NZ ROYAL COMMISSION
COVID-19 LESSONS LEARNED

TE TIRA ĀRAI URUTĀ

Whītiki Aotearoa:

Lessons from COVID-19 to prepare Aotearoa New Zealand for a future pandemic

Summary report
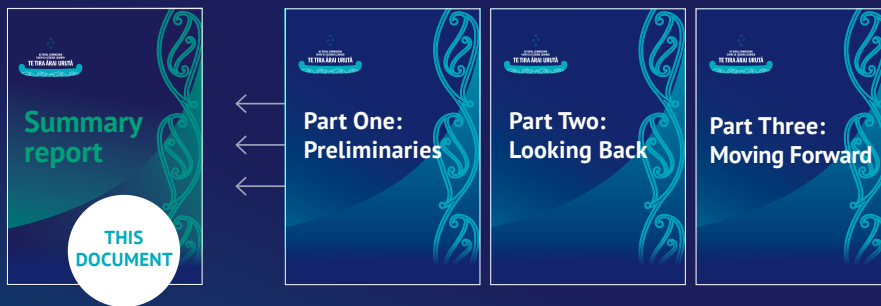
Pūrongo Whakarāpopoto

NAKU TE ROUROU
NAU TE ROUROU
KA ORA AI TE IWI

WITH YOUR BASKET
AND MY BASKET THE
PEOPLE WILL THRIVE

Navigating our reports |
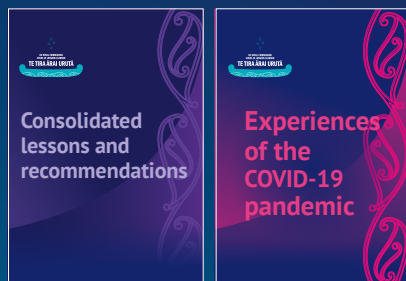# Te wherawhera i ā mātau pūrongo

2024 – Phase One

This is a Summary of the Main Report for Te Tira Ārai Urutā the
Royal Commission of Inquiry into COVID-19 Lessons Learned.
To see the entire report suite, visit covid19lessons.royalcommission.nz

Main Report:

Summary report

THIS DOCUMENT

Part One: Preliminaries

Part Two: Looking Back

Part Three: Moving Forward

Supporting documents:

Consolidated lessons and recommendations

Experiences of the COVID-19 pandemic

2026 – Phase Two

Main Report

Foreword |
Kupu Whakataki

Among the many shocks COVID-19 dealt Aotearoa New Zealand was a profound and prolonged loss of certainty. When we first saw footage of deserted streets in Wuhan and overflowing wards in Italian hospitals, we were bewildered. What was this new infection, would it affect us and how bad would it get? When would things go back to normal?

Very soon, it was clear there would be no escaping COVID-19 and normal life would be on hold for some time to come. By mid-March 2020, the Government knew it needed to respond strongly, given the risk that COVID-19 would otherwise over-run our health system and cause many deaths. As an island state, we had an opportunity unavailable to many countries already in the grip of COVID-19: we could stamp it out to the extent that it had reached Aotearoa New Zealand already and then do our best to shut out further incursions, at least for a while. And so, at the end of March 2020, the Government made the difficult decision to, in effect, close the borders and put the whole country into lockdown.

Almost overnight, the routine and familiar was upended. Everyday activities we took for granted – going to work or school, catching up with family and friends, a quick trip to the shops – were suddenly out of reach. Our lives were governed by strict rules that were rolled out rapidly and rolled back again as outbreaks waxed and waned. To navigate this new landscape, we acquired a whole new vocabulary: alert levels, locations of interest, PPE, RAT tests, traffic lights.

Most of us learned to live with the unknowns, the instability and the sheer strangeness of it all. We recognised that, however tough things seemed here, many other countries had it far worse. International comparative studies have since borne that out. Our COVID-19 mortality rate was much lower than most other countries, including the United States and the United Kingdom (see Chapter 5 for a snapshot of Aotearoa New Zealand's comparative pandemic outcomes). Our health system was never overwhelmed by COVID-19 cases, although it was often strained in other ways. While our use of lockdowns was among the most stringent in the world, it was relatively sparing: we spent more of 2020 free from onerous restrictions than people elsewhere. A generous economic response cushioned people from the worst of the pandemic's immediate impacts and – initially at least – Aotearoa New Zealand's social and economic outcomes were better than most other OECD countries.[1]

> **Almost overnight, the routine and familiar was upended.**

But still, the pandemic hit Aotearoa New Zealand hard, and it was harder on some people than others. For more than 4,000 New Zealanders who died between 2020 and the end of October 2024, COVID-19 either caused or contributed to their deaths.[2] Many others became seriously ill and some remain so today, due to long COVID. A disproportionate share of the health burden fell on Māori and Pacific peoples.[3] And of course the pandemic's impacts extended well beyond health. Some people lost jobs or businesses (although government intervention mitigated these losses), while others in essential roles had to keep working when they didn't feel safe to do so. Rights most of us take for granted were curtailed. Families were separated from relatives overseas, and some New Zealanders were unable to get home. Ongoing disruptions in the education sector saw some young people drop out. Women gave birth without the support of friends or family. People died alone or with only a few loved ones present. In 2024, the country is still reckoning with the array of economic and social challenges which the pandemic either caused or worsened.

How can we do better next time?

The importance of answering that question is, in essence, the reason for our Inquiry.

Whatever satisfaction we draw from the fact that Aotearoa New Zealand emerged from the pandemic in considerably better shape than many other countries, we cannot look away from the undeniable harm New Zealand sustained. Contentious public health measures like vaccine mandates wore away at what had initially been a united wall of public support for the pandemic response; along with the rising tide of misinformation and disinformation, this created social fissures that have not entirely been repaired. Certain groups, many already disadvantaged or vulnerable well before the pandemic, were left worse off when it subsided. As a country that has always professed its belief in equity and fairness – values also enshrined in te Tiriti o Waitangi | the Treaty of Waitangi – we need to make sure the response to the next pandemic does not lead to inequitable and damaging outcomes.

How can we do better next time? The importance of answering that question is, in essence, the reason for our Inquiry. Our terms of reference require us to review Aotearoa New Zealand's response to COVID-19 and identify lessons that will ensure we are better prepared for another pandemic. In fact, we think many of our findings and lessons can be usefully applied to other threats that could also disrupt our country in this century of heightened risk – whether these hazards are familiar or unprecedented, natural or human in origin.

We cannot know when or where the next pandemic will break out, nor what form it will take. But we can be sure of some things. There *will* be another pandemic and it will not be the same as COVID-19. It might well be triggered by another respiratory virus, perhaps even another coronavirus, although an influenza virus is more likely. But in all likelihood, its transmission characteristics and virulence (the rate of fatal cases) will be different and therefore warrant different policy response options. If we have prepared well, those options will be better than last time. Our society will be different too, not least because of the scars which COVID-19 left behind. Our personal and collective resilience, our social cohesiveness, our willingness to comply with restrictions and our tolerance of risk – all severely tested by COVID-19 – may be greater or less than last time.

This uncertainty presents challenges, but it does not make us powerless. As this report sets out, there is much Aotearoa New Zealand can do – and needs to do – to get ready for the next pandemic. We can start by developing a range of pandemic scenarios, working out the probability of them occurring and identifying their likely effects – not only on public health but on all aspects of our wellbeing. From this basis, we can decide where to prioritise investments, then plan and practise accordingly. We must have (or have access to) a suite of the very best epidemiological,

economic and social tools and resources: treatments, vaccines, technologies, economic and social supports, data and knowledge. Of course, no country can afford the investment needed to maintain all possible preparedness and policy responses in an optimal state. But, by quantifying the likelihood of future pandemic scenarios, and knowing the best way to prepare and respond to them should they occur, Aotearoa New Zealand can make rational and cost-effective decisions about investment and preparedness. We can put ourselves in a better position still if we also lay the groundwork now for the agile response strategies and delivery mechanisms we may need in future – and underpin them with even better decision-making arrangements and structures across government than we had in COVID-19.

It is not just government that must take up these challenges. When the response to COVID-19 was at its most effective, it was due not only to the hard work of public servants and politicians but also to businesses and industries, iwi and Māori, Pacific communities and other ethnic communities, social service providers, charities, volunteers and many more. They knew the needs of their sectors or communities, they knew how to reach them, and they could often do what central government could not. The response to the next pandemic, and preparations for it, must therefore harness their strengths.

COVID-19 showed us the capacity of New Zealanders, individually and collectively, to rise to a challenge that proved bigger and more complex than was initially anticipated. As we travelled the country hearing from people about their experiences, we were repeatedly struck by the extraordinary effort, commitment and selflessness shown throughout the pandemic. Across the private and public sectors alike, people worked huge hours, often from home in less than ideal and sometimes stressful conditions. They did the best they could, making difficult decisions on the basis of imperfect information. They found ways to keep things going in a rapidly-changing and sometimes frightening environment.

We would like to
acknowledge and thank
all those who met with us, made a public submission, or provided written evidence to the Inquiry.

Whether they contributed on the national stage or away from the public eye, these people made Aotearoa New Zealand's pandemic response happen. It has been one of the biggest privileges of our working lives to meet them and hear their reflections.

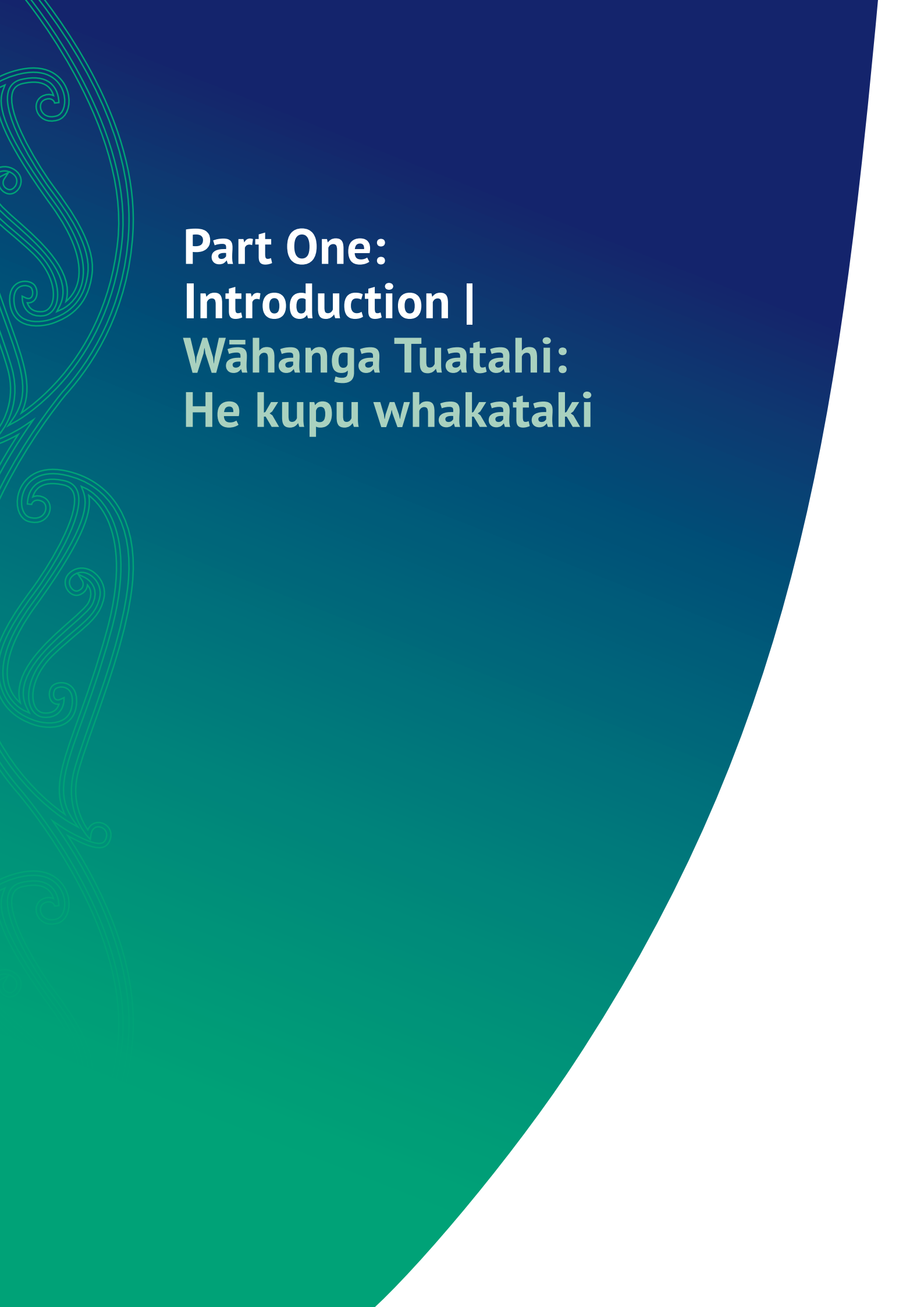We would like to acknowledge and thank all those who met with us, made a public submission, or provided written evidence to the Inquiry. We greatly appreciate the time and effort that went into preparing and providing this material to us.

