

COVID in Victoria – the story, the lessons, the controversies

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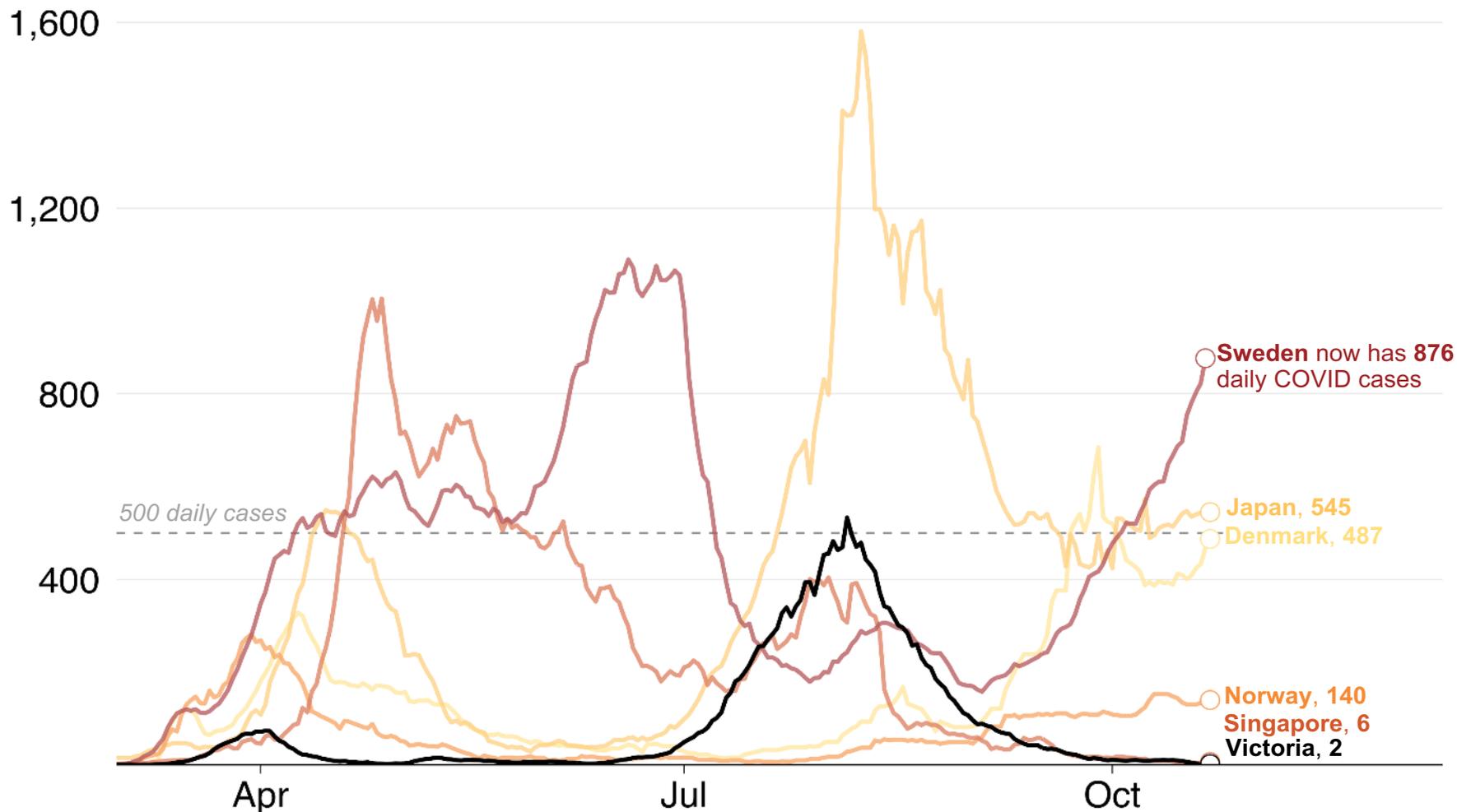


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Economics Society of Victoria
November 2020

Among places where case numbers have so far remained low, Victoria and Singapore are clear outliers

Daily new COVID-19 cases (rolling 7-day average)



