

TRANSCRIPT OF PODCAST

WORK WITH PURPOSE – GLOBAL PERSPECTIVES

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Hosted by DR GORDON DE BROUWER, IPAA National President

7 September 2020

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Delivered in a partnership between IPAA ACT and contentgroup

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DAVID PEMBROKE:

Ladies and gentlemen, welcome to Work with Purpose, a podcast about the Australian Public Service. My name's David Pembroke, thanks for joining me. I begin today's podcast by acknowledging the traditional custodians of the land on which we meet today, the Ngannawal people and pay my respects to their elder's past, present, and future, and acknowledge the ongoing contribution they make to the life of our city and this region.

Today, we bring you the next in our series of Work with Purpose podcasts. As regular listeners to the programme, you'll know that we now have a few programme streams of Work with Purpose. There's the regular series where the future leaders of IPAA and I interview the leadership of the Australian Public Service about not just the impacts of COVID-19, but the future challenges and opportunities for the Australian Public Service. Our second programme of podcast is 'Work with Purpose - A National Perspective', which features IPAA's national president, Dr. Gordon De Brouwer, in conversation with the leaders of the various state and territory public services and that has been a great success.

Today we introduce our third line of programming with Work with Purpose, which is Work with Purpose – Global Perspectives. Australian public servants do an incredible amount of work around the world to deliver not just for Australians, but for the people of many other countries. It is an important and critical part of Australia's role in the world in areas as diverse as health, trade, agriculture, defence, national security, and diplomacy. This week, Work with Purpose – Global Perspectives, so please sit back and enjoy our very first episode with Dr Gordon de Brouwer in conversation with Bernadette Welch.

GORDON DE BROUWER:

Hello everyone. Welcome to Work with Purpose, a podcast about the Australian Public Service, or I should say public services across Australia until today. My name's Gordon de Brouwer, and I'm the IPAA National President.

I've been enjoying hosting this 'Work with Purpose - A National Perspective', featuring public service leaders from across the country. Today, however, I'm delighted and we're really fortunate to have a perspective from one of Australia's South Pacific neighbours and we're joined by Bernadette Welch, who until recently, was the Fijian government's permanent secretary for health and medical services. Bernadette led the Civil Service response to the pandemic in Fiji, putting in train quarantine, health, contact tracing and training.

Bernadette may be known to quite a few of you as an Australian public servant with almost three decades experience across Australia and Fiji in a range of different government departments. She became permanent Secretary for the Civil Service in Fiji in 2016, and then later took up the position in the Health portfolio. She has a public service medal for outstanding public service for her work on the HIH Claim Support Scheme Insurance crisis, as well as heading the operation for Australia's first G20 Finance Presidency in 2006. She has now come back to Australia now after finishing up in Fiji.

Bernadette, welcome to Work with Purpose. To start us off perhaps you could discuss a little bit about the context of the Fijian health system.

BERNADETTE WELCH: Thank you very much, Gordon and I'm really delighted to be here today to share some of my experiences.

For context, it is important to understand that Fiji is made up of over 300 islands and around 130 of them are populated. So, when it comes to providing health and medical services, there are very unique challenges. The other important context is that Fiji has a health system that is managed by one ministry, all of the health services, public health and clinical services, the health regulation and health policy, all sit within the one ministry so that makes it, I think, a lot easier when you're dealing with a crisis because you can have a single coordinated response.

GORDON DE BROUWER: We might come back to that theme a few times in this conversation. Perhaps you could begin by describing how you saw the pandemic emerging. How did you recognise its significance? What were the signs for you?

BERNADETTE WELCH: I was very lucky in that I had a Head of Health Protection in the Ministry of Health, who also was responsible for our Centre for Disease Control, and she was absolutely on top of public health issues emerging globally at all times. She saw this starting to come out of Wuhan and briefed myself and the minister very early in the piece, in the first week of January. We then decided that we wanted to have daily briefing on this. She was monitoring the news coming out of China and coming out of WHO, and we recognised within a couple of weeks that this was something that we were going to need to act upon and by the third week of January, we started putting our response in place.