Aotearoa New Zealand has much to be proud of when it looks back on its response to COVID-19. But, as nearly everyone we engaged with over the course of the Inquiry agreed, there is significant room for improvement. Not only will the next pandemic be different, but our response must be different too – and better. This report aims to make a practical contribution to that goal. We have looked back, honestly and scrupulously – not to assign blame but to enable us to move forward, as prepared as we can be, for what will be a challenging future.

Nā mātou noa, nā

Professor Tony Blakely,
Chair

John Whitehead CNZM KStJ,
Commissioner

Grant Illingworth KC,[i]
Commissioner

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i   Grant Illingworth KC was appointed as a commissioner for Phase One of the Inquiry from 2 August 2024 to 28 November 2024, with his appointment to continue into Phase Two. He was later appointed as the Chair for Phase Two. His appointment to Phase One was made at a time when evidence collection had been completed. In accordance with the terms of reference for Phase Two, Mr Illingworth has not had access to any non-public material gathered in evidence during Phase One. This includes consideration of any evidence that was adduced during the natural justice process, or any other involvement in that process. His primary role during Phase One has been to review near-final drafts of this report. Mr Illingworth has signed the report in this capacity and endorses the overall direction of findings, lessons and recommendations in the report. Mr Illingworth notes and emphasises that there are areas in the report that overlap with the Phase Two terms of reference, and that Phase Two of the Inquiry may look more deeply into some issues and make findings, identify lessons and make recommendations beyond those in the Phase One report.

Contents |
Ngā kaupapa

Part One:
Introduction |
Wāhanga Tuatahi:
He kupu whakataki

The Government announced the establishment of Te Tira Ārai Urutā the Royal Commission of Inquiry into COVID-19 Lessons Learned on 5 December 2022.

The announcement came not long after the public health measures – mask wearing, vaccine mandates, isolation requirements and more – had been retired. Likewise, the extraordinary powers that the Government was able to exercise under legislation throughout the pandemic had been largely wound back.

Even though the virus was still very much a part of daily life, Cabinet considered the time was right 'to invest in a process to learn from Aotearoa New Zealand's COVID-19 experience and to use those lessons to strengthen New Zealand's preparedness for any future pandemics'. It was fitting for this task to be undertaken by a Royal Commission – the highest form of public inquiry – given the magnitude of the COVID-19 emergency, the scale and complexity of its impacts, and the toll it had taken on the country's social and economic wellbeing.[4]

The then-Prime Minister Jacinda Ardern confirmed that epidemiologist and public health medicine specialist Professor Tony Blakely would chair the Royal Commission. He would be joined by two members, former Cabinet Minister, the Honourable Hekia Parata (Ngati Porou, Ngāi Tahu) and former Treasury Secretary, John Whitehead CNZM KStJ. All three were subject matter experts who brought a 'unique set of skills' to the Inquiry, the Prime Minister said.

They would be supported by a secretariat, with the Department of Internal Affairs serving as the host agency. The Inquiry would start hearing evidence from February 2023 and deliver its report by mid-2024 (later extended to the end of November 2024).

Following the 2023 election, the new Government signalled it was considering changes to the Inquiry's terms of reference. After a public consultation process, it was announced in June 2024 that a second inquiry phase would begin when Phase One ended. It would have different terms of reference and new commissioners. Grant Illingworth KC was appointed as a commissioner, and later appointed chair of Phase Two, alongside fellow commissioners Judy Kavanagh and Anthony Hill. The Phase Two report is scheduled to be submitted by 26 February 2026.

> The time was right to invest in a process to learn from Aotearoa New Zealand's COVID-19 experience.

Our terms of reference[5] set the parameters for both the scope and style of the Phase One Inquiry. They confirmed our core task: to look at how to strengthen Aotearoa New Zealand's preparedness for future pandemics. We were asked to do this by identifying what lessons could be learned from Aotearoa New Zealand's response to COVID-19 between February 2020 and October 2022, and how those lessons could be applied in preparation for any future pandemic.

Specifically, we were asked to consider:

- The **public health response** and the delivery of health services – including things like border closures and MIQ arrangements; the approval and mandating of vaccines; lockdowns and isolation arrangements; as well as modelling and surveillance systems, vaccine passes, gathering limits and PPE, along with continued delivery of necessary health services.

- The **provision of goods and services** – such as how people's everyday needs were met during the pandemic; the provision of lifeline utilities and services (water, electricity and so on); how education and childcare services were delivered, along with other essential services that the Government provides, like regular superannuation payments or housing.

- The **economic response** – the support available to individuals and businesses (such as the wage subsidy); the exemptions that were put in place for specific industries (farming, for example); and the Government's economic response more generally.

- **Government decision-making, communication and engagement** – what decision-making structures and arrangements were used to manage and deliver the response? How did people and communities receive information and how did Government engage with them, in order to limit the spread of the virus and ensure everyone was kept safe?

Our core task:
to look at how to strengthen Aotearoa New Zealand's preparedness for future pandemics.

Our terms of reference were therefore broad. Across health, economic and social aspects of the country's response, the Inquiry was asked to examine the **legislative, policy and operational settings** applying throughout the response and to consider: what can be learned that could improve Aotearoa New Zealand's preparedness and response to a future pandemic? The terms of reference also required us to examine how the pandemic response addressed the **interests of Māori**, consistent with the te Tiriti o Waitangi relationship, and any disproportionate impacts the pandemic may have had on particular population groups and communities. We were also asked to assess the effectiveness of the various pandemic strategies, settings and measures (both health and economic) that were adopted.

Our terms of reference excluded certain aspects of the pandemic response. Out of scope matters included specific clinical decisions, the wider health system reforms, decisions of the courts and oversight bodies, the private sector's operations (beyond delivering essential services), particular decisions taken by the Reserve Bank's independent monetary policy committee during the COVID-19 pandemic, adaptation of court procedures and parliamentary processes, and the conduct of the general election. In addition, 'the specific epidemiology of the COVID-19 virus and its variants' and 'vaccine efficacy' were out of scope.

The terms of reference emphasised that the Phase One Inquiry's aim was to extract lessons for the future. We were not to take a legalistic and adversarial approach, and should use the least formal information-gathering processes possible. We were required to utilise publicly-available information as much as possible and seek any additional information in an efficient and targeted way.

More information about the Inquiry's Phase One terms of reference is available in our main report (see Part One, Chapter 3).

3 Our approach to the Inquiry | Te huarahi i whāia e mātau

Throughout Phase One, the approach we have taken in our work has been non-adversarial, scenario-focused, exploratory, holistic and forward-looking. It has not sought to duplicate work already undertaken.

Our evidence base has been wide-ranging. We have considered information from many sources, including:

- investigations, reports, reviews and research (domestic and international) and other publicly available information – including Cabinet papers, and minutes of advisory groups and oversight bodies proactively released by government agencies;
- written evidence provided by government departments and other parties;
- additional evidence requested by the Inquiry;
- public submissions; and
- evidence gathered via direct engagements with key stakeholders, decision-makers, public servants, independent experts, and communities most impacted by the pandemic. These engagements took the form of face-to-face or virtual meetings, interviews and correspondence.

Our Phase One reports are the result of work planned and undertaken independently of the terms of reference governing Phase Two of the Inquiry. We were guided by the original terms of reference, and had completed our evidence-gathering and begun drafting our report when Phase Two was established. We consider that the breadth of the work carried out in this initial phase and presented in this report prepares the ground for, and will complement, the next phase of the Inquiry. Phase Two will look deeper into some of the same areas and also address the issue of vaccine safety and harm, excluded from the scope of Phase One.

More information about how Phase One of the Inquiry was conducted and the approach we adopted, is available in our main report (see Part One, Chapter 3).

Evidence snapshot

Phase One of the Inquiry received evidence and information from across the length and breadth of Aotearoa New Zealand.

Received more than **133,000** pages of evidence

Met with over **1,600** people

Held nearly 400 meetings, almost a third of them outside Wellington

Heard from nearly 13,000 New Zealanders through our public submissions process

The views, suggestions and evidence provided by these people and groups have been incorporated into our assessment of the overall COVID-19 response and helped us to identify key lessons for the future.

4 About this summary report |
He kōrero mō tēnei pūrongo
whakamārama

This summary report is a companion document to the Inquiry's Phase One main report and is broadly structured in the same manner. It contains three sections:

Part One, Introduction
includes information about the Inquiry's terms of reference and how we approached our work.

Part Two, Lessons learned from looking back
presents chapter summaries of the Inquiry's assessment and key lessons learned looking back at Aotearoa New Zealand's response to COVID-19. We also include topic-based overviews of what the public told the Inquiry.

Part Three, Moving forward
presents two chapters, summarising the Inquiry's Phase One lessons for the future and provides our complete set of recommendations.

> This report outlines what the Inquiry assessed, what the public told us, and the Inquiry's key lessons learned from Aotearoa New Zealand's COVID-19 pandemic response.

Lessons learned from looking back |
Ngā akoranga i te titiro whakamuri

Part Two of this report contains eight chapters which correspond with Chapters 1–8 of the Inquiry's main report. They are:

1. A snapshot of Aotearoa New Zealand's pandemic experience

2. All-of-government preparations and response

3. Lockdowns

4. Keeping the country closed: border restrictions and quarantine

5. Health system response

6. Economic and social impacts and responses

7. Vaccination

8. Mandatory measures

In this summary report, the Lessons learned from looking back chapters are condensed: we provide summaries of what the Inquiry assessed and what people told the Inquiry during our public feedback process, along with the Inquiry's key lessons learned from looking back. In the main report, these chapters contain much more detailed information about Aotearoa New Zealand's response to the COVID-19 pandemic. The main report also contains an additional chapter (Chapter 9) that takes stock of Aotearoa New Zealand's pandemic response and sets out some broad reflections on what the country's experience of COVID-19 taught us.

More information about the direct experiences of New Zealanders during the COVID-19 pandemic is available in the Inquiry's Experiences Report, which summarises key themes and insights from the public feedback process we conducted in early 2024.

Disclaimer: The content within this report that summarises people's views and experiences of the pandemic, and was gathered through our public feedback process in early 2024, is not representative of all COVID-19 pandemic experiences in Aotearoa New Zealand or all views on the pandemic response. The feedback we received only represents the views and experiences of those who chose to complete our survey. In addition, they are not the views or recommendations of the Inquiry Commissioners or the New Zealand Government.

Moving forward: Summary of lessons and recommendations | Te Anga Whakamua: He whakarāpopototanga o ngā akoranga me ngā tūtohutanga

The summary report then turns to the future. The Moving Forward section consists of two chapters that summarise the Inquiry's Phase One lessons for the future, and provide our recommendations for action.

Lessons for the future
1. Manage pandemics to look after all aspects of people's lives
2. Make good decisions
3. Build resilience in the health system
4. Build resilience in economic and social systems
5. Work together
6. Build the foundations

Lessons for the future

We outline our observations about how the global context has shifted as a result of the COVID-19 pandemic, shaping the context for the lessons we have drawn for the future (these observations are discussed in detail in our main report in Part Three, Chapter 10)

We then present six thematic lessons for the future. These describe the high-level elements we consider are necessary to ensure Aotearoa New Zealand is better prepared for the next pandemic ahead of time, and ready to respond in ways that take care of all aspects of people's lives. These are presented in both a graphic overview and written summary and can be found in Chapter 13. Within each thematic lesson, a range of 'sub-lessons' elaborate on how our Inquiry considers Aotearoa New Zealand can develop balanced and effective pandemic responses in the future.