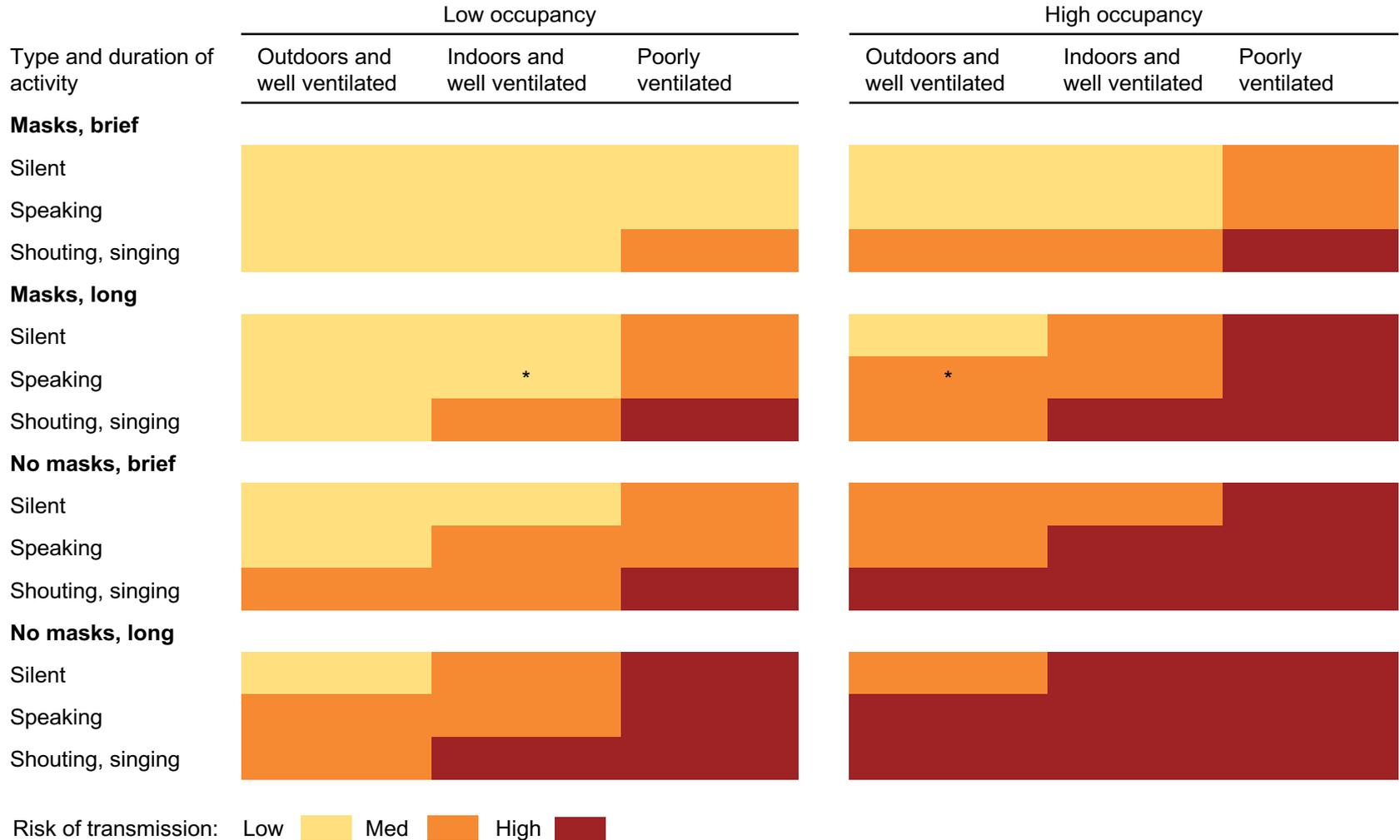
Note: All figures are rolling 7-day averages to smooth substantial day-of-week variation in reporting from some countries.
Sources: Department of Health and Human Services collated by pappubahry/AU_COVID19; Our World in Data (2020).

What we did right

1. Not in denial
2. Strong public health response
3. Following the evidence

Outdoor is safer than indoor, low occupancy is safer than high, and masks are safer than no masks