GORDON DE BROUWER: Can you talk a bit about what that response was?

BERNADETTE WELCH: I say luckily, some might not think so, but luckily for us, we had just been through a measles outbreak in the Pacific and we already had a task force set up to deal with the measles outbreak. It had been headed by the Head of Health Protection and we had membership from the WHO, the Pacific community, Fiji National University, the private sector, and a great deal of the leadership within the Ministry of Health and our communicable disease experts. They were all a part of the task force. It met regularly and monitored the situation with the measles outbreak across the Pacific. It monitored what was happening within Fiji and its task was to give both policy advice and to monitor our response and its effectiveness. So, I repurposed that task force, and I turned it into the COVID-19 task force. It had the same membership and I put the chief medical advisor in as the Chair, and I kept the Head of Health Protection to run the secretariat.

The Chief Medical Advisor role was a new role that I had put in place only about two months before. We also, in Fiji, have a well-established national disaster management framework and we are very much used to having to respond to crises, so, we drew on both what we knew about how to respond to natural disasters, which we had had to do in health. We were used to setting up divisional emergency operations centres and headquarters emergency operations centres. So, I drew on the expertise we had within health to do that and then also repurposed that task force.

By the third week of January, we had that operating. Also, in the same week, I set up a consultative committee across government, which I chaired and it meant that I had direct access to permanent secretaries and heads of some of the other relevant agencies so that we could start having a coordinated response. One of the first things that we did through that forum was to implement a 'Health Arrivals card'. I had immigration involved in that forum, and they took the 'Health Arrivals Card' that we had designed with the help of WHO, and that was implemented by the 1st of February. I believe we were probably one of the first countries in the world to introduce a COVID specific arrivals card for people coming into the country. It also had a tear off card to tell people what the symptoms were that they should look out for and what numbers they should call. We were acting on border control and management very early in the piece as well.

GORDON DE BROUWER: Just in terms of the impact in Fiji, how many people were affected by it, just on the sort of numbers and then we would come back to some of the processes perhaps.

BERNADETTE WELCH: Okay. By the time I left Fiji, which was about six weeks ago, we had 18 cases of COVID. Six of those cases had come in through the border, four of those cases had not spread the disease to anybody else, and two of them had spread the disease to a number of people, mostly family members that they lived with. At that point in time, no one had been in the ICU and no one had died.

GORDON DE BROUWER: You mentioned at the start Fiji's geographically dispersed, with lots of small communities. How did that play out with the range of communities and different islands? How did you just stop that spread?

BERNADETTE WELCH: Well, we took a risk management approach to how we looked at what we needed to do to keep Fiji safe. One of the things that we decided to do early was to set up isolation facilities in one hospital in each division and...

GORDON DE BROUWER: Are divisions like a local area?

BERNADETTE WELCH: Yes, they are. We also set up isolation facilities in the communities as well, because when we looked at the risks that we were going to have to deal with, when you've got control of COVID, you can manage risk by border controls, contact tracing, and testing and all this sort of thing. Once you get widespread community outbreaks one of the things that you must focus on is mitigating the risk of the most at-risk people getting the disease and dying from it. So, therefore we came up with this idea of community isolation facilities. Fiji has a big problem with type two diabetes and we had a number of people who, had they caught COVID, would have been at risk of severe consequences. We thought about, "Well, what do we do if we get widespread community transmission?" We didn't want to break our health system. We didn't want to put everybody who had the disease in a hospital if they weren't really sick, but we didn't want people who weren't really sick to spread the disease to older people or people with diabetes.

So, we thought we'll set up community isolation so that people who have the disease but aren't really very sick, can be moved out of the family home where people live in larger numbers than what we used to in Australia and they can be isolated from those at-risk family members. We set all these things up early.

