

ANDREW METCALFE AO
SECRETARY

23 February 2022

Mr Grant Hehir
Auditor-General
Australian National Audit Office
GPO Box 707
Canberra ACT 2601

Dear Mr Hehir

Grant

Thank you for providing the Australia National Audit Office (ANAO) proposed audit report, '*Human Biosecurity for International Air Travellers during COVID-19*', and for the opportunity to respond to the report.

Pursuant to section 19 of the *Auditor-General Act 1997*, the Department of Agriculture, Water and the Environment (the department) has prepared a response to the report.

The report recognises that the department has improved the effectiveness of traveller screening through the introduction of the electronic Traveller with Illness Checklist (eTIC). It also provides valuable feedback on existing governance arrangements and identifies where the department can improve its regulatory record-keeping to demonstrate that biosecurity officers have correctly administered routine human biosecurity measures.

The department welcomes the findings of the audit report and accepts the three recommendations directed to the department.

The department is committed to continuing to improve its work practices and performance to deliver strong human health outcomes at the Australian border. As noted in the report, human biosecurity is a shared responsibility between the Australian, state and territory governments. The department has commenced a review of the 2017 memorandum of understanding (MoU) with the Department of Health (Health), which will include the incorporation of an emergency schedule for contingency arrangements for human biosecurity emergencies.

The department is also continuing its work on business improvement initiatives to better manage the human biosecurity risk posed by arriving international aircraft. This work is progressed through the department's strategic roadmap, *Commonwealth Biosecurity 2030*, the latest step in responding to a rapidly changing environment to ensure we have the controls, partnerships, tools, processes and networks to manage current and future threats, including human biosecurity risk.

The COVID-19 pandemic has delivered valuable lessons around the need to continuously assess the effectiveness of our systems in keeping people safe from global pandemics or incursions of serious zoonotic diseases. Improvements are already underway but this will remain an important focus for our ongoing efforts to improve management systems, pest and disease research and preparedness planning, and our intent to fully test the readiness of the national biosecurity system to respond to a significant outbreak.

T +61 2 6272 3933
F +61 2 6272 5161

18 Marcus Clarke Street
Canberra City ACT 2601

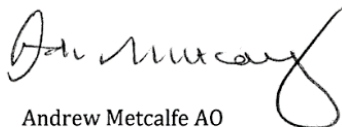
GPO Box 858
Canberra ACT 2601

awe.gov.au
ABN 34 190 894 983

I am confident that the department is well placed to implement the relevant recommendations identified by the ANAO.

Please find enclosed with this letter the department's summarised response to the report and a response to the recommendations, along with editorial comments for ANAO's attention.

Best wishes

A handwritten signature in black ink, appearing to read 'Andrew Metcalfe', with a stylized flourish at the end.

Andrew Metcalfe AO



Australian Government

Department of Health

Secretary

Mr Grant Hehir
Auditor-General for Australia
Australian National Audit Office
GPO Box 707
CANBERRA ACT 2601

Dear Mr ^{Grant} Hehir

Department of Health response to the Proposed Audit Report – Human Biosecurity for International Air Travellers during COVID-19.

Thank you for providing the Australian National Audit Office's (ANAO) proposed report pursuant to Section 19 of the *Auditor-General Act 1997* on the audit of the Human Biosecurity for International Air Travellers during COVID-19. I appreciate the opportunity to respond to the report.

The Department of Health (Department) welcomes the findings in the report and accepts the four recommendations directed to the department. The success of Australia's COVID-19 response at international borders has, in large part, been due to the existing collaborative working arrangements between the Department and other Australian Government and state and territory health departments.

The wording provided for the Summary Response can be found at [Attachment A](#) and itemised responses for each recommendation directed to the department at [Attachment B](#). Factual corrections to the proposed audit report are provided at [Attachment C](#).

I would like to thank the ANAO for its professionalism throughout the audit.

If you have any questions regarding the department's response please contact Narelle Smith, Assistant Secretary, Corporate Assurance Branch on (02) 6289 5342.

