



## **REPORT FROM THE ADC FORUM WEBINAR SERIES:**

### **UNDERSTANDING AND MOVING ON FROM COVID**

**(22, 29 September and 2, 20 October 2020)**

In September and October 2020, ADC Forum hosted a discussion series on “Understanding and Moving on from COVID”. The aim of this series was to present current information and insights and expose arguments relevant to understanding and moving on from the Covid-19 crisis. The topics covered by the webinars were: (i) Epidemiology and choices for managing the future; (ii) Communicating science and trust in institutions; (iii) The economic legacy; and (iv) Preparing for the future. This series showcased Australian and global thought leaders to explore and debate the evidence and the issues, including choices between public health and economic welfare in a revealing open and online roundtable discussion which provided exceptional insights for business leaders and policy makers. This paper summarises some of the key highlights and takeaways from the series, and provides insights for the future.

#### **OVERVIEW**

*“Australian performance has been seen as a very strong one, the federal government's performance in particular, Morrison's handling of this situation, has basically been seen as competent. And that's reinforced people's tendency to want to trust systems and leaders”. (Michelle Grattan)*

One of the challenges in a fast moving pandemic, is that you don't have the time for debate. What is known needs to be able to be put forward and someone needs to make a decision and take responsibility for that decision. Across the world political leaders were making judgements against a backdrop of scientific and political uncertainty, and the situation changed and evolved as new information came to light. The strong performance of Australia overall was acknowledged across the series, however as an opportunity to reflect and learn, panellists highlighted points at which the government could have made different choices.

The Pandemic resulted in three transformations in the political landscape, first, it produced an increase in trust in institutions and in leaders; second, it turned people off hyper partisanship. and third, it led politicians and the public to turn to health experts.

The increase in trust in institutions and leaders has come out in multiple surveys. This increasing trust shows that in a serious crisis, people have faith in established systems. On hyper partisanship, leaders have been assisted by people becoming impatient with partisanship during the pandemic. People want to see politicians working together.

At the start, the medical experts were the only people with a handle on this disease, even if they didn't know all that much about it. Political decision makers had to rely on experts, and the politicians used this to bolster their own authority. The Prime Minister and Premiers commonly were accompanied by their Chief Medical Officer at briefings. However, scientific uncertainty prevailed and it is now clear that there were concealed divisions. For example, some of their advice early in the pandemic turned out later to be wrong, and suspicions emerged that some of the information such as on the use of masks was influenced by other factors like trying to preserve protection equipment, others became increasingly vocal that the economy was being given too low a priority, and the health experts became subject to criticism. This led to commentary about the lack of informed debate and the role of journalists in holding politicians to account.

*“The journalists didn't challenge, we should have been out there saying, look at this, we don't have to do it this way. And our medical people just shut it all down. Our politicians and public servants just went along. And at a huge cost. And around the world, we're starting to do this much more clearly. Now we can see how we could have managed this thing.” (Robert Gottliebson)*

## **EPIDEMIOLOGY**

From the point of view of descriptive epidemiology, in terms of incidence, it is uniform across all ages, and both sexes. On the other hand, the mortality picture is dramatically different. Almost all deaths from COVID-19 occur above the age of 70 years. While there's a lot of infection in younger ages, almost all the mortality is in older ages, or in people with comorbidities such as hypertension, diabetes or chronic lung disease. In the case of smoking prevalence and of background conditions like hypertension and diabetes, they're typically two to three times higher in males and females.

Given these facts, there was a lack of proportionality in the reported metrics, most deaths were occurring beyond the age of 70 years. So there is a question of what metrics should be reporting. Professor Allan Lopez proposed an alternative measure, such as how many years of life does someone who dies from COVID-19 lose, by measuring the years of life lost (YLLs). In other words, if you die at age five, you contribute many more years of life lost in a population than if you died at age 95. He further

noted that in Australia, COVID-19 is ranked as the 25th cause of death. In terms of years of life lost to premature mortality - COVID-19 ranks 40th as a leading cause of ELLs. Epidemiologists have been suggesting to measure excess mortality, i.e. all causes. And as long as nothing else has changed between this year and last year, then all of that excess mortality, or the vast majority is attributable to COVID-19. These data indicate that COVID is not the threat initially thought and the response should be proportionate. It doesn't make sense to spend all of our resources and energy, focusing on a condition that is the 40th leading cause of premature death in Australia.