Going back to your question about how did we ensure that there wasn't spread into the community. Because we had these both hospital based and community isolation facility set up very early as a part of our approach to risk management, when we got our first case, we were able to move the whole family unit into isolation. Rather than relying on home quarantine to stop the spread of the disease, we thought it was probably inevitable that some family members would have caught it. We moved the whole family into monitored isolation in a hospital facility and over the period of time that they were in isolation, three of them tested positive but we were able to stop the spread of the disease and it worked so successfully that we used that approach with every one of the six cases. We moved the people who were living in the family home, who were most at risk, into monitored isolation and that's how we broke the chain of transmission very early.

GORDON DE BROUWER:

You mentioned that the authorities were prepared because you would gone through the measles outbreak and you are used to natural disasters. Can you reflect on how the population viewed how they should respond or how they would engage? So, you're keeping people together with their family, but it was a broader acceptance or broader understanding of having just gone through measles, people thought, "We need to protect ourselves", and they would accept the directions or the guidance.

BERNADETTE WELCH:

Yes. Well, throughout the measles campaign, one of the things that we did was we made an early decision to appoint an official spokesperson, because it's really important when you're dealing with any sort of a crisis that you have a spokesperson who is authentic, honest, articulate, and can be trusted by the community. As a result of that, with the regular communication that we had with the community through the official spokesperson, the community came to build confidence in the Ministry of Health and its ability to deal with an outbreak and it also built trust in our official spokesperson. So, when it came to COVID, I appointed two official spokespersons. One was the chief medical advisor, and one was the same spokesperson I assigned for the measles, the head of health protection and we did the same thing.

As you know, with things like this, there is a lot of fake news around and people get caught up on what they read in social media and the rumours. In Fiji, you have something called the coconut wireless, which is the rumour mill. When the coconut wireless started coming out with rumours, we were able to sort of clamp down on it through media releases or press conferences with our official spokespeople and remind people that they could trust the Ministry of Health to give them honest and timely information, and that they should only get their information from reliable government sources or WHO about COVID. We said that over and over again, and people came to lose their fear, because there was a lot of fear at first because nobody understood the disease. We didn't understand it. WHO didn't understand it. It was new. But they lost their fear over time but also listened to the words of advice that we were giving.

I had a banner on the Fiji Sun every single day which said, "Wash your hands. Don't touch your face." That banner played out in the main newspaper every day for about three months. We also used the 'Fiji 7s' to do an advertisement to tell people what they needed to do to keep safe, because they were very highly regarded, even revered, in Fiji. That ad that we did went so viral that it had tens of millions of hits. It went globally viral. We use those kinds of methods to get our point across and to communicate clearly and to help people to understand what they needed to do. People in Fiji tend to be quite compliant and listened to the government so that made our job a lot easier as well.

GORDON DE BROUWER:

In terms of the cultural communication, football's one thing, which is very powerful. What about regional differences? Are there language issues? Are there differences between genders around the message and the engagement?

BERNADETTE WELCH:

Yes, there are. We started putting some information in the newspapers, and we made sure that we were getting it translated into Hindi and iTaukei, which were the main two languages outside of English in Fiji. We also developed a series of communication materials in the three languages and through divisional commissioners who were located in each of the four divisions and who belonged in a different ministry, but we coordinated with them. We got a number of civil servants from around the country, not just in health, gave them these materials and got them to go right out into communities and give the messaging about COVID-19 and what they needed to do to keep themselves safe.

In Fiji, we have some communities that are located in areas where there are no roads, in mountainous areas. I know of nurses who ran nursing stations, who in order to visit their patients, their communities, would have to trek through the mountains on horseback or by foot. So, some of the people who were being sent out with this messaging were doing just that. They were wading through rivers and climbing up hills and mountains to go to communities to get this face to face messaging across. We also, quite effectively, used the Health Minister and the Prime Minister to do that because the health minister was very articulate, very engaging, very popular, as was the PM. When they went out to communities, they were armed with the information that they needed to put some of this messaging across as well.

GORDON DE BROUWER:

In terms of the relationships, you mentioned the World Health Organisation earlier on. How important were they in constructing your response or getting the science and communicating or understanding what was going on or in developing your own health protocols?