Yours sincerely

Brendan Murphy
22 February 2021

Phone: (02) 6289 8400 Email: Brendan.Murphy@health.gov.au

Scarborough House, Level 14, Atlantic Street, Woden ACT 2606 - GPO Box 9848 Canberra ACT 2601 - www.health.gov.au



Australian Government
Department of Home Affairs

Grant Hehir
 Auditor-General
 Australian National Audit Office
 GPO Box 707
 Canberra ACT 2601

Dear Mr Hehir

Thank you for the opportunity to provide comments on the Australian National Audit Office's (ANAO) report on *Human Biosecurity for International Air Travellers during COVID-19*.

The Department of Home Affairs (the Department) welcomes this ANAO performance audit and acknowledges the valuable role the ANAO plays in providing independent insights into potential areas of further improvement.

Since the beginning of the pandemic in 2020, the Department has played a key role in advising Government on border impacts and risks associated with proposed crisis management responses and giving practical effect to Government's policy decisions in relation to Australia's travel restrictions.

The Department and its operational arm, the Australian Border Force (the ABF), have worked closely with partner Commonwealth agencies and state and territory health agencies to support biosecurity efforts and the safe and secure transfer of passenger information, to enable an effective quarantine response. This was first undertaken manually, before moving to the interim electronic solution, the Australia Travel Declaration, and now the enduring Digital Passenger Declaration (DPD). In December 2021, the electronic provision of certain information to the Department was made mandatory under the Biosecurity (Entry Requirements – Human Coronavirus with Pandemic Potential) Determination 2022, when an individual is entering Australian territory. The DPD was launched on 15 February 2022, ahead of reopening Australia's international borders to all fully vaccinated visa holders on 21 February 2022. From this day forward, fully vaccinated visa holders (who have also met other conditions of entry) were no longer subject to Australia's travel exemption regime.

All international travellers arriving in Australia by air provide their critical health information online through the DPD before boarding their flight. Manual declarations can be completed in extraordinary circumstances. The DPD collects and shares health, testing and vaccination status information from travellers. Certain personal information, including sensitive information, will be disclosed to the Department of Health, which then shares quarantine and health related information with relevant state and territory government authorities. Where permitted by law, the relevant health information collected by the DPD may also be disclosed by the Department to public health authorities to support the management of the ongoing challenges posed by COVID-19.

Since its recent launch, the DPD has been used by over 100,000 travellers.

The Department agrees with the audit's recommendation that it continue to facilitate the provision of passenger information to state and territories, noting that specific information needs may change over time.

Yours sincerely

Ben Wright
 Chief Audit Executive

4 National Circuit Barton ACT 2600
 PO Box 25 Belconnen ACT 2616 • Telephone: 02 6264 1111 • www.homeaffairs.gov.au



Australian Government

**Department of Infrastructure, Transport,
Regional Development and Communications**

**Secretary
Simon Atkinson**

EC22-000119

Mr Grant Hehir
Auditor-General
Australian National Audit Office
PO Box 707
CANBERRA ACT 2601

Dear Mr Hehir

**Proposed Report under s.19 of the *Auditor-General Act 1997*
Human Biosecurity for International Air Travellers during COVID-19**

Thank you for providing the Department of Infrastructure, Transport, Regional Development and Communications (the Department) with the opportunity to comment on the Australian National Audit Office (ANAO) proposed report on *Human Biosecurity for International Air Travellers during COVID-19*.

The Department welcomes the report, and notes the finding in relation to formalising arrangements for biosecurity in the external territories. The Department agrees with the recommendation, and will work collaboratively with the Department of Health on its implementation.

Please contact Mr Lachlan Wood, Assistant Secretary, Assurance, Integrity and Risk on 02 6274 7089 if you would like to discuss this response.

Yours sincerely

Simon Atkinson
/s/ February 2022

Appendix 2 Improvements observed by the ANAO

1. The fact that independent external audit exists, and the accompanying potential for scrutiny, improves performance. Program-level improvements usually occur: in anticipation of ANAO audit activity; during an audit engagement as interim findings are made; and/or after the audit has been completed and formal findings are communicated.

2. The Joint Committee of Public Accounts and Audit (JCPAA) has encouraged the ANAO to consider ways in which the ANAO could capture and describe some of these impacts. The ANAO's 2021–22 Corporate Plan states that the ANAO's annual performance statements will provide a narrative that will consider, amongst other matters, analysis of key improvements made by entities during a performance audit process based on information included in tabled performance audit reports.

