COVID 3.0: Life after lockdown

Authorised by David Seymour MP, Parliament Buildings, Wellington.

+64 4 817 6222 f actparty @ act.office@parliament.govt.nz www.act.org.nz

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Executive Summary

- Eradication has served New Zealand well with long periods of freedom punctuated by short, sharp lockdowns. However, the price has been crippling isolation.
- Delta has changed the calculus of eradication, with the lockdowns no longer short, nor sharp, and the periods of freedom likely to be shorter. All the while, isolation remains a growing problem.
- Questioning has revealed the Government did little or no preparation for survival in a delta environment. It often cites initiatives that it made after the August outbreak got underway, or that it has not implemented successfully at any time
- New Zealand is caught in a catch-22 situation, between a status quo eradication policy that no longer works in a Delta world and being unprepared to adopt a new strategy
- ACT is proposing five major shifts, or movements. First we must recognise that eradication no longer stacks up and move to a policy of harm minimisation. This policy should aim to reduce each of transmission, hospitalisation, and death from COVID at the least possible cost of overall wellbeing
- Second, we must move from isolating whole cities to isolating only those who it makes sense to isolate. At the time of writing, all of Auckland is in isolation. We propose that personal isolation be restricted to three groups, those who are medically vulnerable and require special protection, those who have recently arrived in New Zealand and are privately isolating, and those who have tested positive as part of widespread surveillance testing.
- Third, we should move from chronic fear and uncertainty and get on a clear path to restoring freedom. Critically, we should settle when the vaccine roll out is 'complete' and aim to get Kiwis home for Christmas.
- Fourth, we should move from a government-knows-best approach to an approach of openness, and host all in 'sprints.' In each sprint, The Bench and all of society are invited to help reach clearly identified goals of lower transmission rates, hospitalisations and deaths, in time for reopening.
- Finally, it is no longer simple to say that the best economic response is a public health response. The entire tone of New Zealand's COVID response should shift from fear and a singular focus on public health to a focus on maximising overall wellbeing.

Introduction

Eradication is unsustainable...

New Zealand's eradication strategy has become unsustainable. Originally the Government did not plan eradication, but stumbled into it. When the Prime Minister announced the March 2020 lockdown, her intention was, in her own words, to 'flatten the curve.'

Accidental though it may have been, eradication (as it should properly be called) was temporarily successful. With zero Covid behind the enormous protective barrier of the oceans, New Zealanders enjoyed an extraordinary summer and long stretches of freedom in return for comparatively short lockdowns. All this with fewer COVID deaths than any other developed country.

Unfortunately, the approach was also unsustainable. New Zealanders, almost by definition, are travellers. You don't end up living in the most isolated large country on earth unless travel was somewhere in your DNA. In normal times 20,000 people arrive on our shores each day. Under the Government's MIQ regime, only 200, or one per cent of that number, can enter the country.

Not only does the eradication strategy rely on a nearly closed border, but it is becoming less effective. As *COVID 2.0* identified, variants are a megatrend influencing the development of the pandemic, and so it has come to pass with the Delta variant. New variants have sunk the strategy.

...the costs have grown while the benefits have shrunk with Delta

The 'long tail' on the most recent outbreak totally upsets the cost benefit analysis of the eradication strategy. Whereas previously the Government could credibly talk about 'short, sharp' lockdowns, with Delta it struggles to say what will happen from one week to the next. The cost of lockdowns has risen, and the benefits of eradication have become illusive.

For many New Zealanders these costs are becoming acute and often harrowing. For example, Business Associations report rock bottom mental health scores from their members, who face serious cash flow problems and great uncertainty about the future. Children are anxious about missing school, and medical operations are being deferred while private practice is shut down. Supply chains are being disrupted.

Meanwhile New Zealand has relied not only on isolation but also on enormous fiscal and monetary stimulus to get through its period of isolation and lockdowns. Treasury estimated an additional $140 billion of public debt would be taken on over the four-year budget cycle. Loose monetary policy has been used to cheapen that debt, but it too has a cost measured in runaway house price inflation.

...but the Government has been prepared for the new variant

At the same time as the strategy has become untenable, the Government has been unable to point to improvements in its response. Its approach to testing, tracing, isolation, and vaccination is almost completely unchanged from eighteen months ago. This has compounded the problem.

When asked to identify changes made in response to Delta, the Government has been unable to give credible answers. They have either pointed to measures taken after the August 2020 outbreak got underway (such as increased wastewater testing), or measures that they have not successfully implemented (such as saliva testing).