Risk of transmission for different types of activity



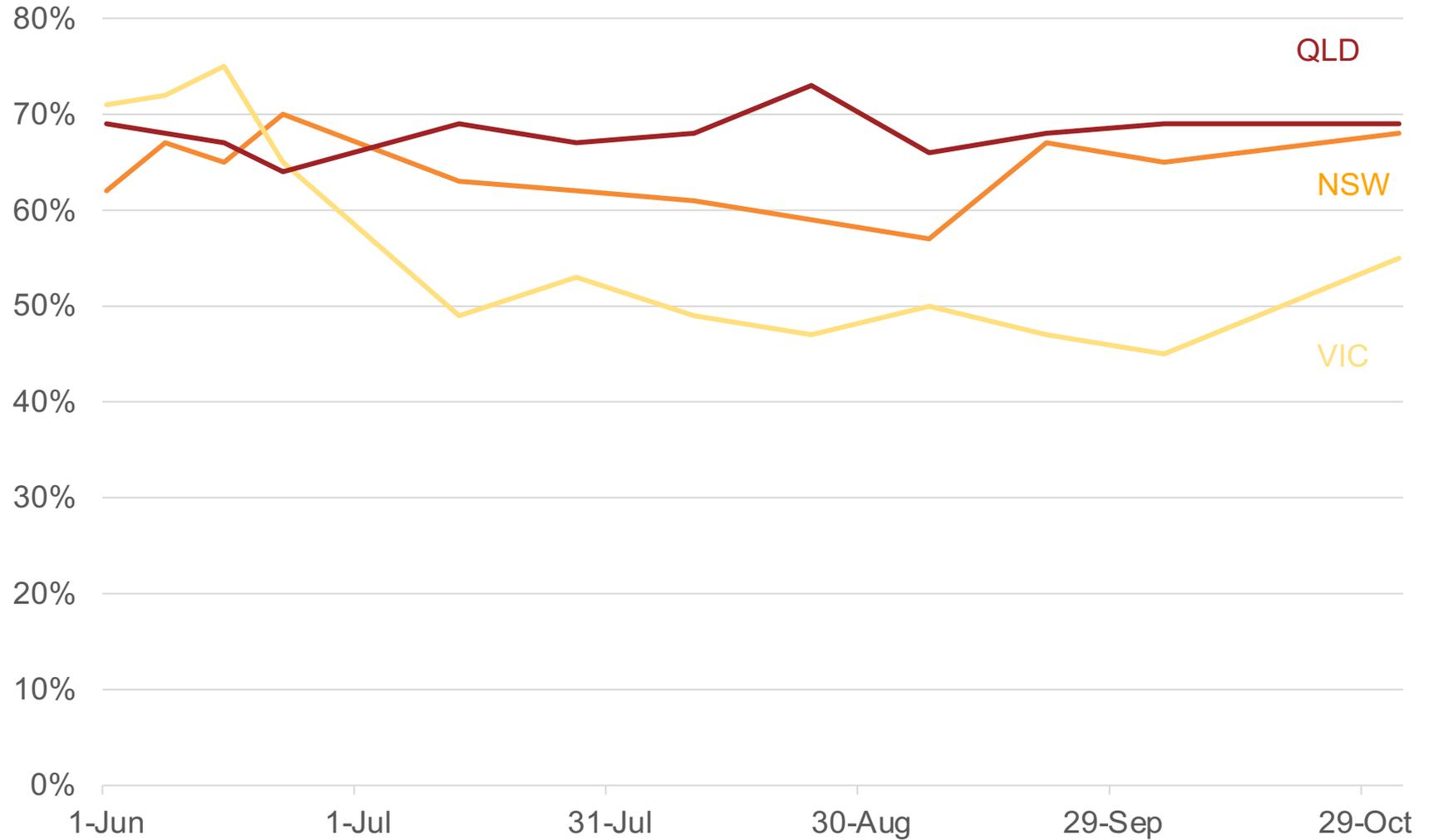
Notes: *Borderline case that is highly dependent on quantitative definitions of distancing, number of individuals, and time of exposure
 Source: Jones, Nicholas R, et al. (2020), 'Two metres or one: what is the evidence for physical distancing in covid-19?', BMJ, 370, m3223.

What we did right

1. Not in denial
2. Strong public health response
3. Following the evidence
4. Adopting the right time horizon
 - Considering 3rd, 4th wave
5. Setting the right goal
 - Target of zero
6. And taking steps to get there
7. Which the public supported
 - Daily media conferences