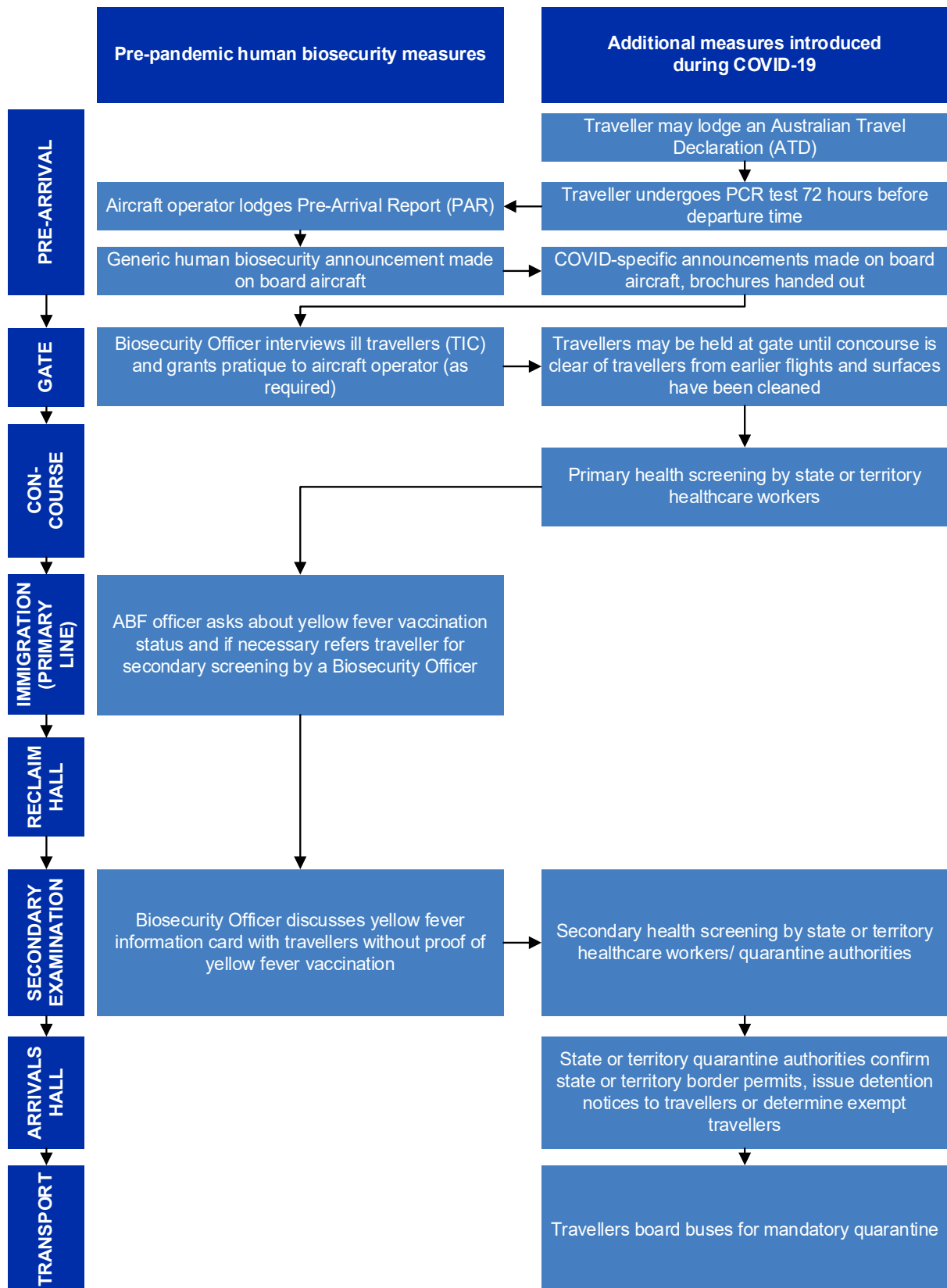
3. Performance audits involve close engagement between the ANAO and the audited entity as well as other stakeholders involved in the program or activity being audited. Throughout the audit engagement, the ANAO outlines to the entity the preliminary audit findings, conclusions and potential audit recommendations. This ensures that final recommendations are appropriately targeted and encourages entities to take early remedial action on any identified matters during the course of an audit. Remedial actions entities may take during the audit include:

- strengthening governance arrangements;
- initiating reviews or investigations; and
- introducing or revising policies or guidelines.