The old and the poorer economic sectors of the population have borne the burden of the disease. Smoking and obesity are higher in poorer rather than richer parts of the population. Richard Horton, editor in chief of the Lancet called it a "Syndemic" to express the idea that the virus doesn't act in isolation. The deadly impact of the pandemic is not caused by the virus acting alone, but interacting with chronic disease like diabetes, obesity, heart disease and high blood pressure, against a backdrop of inequality and poverty.

Thus, COVID-19 has posed sector wide challenges and views the fundamental inequalities in the human security agenda. A key will be a balance between the health agenda and the broader human welfare and human security agenda. COVID-19 also had other health consequences (mental health, family violence and suicide) that have not yet been fully measured nor addressed in the public health response. In future, these considerations will require a more balanced and nuanced response.

## **THE PANDEMIC RESPONSE**

There was no single correct response, and indeed countries used multiple responses in different measures. Research being undertaken by Oxford University found 170 interventions being used across 52 countries. This section reflects on the key response strategies deployed in Australia.

### ***Early Detection***

Early detection is critical because pandemics are caused by diseases that increase exponentially over very short periods of time, days or weeks. If there had been an early detection system in China that had picked up the first cluster of cases, before it had spread widely, it could have been stamped out, and it may not have spread around the world. Australia needs a functioning early detection system for future epidemics.

### ***International Border Closure***

The single most important factor for Australia's response was the closure of the international borders. As soon as the borders were closed in mid-March, within one incubation period of the virus, the cases fell.

### ***Surge Capacity and Public Health Response***

Australia did well to plan for intensive care beds and ventilators back in March, and increased capacity by more than 100%.

However, an equivalent surge capacity and public health response is needed and this was less well executed. Contact tracing, testing and quarantine were key elements of the public health response.

The evidence for testing is equivocal. Over 9 million tests have been conducted nationally, of these, less than 1% have been positive. Even in the best-case scenario which traces everyone an infectious person has come into contact with, and everyone those people have come into contact with as well could lead to tracking down 75% of cases. In Australia it would need about 150,000 tests a day – three times as many tests as are being done now.

Testing known contacts is a better strategy and helps contain local outbreaks, and hopes were pinned on the technology of Australia's COVIDSafe tracing app which was not a success. Close to 7 million people downloaded the app and it hasn't done any contact tracing. The technology is there, and Asian countries have used it really well.

### ***Masks***

There is a growing body of compelling evidence that an effective intervention for COVID is wearing masks. The question is how do we change behaviour in populations so that they conform to that simple intervention, which would have a very big impact on premature death?

### ***Behaviour Change***

Behaviour change is a critical component of a successful strategy. Wear masks, wash hands, work from home - these are major changes in habits. The only way to fight the virus is by changing behaviour. There are also important cultural responses in a society such as Australia with nearly 100 different communities in terms of national origin or language and the need to bring on board the associations and organisations which represent the interests of those different communities. Despite this, very few governments have included behavioural and brain scientists in the task forces to manage the pandemic.

### ***Lockdowns***

Despite the enthusiastic use of lockdowns, there is little statistical evidence to support lockdowns and they don't stand up to cost benefit analysis. There have been assessments by economists in New Zealand which found when comparing quality adjusted life years translated to dollars, then the cost of the lockdown is 95 to one, compared to the benefits. Another study has a similar estimate of the overall lockdown strategy, and found that costs outweigh the benefits 200 to one in New Zealand.