In our main report, the 'lessons for the future' chapter contains additional commentary, context and detail. It also includes a case study (spotlight) on making complex decisions in a pandemic, and an international comparison with South Korea and its state of pandemic preparedness prior to COVID-19.

Recommendations

Our recommendations call for action across many areas of government, but all support a common overall objective: ensuring pandemic preparations and any future pandemic responses have a clear purpose and are people-centred. They set out the practical steps that we consider the Government of Aotearoa New Zealand, and its agencies, should now take to ensure any future pandemic response is effective and looks after all aspects of people's lives.[ii]

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ii   See section 5 of the Terms of Reference: 'Matters upon which recommendations are sought: The inquiry should make recommendations on the public health strategies and supporting economic and other measures that New Zealand should apply in preparation for any future pandemic, in relation to the principal matters within the inquiry's scope, by applying relevant lessons learned from New Zealand's response to COVID-19 and the response from comparable jurisdictions.'

Recommendations are organised in six groups:

1. Strengthen all-of-government coordination and accountability for pandemic preparedness

2. Ensure an all-of-government pandemic plan, response structure and supporting processes are developed and ready for a pandemic response

3. Strengthen the public health measures that may be required in a pandemic

4. Ensure all sectors are prepared for a pandemic and ready to respond

5. Ensure enablers are in place

6. Implement the Inquiry's recommendations

The challenge of responding well to a pandemic does not fall on central government alone – communities, iwi and Māori, non-governmental organisations, local government and the private sector all contributed enormously to the COVID-19 response and will doubtless do so again in another pandemic. These groups and others may well find aspects of our recommendations relevant to their own pandemic planning.

In this summary report, we provide a graphic overview and the Inquiry's complete table of recommendations (available in Chapter 14).

Part Two:
Lessons learned from looking back | Wāhanga Tuarua: Ngā akoranga i te titiro whakamuri

Introduction | Kupu whakataki

This chapter provides a series of facts, figures and graphics to remind or introduce readers to some of the key aspects of the COVID-19 pandemic in Aotearoa New Zealand, along with international comparisons.

Compared to other countries, Aotearoa New Zealand's COVID-19 response was effective at both protecting people from the health effects of the virus, and minimising the potential economic, social and wellbeing impacts of the pandemic. That is not to say the response was perfect; it wasn't, and challenges emerged as the response wore on. We look at these challenges, and other areas where lessons can be learned, in the following chapters.

Lockdowns | Ngā noho rāhui

Lockdowns were a key measure used throughout the Government's response to the COVID-19 pandemic. Under Alert Level 4 (full or 'hard' lockdown), Aotearoa New Zealand's control measures were stricter than many other countries. But New Zealanders spent comparatively little time under these conditions. After the initial lockdown in March 2020, Aotearoa New Zealand spent much of 2020 and the first half of 2021 at Alert Level 1. During these periods, people faced far fewer domestic restrictions and New Zealanders were able to enjoy relatively normal lives for long periods of time. People could gather in large numbers again, and travel domestically to visit family and friends.

For more on lockdowns, see **Chapter 7** of this report.

Note: This chapter is not intended to give a comprehensive account of Aotearoa New Zealand's COVID-19 experience. Instead, it offers a selective snapshot of how Aotearoa fared, compared with other countries, on some key measures. For more detail, please refer to Chapter 1 in Part Two of our main report, and the other chapters in this 'Lessons learned from looking back' section.

Health system response | Te urupare a te pūnaha hauora

Aotearoa New Zealand's early use of lockdowns and other restrictions helped prevent widespread COVID-19 infection until most of the population was vaccinated and the virus had become less deadly.

In the first two years of the pandemic, Aotearoa New Zealand had far fewer COVID-19 cases than most other countries and protected many vulnerable communities (including older people, disabled people, immunocompromised people).

Figure 1: COVID-19 cases (confirmed) per million people, 2020–2021
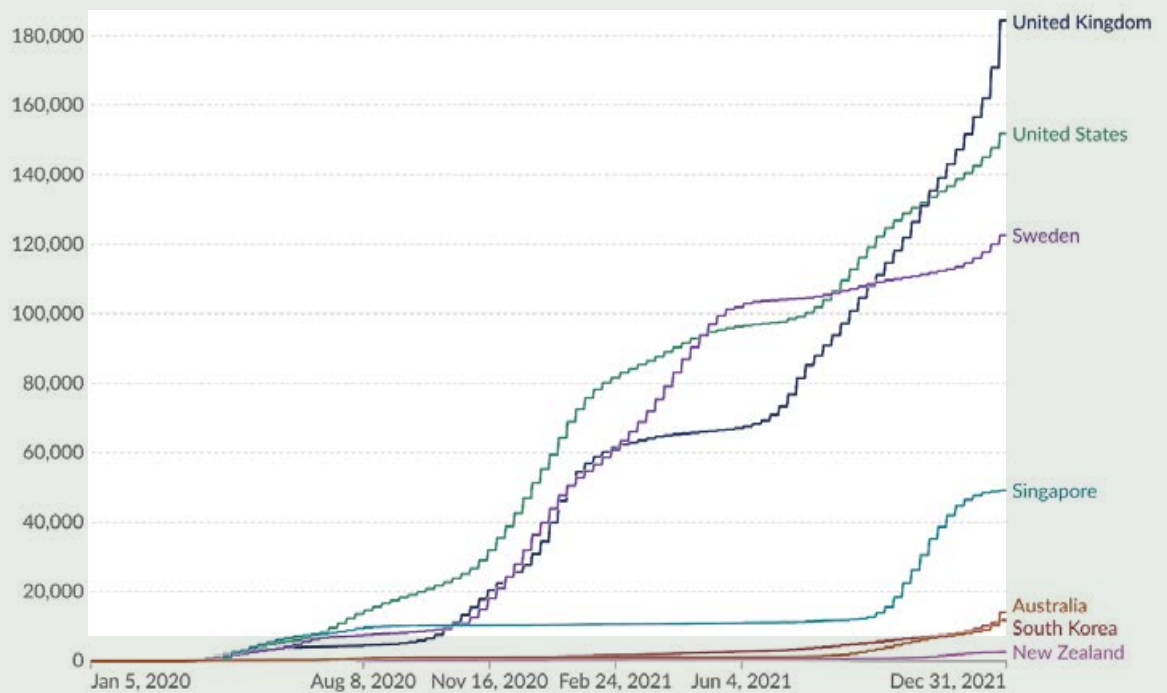
Due to limited testing, the number of confirmed cases is lower than the true number of infections. Detection of COVID-19 cases falls over time as fewer people got tested in the later stages of the pandemic.

Source: Our World in Data, 2024, Cumulative confirmed COVID-19 cases per million people, https://ourworldindata.org/covid-cases

Aotearoa New Zealand also had one of the lowest rates of COVID-19 deaths per head of the population when compared to other OECD countries.

From early 2020 to early 2023, the country actually experienced 'negative' excess mortality, meaning there were fewer deaths in that time period than what would have been expected during a 'normal' year.

Figure 2: Excess mortality (all cause) per million people, 2020–2023

The cumulative difference between the reported number of deaths since 1 January 2020 and the projected number of deaths for the same period based on previous years.
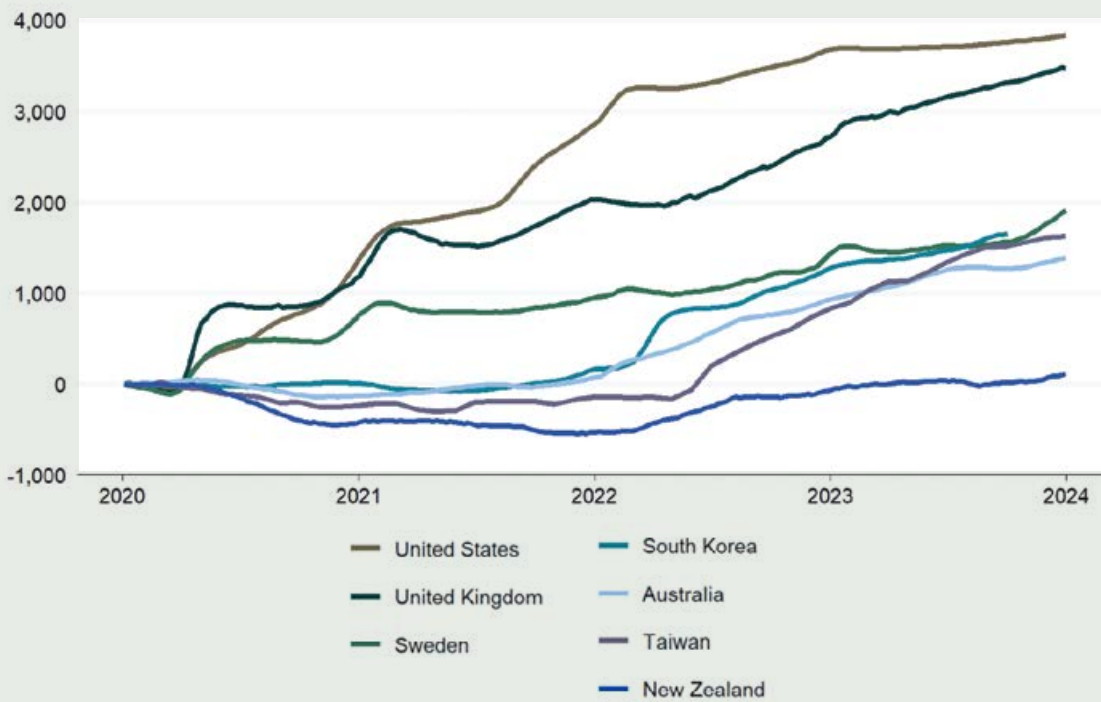
Source: Our World in Data, 2024, Data Page: Excess mortality: Cumulative deaths from all causes compared to projection based on previous years, per million people. Data adapted from Human Mortality Database, World Mortality Database, Karlinsky & Kobak. Retrieved from https://ourworldindata.org/grapher/cumulative-excess-deaths-per-million-covid [online resource]

For more on the health system response, see **Chapter 9** of this report.

Economic response | Urupare ōhanga

Like most places in the world, the arrival of the pandemic was accompanied by an immediate dip in GDP, reflecting the global impact that lockdowns had on employment and economic activity. While Aotearoa New Zealand's initial GDP fall was similar to other OECD countries, the economy recovered here more quickly and strongly than others. By the third quarter of 2020, the economy regained its pre-pandemic levels and remained above this level through to the end of 2022.

Figure 3: Change in real GDP for Aotearoa New Zealand and comparators during the pandemic

Index, 2019Q4 = 100
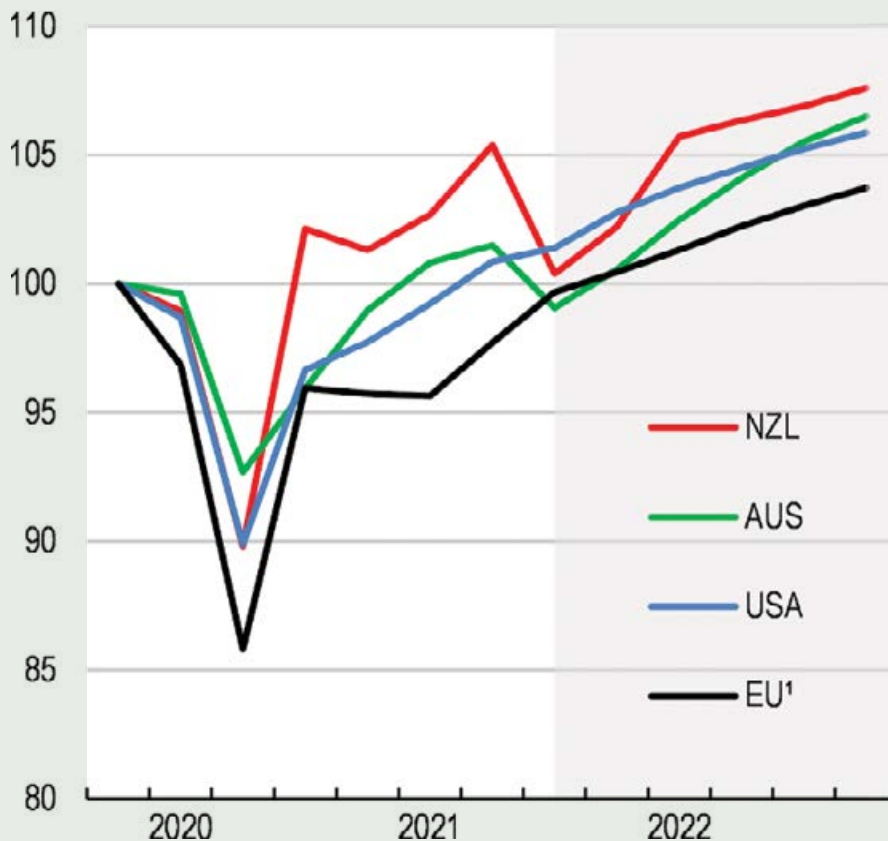
[1]EU countries that are members of the OECD.

