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MTAA submission to the Senate Select Committee on COVID-19

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Note: this submission includes content from a ministerial briefing paper 'Collaborating in the Public Interest: How Australia's Medical Technology Sector joined with Government to fight COVID-19' that has been prepared by MTPConnect in association with MTAA.

Contents

1. Introduction

The Medical Technology Association of Australia (MTAA) is the peak national association representing companies in the medical technology industry, including manufacturers and suppliers of medical technology used in the diagnosis, prevention, treatment and management of disease and disability.

MTAA welcomes the Senate Inquiry into the Australian Government's response to the COVID-19 pandemic and welcomes the opportunity to make a submission.

This submission outlines the actions taken by the medical technology industry through MTAA in response to the COVID-19 crisis and the results delivered, and provides a summary of key lessons learned and recommendations for future pandemic preparedness.

We commend the Australian Government's swift action in preventing the spread of COVID-19 and the swift initial response, including the establishment of a Federal Departments of Health and Industry Taskforce. The Taskforce initiative effectively brought together government agencies and private sector organisations to ensure effective supply of the critical healthcare technologies, goods and services necessary to support the public health response to COVID-19.

The Australian industry collaboration strategy in response to the COVID-19 crisis is increasingly being recognised as one of the best responses globally, with the UK, Singapore and Japan now taking steps to replicate the taskforce/working group model. At an enterprise level, we are seeing the contribution of Australian operations of multinational firms being acknowledged by global leadership. Information about the Australian response is also being shared in international industry and science fora which is promoting Australian expertise and industry capability around the world.

For future pandemic preparedness planning, now is the opportunity to utilise the experiences and outcomes of this unique collaboration forged to tackle COVID-19, including lessons from SARS and earlier pandemics to understand what worked well and what could be improved.

While the Taskforce initiative was concluded on Friday 22 May 2020, the collaboration with industry that it nurtured has profoundly impacted Australia's ability to deal with the COVID-19 crisis. This submission outlines the efforts and outcomes of this collaboration in support of the national interest and provides recommendations for future pandemic planning and the role of the medical technology industry.

Summary of key lessons and recommendations

Key lessons

- Collaboration with industry is essential
- Data gaps need to be addressed
- Role of the regulator is critical
- States and territories' responses a key issue
- Communications integration matters
- Collaboration on border issues and biosecurity needed
- Capacity for pull forward of manufacturing must be considered
- Supply of testing/test kit consumables a potential future issue
- JobKeeper has not addressed medical technology industry needs

Recommendations

- Industry involvement is critical for crisis preparedness
- Establish a cooperation framework agreement

- Establish a national map/track system
- Stockpile procurement needs to be a joint effort
- Scoping exercise into sovereign manufacturing capability
- Broader understanding of workforce capability needed
- Lessons learned must drive improvements to R&D commercialisation and clinical trials infrastructure

2. Setting up the Framework – Industry Working Groups

In mid-March 2020, MTAA developed the framework for a COVID-19 Industry Working Group, involving MTAA member and non-member companies, to support the Taskforce and assist in securing essential supplies of ventilators, test kits, Personal Protective Equipment (PPE) and other ICU supplies required by the healthcare system to manage the pandemic.

The Working Group consisted of four substreams, bringing together medical device companies – large and small, MTAA members and non-members, domestic and multinational - who were able to form a cohesive, collaborative partnership with Federal Government agencies, including the Therapeutic Goods Administration (TGA). Teams of senior officials from the Department of Industry, Science, Energy and Resources (DISER) and the Department of Health were integrally involved in all Working Group activities. The Advanced Manufacturing Growth Centre (AMGC) also played a key coordination and collaboration role.

The four Working Group substreams were set up to cover Ventilators, Testing/Test Kits, Personal Protective Equipment (PPE) and Other ICU supplies. Relevant companies from the industry were invited to participate.

The purpose of each substream was to:

- Map current local supply, observe demand and future supply chains
- Identify gaps in supply and excess demand
- Raise issues/barriers to supply chain fulfilment, including freight availability and cost and supply or allocation backlogs
- Identify solutions to supply problems and demand mismatches

Each of the four substream groups involved industry and government representatives to ensure issues and challenges could be identified, elevated and resolved - at pace. Pathology Technology Australia (PTA), the peak body representing the IVD technology suppliers, was invited to join the Testing/Test Kit substream to represent the manufacturers and suppliers of the COVID-19 related test kits used in accredited pathology labs and at the point of care in Australia.