The net result is that New Zealand cannot afford to change strategy. We simply do not have the measures prepared to manage any strategy other than eradication.

...Leaving us in a catch-22

We cannot afford to continue with a hard border and lockdowns while the rest of the world is accepting delta and moving on. However, we also have no plan to move on. 'We' meaning the New Zealand public. If the Government has a plan, it has neglected to share it with us. ACT's COVID 3.0 plan is proposing just such a plan of action to break the catch-22. We cannot afford to keep being caught between eradication that is unsustainable and a future we are unprepared for.

...requiring a movement to a new plan

The lack of preparation for Delta has left a very narrow window for moving to a new plan. COVID 3.0 builds on COVID 2.0, proposing five major shifts or movements to give certainty, restore freedom, and improve New Zealanders' overall wellbeing.

Five Big Movements

1) From a futile eradication strategy → to harm minimisation

Eradication has proved effective, at least internally, with earlier variants of COVID-19. New Zealand has eradicated COVID-19 three times, after the initial outbreak in February 2020, again after the August outbreak of that year, and a third time after the February 2021 outbreak. However, the new Delta outbreak has proved more difficult to contain.

The August 2021 Delta outbreak is much more difficult to beat with lockdowns. The outbreak appears likely to continue into October. A persistent long tail of cases has seen Auckland remain at Alert Level 3 and cut off from the rest of New Zealand and the world. With no clear end in sight, Auckland at least is suffering the cost of the lockdown without the benefit of a period of eradication.

This outbreak is also occurring against a backdrop of the fatigue identified in the COVID 2.0 paper. Businesses that have built up their revenue and started to pay down debt since last year's lockdowns enter this year's lockdowns from a much more challenging position than last time.

Meanwhile the costs of isolation from the rest of the world are growing. The Government's new 'lobby and waiting room' system for MIQ spots has only served to highlight that demand for MIQ spots is a large multiple of their supply. Separated families, shortages of skilled workers, and the need to renew commercial relationships are all accumulating as time goes on.

The eradication strategy is no longer sustainable. The emphasis should shift to minimising the harm of COVID while accepting that it is impractical to keep the virus out completely, and the cost of trying is unaffordable. We should move to a new strategy of harm minimisation. This strategy involves setting new targets. The goals of harm minimisation should be:

Minimise transmission at least cost

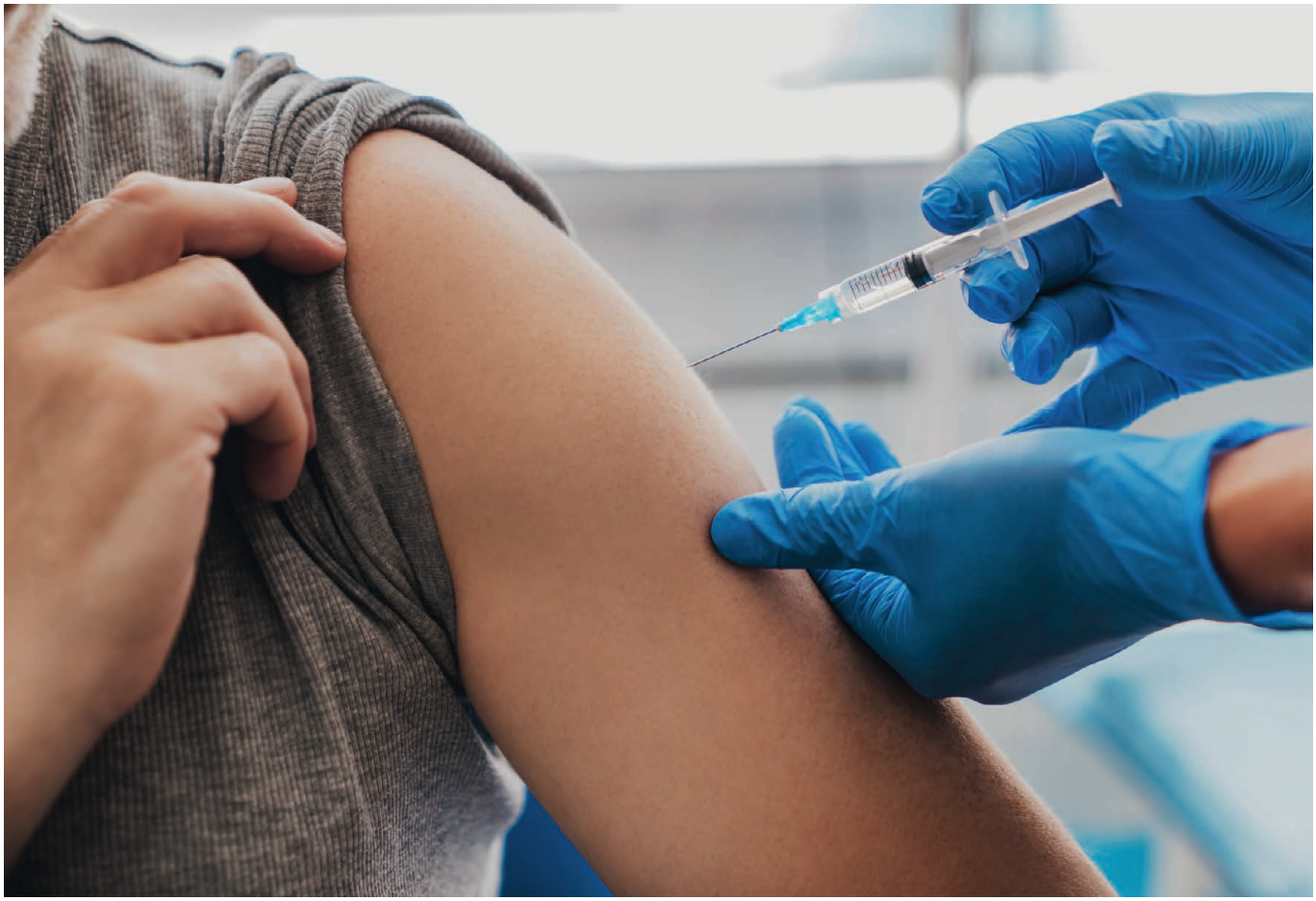
Policy should seek to minimise transmission rates at least cost, and the relevant costs are not only financial. Restrictions on people moving about, working, learning, and seeking healthcare all impose costs on people satisfying other aspects of their overall wellbeing.