Source: OECD, 2022, OECD Economic Surveys: New Zealand 2022, p 12, https://www.oecd.org/en/publications/oecd-economic-surveys-new-zealand-2022_a4fd214c-en.html

Education response | Urupare mātauranga

Aotearoa New Zealand's education sector was heavily impacted by the pandemic and the Government's response measures. However, when compared internationally, students here missed fewer days of school instruction and experienced less disruption than other OECD countries.

Student achievement and academic progress was challenging to assess during the pandemic. However, when compared to other OECD countries using *Programme for International Student Assessment (PISA)* data, New Zealand students maintained their relative position amongst comparative countries.

Figure 4: COVID-19 school disruptions, 16 February 2020 to 31 October 2021
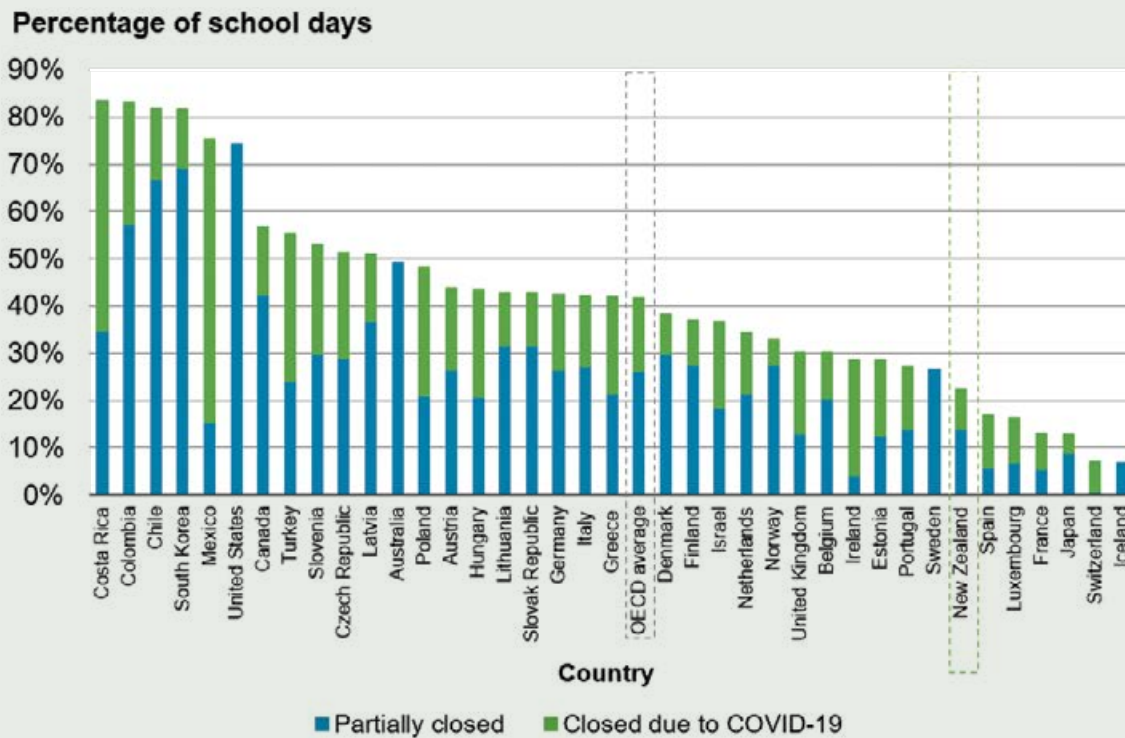
Source: Treasury, Our wellbeing throughout the COVID-19 pandemic, p 77, https://www.treasury.govt.nz/publications/tp/our-wellbeing-throughout-covid-19-pandemic

For more on the economic and social impacts and responses, see **Chapter 10** of this report.

Conclusion | Kupu Whakatepe

This brief snapshot is not intended to give a comprehensive account of Aotearoa New Zealand's COVID-19 experience – readers will find more detail and analysis of the key events and decisions that occurred, and the array of health, economic and social outcomes they led to, in the following chapters.

Instead, we offer a brief overview of how Aotearoa New Zealand fared, compared with other countries, on some key measures. Collectively, the data tells the story of a national response that was effective on many counts.

Aotearoa New Zealand, like countries everywhere, was caught off-guard by COVID-19. We were not prepared for a response that had to be sustained for a such a long time, nor for a virus that evolved as it did. While Aotearoa New Zealand's response to the pandemic overall received much international praise, it is important to take stock of what went well and what could be improved. As a lessons-focused Inquiry, we do precisely that in the following chapters.

Aotearoa New Zealand, like countries everywhere, was caught off-guard by COVID-19. We were not prepared for a response that had to be sustained for such a long time.

Introduction | Kupu whakataki

At the start of 2020, the scale of the threat presented by COVID-19 and its possible implications for Aotearoa New Zealand were becoming apparent. This chapter is focused on the plans, systems, governance mechanisms, decision-making structures and strategies[iii] that were central to the Government's pandemic response over the next two years, and how they were communicated to the public.

National and international preparedness for pandemics has been a high-profile public health issue in recent decades as potent infectious diseases (such as Ebola, severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS), and various influenza viruses) have emerged or re-emerged with increasing frequency.

Across the world, numerous pandemic strategies and plans have been drafted, enhanced surveillance and testing regimes adopted, and simulation exercises conducted.[6]

Yet the Director-General of the World Health Organization, Tedros Adhanom Ghebreyesus, was frank in his appraisal of what the 'preparedness project' had achieved by 2020:[7]

> " Over the years we have had many reports, reviews and recommendations all saying the same thing: the world is not prepared for a pandemic. COVID-19 has laid bare the truth: when the time came, the world was still not ready.[8] "
> Tedros Adhanom Ghebreyesus,
> Director-General, World Health Organization

Faced with a pandemic of this scale and a virus about which so little was known, it was impossible for any country to have made infallible preparations. Quite simply, as the World Bank noted, 'there are limits to preparedness'.[9] Any assessment of Aotearoa New Zealand's readiness to respond to the COVID-19 pandemic needs to place it in this global context.

Before COVID-19, Aotearoa New Zealand had in fact scored well relative to other countries in a World Health Organization assessment of its capacity to respond to health security threats.[10] Another assessment of international pandemic preparedness, the Global Health Security Index, had scored Aotearoa New Zealand slightly above the average for high-income countries.[11] But that assessment also revealed that, collectively, international preparedness was weak.[iv]

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iii   A more detailed description of the legislation, emergency plans, systems and structures supporting the COVID-19 response is provided in Appendix A of the Inquiry's main report.

iv   To assess overall preparedness, the Global Health Security Index 2019 studied 195 countries' pandemic readiness across six dimensions/categories – prevention of the emergence of pathogens, early detection, rapid response and mitigation, sufficiency and robustness of the health system, commitment to improving national capacity and financing and a country's overall risk environment and vulnerability to biological threats. However, a major gap has been identified between countries' preparedness levels – as measured in the Index – and COVID-19 death rates. For example, the top-ranked country in the Index was the United States of America whose death rate as at March 2023 was 341 per 100,000 people (according to Johns Hopkins University: see https://coronavirus.jhu.edu/data/mortality). Health researchers say this suggests more accurate ways to measure countries' pandemic preparedness and response capabilities are needed: see Crosby, S, Dieleman, JL, Kiernan, S and Bollyky TJ (2020), All Bets Are Off for Measuring Pandemic Preparedness, Think Global Health, 30 June 2020, https://www.thinkglobalhealth.org/article/all-bets-are-measuring-pandemic-preparedness

What the Inquiry assessed | Ngā mea i tātarihia e te Uiui

Before COVID-19, a range of existing systems, legislation, plans, structures and capabilities were available to support a pandemic response in Aotearoa New Zealand. This put the country in a good position when COVID-19 first emerged. However, there were areas of weakness. For example, the Civil Defence Emergency Management System was primarily geared towards natural hazard emergencies, the New Zealand Influenza Pandemic Plan (last updated in 2017), while useful in the first few weeks, was inadequate for a pandemic like COVID-19, and the risk management system did not work as well as it could have.

The Inquiry evaluated the **state of pandemic preparedness and emergency management arrangements across government at the point COVID-19 emerged.** This was the base from which the Government's COVID-19 response began.

We describe the evolution of key aspects of the response over the course of the pandemic, including **governance and decision-making structures, national pandemic strategies and tools,** and finally the use of **public information and communications tools** to mobilise support for the pandemic response.

Note: detailed information about these topics and what occurred during Aotearoa New Zealand's response to COVID-19, along with our complete assessment, can be found in the corresponding Looking Back chapter in our main report.

In the main report, the Chapter also includes short case studies (spotlights) on the Alert Level System; traffic lights – the COVID-19 Protection Framework; and the rise of misinformation and disinformation.

What the public told the Inquiry | Ngā kōrero a te iwi whānui ki te Uiui

Through the Inquiry's public submissions process, we heard a range of experiences and perspectives in relation to the overall pandemic response. Some praised Aotearoa New Zealand's response to the pandemic as being world-leading and effective in achieving one of its main purposes – saving lives. People told us they felt the Government clearly communicated the rules and policies, and appropriately engaged with public health experts to explain the scientific information sitting behind the evidence-based decisions being made. We heard that personal protective equipment (PPE) and tests were accessible during the pandemic, and communities were supported to plan and organise their own responses.

On the other hand, people told us they felt that Aotearoa New Zealand's pandemic response was too controlling and based on fear. Some felt that the negative impacts of the response outweighed the risk of COVID-19, and that people's personal rights and freedoms were breached. People told the Inquiry they felt certain measures were ineffective or harmful, and the reasons behind them weren't always clear. Some told us that PPE and rapid antigen tests (RATs) weren't always easily available, and that a 'one size fits all' approach to engage with the public doesn't work. Many people said they supported the overall response up to a turning point, when certain restrictions became viewed as being too severe, or lasting too long.

Public feedback about the economic and social supports implemented during the pandemic response is provided in Chapter 10.

We heard a range of experiences and perspectives in relation to the overall pandemic response

For future pandemics, people suggested:

- the Government should do more to stop the spread of misinformation and take actions to rebuild trust in Aotearoa New Zealand's public institutions

- stockpiling or manufacturing PPE and testing kits locally to increase future pandemic preparedness

- using a cross-government approach to involve non-political groups throughout the response

- targeting future pandemic restrictions toward the most 'at risk' members of the community

- a future pandemic plan should be prepared, including lessons from other countries and increased funding and resources for the health system.

" I believe the Government's response during the pandemic saved many lives. "

" It was hugely important to me in order to feel safe that we had leadership in government that valued lives over money. Health and wellbeing over commerce. While still making provision to keep the economy going as best as possible. "

" The 'why' could have been explained better sometimes. Without that, a vacuum forms which people are great at filling with frustration and anger. "

" The pandemic was handled badly by the government – in a very draconian and authoritarian manner and New Zealanders' human rights were massively violated. "

" ...people started to question what we were being told, and what we were being told we had to do. And as this questioning and concern increased, and people queried the health regulations, then we started to move into the era of coercion, control, mandates and the whole labelling of people who wouldn't 'comply'.... "

" Isolate the sick and elderly. Only the sick should isolate, not the fit and healthy. "

Note: this material is taken from the Inquiry's **Experiences Report**, which is a summary of the public feedback submitted to Phase One of the Inquiry during early 2024.