Outcomes of workstream activity were communicated up to the Chair and CEO of MTAA who maintained communication with Federal Government Ministers and were represented on the Federal Government Health Industry Co-ordination Group, chaired by the former Health Department Secretary, Glenys Beauchamp PSM. Due to the unique circumstances of the health emergency and the urgent need for input from across the medical technology sector, MTAA secured an interim authorisation from the Australian Competition & Consumer Commission to allow MTAA members to share supply information without breaching the Competition and Consumer Act 2010.

3. Results Delivered

The medical technology industry has responded in the public interest to a national health emergency; it has stepped-up and pitched-in to help Australia meet the COVID-19 challenge, establishing the 'Australia Model' of collaboration now being replicated around the world.

MedTech companies manufacturing and supplying products in Australia are deeply connected with the hospital system, with key links across infection control, ICU, anaesthetics and biomedical engineering. This allowed industry to play a critical role in ramping-up the supply and production of vital equipment including 3D-printed swabs for testing, circuit boards and electronic componentry and ventilators, including conversion kits for non-invasive machines to boost invasive ventilator capacity.

Industry has been integral in providing government with advice and an understanding of national ventilator installed base and capacity. Using their data sources, information on units installed, in which jurisdictions, numbers being serviced and numbers on order, industry has provided a cross-jurisdictional bridge of information that was not otherwise available.

With intense global pressure on manufacturing, supply chains and logistics infrastructure, the MedTech industry worked exhaustively to ensure Australia secured its fair share of vital medical equipment, often absorbing dramatically increased raw material and freight costs in the process.

This commercial information has provided the baseline data that has underpinned planning for provision of ventilators across Australia against COVID-19 medical treatment forecasts; and understanding the gaps has allowed planning to meet expected demand and provide for a contingency supply. The industry in Australia has met commitments to government, ensuring undertakings for supply of numbers of ventilators have been met, on time each month since March 2020.

4. Impact on the MedTech Industry

The medical technology industry committed to the task of preparing our healthcare system for the COVID-19 onslaught with extraordinary energy and focus, with many medical technology companies dedicating significant resources to the effort at a time when their own companies were, and continue to be, under extreme stress, due not only to the stretching of their own resources but to the financial strain brought about as a result of the pandemic.

The critical medical equipment necessary to directly respond to the COVID-19 crisis represents a small proportion of all medical technology. Although supply of that essential medical equipment has increased, the industry has been impacted by increasing freight costs and many MedTech companies have suffered severe financial stress as a result of the elective surgery restrictions.

The industry remains 100% focussed on maintaining Australia's healthcare system and protecting the Australian community, however, this is a time of enormous uncertainty for the MedTech industry as well and the impact of COVID-19 has been severe. There have been job losses and there are companies that are unlikely to survive. The banning of elective surgery from March 26 placed unprecedented pressure on our member companies, many of whom have incurred significant losses. Some companies have already seen revenue reductions of up to 90% as a result. The few companies that were able to scale up local manufacturing are continuing to incur significantly higher input costs.

Supply and freight costs have increased across the board, in some cases more than 500%, as companies work to bring crucial medical supplies into Australia. These impacts have been further exacerbated by the drop in the Australian dollar.

We note that Private Health Insurers will emerge from this in a significantly stronger financial position, and private hospitals have received a viability guarantee from the Government. MTAA welcomes steps taken by the Government to defer the Prostheses List (PL) reform process in order to allow the industry to fully focus on the COVID-19 recovery, but notes the significant financial pressures on the industry at this time. These pressures have been further exacerbated by the final round of PL benefit cuts implemented in February this year as part of the October 2017 Strategic Agreement, which has placed medical device companies under even more revenue pressure, particularly SMEs.

5. Key Lessons

Collaboration with Industry is Essential

The Federal Government's Australian Health Sector Emergency Response Plan for COVID-19 (the Plan), published on 26 February 2020, did not include a specific role for the medical technology sector, either in its consultation framework or response planning. The one specific reference appears under 'communication and coordination':

> *"The management of a novel coronavirus outbreak will require governments, health sector industry and the community to work together."*

The Plan's lack of mechanisms to mobilise the capacities networks and expertise of the medical technology industry meant that institutional coordination mechanisms had to invented 'on the fly' and under immense time pressure, involving MedTech industry executives and staff who were confronting the simultaneous crises of managing excess demand for some products and overburdened supply chains.