BERNADETTE WELCH:

We couldn't have done what we achieved without the early focused help that we got from WHO. We already had a very good relationship with them and they were all well-known to us. We dealt with them a lot. And of course, through the measles taskforce, which we then turned into the COVID task force, they were involved in helping us to develop our policy response. They also, whenever we asked them to, gave us a presentation and update on what was happening globally. We were monitoring the information that they had online as well. WHO also set up a regional consultation group with all of the Heads of Health and Ministers from across the Pacific region and we used to meet every week and they would give us information about updates and they would encourage us to share our experiences.

WHO also provided our testing consumables so that we were able to very early on start our own molecular testing in Fiji, which helped us enormously because we were able to get very quick results when we did our tests.

Quite early in the piece, I got the head of WHO's Incident Management Team to come in and speak to myself and the Chief Medical Advisor, because I wanted to pick his brains, and I knew he had been involved in the Ebola response in Africa. We sat down and talked to him for over three hours one Saturday afternoon, and I would made a lot of key decisions that day after learning from him some of the things that had worked in a similar crisis situation in Africa.

One of the things I decided to do was to set up our own Incident Management Team. We used the WHO framework, but I added an extra position of Chief Operating Officer into the framework. Really, the decision to set up an Incident Management Team was a key turning point for us, because we went from the Ministry of Health consulting with other agencies and asking for help to a Ministry of Health led multi-agency Incident Management Team with liaison officers and secondees from all over government, including the military and the police who helped to run our operations room and that was when we truly started to lead a very well-coordinated national response to COVID. The WHO provided us with an experienced epidemiologists that they flew out from Manila who had worked in Incident Management Teams before, and he helped us set that IMT up and he was still with us on secondment when I left Fiji. They made an enormous contribution to us.

GORDON DE BROUWER:

It is amazing how experience matters. The way you are talking about but both in terms of understanding the previous measles outbreak and that how that prepared you, but also WHO and their various bits of experience, how that helped.

Can you talk a bit about on the relationship side, you mentioned the police and the military, which are probably more on the enforcement side, how did you develop that relationship or how quickly did that relationship come together? What were the important bits in bringing that relationship together?

BERNADETTE WELCH:

Well, luckily for me, I already had a good relationship with them, especially with the police, because in my previous role as the Permanent Secretary for Civil Service, I had coordinated the ADB annual meeting and we had worked very, very closely with the police on that and we collaborated very well. We had a good relationship and I was known to them, and I felt very confident in bringing them in early and collaborating again with them. I think that this shows how important it is to work well with people, because you never know when you're going to need to work with them again. Those relationships that you establish through often just doing something because it's the right thing to do, not because you're going to get anything out of it, are so valuable to you throughout your career, but I digress somewhat.

Also, when we first started briefing the Prime Minister and Cabinet, they brought the Commander of the Military Forces and the Police Commissioner into the room for those briefings, right from the first briefing. It helped them to understand very quickly the nature of the challenge that we were dealing with and right from that first meeting, they were thinking about, "How can we help? What can we do?" It wasn't just on enforcement. For example, the Commander RFMF realised very early that we needed resources because we had talked about how important it was going to be to have a really strong contact tracing system and trained people. We already had health inspectors who did contact tracing, but we knew we would likely need more. The first thing that we did with the military was to train up a group of soldiers to be contact tracers under the leadership of health. They were trying to think right from the start about how they could help, and they ended up running our operations room in the Incident Management Team, once that was set up, and they ended up helping to run our contact tracing deployments. So, when we had a case, we would deploy a group of contact tracers out to do interviews. They also coordinated our quarantine service. We had people quarantined in hotels and we had the military and health stationed in those hotels supervising the quarantine service. Then the police were mainly doing the enforcement on the ground of the different regulatory decisions that we had to make, because there were a lot of regulations that we signed in so that we could make sure that we could monitor the spread of disease and we could enforce effectively the things that needed to be done to keep the country safe.

GORDON DE BROUWER:

Can I ask a very different kind of question outside the health domain, but really more about the nature of the Fiji and people's experience of government and service delivery? A question about what you saw just as an observation on how they experienced, how did the government provide continuity of services to the public and any observations around that or the way the service itself organised itself in terms of, apart from COVID, around that broader array of how does the public service work? Where does it work? How does it engage with the public? Any reflections that come to mind from that?