### ***Infection Control and the Vulnerable***

Basic infection control measures particularly around the frail elderly, have been very important in the New Zealand success. The vast majority of the risk is in the frail elderly, particularly in nursing homes. In some nursing homes, there was a lethal combination of open wards, large numbers of patients, patients who required a lot of physical care and sometimes disorientated and crying out, and generating aerosols. Sometimes in areas where the ventilation was poor. Protection of the elderly has been an essential element in strategic policy for COVID.

While Australia has had success in bringing the pandemic under control, it has been at a cost to the economy and human welfare more broadly. In the future, there needs to be a far more nuanced approach to decision making with a broader array of scientific and expert advice. Also a more location specific strategy, noting that the Northern Territory and many provincial centres have never had a case of COVID, yet the same rules were applied as to the centre of Sydney and Melbourne.

### **COMMUNICATING SCIENCE AND TRUST IN INSTITUTIONS**

At the beginning of the Pandemic, little was known, yet there was a plethora of experts, many of whom actually don't have a track record or understanding of infectious diseases, transmission pandemic, or epidemic control, who were commentating on it. Social media perpetuated myths and fake news. How did people get access to accurate commentary?

*“People turned to conventional journalism, and particularly quality journalism, to get their information. What we've now seen is that in a crisis, they come back to quality journalism”. (Robert Gottliebson)*

In some states, the chief medical officer trumped the elected democratic official in terms of who was making decisions about what. It's easy to be critical of what happened in the early days of the pandemic, because everyone was fearful, no one understood the virus. The rise of the “Rockstar” doctor has been a phenomenon that we didn't necessarily predict. As the Pandemic unfolded, it became clear that not only one perspective (i.e. medical) was needed, but was a question about what is that group of experts (e.g. public health, economists, behavioural scientists) who can the democratically elected officials make the decisions. But they must make the decisions.

*“And that's why politics and the media is so polarising and divided these days, because we have massive groups of people, literally millions of people who are on completely opposite views, but are so confident that they're right, because all they're seeing is information that is reaffirming their belief”. (Mitch Hills)*

An algorithm is designed to keep you engaged. If you like something, you'll see more of it, because that will make it more engaging. So, if you are interested in conspiracy theories, you will start seeing more about conspiracy theories. Fake news is shared six times more than real news, it's often news that triggers a certain emotional trigger. So, if you're a conspiracy theorist, and you see a conspiracy article, you're likely to share it with everyone that you know.

The deliberate weaponization of information underpinned some of the demonstrations that we saw during the pandemic in Australia. This is a very serious issue because there is no doubt from a cyber security point of view and from a social media point of view, we were under attack (or at least being manipulated) by international agencies and groups, and we need to understand the extent to which this can destabilise our society. We know that the algorithms for a lot of digital media direct you to the extremes very quickly, you're only one or two likes away from the extremes- online, it happens with a few clicks. So there's certainly a place there for greater awareness of how those algorithms are highlighting the extremes about politics very quickly.

### **THE ECONOMIC LEGACY**

*“At the end of the day, economics is about the promotion of human welfare, full stop, it is not about money.” (Gigi Foster)*

On the one hand, there has been an unprecedented collapse of economic activity caused not just by the public health crisis of COVID, but even more by the lockdowns by the government reactions to that public health emergency. On the other hand, there has been an unprecedented economic stimulus, both from monetary policy and from fiscal policy. This is on a larger scale than anything seen before, even in wartime. Both the monetary expansion, the central bank balance sheet expansions, are far bigger than what occurred after the GFC.

For the world as a whole, this is the first time ever, that we're actually going to see a negative growth of GDP and actual decline of GDP in the world as a whole. This is the first time it's happened since modern economic statistics have been compiled, since the 1960s, and 1970s, by the IMF and the OECD.

Australia is facing a recession. First for nearly 30 years, the Australian economy shrank by about 7% in the three months to June, it was the second consecutive quarterly contraction in the sharpest on record. It's not expected GDP to grow until the quarter of next year. And employment has been over 7%. Through the Job Keeper and Job Seeker and a range of expenditures, the government has injected money into the system to lessen the impact of unemployment and to try and promote growth through fiscal policies. The government is also attempting to stimulate demand through tax cuts, easing access to superannuation funds, and removing restrictive lending conditions imposed on the banks.