What we learned looking back | Ngā akoranga i te titiro whakamuri

1. Pockets of pandemic preparedness existed at the start of 2020 which helped the initial response. However, all-of-government readiness proved insufficient for an event of the scale, impact and duration of the COVID-19 pandemic.

- Before COVID-19, a range of existing systems, legislation, plans, structures and capabilities were available to support the response. However, many turned out to be insufficient for a pandemic on the scale of COVID-19, which required a prolonged response and had widespread and complex national impacts. Many other countries found themselves in a similar position.

- The New Zealand Influenza Pandemic Plan, last updated in 2017, provided much useful support to the health response in the initial weeks. But, as often happens with plans, it was soon overtaken by events – in this case by factors specific to COVID-19 and the development of the elimination strategy.

- While the pre-pandemic system of risk management was useful in identifying national risks – including pandemics – there was scope for stronger oversight and accountability mechanisms to ensure those risks were adequately prepared for across government.

- As happened in other countries such as Australia and the United Kingdom, Aotearoa New Zealand found the response to the COVID-19 pandemic required more integrated all-of-government coordination than the lead agency model was able to deliver. Governance changes were quickly made to recognise this, although the Inquiry was told that this took longer than was desirable. Having an all-of-government model ready to go would have avoided having to develop such a structure during the busy initial response.

2. Government made hard decisions quickly under pressure but, over time, some shortcomings emerged which were not adequately addressed.

- The all-of-government structures set up in the early stages of the COVID-19 response had a clear focus on elimination. They supported the rapid delivery of this strategy which formed the basis of Aotearoa New Zealand's response. Unfortunately, a separate long-term strategy function – that could sit above the fray of the day-to-day response, allow future scenarios to be considered, and deliver integrated long-term planning supporting a smooth transition across later stages of the pandemic – did not evolve.

- In the early stages of the pandemic response, it was appropriate for decisions to be made quickly with a particular focus on technical public health expertise. However, over time, the process by which advice was provided (in order to incorporate the most up-to-date health information) meant fewer opportunities for non-health matters to be considered. Opportunities to consider proportionality across health, social and economic objectives were also limited.

- The emergency nature of the pandemic meant some standard policy practices were (appropriately) suspended during the early stages of the response. This included adequate opportunities for stakeholder and agency consultation, and transparent and thorough assessment of regulatory impacts. It took longer than desirable to adequately re-establish all aspects of standard policy practice.

3. Enormous efforts by public servants (supported by individuals from across communities, iwi, academia and the private sector) and the flexibility and adaptability of Aotearoa New Zealand's public service enabled the rapid setup and delivery of an effective response to COVID–19.

4. Aotearoa New Zealand's elimination strategy, and the use of public health and social measures to support it, were highly effective at stamping out pre-Delta chains of transmission when they arose and giving the country long periods without transmission.

- The initial Alert Level System was a world-leading and innovative communication and policy tool that proved highly effective in supporting widespread compliance with public health restrictions.

- The success of the elimination strategy relied on the coordinated effort of thousands of people around the country who supported the deployment of public health and social measures.

5. However, a determined focus to keep pursuing an elimination strategy, and a lack of strategic planning for the longer term, affected the Government's ability to prepare for and respond to new developments and shift direction soon enough.

- Once the elimination strategy was established and demonstrated to be effective, its success resulted in less emphasis on all-of-government, long-term, strategic planning – work that could test options and scenarios on how and when to adjust or move beyond elimination, what would replace the elimination goal, and that could integrate health and social, economic and wellbeing goals.

- This reduced focus on evolving the long-term, strategic focus to guide forward direction added pressure to how the Government navigated the complexities and impacts arising from new events (such as the emergence of new variants); adapting tactics (moving from PCR to RAT testing, removing vaccine mandates and so on); and moving beyond, and ultimately exiting elimination (for example, the shift to caring for those with COVID-19 in the community).

6. In the early stages of the pandemic, the public communications response was highly effective and contributed to the success of the elimination response. But communications became more challenging as the pandemic wore on.

- Government messaging was initially very effective, but it became more challenging to convey messages as new settings were announced and Government objectives shifted.

- Greater engagement with communities during the response could have improved the effectiveness of communications by ensuring individuals, families and communities better understood how to comply with Government directives.

- The transition out of the elimination strategy was not well signalled or communicated ahead of time. This had an unsettling impact on people, which was compounded by a rise of misinformation and disinformation (both about the virus itself and the Government response).

Introduction | Kupu whakataki

The first reported case of COVID-19 in Aotearoa New Zealand was detected on 28 February 2020, more than two months after the virus was identified in China, and a week or so after small clusters were identified in Europe and the United States. This delay – attributable partly to geographic isolation, and partly to good luck – meant Aotearoa New Zealand had an important opportunity to assess what was happening in other countries before taking action.[12]

In particular, once COVID-19 started to spread significantly in other countries, decision-makers were able to compare the experience of Italy and parts of the United States (where rapid community transmission had already overwhelmed hospitals and caused many deaths) with that of China, Taiwan and Singapore (where authorities had adopted strong restrictions which somewhat contained the virus).[13] On that basis, Cabinet made an informed decision to adopt 'aggressive and effective containment measures', such as closing the border.[14]

As part of this approach, Aotearoa New Zealand, like much of the world, went into 'lockdown' in late March 2020.[v] However, the rationale for New Zealand's lockdown – to break chains of transmission – soon diverged from the rationale in most other parts of the world, where lockdowns were used to keep transmission down to an 'acceptable' level.[15] This usually meant a level that did not overwhelm health services.

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v   'Lockdown' was not an official legal term but was used by Prime Minister Jacinda Ardern in a press release announcing the first lockdown (see endnote 15 for details). It emerged in global use early in the COVID-19 pandemic to describe combinations of public health measures that heavily curtailed people's movement in the interests of stopping the virus. Levels 3 and 4 of New Zealand's Alert Level System can be understood as 'soft' and 'hard' lockdowns, respectively, because they required people to stay at home, closed schools and businesses, and involved heavy restrictions on public gatherings. We use 'lockdown' to describe these aspects of the response, since they were a defining part of the pandemic experience, and most people remember and refer to them this way.

As the need for such a tool had never been anticipated or prepared for, Aotearoa New Zealand had no apparatus in place for an all-of-society lockdown ahead of the COVID-19 pandemic. The whole public sector – including those working in both frontline and public health roles – was operating without a playbook, as indeed was everyone in Aotearoa New Zealand.

On 23 March 2020, the number of confirmed cases in Aotearoa New Zealand passed 100,[16] and the Prime Minister announced that the country would move immediately to Alert Level 3, followed by Alert Level 4 in 48 hours.[17] From this point, Aotearoa New Zealand was in 'lockdown'.

> **If community transmission takes off in New Zealand the number of cases will double every five days. If that happens unchecked, our health system will be inundated, and thousands of New Zealanders will die…Moving to Level 3, then 4, will place the most significant restrictions on our people in modern history but they are a necessary sacrifice to save lives.** [18]
>
> Prime Minister Ardern,
> 23 March 2020

…Cabinet made an informed decision to adopt 'aggressive and effective containment measures', such as closing the border.

What the Inquiry assessed | Ngā mea i tātarihia e te Uiui

The Inquiry describes the **use of lockdowns in Aotearoa New Zealand and their effects** – not only on COVID-19 transmission and cases, but on daily life, access to essential goods and services, work, schools (and other places of learning), employment and more. We describe **how agencies and communities everywhere stepped up to mitigate the worst impacts** of the lockdowns, especially on those who were most vulnerable. We examined the lockdowns in three distinct stages:

1. The **first national lockdown** (Alert Levels 3 and 4) **between March and May 2020**, which lasted seven weeks.

2. The **series of brief Level 3 lockdowns in Tāmaki Makaurau Auckland during late 2020 and early 2021**, each lasting from a few days to a few weeks.

3. The **return to Alert Levels 3 and 4 in the second half of 2021**, which lasted three weeks for most of the country, but stretched on for **several months in Auckland**, with shorter regional lockdowns for Northland and Waikato.

We considered what lockdowns achieved as a public health measure, but also their impacts – short-term and more lasting – on people, communities, the economy, education and more.

Overall, we found that lockdowns were successful for the immediate task at hand. But Aotearoa New Zealand might have been less reliant on lockdowns to achieve elimination had the country benefited from earlier and greater investment in public health capacity (such as contact tracing). The success of the elimination strategy meant people in Aotearoa New Zealand spent less time living under stringent public health and social restrictions than populations in many other countries. At the same time, many people felt that lockdowns were kept in place for too long, particularly the final Delta lockdown (focused on Auckland) of 2021.

> **Note: detailed information about these topics and what occurred during Aotearoa New Zealand's response to COVID-19, along with our complete assessment, can be found in the corresponding Looking Back chapter in our main report.**

In the main report, the Chapter includes short case studies (spotlights) on te Tiriti o Waitangi partnership in action; Life in lockdown; Beginnings and endings in lockdown; the Impact of lockdowns on businesses.

What the public told the Inquiry | Ngā kōrero a te iwi whānui ki te Uiui

Through the Inquiry's public submissions process, people told us they agreed with lockdowns being brought in quickly and decisively to slow the spread of COVID-19. People who supported lockdowns told us that it kept people safe, reduced anxiety around catching and passing on the virus, and protected the health system from becoming too overwhelmed.

Those who opposed the use of lockdowns considered that they did more harm than good: people told us they felt lockdowns were too strict, went on for too long and happened too often. We heard that the Auckland lockdowns were particularly hard for those living in the city and in Northland.

For future pandemics, people suggested lockdowns should be more flexible, and only used in extreme circumstances.

For future pandemics, people suggested:

- lockdowns should be more flexible, and only used in extreme circumstances.

" We went into lockdown swiftly and averted a health crisis that would have been catastrophic."

" I lost my job in retail three months into the first lockdown. I was luckily able to get the government wage subsidy money and was extremely grateful for this."

" Locking down a healthy population was bad for the economy, education and mental health."

" The extended lockdowns in Auckland were particularly crippling [...] and the "will they? won't they?" of watching the daily broadcasts to see whether we might be allowed to leave our homes [...] was distressing and farcical."

Note: this material is taken from the Inquiry's **Experiences Report**, which is a summary of the public feedback submitted to Phase One of the Inquiry during early 2024.

What we learned looking back | Ngā akoranga i te titiro whakamuri

1. Lockdowns – in combination with tight border restrictions – proved to be an effective tool for achieving and maintaining Aotearoa New Zealand's elimination strategy in 2020 and early 2021.

- Aotearoa New Zealand's use of lockdowns early in 2020, while stricter than many other countries, worked. Aotearoa New Zealand was able to spend large amounts of time in 2020 free from the restrictions experienced by many other parts of the world.

- Lockdowns, at least initially, were supported by high levels of trust and social cohesion, strong support from communities, social and economic supports, and clear communication.

2. Aotearoa New Zealand would have been less reliant on using lockdowns to eliminate COVID-19 infection with greater preparation of, and investment in, core public health functions.

- Decision-makers' options were initially limited by the capacity and effectiveness of the tools available (such as contact tracing) and how effectively measures such as mask wearing were taken up by the population.

- We note that some Pacific countries (such as Samoa, Tonga and Tokelau) avoided the need for lockdown measures altogether by closing their borders before any COVID-19 cases had occurred, suggesting Aotearoa New Zealand could benefit from earlier border restrictions (in other words, adopting an exclusion strategy) in a future pandemic if the pathogen is particularly infectious and virulent.

3. Deciding when to introduce, and when to stand down, measures such as lockdowns is extremely challenging and requires difficult trade-offs in the face of uncertainty.

- Decisions about when to start and end measures such as lockdowns involve weighing up a range of competing considerations – social and economic, as well as public health – and considering impacts across different population groups.