- Vaccination is the most effective tool for reducing transmission, and the Government should be prepared to partner with community groups including GPs and Pharmacies, and offer increasing financial incentives to organisations that succeed in getting people vaccinated as the number of unvaccinated increases. There should also be follow up of priority groups, and more 'Mr Whippy' style door to door initiatives.
- Effective testing can ensure infected people isolate before transmitting the virus or reduce the number of people they transmit it to. This should be much wider than the current approach of Government-run nasopharyngeal testing, with rapid antigen testing being immediately legalised, saliva testing from new providers being rolled out, and more frequent and widespread wastewater testing with daily and transparent reporting to alert people that testing may be required
- Effective contact tracing can help notify people that they require testing and possible isolation. The Government should reengage with the developer of the NZ COVID Tracer App and offer incentives for using it to increase the effectiveness of digital contact tracing
- Clear rules of the game can reduce transmission, social distancing and masking should be promoted on the basis that they reduce transmission rather than in an arbitrary fashion
- Transmission reduction should focus on reducing transmission to vulnerable groups, such as those in rest homes in proportion to the risk of hospitalisation and death.

Minimise hospitalisation at least cost

Policy should seek to reduce the number of people hospitalised to reduce the displacement of non-COVID patients and prevent an overload of COVID patients. This should focus both on minimalizing admissions and treating COVID patients to reduce their time in hospital, freeing up beds.

- Vaccination is again the main tool for reducing hospitalisation. Recent evidence from Singapore, for example, shows that the unvaccinated are disproportionately likely to be hospitalised
- New treatments such as mono-clonal antibodies that can speed recovery should be brought on to reduce time spent in hospital by COVID patients



- Treatment outside hospital should be investigated with a view to reducing hospitalisation. For example, Blood Oxygen Monitors should be issued to positive cases who may require hospitalisation, with instructions to admit themselves only if their blood oxygen levels drop to a given level

Minimise COVID deaths

The ultimate policy goal should be to ensure that people do not die from COVID. Measures to reduce transmission and hospitalisation, especially to vulnerable populations, will do much of this work. Vaccination is again the most effective tool, but treatments, and ICU surge capacity should also be expanded.

2) From isolating whole cities → to isolating travellers, the infected, and the vulnerable

For seven weeks all of Auckland has been isolated. If eradication was the goal, this might be justified but with no end in sight, it is no longer a sustainable strategy. A better way to reframe isolation is that it should be targeted. Isolation policy should help achieve the goals of minimising transmission and hospitalisation at least cost, and minimising COVID deaths.

