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EDITORIAL

Lowering the drawbridge: Australasia and the next phase of the COVID-19 pandemic

The first phase of the response to COVID-19 in Australasia was relatively simple; pull up the drawbridge to prevent incursions at the border and use lockdowns to prevent spread when the border was breached. The relative success of that strategy is based on a combination of geographic isolation, climate and low population densities; our ability to borrow cheaply to cushion the impact on people's livelihoods; the willingness of a fearful population to comply voluntarily with lockdown restrictions and, to some extent, the good fortune that few border breaches involved 'super spreaders'.

This is not a long-term strategy. Voluntary compliance becomes harder to sustain, cheap borrowing has a limit, luck eventually runs out and, at some stage, the drawbridge needs to be lowered in order to re-engage effectively with the world.

We should not think that returning to normal means returning to our pre-COVID-19 position. We now know the tremendous cost in terms of lives and livelihoods of being poorly prepared for a pandemic. We need to invest in being much better prepared for the next one. At the same time, our health systems will face additional pressure from deferred demand (with less reliance on imported clinicians) and we will have to start restoring the borrowing capacity we rely on so heavily at times of stress.

Being better prepared implies better pandemic planning and more disciplined border management, as well as improved testing, contact tracing and isolation measures required to support a proactive response, and so reduce reliance on lockdowns. As the response leans more heavily on vaccination and revaccination, we need to build and sustain the capability and capacity to deliver faster vaccine roll-out at the scale required to achieve and sustain herd immunity.

The challenge for the next phase of our pandemic response is to move from a reactive isolationist response to one that we can sustain as we re-engage with the world, even after we have managed to vaccinate a large proportion of our people. This will be a world where COVID-19 will remain rampant in some countries for some time; in which mutated COVID-19 strains will emerge that are more infectious and may not be as vulnerable to existing vaccines; and where new pandemics are likely to become more frequent and could even be more dangerous.

Freeing up the health system

Our public health systems were struggling before the pandemic. While free, universal healthcare inevitably requires rationing to be affordable, the scale of unmet need in areas like mental health, along with persistent problems of affordability and equality of access, were demanding attention well before the pandemic.[1]

It is not yet clear what disease burden has been incurred or worsened because of delays to treatment or a failure to treat people with health conditions other than COVID-19, which have arisen because of the way in which the pandemic has been managed. It may well be orders of magnitude greater than the disease burden occurred in Australasia directly due to COVID-19. Constraints on migration and the overrun of some health systems that have been traditional sources of health workers for the Australasian health workforce also make it more difficult to import clinicians to help meet any deferred demand. Brexit is unlikely to help.

In New Zealand, this situation is exaggerated by the government's recent decision to 'blow up the health system'. Essentially, all of the governors and managers of the country's district health boards and primary health organisations have been told they are going to be made redundant. It is hard to imagine that this will illicit the degree of focussed commitment the times require.

What is clear is that the overwhelming focus that our health systems have had to have on reacting to COVID-19 is neither sustainable nor desirable. In our opinion, pandemics need to be managed by a dedicated governance and management agency so that:

1 The rest of the health system can focus on what it needs to do, including addressing the impact of deferred treatment because of the pandemic, and
2 The pandemic response receives the dedicated attention required for the sort of proactive response it deserves but has not had to date.

The proverbial 'Man from Mars' is likely to wonder why two countries that have such sophisticated and

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proactive biosecurity arrangements to protect against pests and diseases that threaten their farms, orchards and vineyards have been found wanting when it comes to biosecurity arrangements that protect their populations from pandemics.

A dedicated pandemic response agency

What should this dedicated agency do and what should it look like?[2]

The key elements that would need to be overseen by this agency include the development of a pandemic plan; border and quarantine management; the testing, tracing and isolation capacity necessary to minimise reliance on costly lockdowns and the mass vaccination necessary to underpin easing of border restrictions.

While the agency would develop and update the plan and ensure capacity and capability exists to execute the plan, this capacity and capability is likely to reside elsewhere in both the public and private sectors. The agency just needs the power to ensure that the right capacity and capability is available and to ensure that it is deployed when needed. So, for example, we could imagine agreements akin to those between government and industry for biosecurity readiness and response being used to mobilise private expertise and resources in the event of a pandemic. This would include co-development of protocols with the relevant industry groups for the migration of workers, students and tourists as well as with the likes of general practitioners, pharmacies and other private health providers to support mass vaccination.

Once a pandemic plan is approved, it should be possible for government to be clear about what it expects this agency to deliver so as to afford it a broad scope of operational independence in executing the plan. This arrangement, where government sets the objectives for a governance board it appoints, and only intervenes with explicit and transparent instructions to that board, is not uncommon. This ensures that the whole process is more transparent, expectations are clear, responsibility is clearly assigned and the operational decisions are not dominated by political considerations. This should produce a more predictable response that is consistent with a more widely understood and articulated risk appetite. While the sort of events that might activate the response plan should be well described beforehand, Cabinet would need to agree that the relevant threshold for deployment was met before the agency would be given the power to direct.

New resources

COVID-19 has demonstrated just how costly pandemics can be. Reducing this cost warrants upfront investment in risk-based quarantine facilities and sophisticated technologies for tracking and tracing, and for surveillance. The latter also demands more attention to continual non-invasive or minimally invasive sampling techniques and advanced serology approaches.

Summary

The first phase of the COVID-19 pandemic in Australasia has been reasonably well managed, in large part because the solutions were simple; that is, an approach based on isolation and lockdowns. The next phase of the pandemic will be far more demanding and will necessitate much improved governance, management and resourcing. Finally, there is need to attend to the unintended economic, health and well-being consequences of the pandemic management to date.

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