Public support generally good

Percent rating good or very good

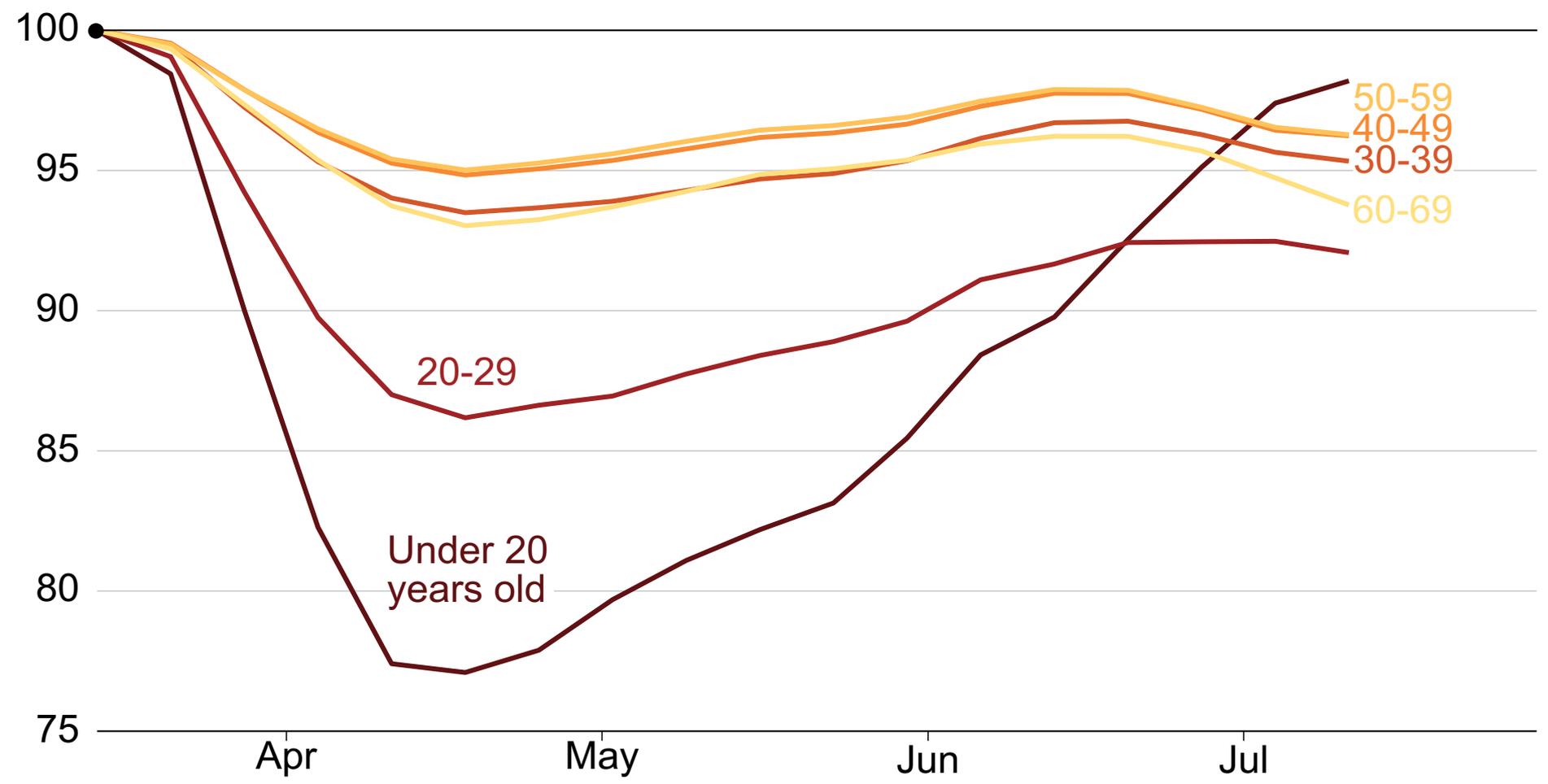


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The pandemic has hit young workers the hardest

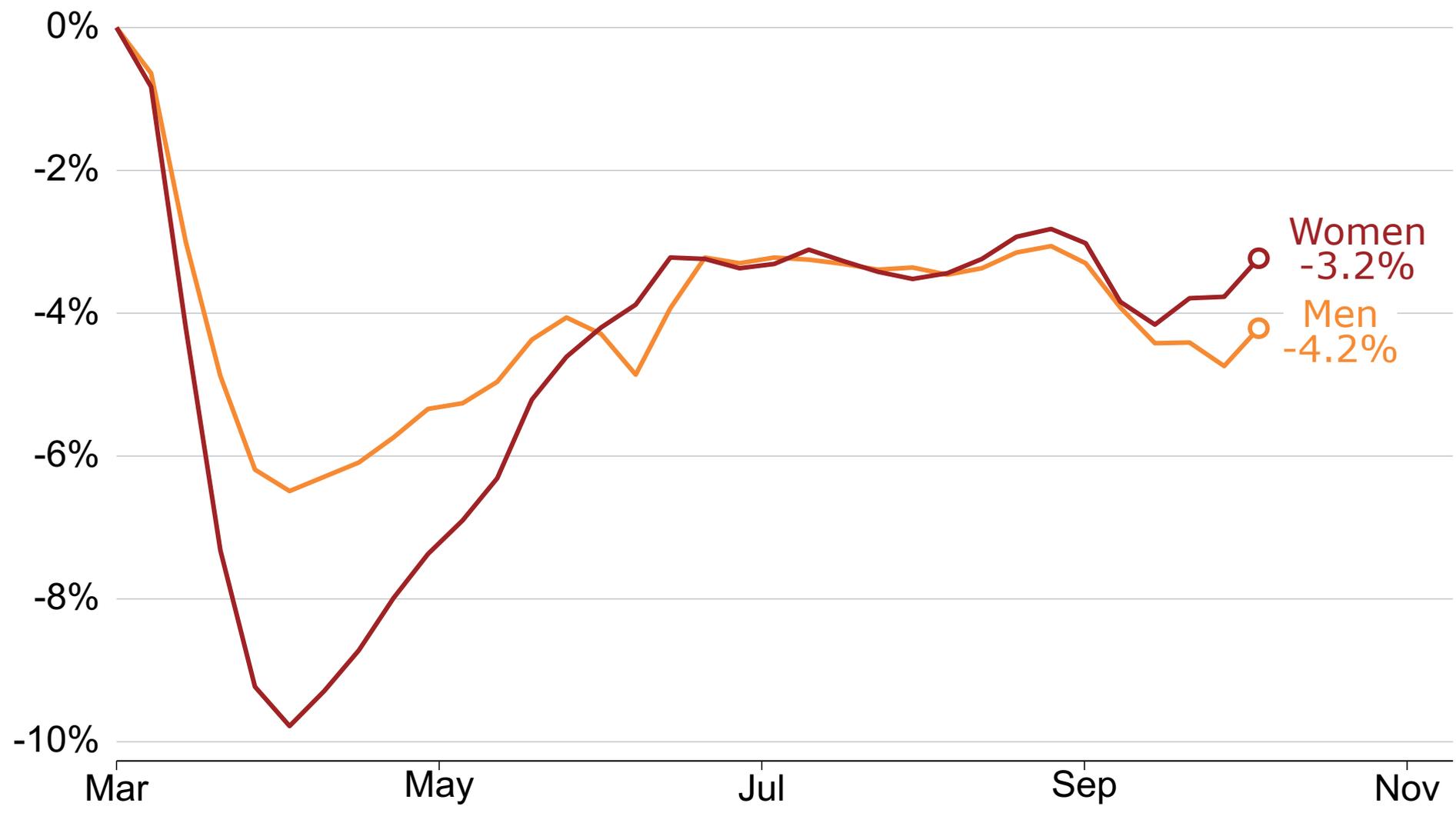
Weekly payroll jobs index, benchmarked to 14 March 2020



Notes: Excludes workers aged 70 and over, who have reached accessibility for the age pension.
Source: ABS (2020).