Isolation should be moved from blanket isolation to isolating three groups to achieve the overall goals:

- Recent arrivals who may have COVID due to having travelled to places with COVID should be required to isolate. They would be required to isolate at home or similar, with the isolation period depending on their test history, including tests taken before travel, and the risk associated with the place they travelled from
- Those who have tested positive or suspect they have a case should be required to isolate to prevent further transmission.
- Those vulnerable to COVID due to underlying health conditions, and especially their age should have protocols in place to protect them from transmission. This should include strict protocols for retirement villages, put in place in cooperation with the sector

The first two categories of people should be required to isolate according to stated protocols with existing penalties in place and random checks by police. Those isolating for their own protection should be given the protocols for their own protection but not sanctioned.

3) From chronic uncertainty → to a clear pathway towards restoring freedom

The Government has routinely resorted to saying that there are too many variables and everything with COVID is, in the Prime Minister's words, an 'experiment.' That may be true from a purely public health perspective, but people attending to other aspects of their wellbeing require certainty.

For examples, businesses burning their cash reserves need to make difficult decisions about retaining staff and even whether to continue at all. Schools planning end of year examinations need to know whether it will be possible to hold them under alert level conditions. Hospitals scheduling operations also need certainty. If the COVID response needs flexibility, it must be balanced against everyone else's need for certainty about the COVID response.

A further concern is that temporary COVID measures should not become permanent restrictions on freedom. The COVID response Minister has already intimated that we should look to the response to 9/11 to understand how COVID will change the balance between personal freedom and state power. People will be more accepting of restrictions on their Freedom if it is understood that those restrictions are genuinely temporary.

To restore certainty, Government policy should lay out a timeframe for lifting of restrictions. It should begin with a statement of when the Vaccination program will be complete and when it will happen.

At the present time there are approximately one million people who have not had their first dose, therefore requiring two million doses in total. A further 1.4 million have had one dose, requiring a further 1.4 million. At the current rate of approximately 50,000 doses per day, it would take 68 days to administer 3.4 million doses. That takes us through to the end of November. By that time, Group four will have been eligible for two months, but with six weeks between doses, not all might have had a chance to be full vaccinated.

Considering these details, it will be possible to say that everyone will have been fully vaccinated in mid-December. At that time, the Vaccine roll out should be deemed complete, and MIQ requirements to be dropped in time for people from low-risk countries who've met suitable testing and private isolation requirements should be allowed to return to the country for Christmas.

This will only be possible if several non-vaccination measures are complete by that time, which is addressed in movement four, below.

Meanwhile, the Government should state that it will repeal the COVID-19 Public Health Response Act in the new year. It should surrender its general powers to issue restrictions and replace it with bespoke legislation to implement any new requirements used to reduce transmission rates, hospitalisation, and death from COVID-19. This legislation in turn should be time-limited and reviewed like the current legislation, but with far less discretionary power for Government.

4) From a government-knows-best → to an all-in 'sprint' to prepare for lifting restrictions

To date, the Government's approach has been centralised and opaque. Those who have tried to partner with Government from the private sector have expressed immense frustration. Nothing has epitomised the Government's approach more than its ban on importing even the materials for self-test kits that are widely used offshore. That and other restrictions should be removed immediately.

More generally, the Government should adopt a new way of working, engaging with industry groups from retailers to hospitality to retirement villages in a series of 'sprints' that aim to create safety standards for reducing transmission. These 'sprints' would see Government endorsed protocols for reducing transmission at least cost in a range of community activities.

The sprints would be a welcome alternative to the rigid and arbitrary rules that have led to absurdities in nearly every sector. Shopping malls have thousands of people freely flowing in and out, but a controlled environment such as an expo is prohibited from operating. Large hospitality venues are not allowed to operate, even though they would have fewer people per square metre than small ones. Funerals have not been able to operate with social distancing, but you can exercise in a cemetery with social distancing. These absurdities could be ironed out with a more collaborative model aimed at establishing protocols to reduce transmission in a range of activities.

- Set goals and invite public submissions to achieve new targets for reducing transmission, hospitalisation, and death, e.g.
  - co-design self-isolation for travel with businesses

- co-design social distancing with hospitality industry,
- invite industry to develop contact tracing solutions in open design competition

• New Zealanders should have timely access to the best treatments and technologies available to citizens of other countries. Government policy should exempt COVID treatments and technologies from the Medsafe approval process, if a treatment or technology is approved by U.S., Australia, U.K. or E.U.