- BERNADETTE WELCH: One of the things that we were conscious of in the Ministry of Health was that we needed to ensure continuity of health services while dealing with the global pandemic. That came into stark relief for both Health and the whole-of-the-system when we had a tropical cyclone, a deadly tropical cyclone, and we all had to coordinate our response to a tropical cyclone while trying to ensure that we were complying with all of our COVID-19 measures. That was very challenging, but it was done, they were able to do it.
- One of the things that I observed early was that there was a lot of goodwill across the Civil Service to make sure that all of the resources that were needed for COVID were being provided. There was also a recognition that this was going to impact on the budget and people across the Civil Service was starting to think about how could we ensure continuity of service?
- How could we ensure that we are doing that within a COVID sort of cognizant way of operating, with social distancing and having people working from home and introducing infection control? But also, what projects can we push out? Because we didn't have the resources to be able to do everything that we had planned to do and I'm talking about the whole of the Civil Service, both financial resources or human resources, of course. So there was a lot of reprioritization that had to go on, and of course, a lot of different parts of the Civil Service had to quickly develop policy advice on how the government could support the population when there were mass job layoffs and when people were struggling to survive because of the impact on the economy.
- GORDON DE BROUWER: We are probably getting close to time, maybe just two final questions. One is, is there anything that strikes you, having gone through that experience in Fiji, about the Australian experience or what's happened in Australia about how to handle these things?
- BERNADETTE WELCH: I referred earlier when I did the context setting to the fact that Fiji, it's a small country and it has one health system, one health service that coordinates everything and therefore, we had one task force. We had one Incident Management Team. Now, Australia is different in the way that it's organised, but I think that level of simplicity can be introduced when trying to deal with the crisis. The more complex your system is, the harder it is to pivot, and with something like this, where you're learning on a daily basis about how this disease works and the impacts that it has, and what's happening to the global supply chain and how it's affecting economies, et cetera, you really need to make it as uncomplicated as possible and ensure that you're focusing clearly on risk management.
- GORDON DE BROUWER: That's great. The last question, Bernadette, from all of this, but what did you learn about yourself?
- BERNADETTE WELCH: I've been involved in a lot of challenging scenarios and I've worked in crisis management before. I learned about how it feels to have that sense of how honoured you can be to be given such a responsibility at such a time. I have always felt the importance of the roles I have had in the past, but there was much more of a depth to this because I had responsibility for the health of a nation in a once in 100 year pandemic. I also learned through this more about listening and hearing what others have to say.

It is important when you're dealing with something like this to make sure that you've got the right people giving you advice and you are open to that advice. I also learned about when it's time to step back, when you realise that you've done what you can to put in place everything that's needed and when your value add has diminishing returns and when it's time to step back and let others step in and take up the reign of leadership.

GORDON DE BROUWER: Bernadette, thank you. They are very wise words. Thank you for your honesty and your articulateness in talking through these issues. Let me thank you as well for what you have done in service to people, in this case, the Fijian people, but also I think you have reflected very nicely on Australia and the capability that comes from the public services in Australia, but thank you very much, Bernadette.

BERNADETTE WELCH: Thank you, Gordon.

DAVID PEMBROKE: What a great conversation, and a big thanks to Bernadette Welch for sharing her story with us today and for being our very first Work with Purpose - An International Perspective guest, so thank you so much to Bernadette Welch. There will be many more conversations, like this one, into the future as we explore the impact that Australian public servants are having around the world.

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Once again, a very big thanks to all of the team at IPAA who do such a great job in helping to put this programme together. Also, to my team at content group and in particular, Ruby Cooper, who runs all of the social media and lots of other stuff so thanks to you, Ruby, for your ongoing hard work.

Of course, to our friends at the Australian Public Service Commission, we are certainly very grateful for your ongoing support. So thanks again to my good friend, Gordon De Brouwer, for that conversation today with Bernadette Welch. But from me, David Pembroke, it's bye for now.