The fact that the MedTech industry was able to rapidly establish a functional coordination mechanism that ensured Australia was able to expand ICU and ventilator capacity from domestic and overseas sources, obtain sufficient PPE through the pandemic first wave and address freight issues is testament to both the capabilities of the Australian medical technology sector and its commitment to acting in the national interest.

In any viral pandemic – particularly pandemic influenza - we can anticipate demand surges for critical healthcare supplies including PPE, antivirals, mechanical ventilation, vaccines and ICU equipment, as well as supply constraints caused by simultaneous global demand. Future pandemic plans should learn from the experience of mobilising the health technology sector to aid the government's response by including a formal industry consultation function in the whole of government coordination mechanism.

Lack of coordination has increased pricing pressure

With demand increasing only for COVID-19 specific medical supplies and equipment, there has not been any increase in the cost of most medical supplies and equipment. Although suppliers of all medical technology have been impacted by significant increases in freight costs, established medical technology companies are locked into existing supply contracts and also as mentioned above, significant cuts have been applied to the benefit amounts paid for medical devices on the Prostheses List.

With regards to COVID-19 specific medical equipment, clearly demand has increased significantly. There have been multiple examples of hospital groups bypassing existing suppliers and supply chain arrangements and purchasing direct from overseas manufacturers. Unfortunately, this action has disrupted existing supply chains, directly causing higher prices for supply from those overseas manufacturers and increasing price volatility across the market.

Better coordination by purchasers with existing suppliers would alleviate price volatility.

Data Gaps

The lack of a robust national system to track ventilator numbers is a critical lesson for future pandemic planning and preparedness. The various companies in Australia that sell and distribute ventilators were able to pool their collective information about numbers of devices in the field, numbers on order books (and an understanding of the logistics behind those orders – i.e. where they were coming from, nature of competing orders for same devices) and compare that information with health authorities who had information on demand, expected peaks and where the demand was localised. However, it was challenging to reconcile industry information with the variable numbers regarding ventilator availability in public and private hospitals.

In other groups, while the MedTech industry representatives could quickly identify supply issues and capacity, excess demand was often difficult to reconcile with fundamental needs of hospitals and laboratories. Information on the consumption and depletion of supplies was harder to coordinate and complicated the task of mobilising supply.

This factor points to the need to engage health research and data gathering capabilities within government, including the Australian Institute for Health and Welfare, to be able to execute rapid data gathering and dissemination to decision makers to minimise uncertainty and risk in resource decisions regarding pandemic response. State level data sharing is another element that can assist to differentiate fundamental demand from stockpiling. In some cases industry had difficulty understanding the actual needs of governments, due to lack of information about stockpiling and purchasing plans.

Collaboration between suppliers (MTAA members and non-members) worked well, with an authentic willingness to come together. Input from trusted, legitimate industry players was a critical success factor in the 'fog of war' and global confusion in the rush to procure high quality equipment.

The government-industry response to COVID-19 has generated consideration of the impact of a global marketplace on local supply chains - with every government around the world looking for ventilators in large numbers at the same time, with some countries having a bigger demand than others (e.g. US and UK vs Australia and Taiwan). The most in-demand components globally include electronics and circuitry, filters, breathing circuits, oximeters and certain raw materials.

In due course, the role of the National Medicines Stockpile, including its rules for procurement, should be re-examined to ensure that the Stockpile places appropriate weight on the resilience of the supply chain, including by ensuring locally available alternatives for time-limited supply.

Role of the Regulator is Critical

The role of the regulator has emerged as critical and is a key learning for future planning. The TGA has been a key partner in the government-industry collaboration, providing rapid engagement with the sector and developing an accelerated approvals process. As an example, rapid approval of ventilator design variations allowed Australia to get earlier access to new products on the production line which may have otherwise gone to other countries.

In addition to rapid approvals, the TGA took on a heavy workload around preparing and publishing regulatory and non-regulatory advice and guidance to industry. The TGA reports that over 2,200 new manufacturers entered the market from February to April this year, all requiring guidance.

Industry collaboration with the TGA assisted in the identification of unscrupulous players and well-intentioned amateurs and helped, along with Austrade and the Australian Border Force, to keep sub-standard, dangerous equipment from entering the market.