There were various scenarios discussed for the economic recovery. There was no consensus, but it's very difficult to see the Australian economy recovering without some normalisation of trade, and migration.

Stability and certainty are things that we wish to bring to the developing world in order to stimulate investment. In Australia today, people do not know what to expect, there is a great deal of uncertainty, which is caused partly by the uncertainty related to the virus, uncertainty in relation to what is the government going to do, not just in relation to spending, but in relation to policies in relation to border

closings in relation to restrictions on activity in a particular state, border closings, not just domestically, but also internationally, these things make a huge difference to what people can expect for their future.

Government programmes need to transition more towards stimulating investment. The role of the government is to truly help its citizens in ways to offer a leg off to individuals and to companies that can then provide jobs and innovation and drive the economy forward.

One notable proposal to stimulate investment was to leverage pension and superannuation which holds close to \$3 trillion, and by 2035, on conservative numbers that will grow to around 10 trillion.

*“If we were to hypothetically take 1% of that 3 trillion today \$30 billion and invested in industries of the future, this would be the equivalent of 20 times greater than what the Prime Minister proposed a week or so ago that will be announced in the budget later today”. (Jack Dwyer)*

New industries of the future could flourish - plant based foods are \$500 billion a year; telehealth healthcare is 13% of our GDP 30% of all employment, yet telehealth is only 2% of all medical activities. 60% of Asian trade is intra-Asian, and we're going to have another billion people in Asia into the middle class, let's plug into those thematics. If we do what we have always done, we will have what we have always had. How do we feed 9 billion people at a point when only 20% of countries have self-sufficiency in food. It's highly possible that this convergence creates a product replacement cycle, unleashes consumer spending, and results in a reallocation of asset flows that we haven't seen, for decades, which is cause for optimism and excitement and in terms of unlocking industries of the future, and attracting human capital.

This particular crisis has stimulated the use of new technologies and the rapid development of digital currencies. The People's Bank of China reports there are 3 million people using digital currencies internally within China as part of its pilot schemes. They are way ahead of others in the use of this and the development of this currency as it moves forward. They're pushing it increasingly down the Belt and Road and I think they're beginning to see and we're all beginning to see the use of it. Parallel currency by its universality, and its, and its nature represents a serious alternative to the dominance of a global reserve currency. By 2030, we're going to have 70% of the world's population, who will be millennial or Gen Z globally, that's 5 billion people, who by 2030, will be 18 to 49. This will occur at the same time that we see the biggest intergenerational wealth transfer in history of around \$40 trillion. And that consumer, the younger consumer, thinks in a very different way to their parents' generation, and to many of the leaders today. COVID economically has brought forward and accelerated many of the trends that this consumer of tomorrow considered second nature, subject matters, like the Green Revolution, technological architecture, another billion Asian consumers, and personalised health care.

## PREPARING FOR THE FUTURE

We were caught short. COVID was thought to be an extremely deadly virus early on and many governments panicked into lockdown. We're all learning. We're all making mistakes, and we need to adapt to the new information that's coming out the prioritisation information.

While there is talk of elimination, this seems unrealistic. Even if there is a vaccine, the question is how good those vaccines will be and whether we need to have more than one dose. We would have to vaccinate about 26 million people when our current infrastructure is geared to vaccinate about 5 million people a year. Do we actually have the resources are we expecting GPs to do it, they may not be able to do anything else. If they have to vaccinate people, you have to get the vaccination rates up really quickly within a month or two, or we'll be living with COVID for much longer. Hotspots will persist for many years in the world because there are many countries that won't be able to vaccinate everyone. But the virus will continue to circulate but hopefully people who are vaccinated will just have a common cold instead of instead of ending up on a ventilator.