- During the COVID-19 response, decisions around using lockdowns were informed by a range of advice and evidence, including modelling, that took account of vaccination coverage, use of public health measures, and the strength of testing, contact tracing and isolation systems. The Inquiry has not seen evidence that waning protection from vaccination was included in modelling to inform decisions around when to end lockdowns in late 2021, although it was used in modelling from early 2022.

- Many members of the public – and some senior ministers – felt that the last Auckland lockdown went on for too long. Our assessment is that the Government's decision-making on when to end the final Auckland lockdown reflected its judgement that allowing more time for Māori and Pacific communities to reach higher levels of vaccination was justified by the benefits they would gain, in the form of greater protection against the severe impacts of COVID-19.

- However, we are of the view that other factors such as waning protection and assessments of likely resurgence could have been considered alongside vaccine coverage. For example, we note that lockdowns in the Australian states of Victoria and New South Wales ended earlier and at lower vaccination coverage levels than that at which the Auckland lockdown was relaxed, without any associated increase in case numbers. In a future pandemic we think these considerations should also be included in advice to decision-makers.

4. Some elements of the lockdowns were particularly difficult to implement, especially at short notice.

- Both regional boundaries and the essential worker framework, while valuable, were hard to implement rapidly and had no prior preparation across the government system. These timing and preparedness issues caused many challenges for businesses, communities and government.

5. Lockdowns had disproportionate impacts on some groups.

- While students' education was less disrupted in Aotearoa New Zealand than in most other OECD countries, lockdowns still had a significant and negative impact – particularly for Māori and Pacific students, those from lower socio-economic backgrounds, and students in Auckland.

- The impacts of repeated lockdowns on Auckland were cumulative and multifaceted, encompassing economic, physical and mental health and wellbeing, educational outcomes, and social cohesion.

6. Efforts by iwi, Māori and communities of all kinds undoubtedly alleviated some potential negative impacts of lockdowns on individuals and groups.

- Iwi, Māori and many others – neighbourhoods, cultural groups, online groups, non-governmental and community organisations, religious institutions, families, whānau and aiga – stepped up during the first Alert Level 3 and 4 lockdowns to provide essential local leadership, support each other and address local needs. Their pre-existing relationships within their local communities (and, in some cases, with Government) were invaluable in enabling this to happen.

Communities stepped up to provide essential local leadership, support each other and address local needs.

8

**Keeping the country closed:
border restrictions & quarantine |
Ka noho kati te whenua: ngā rāhui
pae whenua me te noho taratahi**

Introduction | Kupu whakataki

On 19 March 2020 the Government announced that the country's borders would close to all travellers except returning New Zealand citizens and residents from 11.59pm that night. This was an unprecedented move.

Technically, Aotearoa New Zealand's borders did not in fact 'close', but a changing combination of immigration settings and public health regulations – particularly the requirement to quarantine in a designated facility – meant that, for all practical purposes, most non-New Zealanders could not enter the country for two years.

New Zealand citizens and residents, whose legal right to enter was never extinguished, had varying responses to these restrictions. While some were supportive, others felt as if the border had closed to them, too.

What the Inquiry assessed | Ngā mea i tātarihia e te Uiui

The Inquiry examined and evaluated the **border restrictions and isolation and quarantine requirements** that collectively kept the country's borders closed for the duration of the pandemic.[vi] We considered the **mechanisms used to close the air and maritime borders**, how the **borders were managed** over the next two years, and the gradual steps towards reopening them.

We also looked at the regime for granting **border exceptions** to particular

people in certain circumstances, and how the **visa system** changed over the period in which the borders were closed. The broader **economic impacts of the border closure** – on the labour market, the supply chain, tourism, the maritime industry and more – are also discussed and assessed.

The Inquiry traced the development of the **MIQ (managed isolation and quarantine) system** from its rapid establishment in April 2020. We assessed the utility and impact of the national border and quarantine measures adopted during the pandemic response, and the use of MIQ to isolate cases of COVID-19 detected within the community.

While we consider these measures were effective in stopping the virus from entering the country, and limiting its spread when it did, we also recognise the social, economic and personal costs were very high. How those costs might be mitigated in a future pandemic is considered in our lessons for the future and recommendations.

In the main report, the Chapter includes a case study (spotlight) called Stranded Kiwis, which looks at the experiences of New Zealanders overseas who faced challenges returning home during the pandemic.

Note: detailed information about these topics and what occurred during Aotearoa New Zealand's response to COVID-19, along with our complete assessment, can be found in the corresponding Looking Back chapter in our main report.

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vi   While it might be more accurate to refer to border 'restrictions', we often use border 'closure' in this chapter since that was the term widely adopted (including by the Government) throughout the pandemic and since.

What the public told the Inquiry | Ngā kōrero a te iwi whānui ki te Uiui

Through the Inquiry's public submissions process, some people told us they felt national border restrictions were necessary to save lives and prevent the spread of COVID-19. People told us that MIQ facilities played a large role in helping to protect the country from the spread of the virus and were managed as well as they could've been at the time.

Others told us about how challenging the border restrictions were for those with family overseas or with existing travel plans. Those with sick or dying loved ones, living in Aotearoa New Zealand or overseas, were particularly affected. Many New Zealand citizens based overseas shared the challenges they faced trying to return home. We heard the MIQ 'lottery system' could be a problematic and even distressing experience, with some people noting the lack of flexibility for individual circumstances. Others shared how MIQ could be an isolating and stressful experience, particularly for those with young children. Some people felt that people with influence (including performers and athletes) received unfair preferential access to MIQ facilities.

For future pandemics, people suggested:

- border access into Aotearoa New Zealand should be restricted quickly

- a more flexible system for allowing people into, and to move around, the country should be implemented and should consider people's individual circumstances

- isolating at home should be allowed.

" While banning direct traveller entry was very inconvenient for some, it was a measure that reduced the spread from overseas sources. "

" During the pandemic, a loved one was diagnosed with cancer. I knew that if I left where I was, I might not be able to get back. In the end, my loved one passed away and I wasn't able to go and say goodbye. "

" The experience of logging on with your passport number and then waiting for the jackpot initially brought hope, but that hope quickly turned to despair and disappointment. I came to loathe my home country. Why should citizens have to compete to come home? Why should we be separated from family? How dare the Government stop us seeing our new grandchild? The whole sorry MIQ operation was a disaster. "

" Our two-week stay in MIQ with two young children was tough. The staff were universally wonderful and did their best, but being cooped up in a hotel room took a toll on our family. We observed behaviour from our children that we had never seen before. They argued and bickered about everything. We were very relieved to leave. "

Note: this material is taken from the Inquiry's **Experiences Report**, which is a summary of the public feedback submitted to Phase One of the Inquiry during early 2024.

What we learned looking back | Ngā akoranga i te titiro whakamuri

1. Restrictions on who could enter Aotearoa New Zealand, and compulsory quarantine at the border, were key to the success of New Zealand's elimination strategy.

- Both measures undoubtedly saved lives and reduced the burden on the health system in the critical pre-vaccination period.

2. Aotearoa New Zealand was inadequately prepared to use these measures before COVID-19. While setting up new border processes and MIQ quickly was a huge achievement, both systems had significant shortcomings.

- Before COVID-19, Aotearoa New Zealand had no plans in place for large-scale quarantine, either domestically or at the border. The fact that MIQ was operating so quickly is a huge achievement that deserves to be acknowledged.

- While making use of hotels that would otherwise have stood vacant was an efficient solution, the design of these buildings made it difficult to implement infection protection and control measures. Supporting people's wellbeing in hotel environments was also difficult.

- While those involved in running the MIQ system should be rightly proud of their achievements, the High Court and the Ombudsman both made findings that speak to the issues with the MIQ system. In particular, the booking system for MIQ had significant shortcomings, the criteria for emergency allocations were narrow and many emergency applicants felt the process was impersonal and lacking in compassion.

- The Inquiry is aware of the difficulties experienced by some people working in MIQ facilities. They included Defence Force personnel and other staff who faced increased exposure to the virus and were sometimes stigmatised.

3. While border restrictions and the MIQ system adapted in response to changing circumstances and new information, the accommodation of community cases and the transition to home isolation was challenging.

- Despite some high-profile incidents of COVID-19 'escaping' MIQ, the MIQ system learnt from these incidents and adapted accordingly. Changes were also made to better support the wellbeing of people in MIQ in response to independent reviews.

- Planning to reopen the border began reasonably early in the pandemic. This work was evident in the experiments with quarantine-free travel with Australia and the Pacific, and the flow of advice to the Government on 'Reconnecting New Zealand to the World'. The arrangements for border and MIQ exemptions also evolved throughout the pandemic in response to changing needs and pressures.

- Accommodating community cases in MIQ was particularly challenging and inadequately thought through. Rising case numbers during the Delta outbreak threatened to overwhelm MIQ capacity, which partly forced the adoption of home isolation in late 2021.

4. Border restrictions and MIQ took a significant toll on Aotearoa New Zealand, particularly because demand for MIQ spaces outstripped capacity, and because of the length of time restrictions were in place.

- The national border closure took a significant toll on New Zealanders both here and overseas. While many public submissions to the Inquiry acknowledged that MIQ kept New Zealanders safe, being separated from family and loved ones was a hugely painful experience for many.

- The progressive lifting of MIQ requirements did not finally begin until the end of February 2022, at which point Omicron was freely circulating in Aotearoa New Zealand (meaning infected arrivals posed little additional risk), and domestic cases were isolating at home. Submissions to the Inquiry emphasised the frustration that this delay caused for many.

- Ultimately, decision-makers' limited range of options for quarantine and isolation of international arrivals constrained their ability to mitigate some of the negative consequences of the border restrictions. In a future pandemic, having a larger and more flexible range of quarantine and isolation options ready to activate could create more opportunities for decision-makers to use these vital pandemic response tools in a way that has fewer negative impacts.

The health system response |
Te urupare a te pūnaha hauora

Introduction | Kupu whakataki

In addition to preventing people becoming sick and dying from COVID-19, part of the rationale for the elimination strategy and the wider pandemic response was to ensure the health system was not overwhelmed by COVID-19.[19] By the time the virus reached Aotearoa New Zealand, its potential to do so – and what an overwhelmed health system looked like – was already apparent. Graphic images from hospitals in Italy and elsewhere showed every available bed occupied by COVID-19 cases, operating theatres turned into makeshift intensive care units, and patients being treated in overflowing corridors and administration areas. Meanwhile, the wider health needs of many citizens in those countries went unaddressed due to the cancellation of nearly all 'planned care' (specialist medical and surgical care for people who don't need to be treated right away).

For Aotearoa New Zealand, it was a frightening demonstration of what might lie ahead. If the sophisticated health systems of developed countries like Italy and France could be so quickly swamped by surging COVID-19 case numbers, what would happen here?

Our country's health system comprises a large and complex network of organisations. In 2020, publicly-funded specialist and hospital care was overseen by 20 district health boards (DHBs). The control of communicable diseases (such as contact tracing) sat with 12 public health units spread throughout the country, supported by testing capacity and services within the Institute of Environmental Science and Research, and both public and private laboratories.[vii] Primary care – delivered by a range of private, NGO, and not-for-profit providers – sat somewhat apart from hospital-based services. The Ministry of Health provided overall system leadership, including policy and regulation, high-level pandemic preparation, and monitoring. The Inquiry focused on assessing the health system response to COVID-19 in relation to these publicly-funded functions.[viii]

> Images from other countries were a frightening demonstration of what an overwhelmed health system looked like.

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vii   This devolved model has since been replaced with a single planning and funding agency, Health New Zealand | Te Whatu Ora, including a National Public Health Service.

viii   From time to time, we touch on – but do not comprehensively address – the pandemic response in other important parts of the health system (like disability support services, oral healthcare, and ambulance services). We do not cover the parts of the health system that are entirely private. Furthermore, while primary care is a vital part of the health system, data on delivery models and service provision are less accessible for primary care than for specialist and hospital-based services. Discussion of primary care is therefore less prominent in this chapter.