In terms of diagnostic tests, the need to expedite market entry of tests as quickly as they were made available inevitably resulted in market entry of unproven, and in some cases fraudulent, products. The TGA was quick to respond to obvious cases. However, in the case of rapid antibody tests, the quick availability of substandard products damaged the perceived potential value of higher quality tests from reputable manufacturers which arrived for evaluation in May, around the time antibody testing became a feasible epidemiological strategy.

The importance of a coordinated, comprehensive post-COVID-19 clean-up process has been identified, including action to accelerate withdrawal of approval of substandard diagnostic tests. This will ensure manufacturers, particularly the many new players, are following the standards and allow for the removal any non-compliant manufacturers.

States and Territories' Responses a Key Issue

At the height of the crisis, the state/territory responses were inconsistent, with some reacting more quickly than others and each having varying interactions with vendors and differing approaches to securing jurisdiction-specific supplies (targeted at current demand but also building supply buffer for future events).

In March, suppliers reported significant demand spikes from state/territory procurement agencies, local area health networks and individual hospitals, as well as receiving numerous requests to provide stock quantity reports. Orders were being placed for different purposes; some hospitals needed to use devices immediately, while other orders were to address expected future demand (stockpiling).

The lack of national uniform tracking and monitoring of ventilator devices, consumable utilisation and stock held across states added another layer of complexity for industry to manage in the scramble to procure equipment.

Including the MedTech industry from the beginning and providing suppliers with visibility of state/territory high priority medical equipment needs can help prevent states and territories from effectively competing with each other to secure supplies. With timely industry input and intergovernmental coordination, all states and territories can get the medical supplies they need, to where they need them, when they need them.

Communications Integration Matters

In the initial phase of the response, there were some unintended consequences as a result of differing communication strategies being pursued by government and industry. Conflicting and mixed messages were an ongoing concern, posing unforeseen risks. While steps were taken to centralise industry's messaging through the working groups, consistent messaging that didn't undermine supply options or perceptions of the magnitude of the challenge in Australia was a constant challenge. For example, messages aimed at reassuring the community regarding the supply of vital equipment can easily travel beyond Australia's borders and be misinterpreted by vital equipment suppliers in other countries as indicating that global supply can be diverted from Australia to other countries.

As different priorities emerged at different stages of the crisis, a key learning is to recognise the challenge of communication and consider ways the government can signal its requirements to industry via official correspondence and engagement, beyond what is reported in the media.

Border Issues and Biosecurity

With travel restrictions mandated by government including interstate travel, some companies who were part of the official response had difficulty in securing exemptions from travel restrictions for key personnel. For instance, one company could not get approval to move specialist personnel across borders in a timely manner (it took five weeks), undermining industry's ability to respond.

Border issues also impact the movement of vital freight, including testing supplies, PPE and raw materials for ventilator production (into the country and interstate). These issues are exacerbated by the acute shortage of aircraft to transport freight, and consequent price hikes.

While challenging, the government-industry collaboration allowed for clear communication around necessary processes, the rapid generation of key email contacts that were shared around the groups and facilitated where possible the securing of priority space for vital equipment, including ventilators. Government agencies such as Austrade have played a key role in this facilitation.

Pull Forward of Manufacturing

The long-term sustainability of the market and its suppliers is a concern. There must be recognition and consideration for the huge pull forward of manufacturing and supply pivoting to produce particular products in large quantities. There are also cash flow considerations as costs increased for raw materials, restocking and freight and logistics. When demand reduces and equipment is already in place there may not be any demand again for a number of years.

Testing/test kits

Member companies of PTA and others in the sector worked quickly to provide a comprehensive audit of the installed base of COVID-19 related testing platforms; for Nucleic Acid Amplification Testing (NAT) including RNA extraction systems and detection systems; and for lab-based serology testing. Information was also provided on the range of mobile PCR platforms available. This demonstrates the value of having a group that can access such information so quickly and so comprehensively.

The audit demonstrated that Australia's installed base was enough to enable increased testing within the existing accredited pathology laboratory infrastructure. However, if the COVID-19 caseload had been higher, meeting demand would have been challenging. Further, supply of some critical components required to complete testing lagged demand in some cases.

Understanding local manufacturing capability and the interaction with global supply chains to deliver increased diversity in supply of consumables is a key learning for supply of test kits in future pandemic scenarios which generate higher caseloads than has thus far been the case with COVID-19.