Some of the key messages and lessons include:

1. Firstly, accepting that this will not be the first and only pandemic, as with terrorism and national disasters, we need good planning, updated from time to time, and major exercises involving all jurisdictions to test the plans. But most importantly, we have to be clear about who will take charge and activate the system that's been designed and planned. Such a system might include:
  - a. Defined nationwide governance systems and practices in advance.
  - b. Early detection. An early detection system should pick up the first cluster of cases, before it spreads widely. We need to put resources into early detection of epidemics.
  - c. Significant stocks of equipment and disposables necessary for infection control, and treatment of the seriously ill with some mobile pop up emergency facilities in case they should be needed.
  - d. Highly professional communication strategies reaching down to the local level, and to all the different communities which now comprise Australia to keep the public up to date.
  - e. A system is needed to organise and deliver most of the public health activities at the community level and wherever possible, involve local governments.
  - f. Explore the establishment of a National Centre for disease control which may become a focus of expertise in new ways of identifying and combating infections in humans and importantly, animals within the broader Asia Pacific region.



2. Rebuilding the economy is essential and government programmes need to transition more towards stimulating investment.
3. The borders can't stay closed forever, for recovery of the Australian economy will require some normalisation of trade and migration.

There is much more that will come out of evaluations that are underway and will be commissioned. It is essential that we learn from the strengths and weaknesses of our response and that of other nations. The panellists have provided ample content to reflect and reset and we look forward to 2021.

## **ACKNOWLEDGEMENTS**

We are very grateful for the insights provided through this dialogue by government leaders and international and Australian industry experts in the discussion. Speakers are listed on the following pages.

### **Report prepared by:**

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### **Note**

The Webinar Series and this report are a contribution understanding and informed discussion of issues critical to our country and the world. The views presented are those of the contributors and are not necessarily those of their organisations or of ADC Forum.

## **SPEAKERS**

### ***Part One: Epidemiology and The Choices for Managing the Pandemic***

**Professor Alan Lopez**

Laureate Prof Rowden-White Chair of Global Health

**Professor Vivian Lin**

Director of Health Sector Development at World Health Organization

**Professor Olivier Oullier**

President of EMOTIV

**Dr Simon Thornley**

Senior Lecturer at The University of Auckland

**Dr Robert Laidlaw**

Founder & Executive Director of Secure Health Chain

### ***Part Two: Communicating Science and Trust in Institutions***

**Robert Gottliebsen**

Founder of Business Review Weekly

**Michelle Grattan**

Chief Political Correspondent at The Conversation

**Mitch Hills**

Creative Director of Mastered Marketing

**Dion McCurdy**

CEO and co-founder of NewVote

**Dr. Jane Thomason**

CEO of Fintech Worldwide and Blockchain Quantum Impact.

### ***Part Three: The Economic Legacy of COVID-19***

**Anatole Kaletsky**

Chief Economist and Co-Chairman of Gavekal Dragonomics.

**Professor Robert Officer AM**

Chairman of the Board at Acorn Capital Ltd and Professor Emeritus of the University of Melbourne

**Jack Dwyer**

Founder and CEO, Conduit Capital.

**Professor Gigi Foster**

Professor, Director of Education, UNSW Business School.

**Jeremy Wilson**

Chairman at The Whitechapel Think Tank

***Part Four: What are the lessons about COVID-19?***

**Terry Moran AC**

Chancellor at Federation University of Australia and Deputy President of the Walter and Eliza Hall Institute.

**Professor Raina MacIntyre**

NHMRC Principal Research Fellow and Professor of Global Biosecurity at the University of NSW.

**Professor Kanta Subbarao**

Director of the WHO Collaborating Centre for Reference and Research on Influenza

**Mio Takaoka**

CFO and Member of the Board of Medical Note, Inc., and a Partner, Arbor Ventures.

**Professor Kenji Shibuya**

Director, University Institute for Population Health at King's College London.

**Associate Professor Louis Irving**

Director of the Department of Respiratory and Sleep Medicine and Director of Clinical Training, PGY 2/33 at the Royal Melbourne Hospital, and Director of the Lung Tumour Stream at the Peter MacCallum Cancer Centre.