4. In this context, the below improvements were observed by the ANAO during the course of the audit. It is not clear whether these actions and/or the timing of these actions were already planned before this audit commenced. The ANAO has not sought to obtain reasonable assurance over the source of these improvements or whether they have been appropriately implemented.

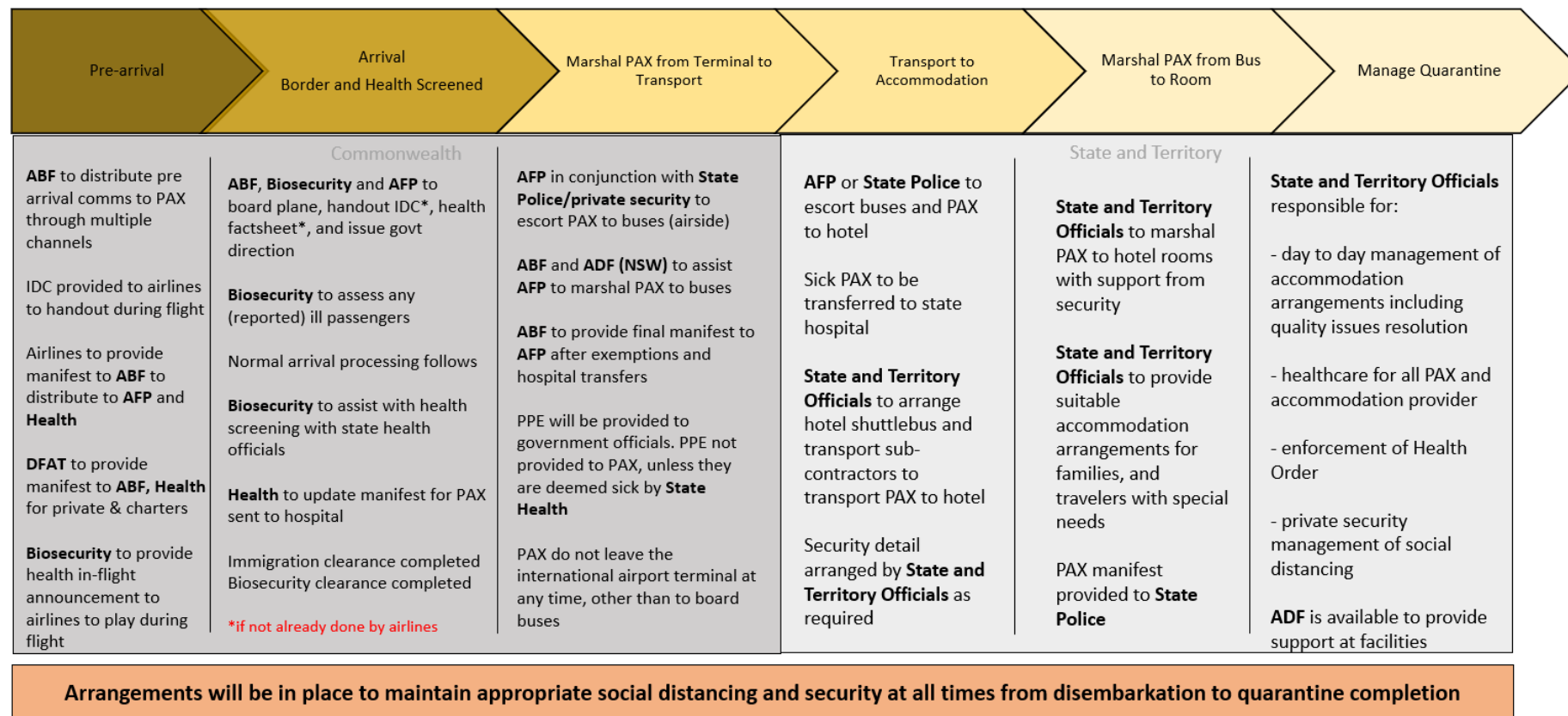
- In June and July 2021 the Department of Agriculture, Water and the Environment (DAWE) and the Department of Home Affairs (including Australian Border Force) reached agreement to refresh the memorandum of understanding (MOU) between the two departments (see paragraph 2.21).
- In June 2021 the Department of Health (Health) and DAWE commenced a review of the MOU between the two departments (see paragraph 2.12).
- In August 2021 Health convened a meeting to discuss a compliance and enforcement framework for the closure of airport retail outlets under the human biosecurity emergency determination (see paragraph 4.6).
- In October 2021 the Department of Infrastructure, Transport, Regional Development and Communications adjusted regulatory settings under the *Air Navigation Act 1920* to require operators of certain international flights to lodge application forms via the Air and Sea Approval Platform (see paragraphs 4.34 to 4.35).