JobKeeper has not addressed the needs of the MedTech industry

The Government's JobKeeper initiative has kept millions of Australians in work and helped to cushion the economic impact of the COVID-19 crisis, however, it has fallen short of addressing the needs of the MedTech industry.

More than 80% of MTAA's members are SMEs and a significant number are SMEs that are local branches of global companies. According to the Australian Tax Office, in determining whether a company must show a 30% or a 50% reduction in turnover, the global revenue of the global entity of which it is a part is included. If the global entity exceeds $1b, at least a 50% reduction must be demonstrated to qualify.

However, once the threshold is set, the turnover test itself is based on local GST revenue, not global revenue. Therefore, a very small company which is a separate entity but part of a global group exceeding $1b in revenue in total, would still need to show that Australian turnover has fallen more than 50% to qualify for JobKeeper.

This has excluded a significant number of small local medical technology companies from receiving JobKeeper and therefore maintaining staff, many of whom are highly trained medical professionals. This will impact heavily on their capacity to rescale post-COVID-19.

Pre-revenue MedTech companies

The ATO recently denied an application to expand the JobKeeper payment eligibility criteria to include pre-revenue biotech and MedTech companies working in Australia.

The MedTech industry's R&D, including clinical trials, is a key contributor to Australia's patient wellbeing and growth economy, and the inclusion of pre-revenue life science companies in the JobKeeper eligibility criteria is critical. Australia's pre-revenue MedTech companies house priceless talent and intellectual property that could be permanently lost to Australia if they are not able to access JobKeeper to weather the COVID-19 storm.

These life science companies are at the heart of the essential research and development of vaccines, repurposed and emerging therapies, diagnostics, digital solutions, as well as test kits and ventilators to combat COVID-19. Without JobKeeper eligibility criteria being expanded to include pre-revenue life science companies, they stand to lose up to a decade of substantial scientific and capital contributions.

Their unique business model enables them to translate research into lifesaving and enhancing products for patients, but involves very long timeframes and significant capital, often not generating revenue for typically up to seven years. Therefore these companies have no revenue to show or to reduce by 30 per cent, regardless of their ongoing need for cash flow and reliance on venture capital, which is drying up during the COVID-19 crisis.

The skills needed for this industry are very difficult to source and this will become harder during the road to recovery. These impacts are the exact opposite of the policy's intent. Access to the JobKeeper scheme will enable staff to remain connected to the company, and will support businesses to recommence quickly without needing to rehire when the downturn is over.

6. Recommendations

Industry Involvement is Critical for Crisis Preparedness

Due to this effective partnership between government and industry, the medical technology sector is uniquely placed to consider strategies and initiatives for the future supply of ventilators and other medical equipment in a pandemic scenario. Holding real-world experience is the best way to understand current supply, potential gaps, international supply chains and logistic challenges.

Input from the MedTech industry has been critical in informing government testing strategies and procurement of supplies, including:

- Stocktakes of testing hardware platforms and suppliers
- Promotion of government requests for information (RFIs), and expressions of interest (EOIs)
- Advice on how the testing supply market operates
- Recommendations of testing strategies

Any new or updated national pandemic preparedness plan must recognise the critical role of the MedTech industry.

The experience of rapid mobilisation of the medical technology sector to aid the government's pandemic response has demonstrated that significant benefit would be derived from the establishment of a national industry MedTech policy roundtable series, to provide a regular opportunity for the sector to engage with Department of Health and DISER.

High level government advisory committees that are being established should, wherever possible, include MedTech industry representatives.

Establish a Cooperation Framework Agreement

The COVID-19 response has shown that industry and government collaboration can be mobilised quickly and tailored to fit the emergency scenarios.

So how best to prepare for a new pandemic that may emerge sometime in the future without over-engineering preparedness?

Rather than establish a new, permanent and costly bureaucratic structure, or a standalone government agency to oversee pandemic preparedness, a focus on mechanisms to bring various organisations, companies and State and Federal government representatives together swiftly to coordinate information and supply of vital equipment may be a more cost effective approach.

As part of that, it would be worthwhile identifying existing mechanisms, processes and resources which could be better leveraged to deal with potential future outbreaks. This could involve establishing a cooperation framework agreement which can trigger the sort of government-industry collaboration demonstrated during the COVID-19 response.