5) Move from fear and public health → to optimism and balanced wellbeing

From its beginning, the Government's response has used fear as a tool. The Prime Minister has referred to the virus as 'killer,' 'deadly,' and 'tricky.' She has said that tens of thousands may die, and never recanted this claim even when the worst comparable countries have not reached population-adjusted figures to justify the claim. This approach has several flaws.

Fear has led to other aspects of New Zealanders' wellbeing getting neglected. Parents have been separated before and after childbirth for no rational reason, people have been prevented from attending funerals. Cancer screening programs have been needlessly and dangerously postponed. Fear is the enemy of overall wellbeing.

Fear has also meant that the Government is unable to change course. Having created the fear, it must keep feeding it. It is unable to change its strategy. It is unable to work on alternative strategies to eradication, being so committed to keeping the scary virus at zero not matter how impractical or costly.

It would be more helpful to have honest conversations about COVID. Eradication is no longer sustainable, New Zealand must at some point reconnect with the world. There may be more cases of COVID-19 in New Zealand than we've been used to, but these can be reduced using technologies and protocols to reduce transmission. There may be more hospitalisations, but these too can be reduced, and deaths prevented using better treatments and technologies.

This change of tone in the Government's response, moving from fear and public health towards optimism and a balanced approach to overall wellbeing will prepare New Zealand better for the inevitability that we must change strategy.

Conclusion

A better way is not only possible but now urgent and necessary. The Government has signalled it will move away from lockdowns and begin to reconnect with the world, but has not indicated how this will happen, who will be involved, or, critically, when. COVID 3.0 prepares New Zealand for life after lockdowns with minimal transmission, hospitalisation, and death, while recognising that our current strategy is unsustainable and that people need certainty and freedom.

We can only hope that the Government takes this proposal more seriously than it did COVID 2.0. New Zealanders cannot afford to keep waiting for the current Government to make up its mind.

Appendix: Reviewing COVID 2.0

ACT's COVID 2.0 paper, released in March, outlined four megatrends underlining COVID-19. It responded with five principles and 15 policy initiatives to get COVID under control and in balance with other challenges New Zealanders face in providing for their overall wellbeing.

Six months later, COVID 2.0 has stood up well. The trends have all played an important role in the COVID story.

Vaccination has been critical to countries' chances of getting back to business. The United Kingdom and Denmark, for examples, have vaccinated their way back to much more normal lives than they'd enjoyed over the previous year. The New Zealand Government's failure to roll out vaccination has, conversely, been the main restraint on New Zealand making progress. Official advice told the Government that further steps were contingent on completing the vaccination program.

Variants have played a major role. The Indian variant, now known as Delta, was not prevalent at the time of COVID 2.0. However, it has since been described here and abroad as a 'game changer.' It is now held out by the New Zealand Government as the reason that its response has stalled.