Women lost jobs quicker, but rebounded more than men

Change in the number of payroll jobs since 14 March 2020



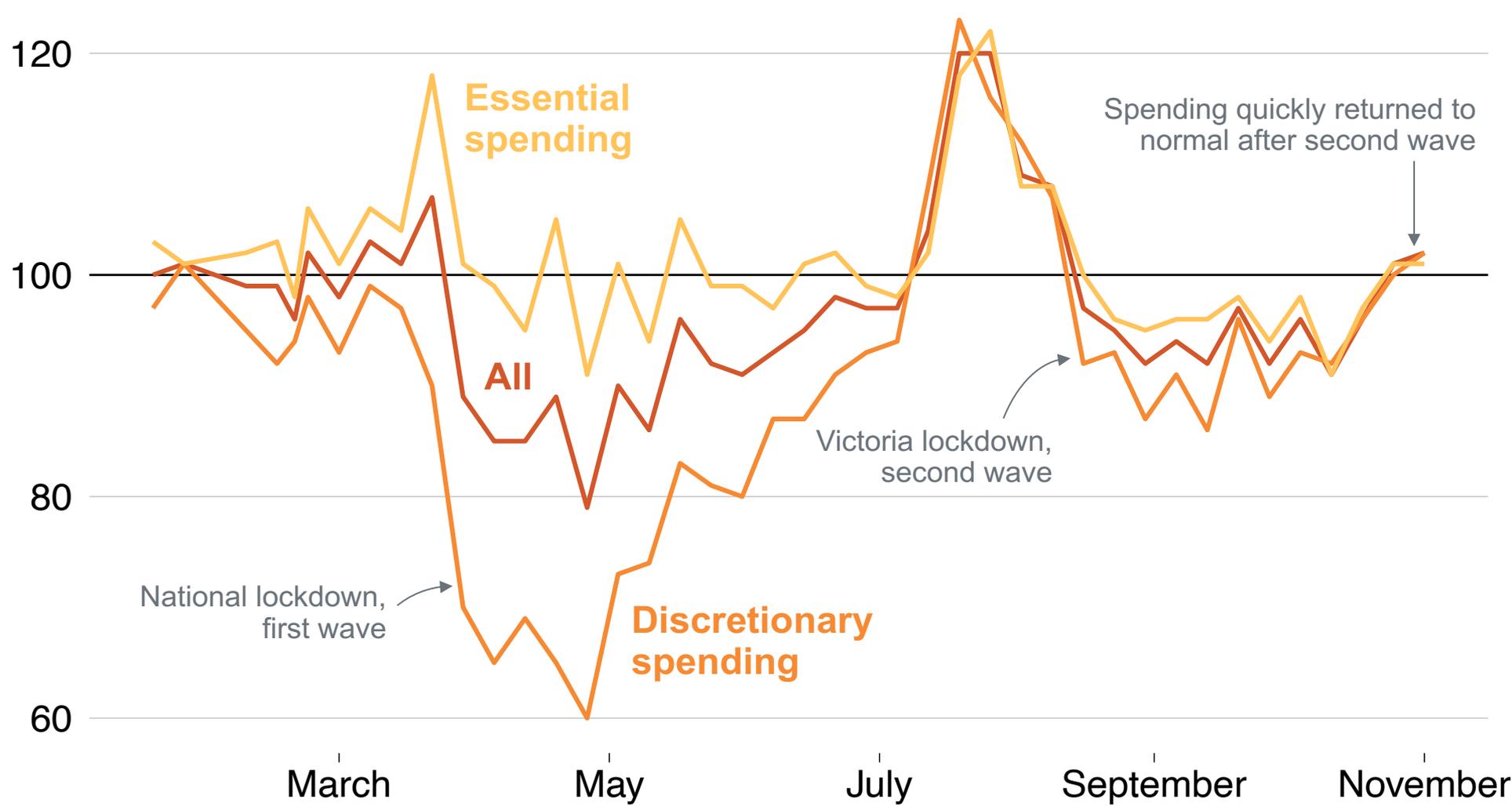
Source: ABS Weekly Payroll Jobs.