What the Inquiry assessed | Ngā mea i tātarihia e te Uiui

The Inquiry assessed **how ready Aotearoa New Zealand's health system was for the emergence of a global pandemic** like COVID-19. We looked at:

- **The activation of public health services and measures** to respond to the virus itself, including early steps taken, testing, contact tracing and, briefly, vaccination (which is also addressed in Chapter 11).[ix]

- **How the wider health system geared up to respond to COVID-19 cases,** including the steps taken by DHBs, hospitals, and other healthcare settings to manage potential cases safely, and how services and resources were reprioritised and deployed to be ready for an influx.

- **The provision of non-COVID-19 healthcare during the pandemic**. We looked at what was done to ensure people could still access health and disability services, including steps taken to prevent further outbreaks within services, reorient service delivery and preserve workforce capacity for non-COVID-19 services. We addressed disruptions to healthcare delivery resulting from efforts to prepare to respond to COVID-19.

Finally, we assessed how all three of these areas impacted the health system itself, the population at large, and its most vulnerable members.

Note: detailed information about these topics and what occurred during Aotearoa New Zealand's response to COVID-19, along with our complete assessment, can be found in the corresponding Looking Back chapter in our main report.

In the main report, the Chapter includes case studies (spotlights) on facemasks, and the delivery of cancer care during the pandemic.

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ix   We do not, at this stage, look at decisions to mandate these measures in certain circumstances or for certain groups of people: vaccine and testing mandates are addressed in Chapter 12.

What the public told the Inquiry | Ngā kōrero a te iwi whānui ki te Uiui

Through the Inquiry's public submissions process, people shared their experiences of and perspectives on how the health system responded during the pandemic. People said that response measures gave the health system time to prepare for COVID-19 outbreaks, and felt outbreaks of COVID-19 were handled well. People told us they felt restrictions also protected the health system from being overwhelmed. They appreciated efforts to ensure people had continued access to medical care throughout the pandemic via online and over-the-phone GP appointments.

Many people shared their gratitude for the efforts of essential workers during the pandemic, including frontline health workers, and acknowledged the significant role they played to help keep the country going. Facemasks and contact-tracing tools were described as easy, effective measures that helped stop transmission and made people feel safe; and access to antiviral medication and free COVID-19 tests were also valued by submitters.

On the other hand, people also told us they felt access to healthcare was impacted by an over-prioritisation of COVID-19 compared to other health issues. Submitters shared how they experienced delays in accessing healthcare during the pandemic and how phone appointments with GPs were inadequate at times. The effects of this are ongoing for some.

Concerns around the health system's preparedness for a global pandemic were also raised by submitters. Many spoke of it being over-stretched and under-resourced, which created stressful working conditions for frontline health workers. Others raised their concerns around contact tracing, with this being viewed as a violation of privacy or a form of surveillance; and experiences of COVID-19 testing being poorly managed or difficult to access.

For future pandemics, people suggested:

- screening and treatment for diseases like cancer should always continue without disruption

- ventilation of indoor spaces should be addressed to improve air quality and reduce transmission of airborne diseases

- essential workers, especially health workers, be better supported

- Aotearoa New Zealand invest more into the health system and create a comprehensive pandemic plan

- antivirals be made easily accessible for anyone who needs them, regardless of age or ethnicity.

" I work in health administration. It was terrifying, we didn't know what the future held for us all. I honestly felt relief when we were told we were locking down. I seriously thought we were in safe hands with a government that cared about the people over money."

" I think we had been complacent, our facilities weren't ready for isolating large numbers of sick patients, and we scrambled to catch up. Future planning for the healthcare system, especially in Auckland with a growing/aging population, needs to have flexibility and resilience integrated into decision-making."

" We need to be more grateful and supportive to essential workers. Higher pay and status with extra training for situations that will reoccur."

" Shutting down hospitals 'in case' it was needed for COVID-19 cases is not ok. Our local hospital was dead!! They had very few patients, minimal outpatient clinics, and huge waiting lists. In the initial lockdown we had NO COVID-19 patients. People are now waiting months and months longer for appointments that should have happened a long time ago. Three years down the track and we are still in a shambles."

Note: this material is taken from the Inquiry's Experiences Report, which is a summary of the public feedback submitted to Phase One of the Inquiry during early 2024.

What we learned looking back | Ngā akoranga i te titiro whakamuri

1. Aotearoa New Zealand's health system – like those of other countries – was not well prepared for a pandemic of the scale and duration of COVID-19.

- While the country had done fairly well in recent assessments of pandemic preparedness, meeting the demands of the COVID-19 response required 'significant, extraordinary sector-wide effort'.

- Publicly funded health services faced long-standing challenges with workforce capacity, financial deficits and long waiting lists for some planned healthcare. These issues were exacerbated by the demands the pandemic placed on the health system.

2. The elimination strategy was highly effective in preventing the health system from being overwhelmed and protecting vulnerable groups, although there were notable costs.

- By preventing widespread COVID-19 infection until the population was vaccinated and the virus had become less deadly, the elimination strategy prevented the premature deaths of thousands of New Zealanders – particularly older people, Māori, Pacific peoples, and people living with disabilities or medical vulnerabilities.

- Peak hospitalisation rates in Aotearoa New Zealand (in March 2022) were around half those in the United Kingdom (January 2021) and the United States (January 2022). Unlike other countries, Aotearoa New Zealand recorded very few COVID-19 deaths among people living in residential facilities such as aged care homes.

- While strict public health and infection prevention measures were effective in keeping people safe from COVID-19, this came at a significant human cost. People who were in aged care, in hospital or who were sick or dying were isolated from families and loved ones, causing distress and suffering to many.

3. While many people and organisations worked hard to provide effective public health and clinical care, the pandemic exposed some key vulnerabilities and pressure points in our health system.

- There was a scramble to scale-up public health functions such as testing and contact tracing, which started from a low baseline. Given this starting point, the expansion of these functions was generally done well, although limited forward planning and flexibility caused problems in some areas (such as the shift in COVID-19 testing from PCR to RAT tests).

- Dated infrastructure made it difficult to apply best-practice infection control measures, including air ventilation, in many healthcare facilities. However, innovative approaches and substantial effort by staff produced good results.

- Although efforts were made to expand health system capacity in areas such as caring for ventilated patients, we did not find evidence of sustained increases in capacity during the pandemic.

- While the country's health system was never overwhelmed by people sick from COVID-19 (as happened in many places internationally), the pandemic took a substantial toll on healthcare workers. An already stretched health workforce is now in a worse position because of the pandemic, representing a key vulnerability for the health system going forward.

4. Provision of non-COVID care was substantially disrupted during the pandemic, to a greater extent than was necessary.

- Many parts of the health system – including general practices, Māori and Pacific providers, emergency departments, pharmacies, midwifery, cancer services and others – worked extremely hard to deliver as much care as possible during the pandemic.

- With hindsight, the health system took an overly cautious approach to reducing non-COVID care to protect its capacity to provide pandemic-related care. This resulted in avoidable delays or omissions in healthcare, with ongoing consequences for the health of those affected.

- Efforts were made to balance the risk of hospitals being overloaded with the need to continue delivering necessary care, but effective decision-making was complicated by a lack of real-time data on hospital capacity, occupancy and staffing levels. Improving data systems and infrastructure to support smart decisions about the utilisation of resources would be beneficial not only in a future pandemic, but in general.

- Delays in providing healthcare had significant negative impacts on the health of New Zealanders. The Health Quality and Safety Commission found the pandemic contributed to lower childhood immunisations, reduced participation in cancer screening programmes, and increased waiting times for specialist care and planned surgery.

Introduction | Kupu whakataki

The strict public health measures introduced in March 2020, especially the national border restrictions and lockdowns, were essential to protecting the economy and society from the immediate and devastating effects of the pandemic if the virus had been allowed to spread unchecked. However, they placed significant pressure on the economic and social fabric of Aotearoa New Zealand.

Over the next two years and beyond, this pressure affected the incomes of many households and businesses, housing, employment, the supply chains New Zealanders relied on for essential goods and services, and nearly every other area of the economy. The pandemic also highlighted and exacerbated many existing social challenges – including unaffordable housing, high rates of mental ill health, long-standing inequities for Māori and other groups, and the persistent disadvantage experienced by a significant proportion of the population.

Even people who were doing well before the pandemic found themselves struggling; financially, emotionally and socially. Some were more susceptible to loneliness and isolation; others suddenly had to get by with less income; while for some, their previously manageable living arrangements became unsafe. The Government's response sought to mitigate many of these factors, although in some cases it may have made them worse (demonstrated by house price increases, for example).

Even people who were doing well before the pandemic found themselves struggling; financially, emotionally and socially.

What the Inquiry assessed | Ngā mea i tātarihia e te Uiui

The Inquiry assessed the wide-ranging social and economic effects of the pandemic, and of the Government's response to it. We considered how the **economy was affected by COVID-19 over time**, and the **economic and fiscal policies (and other measures) Government introduced** in response. We considered **the monetary policy response led by the Reserve Bank of New Zealand** (the country's central bank) and the **steps the Government took to protect international and domestic supply chains**.

We assessed the **outcomes of the Government's economic response**, both positive and negative, and how they affected households, businesses, the workforce and supply chains. We also considered the **longer-term legacy of both the pandemic and the response** – which, the evidence shows, had a sustained economic tail of higher inflation and living costs that is likely to involve a protracted period of lower productivity, lower economic growth and widening inequalities in wealth. These outcomes can only partly be attributed to the pandemic and the nature and timing of Aotearoa New Zealand's domestic policy responses. We provide international comparisons to help clarify the broader global picture.

We assessed the **social aspects of the COVID-19 response**. We describe the measures the Government put in place to ensure people had sufficient **social support** to weather the pandemic's impacts, and to comply with public health measures.

Some **government agencies made significant changes to their usual operating models**, partnering with community groups, and adopting innovative and flexible ways of working. **Communities, iwi and Māori, volunteers and other groups also stepped up** and often took the lead on the ground, ensuring their people had the support and services they needed. We describe a range of these local responses.

As well as describing the social sector landscape, we also assessed the pandemic's many social impacts – including on vulnerable groups – and the extent to which the response was effective in addressing or mitigating them.

Finally, we offer some reflections on the **long tail of social and economic after-effects**, which were created or exposed by the pandemic. As of late 2024, many continue to reverberate; others are only just emerging. More are likely to reveal themselves in the years to come, emphasising that – even while we turn our minds to the challenge of preparing better for the next pandemic – the COVID-19 pandemic is still far from over.

> Note: detailed information about these topics and what occurred during Aotearoa New Zealand's response to COVID-19, along with our complete assessment, can be found in the corresponding Looking Back chapter in our main report.

In the main report, the Chapter contains case studies (spotlights) on: the COVID-19 Wage Subsidy Scheme; food security during the pandemic; prison life in the pandemic; and what happened to family violence and sexual violence.

What the public told the Inquiry | Ngā kōrero a te iwi whānui ki te Uiui

Economic impacts and responses

Through the Inquiry's public submissions process, we heard a range of experiences and perspectives on aspects of the economic impacts of the pandemic and the Government's response. Many commented that the financial support provided during the pandemic kept businesses going and gave workers financial security. In particular, the Wage Subsidy Scheme reduced financial stress, protected job stability, and supported people to stay connected with work. People told us that these factors, along with being able to use sick leave for COVID-19, helped reduce the spread of the virus.

The ability to continue working during the pandemic was often raised by submitters. Some people who could work from home told us that it worked well and offered a better work-life balance. Essential workers shared how being able to continue working gave them a greater day-to-day structure than others and that the COVID-19 protections helped to keep them safe.

Some submitters felt the economic and health concerns were well-balanced in the Government's response and explained, for example, how being able to shop online made the experience easier. The steps taken to limit the spread of COVID-19 in supermarkets were also appreciated, along with the options for contactless shopping and deliveries.

On the other hand, people also considered that the benefits of the Government's response were not worth the economic costs. High debt, the rise in the cost of living, and the serious impact on the small business and tourism sectors were noted as major consequences of the response. People often raised the negative impacts of small businesses being closed throughout the pandemic, often in relation to limited options for purchasing food in their local community. We also heard that vulnerable people did not always receive prioritised food delivery support from supermarkets during lockdowns.