National Map/Track System Required

It is important to create a robust and reliable system that can map the needs and supplies of medical equipment available in Australia at any given time. Uniform tracking and monitoring across states and territories and enhancing transparency will require data and input from industry, as well as cross-jurisdictional cooperation. Understanding the supply levels of ICU beds, ventilators and personal protective equipment, consumable utilisation and stock held in public and private hospitals in real-time can save precious time and ensure procurement efforts are informed and efficient. It can also ease pressure on global supply chains.

The same is true for testing kits. It is clear that suppliers hold important information that can better inform policy and strategy, such as:

- A fully integrated picture of the installed base of testing platforms
- The manufacturers stated device throughput and the current spare capacity
- Local and global inventory of key consumables and knowledge of manufacturing capacity
- Knowledge of new product development, performance and availability

Therefore, it is critical that in planning for future pandemics, direct input from the manufacturers and suppliers at a high level can make a meaningful difference.

There is a need to engage health research and data gathering capabilities within government, including the Australian Institute for Health and Welfare, to be able to execute rapid data gathering and dissemination to decision makers to minimise uncertainty and risk in resource decisions regarding pandemic response. State level data sharing is another element that would assist in differentiating between fundamental demand and stockpiling.

Stockpile Procurement a Joint Effort

The design, maintenance and management of a national stockpile/s of drugs, vaccines, antidotes and essential medical equipment, including ventilators and their components and PPE, should be considered. Such an effort needs to consider the existing infrastructure supported by the Department of Health, through the National Medicines Stockpile which supplements state and territory stockpiles, and examine the role of government procurement while also leveraging the partnership between state and federal governments and the MedTech industry to ensure a national solution is delivered efficiently.

Some thought could be given to strategies to ensure appropriate supply levels for test kits. This would include consideration of sovereign capabilities and local supply chain resilience, and alignment with global supply chains.

Sovereign Manufacturing Capability

Current capabilities in Australia could help to develop a specialised sovereign manufacturing capability with a detailed understanding of Australia's capacity to design, produce and service all components required for high demand medical equipment.

It may be possible for Australia to play a key role in a coordinated international supply chain initiative as part of a future pandemic plan. Such an approach would allow Australia to leverage the broad scale industry collaboration that has just been demonstrated, to contribute certain components or assemble various items - and at the same time, access when needed, the number of ventilators and other critical healthcare equipment it requires for a timely and effective pandemic response.

The role of government procurement in establishing sovereign capability and supply chain resilience will be important and should be further explored

A scoping exercise is required to ascertain what it would take from a technology and workforce perspective to create this domestic industry versus Australia playing a part in a coordinated international supply chain which guarantees future supply of critical medical equipment. Such a scoping exercise will need to examine the potential market in business-as-usual scenarios as well as pandemic situations, and the market structure that would incentivise the investment in local manufacturing to service domestic and export markets.

Workforce capability

The COVID-19 pandemic avoided the very worst scenario, but it highlighted how important it is to have a strong medical and healthcare capability for detection, diagnosis and treatment in future health crisis situations. While medical equipment and technology are critical, healthcare is ultimately delivered by people. A detailed understanding the health workforce should be a core component of future pandemic preparedness planning, ensuring we have the skilled workers and expertise to respond across all domestic jurisdictions, and the capacity to support service delivery in the broader Indo-Pacific region.

Additionally, understanding the broader MedTech workforce is also critical in positioning Australia to meet the challenge of developing and retaining world-class talent who have industry experience in research, translation, clinical development and commercialisation of new medical technologies. It is noted that a new MRFF program operated by MTPConnect will conduct an extensive skills gap analysis of the sector and will provide valuable insights for future pandemic planning.

R&D Commercialisation and Clinical Trials Infrastructure

Australia has a strong tradition of excellence in health and medical research. Our unique public and private system ensures all Australians have access to high quality care, our scientists, medical researchers and clinicians are world class, we have a culture of collaboration across disciplines generating a track record of translation and commercialisation success and we have a strong regulatory regime, robust intellectual property protection and strong commercial and trade links with growing Indo-Pacific markets.

Post COVID-19, an opportunity exists to leverage lessons learned from the government-industry collaboration to ensure timely development and deployment of new devices and software. The current focus on adaptive regulation should be continued and consideration be given to greater alignment between state and federal government approaches to innovation in the health system. Integration with funding systems for health services would also support faster access for consumers to new technology.

With an emphasis on evidence, within Australia's robust regulatory framework, there's scope to drive early adoption of medical technologies in the private health sector to collect post-market surveillance and performance data to inform policy, regulatory and funding decisions.