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8. Mitigating effects on vulnerable
 - Economic support (Commonwealth)
 - Testing/isolation support (state)
9. Business stimulus
- 10..... Helped the return

After a bumpy year, aggregate Australian consumption is now back to normal

Weekly index of consumption per person, 100 = normal weekly base



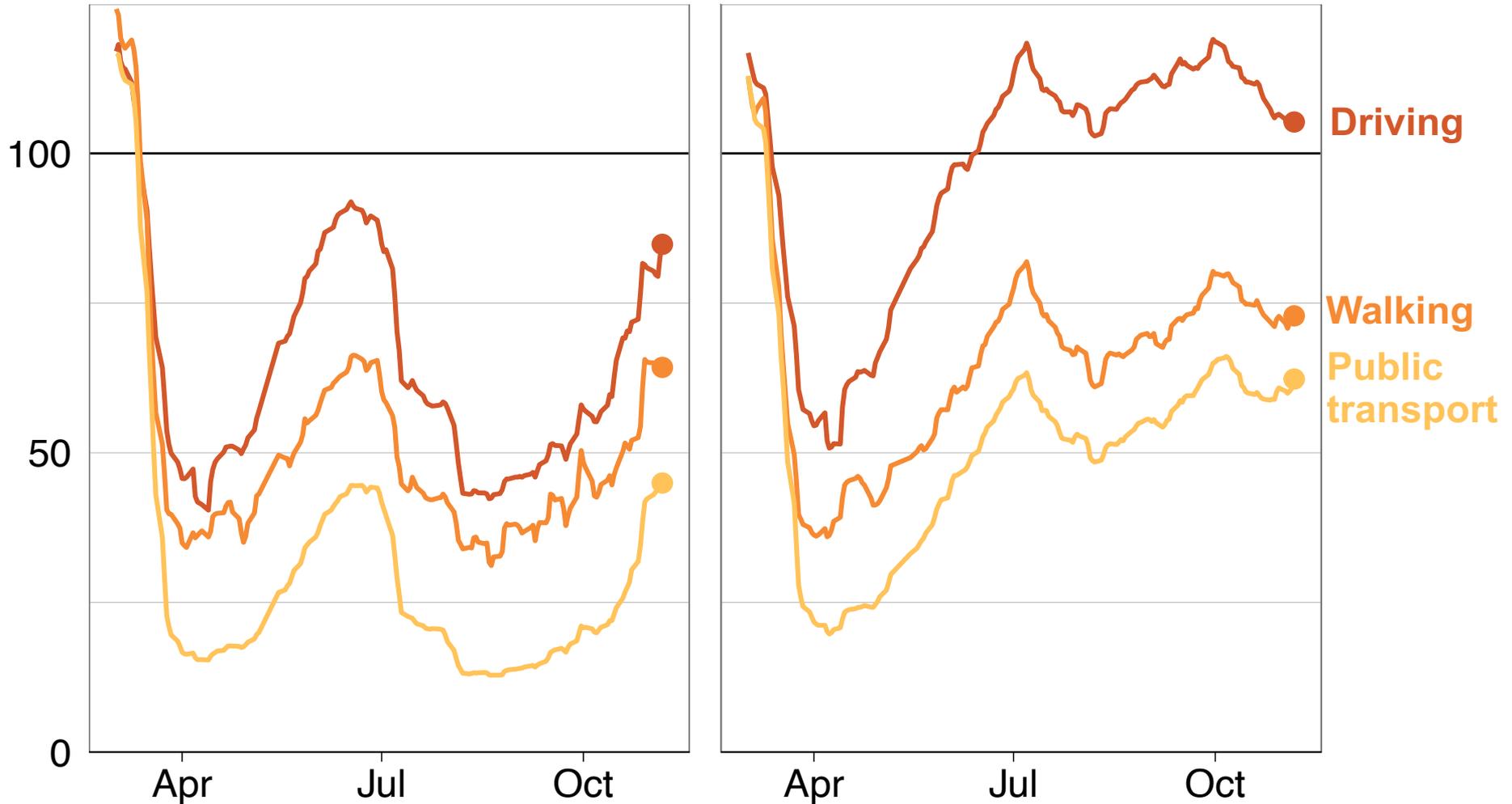
Notes: Based on a weekly sample of the transactions of 250,000 Australian consumers.
Source: illion & AlphaBeta (2020).