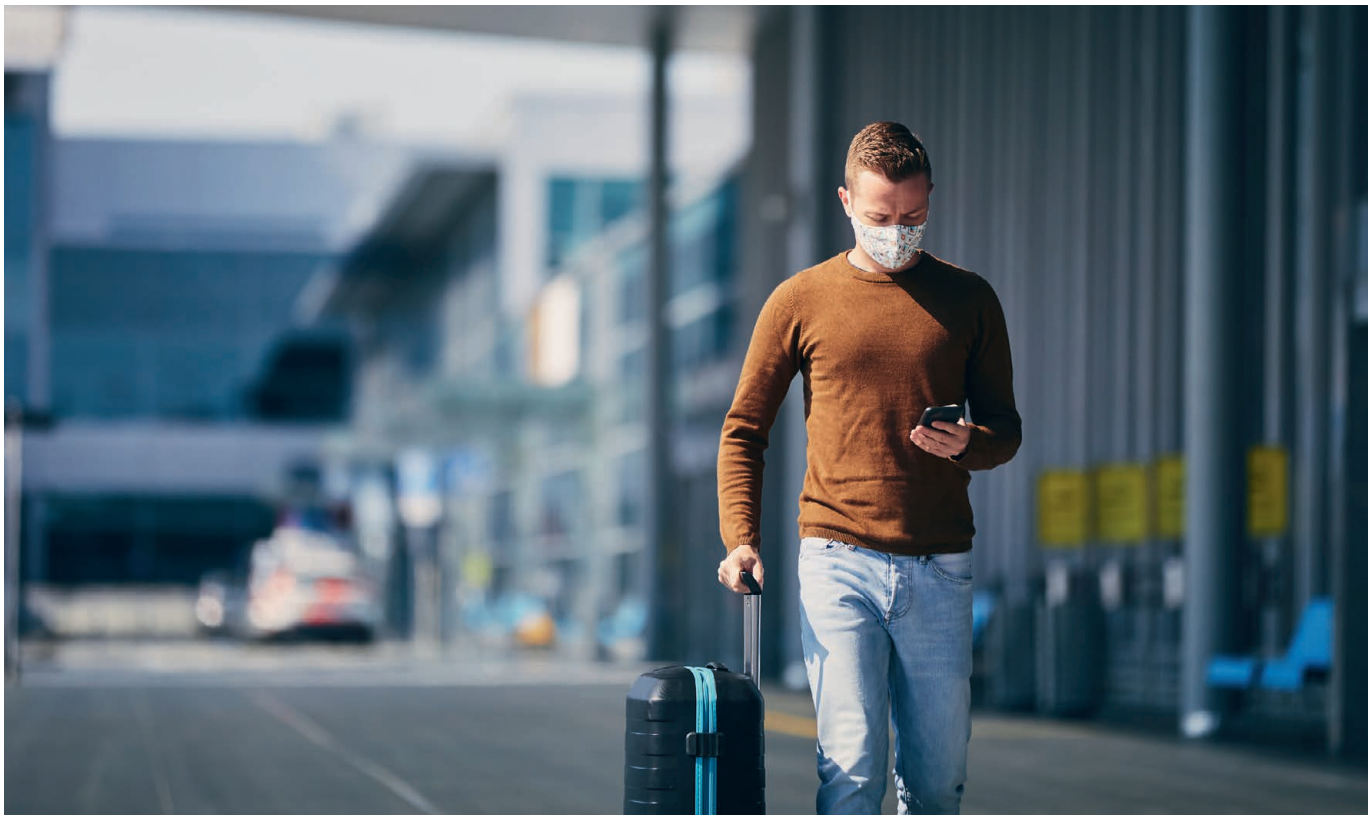
Fatigue is a major problem, as predicted by COVID 2.0. The August-September lockdown in Auckland has pushed business owners to breaking point in New Zealand, while riots have become frequent in Sydney and Melbourne.

Innovation has been a major driver of the evolving COVID response, just not in New Zealand. While new testing technologies have become important overseas, the New Zealand Government has failed at scaling up saliva testing and continues to prohibit citizens from importing point of care tests.

Like the four mega-trends, ACT's principles for COVID-19 policy have stood the test of time.

Transparency has continued to be a problem with the Government's response. Critical information about case numbers from day to day has been painfully extracted by opposition. The Government has not been forthcoming on its long-term strategy, beyond saying that there is too much uncertainty.

Fast tech uptake has shown its value overseas, while the New Zealand Government has been widely criticised for its struggles with testing, tracing, and treatment technologies. It should seek to be a leading adopter of new technology.



Risk management has remained critical, even if the Government has not performed well at it, for example the August/September lockdown found old issues such as Alert Level requirements based on arbitrary decisions on what is essential rather than what can be done safely.

Adopting a culture of inviting criticism is something the Government has refused to do, with its insistence on being 'best in show' resulting in falling confidence in its response.

An overall welfare approach has been lacking, with widespread complaints about mental health, education, and financial health as a result of the Governments approach.

ACT's specific policy prescriptions in COVID 2.0 have also stood up well, with nine of the fifteen being adopted by Government.

	Policy	Response
1	Epidemic Response Unit	**Not implemented**
2	Ensuring clear rules from Government Agencies	**Not implemented**
3	Compulsory COVID-App tracing	**Made government policy in August**
4	Saliva PCR Tests	**Provider contracted in April**
5	COVID-Card like technologies	**Investigation completed**
6	ëlarm	**Not implemented**
7	Reactivate Epidemic Response Committee	**Replaced by select Committees and return of Parliament**
8	Scale up a clear vaccine strategy	**Implemented by Government**
9	Begin work on vaccine passport	**Announced by Government**
10	Roll out wider use of screening tests	**Implemented by Government**
11	Allow individuals from COVID-free territories to travel to New Zealand	**Partially implemented**
12	Begin work on a Business Travel Network	**Not implemented**
13	Begin work on a Taiwan-style Digital Fence system for self- isolation	**Not implemented**
14	Introduce a Traffic Light system for managed isolation	**Implemented by Government**
15	Appoint a Royal Commission into New Zealand's COVID Response	**Not implemented**

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