Appendix 3 Typical traveller pathway during COVID-19



Source: ANAO.

Appendix 4 Agreed roles and responsibilities for passenger processing by Australian Government entities, 28 March 2020



Source: Home Affairs records.

Appendix 5 Analysis of safe air travel assurance reporting

1. The ANAO reviewed two sources of internal Home Affairs reporting between 10 and 17 February 2021 to assess the accuracy of Home Affairs' assurance over the safe air travel measures. The first source of information was the ABF Daily Australian Border Situational Update, which reproduced daily figures from ports participating in the compliance assurance activity. The second source of information was an internal tracking spreadsheet maintained by the Border Operations Centre (BOC) on requests for exemption from the safe air travel measures.

Table A.1: Home Affairs internal briefing on compliance questioning at Australian airports

State	WA	NSW	SA	NT	QLD	VIC/TAS	Total
Flight arrivals	11	60	5	0	22	15	113
Total passengers on board	392	1401	391	0	681	343	3208
Passengers questioned	93	410	114	0	336	75	1028
Percentage of passengers questioned	16% ^a	29%	29%	0%	49%	21%	32%
Passengers identified as exempt	4	7	0	0	13	1	25 ^a
Passengers compliant	97	403	114	0	323	74	1007 ^a
Passengers referred due to suspected non-compliance	0	0	0	0	0	0	0

Note a: These figures appear to have been incorrectly calculated by Home Affairs.

Source: Home Affairs internal briefing.

Table A.2: ANAO analysis of Daily Australian Border Situational Update between 10 February 2021 and 18 February 2021

Region	WA	NSW	SA	NT	QLD	VIC/TAS	Total
Number of flights	14	57	5	0	19	9	104
Total passengers arriving	513	1308	391	0	570	187	2969
Passengers reviewed	120 ^a	379	114	0	295	40	948 ^a
Passengers identified as exempt	4	3	0	0	13	0	20
Passengers with evidence of testing	116 ^a	374 ^a	114	0	282	39	925 ^a
Passengers referred due to suspected non-compliance	0	2	0	0	0	1	3

Note a: These figures have been adjusted based on the ANAO's analysis of the data.

Source: ANAO analysis of Home Affairs records.

Table A.3: Home Affairs internal briefing on results of calls to BOC for travellers who did not meet pre-boarding requirements, 11–17 February 2021

Type of call enquire	11 Feb	12 Feb	13 Feb	14 Feb	15 Feb	16 Feb	17 Feb
BOC only decisions – uplifted	0	0	0	1	0	2	1

Type of call enquire	11 Feb	12 Feb	13 Feb	14 Feb	15 Feb	16 Feb	17 Feb
BOC only decisions – denied	0	0	0	1	0	1	0
Health approved travel	0	1	1	4	3	1	1
Health denied travel	0	0	1	1	0	0	1

Source: Home Affairs internal briefing.

Table A.4: BOC internal tracking of calls about the determination, 11–17 February 2021

Type of call enquire	11 Feb	12 Feb	13 Feb	14 Feb	15 Feb	16 Feb	17 Feb
BOC only decisions – uplifted	0	0	0	1	0	2	2
BOC only decisions – denied	0	0	0	1	0	1	0
Health approved travel	1	0	6 ^a	1	2	1	0
Health denied travel	0	1	1	1	0	1	0

Note a: One call related to two passengers.

Source: ANAO analysis of Home Affairs records