After a second lockdown, Melburnians are returning to their normal activity

Apple mobility index, 100 = January 13

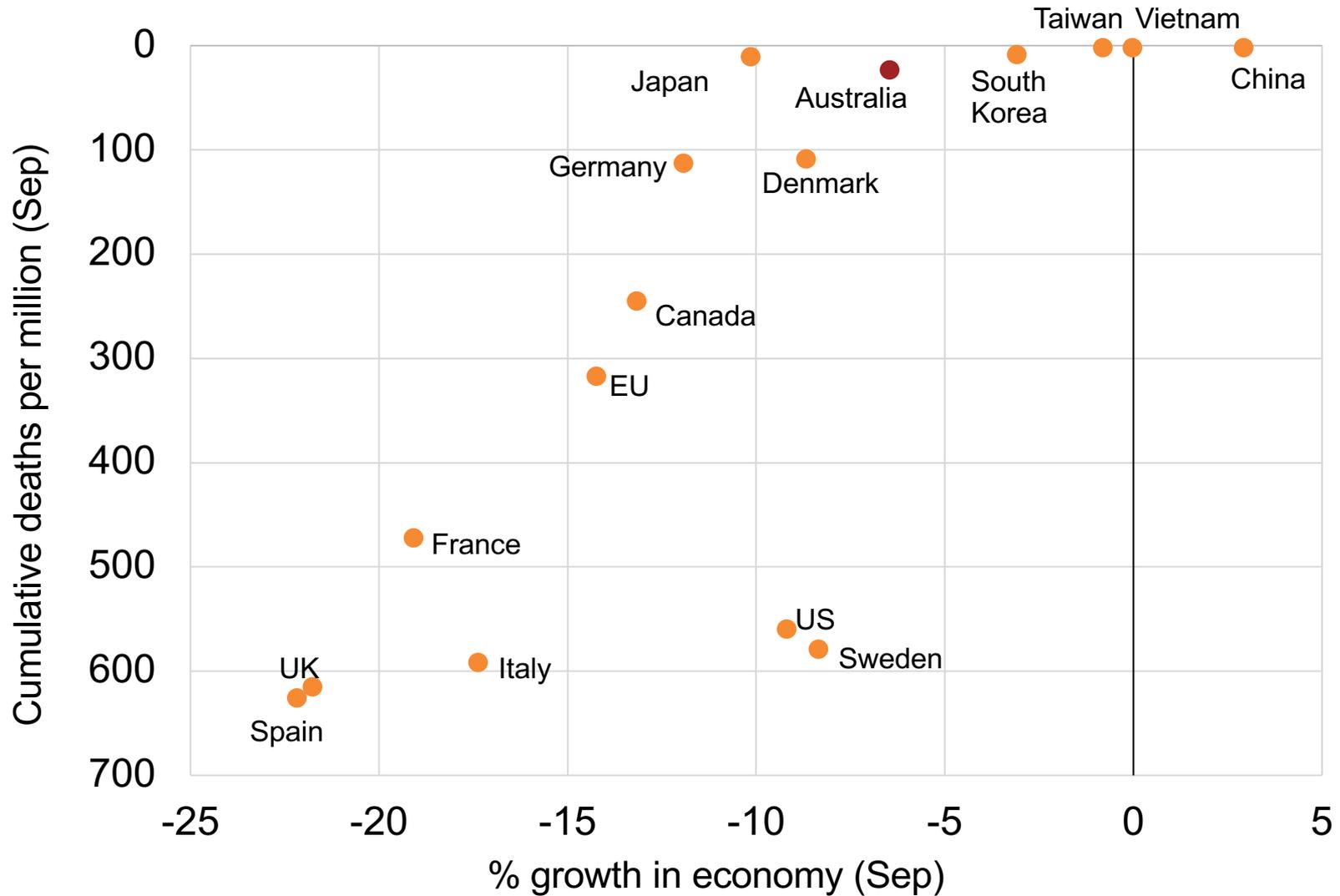
Melbourne

Sydney



Source: Apple (2020).

Countries with the worst death tolls have had the worst economic outcomes



What we did not so right

1. Stuff-ups by government contributed to major outbreaks

- Ruby Princess ‘mishap’ (Brett Walker SC)

In light of all the information the Expert Panel had, the decision to assess the risk as “low risk” – meaning, in effect, “do nothing” – is as inexplicable as it is unjustifiable. It was a serious mistake

The one fly in the ointment so far as assistance to this Commission goes, is the stance of the Commonwealth. A Summons to a Commonwealth officer to attend and give evidence about the grant of pratique for the Ruby Princess was met with steps towards proceedings in the High Court of Australia. Quite how this met the Prime Minister’s early assurance of full co-operation with the Commission escapes me.

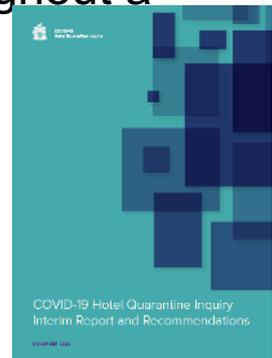


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1. Stuff-ups by government contributed to major outbreaks

- Ruby Princess 'mishap'
- Hotel quarantine (Jennifer Coates AO)

1. Defining the Quarantine Program as a public health program
2. Efficient and effective communication between State and Commonwealth officials and international arrivals
3. Controlling the numbers
4. Clear governance structure for the whole Quarantine Program
5. Clear consideration of, and support for, the health and wellbeing of all people in quarantine
6. Clear and accessible communication and provision of information throughout a person's time in quarantine
7. Efficient and effective record-keeping for all people in quarantine



What we did not so right

1. Stuff-ups by government outbreaks

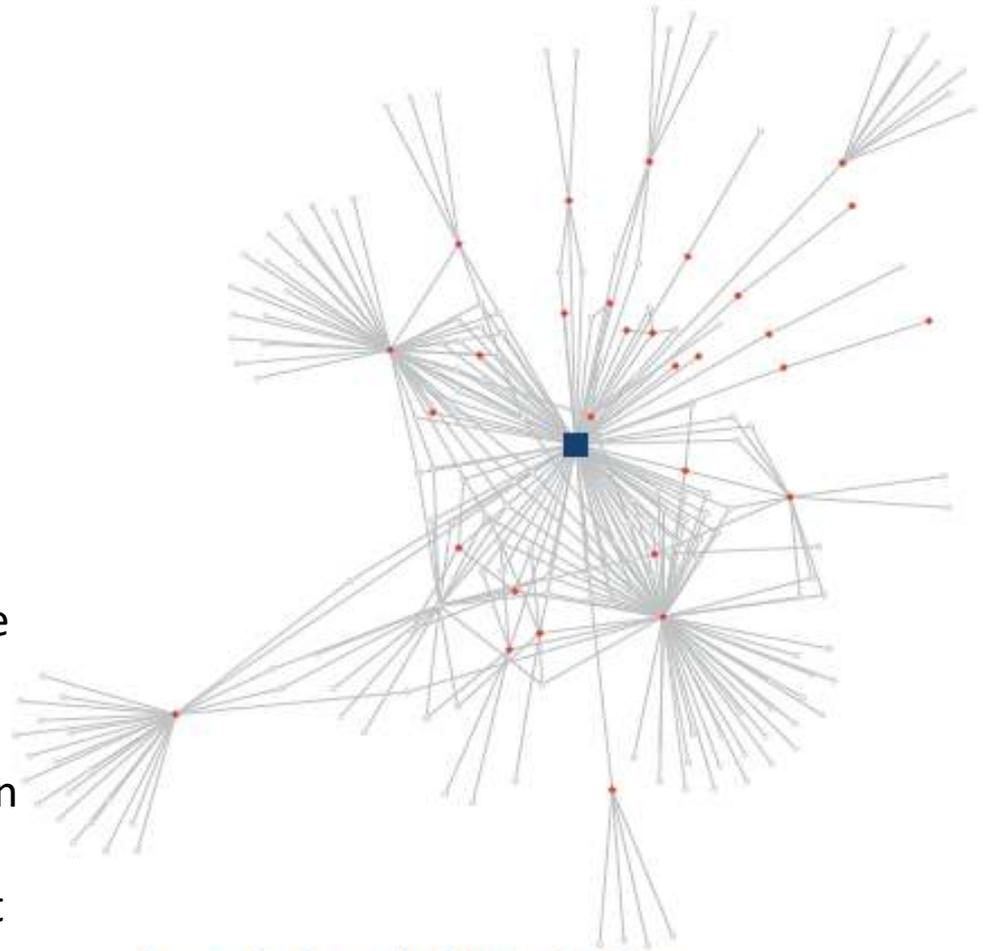
- Ruby Princess 'mishap'
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2. Unprepared

- Wave 1: slow to get started
- Wave 2: break-down in system
 - contact tracing in Vic

However, we found processes that can be improved. In some jurisdictions, interviews with contacts are recorded on paper before being entered into a database, causing delays and the potential for error. Contact information is inconsistently collected when people visit venues. Text messages to people with COVID-19 and contacts are not always in the preferred language of the person. Domestic airline passenger lists and contact details are not always accurate.

National Contact Tracing Review



A report for Australia's National Cabinet
November 2020

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 - aged care



Royal
Commission
into Aged
Care Quality
and Safety

**Aged care
and COVID-19:**
a special report

Aged care

- Emergency response and interagency operations were characterised by a lack of clarity in the relationships and hierarchy among government health agencies, including Nepean Blue Mountains Local Health District, NSW Health, the Commonwealth Department of Health and the Aged Care Quality and Safety Commission. This created confusion for Anglicare Board and managers, who were unfamiliar with the state agencies and the hierarchy of decision-making in the context of a COVID-19 outbreak;
- Leadership and management at Newmarch House and in the broader Anglicare organisation, was generally invisible to external parties interacting with them. Whilst their efforts were recognised by many,
- Communication was consistently highlighted as an issue for families who felt disconnected from their loved ones during the course of the outbreak
- Staffing during the COVID-19 outbreak was severely depleted as a result of many staff being isolated due to COVID-19 infection or quarantined because of close contact. The requirements for staff replacements could not have been reasonably anticipated; they greatly exceeded the organisation's planned surge capacity.

Newmarch House

- Daily teleconferences began on 15 April 2020, to share information and monitor the course of the outbreak at Newmarch House. Participants in these teleconferences varied but included representatives of some or all of the Commission, DoH, Nepean Blue Mountains PHU, NSW State Health Operations Centre (SHEOC), Nepean Hospital specialists and Anglicare.
- Anglicare and Newmarch House managers were increasingly burdened by requests for information arising from frequent daily teleconferences, including line-listings of cases and details of the status of individual residents. Many of these requests were triggered by numerous complaints to the Commission by anxious relatives, unable to contact Newmarch House. Senior Anglicare managers themselves had difficulty accessing clinical information because on-site managers and staff were overwhelmed by the pressure of providing care and unable to provide regular reports to residents' relatives or gather the information requested.
- Anglicare managers, who participated in these teleconferences, reported frustration about conflicting advice from different agencies and the lack of clarity about the hierarchy of authority. Teleconference participants failed to identify themselves or the agency they represented and no minutes or action items were distributed to confirm or clarify the information or actions required.

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3. Emerging themes/contested issues:

- Political debate: Elimination vs suppression vs ‘aggressive suppression’
- ‘National cabinet’
- Racism/bias/ignorance (Public housing lockdown)
- Data communication / public communication (e.g. complex criteria for step-out phases)
- Following the evidence???