We heard many personal accounts of significant financial hardship and stress caused by the pandemic. People sold assets and spent their savings to make ends meet. Accessing financial support could be stressful and tiring, and some told us that eligibility criteria were too strict to enable everybody who needed assistance to get it. People also told us they felt those in low socio-economic positions should have been given support ahead of people in better financial positions, and that social inequities weren't addressed.

For future pandemics, people suggested:

- essential workers be supported with childcare options, vaccine priority and PPE access

- consistent rules for how businesses should operate be established, or alternatively businesses could be better supported to create their own strategies

- businesses be told about financial support options sooner by the Government

- the process for individuals to apply for financial support be made easier by the Government

- more should be done to reduce the digital divide in Aotearoa New Zealand and ensure people aren't left without access to the internet during lockdowns.

" And not only lives were saved. The Government did everything they could do help people survive financially. All those folk (including opposition MPs) who wanted to open back up for business seemed to forget that dead people can't participate in the economy."

" The money spent on the COVID-19 campaign will cripple New Zealand for generations."

" I lost my job as the company I was working for dropped down to skeletal staff. Financially things were very tight and still are as we try to catch up."

" I own a small business [...] The response from the government and the reassurance that they were doing the best for all of us helped. Once I understood what help the government were providing for people like myself, I felt that there were at least some options. Because the wage subsidy was so easy to apply for and came through so quickly, I was able to make sure that my family and employees would be okay."

Social impacts and responses

In terms of social impacts, people shared views that New Zealanders came together and supported one another through the pandemic. People appreciated that community groups mobilised to provide support at a grassroots level, including social and mental health services to those who needed them.

We heard how hard the pandemic was on people's mental health and wellbeing, especially during lockdowns. People noted that certain rules could have been more flexible to help make sure individuals got the support they needed. Being unable to see sick or dying loved ones, or attend funerals or tangi, was highly disruptive to the grieving process and very painful for those affected.

People shared how the complex rules and restrictions made it hard for them to access important social/community groups and activities. People also expressed concerns about Aotearoa New Zealand becoming more divided during the pandemic. Some felt that aspects of the Government's response to COVID-19, such as vaccine and mask mandates, were to blame, while others cited misinformation and disinformation.

For future pandemics, people suggested:

- prioritising mental health when making decisions, taking into consideration specific population groups like elderly people, children and more vulnerable/isolated groups

- making restrictions more flexible so people can support each other

- applying looser restrictions on physical activity and recreation places to support people's mental and physical health

- providing more support to vulnerable groups, such as disabled people.

" It was the first and only time in my life that I felt like I lived in a genuine, caring community. I felt safe. "

" Some amazing things happened on marae. I am very aware of the services that, in the area where I live, provided creative and comprehensive health and social services. "

" I am very grateful that my mum and babies group, SPACE, continued online. I would have been so lost without that support network. "

" My mental health through these times was not great. My passion and dedication for schoolwork and study went down dramatically and my grades declined. "

" I was treated like a leper. I was alienated by friends. I lost my job, I wasn't allowed to have my hair done. I couldn't eat inside a restaurant. I lost out on visiting my family. "

" I no longer trust the Government, or the Police, or any other institutions now, including the medical profession. "

Note: this material is taken from the Inquiry's **Experiences Report**, which is a summary of the public feedback submitted to Phase One of the Inquiry during early 2024.

What we learned looking back | Ngā akoranga i te titiro whakamuri

1. The COVID-19 pandemic disrupted all aspects of our lives, and exposed emerging weaknesses and vulnerabilities that had been forming in our social and economic fabric for decades.

- We acknowledge that it was beyond the scope of a pandemic response to address all long-standing issues.

- While some Government mitigations provided effective protection for many, including for particular sectors and population groups, others missed out or carried a heavier burden.

> We acknowledge that it was beyond the scope of a pandemic response to address all long-standing issues.

2. The initial package of economic measures the Government provided was comprehensive and generous.

- The economic response met its immediate aims: to support the public health response to the pandemic by maintaining economic activity, sustaining business confidence, protecting employment, protecting incomes, sustaining financial stability, and ensuring that all essential services were accessible.

- Initially at least, the package of social and economic policies – together with the health response – achieved better social and economic outcomes than most other comparable countries.

- At the time, the generous economic response seemed appropriate and was widely supported. But because of the amount of Government spending it required over an extended period, the economic response left a long shadow on the economy: the level of government debt increased, and a period of elevated interest rates was required to constrain inflation. The cost-of-living pressures since 2021, the surge in house prices from 2020 to 2021, and higher mortgage interest rates, are in part attributable to the economic response to the pandemic, although international forces have also had a significant effect.

- We also share some concerns that were raised by others about the duration for which the Government and the Reserve Bank of New Zealand provided substantial economic support in the response. This has led to a range of economic pressures that are taking time to resolve.

3. When decisions were made about allocating government expenditure during the response, the approach to robustness, transparency and accountability was inconsistent.

- While we recognise that decisions about economic support measures had to be made rapidly in the early pandemic period, the consideration given to effectiveness and value for money was inconsistent. Given the significant amount of tax-payer dollars being spent, wherever possible sufficient opportunities should have been given to more rigorously scrutinising and assessing these measures, and periodically reviewing and adjusting them. This would have ensured the decision-making process was transparent and accountable.

4. The pandemic's economic impacts put households and businesses under great pressure, especially during lockdowns.

- Government introduced mitigating measures, including the Wage Subsidy Scheme, that supported well over a million workers and their employers. The scheme was necessarily developed very quickly and had some flaws, but it was fit for purpose and an essential support measure.

- Businesses experienced the pandemic differently according to their sector, size and location. They had different abilities to absorb the shock of the pandemic.

- While key goods (including food) remained generally available, supply chains were disrupted by international and domestic developments. It was essentially down to good luck that supply disruptions were not more severe. Aotearoa New Zealand needs to be more actively aware of the risks that can threaten supply chains.

5. The social sector – including government agencies and non-governmental and community organisations – did a remarkable job of ensuring people had their needs met during the pandemic.

- Many positive changes were made in how systems operated, contracts were commissioned, and relationships were built. These new approaches often delivered good outcomes. This capacity, or the ability to rapidly stand it up again, should be maintained to help the sector be better prepared in a future crisis.

- The respective roles of some social sector agencies and groups remain unclear. Resolving these roles and responsibilities, and strengthening regional coordination models, will facilitate the rapid implementation of local supports, especially during a crisis.

6. A network of non-governmental organisations, iwi and Māori groups, and community organisations provided many of the frontline services and support that kept families safe and well during the pandemic.

- This network's important role needs to be recognised, valued, cultivated and strengthened so that it can continue to deliver in future crises. It is these organisations that give Government a greatly enhanced ability to reach families and communities.

- Locally-led responses were invaluable in addressing the social impacts of the pandemic, as they are based on local knowledge, strengths and trust. Their value was particularly apparent in Māori communities. Local responses will be critical in any future pandemic and central government needs to actively build and maintain relationships and trust with communities now to enable a more effective response later.

7. The economic and social response to COVID-19 helped prevent deaths and protected many people. But the pandemic's economic, social and wellbeing impacts on individuals and families were unevenly distributed.

- Some groups came through the pandemic better than expected due to targeted mitigations. But some groups (such as Pacific peoples, women and disabled people) experienced more negative impacts, especially those who were most disadvantaged before the pandemic.

- In a future pandemic, it is essential that Government gives consideration to mitigating harms, including the unintended consequences of response measures. Attention should be given to the cumulative impacts on socially, economically or health-disadvantaged groups.

8. For many individuals and families, COVID-19 is not over, showing that wide-ranging pandemic support measures are needed even after the immediate crisis has passed.

- Many New Zealanders continue to struggle with mental health issues, long COVID, loss of learning, relationship breakdowns, health problems due to delayed diagnosis or treatment, bankruptcy or loss of savings and employment. The mental health, educational and social impacts on young people are particularly concerning.

- Other impacts could yet emerge and may well be long-term and intergenerational. The consequences for Aotearoa New Zealand, and for future human capability more generally, are likely to be considerable.

> Attention should be given to the cumulative impacts on socially, economically or health-disadvantaged groups.

Introduction | Kupu whakataki

From the start of the pandemic, the prospect of a safe and effective COVID-19 vaccine provided a beacon of hope in an otherwise bleak global landscape. Government messaging presented vaccination or new treatments as the justification for – and pathway out of – the initial elimination strategy and the restrictions it involved. This message clearly resonated with many members of the public, including some who made submissions to our Inquiry:

> " Lockdowns were totally necessary until such time as a vaccine was approved and available. We saw what was happening in the rest of the world and it was horrifying. "

Vaccination was fundamental to the effectiveness of Aotearoa New Zealand's pandemic response. By the time community transmission of COVID-19 became well-established, most of the population had received at least one dose of the vaccine and a large proportion had received both initial doses. From this point on, optimising population immunity through vaccination was a crucial pillar of the country's long-term approach to managing the virus.

What the Inquiry assessed | Ngā mea i tātarihia e te Uiui

The Inquiry described the process of **identifying, procuring and approving a suitable vaccine**, which proceeded alongside the development of Aotearoa New Zealand's vaccine strategy. We surveyed **how the vaccine was made available to the community** (referred to as 'the vaccine rollout') and the subsequent

provision of boosters. We also looked at the **steps taken to sustain population immunity** once Aotearoa New Zealand moved on from the elimination strategy to a minimisation and protection approach.

The evidence we reviewed highlights some positive outcomes: **vaccination undoubtedly protected Aotearoa New Zealand** from the very high burden of illness and death many other countries faced, and the national rollout achieved **high levels of vaccine coverage**. However, the evidence also reveals **missed opportunities to ensure that vaccine uptake and access were equitable** across the community.

We also assessed the **management of the vaccine rollout**, the way **vaccine hesitancy and misinformation** affected vaccine uptake, and the efficacy of **processes for procuring and approving the vaccine**. The Inquiry assessed vaccine mandates and these are discussed in Chapter 12, along with vaccine passes.

In the main report, this Chapter includes a case study (spotlight) on the effectiveness of Māori and Pacific health providers in the vaccine rollout.

⊚ Note: detailed information about these topics and what occurred during Aotearoa New Zealand's response to COVID-19, along with our complete assessment, can be found in the corresponding Looking Back chapter in our main report.

What the public told the Inquiry | Ngā kōrero a te iwi whānui ki te Uiui

Through the Inquiry's public submission process, people shared a range of perspectives and experiences with us in relation to vaccination. Some felt that the Government did a good job of obtaining a COVID-19 vaccine quickly and were grateful that these were free and easy to get. People also praised the Government for observing which vaccine was the safest and most effective by watching the rollout overseas, so that it could obtain the best one available. We also heard that people felt the vaccine was effective in helping to protect vulnerable communities.

Others told us that the vaccines were rolled out too slowly and more people should have had earlier and easier access to them. Some submitters commented on instances where people were given incentives (such as vouchers and food) to get vaccinated; some were supportive, but others felt it could be manipulative. We also heard that some people felt they couldn't give informed consent because there wasn't enough information about the vaccine's side effects or what it was made of. People also shared concerns on how the Government communicated with the public about the safety of the vaccine and how well it worked.

For future pandemics, people suggested:

- more people would be willing to get vaccinated if there was better education and messaging about vaccinations

- the Government ensures Aotearoa New Zealand gets earlier access to vaccines.

" I believe that the vaccination rollout, from a standstill, was an impressive feat; clearly we learnt as we progressed along the way."

" That we were able to get most of our population vaccinated before COVID-19 took hold in New Zealand means that we have never felt the worst effects of the pandemic. Despite COVID-19 being now prevalent in New Zealand...our deaths from COVID-19 continue to be much, much lower than had we taken a different approach."

" My GP couldn't/wouldn't tell me what was in the vaccine, or elaborate on possible side effects, he just kept saying 'safe and effective' – so I couldn't give informed consent or get an exemption."

Note: this material is taken from the Inquiry's **Experiences Report**, which is a summary of the public feedback submitted to Phase One of the Inquiry during early 2024.

What we learned looking back | Ngā akoranga i te titiro whakamuri

1. In combination with the elimination strategy, vaccination was fundamental to the effectiveness of the country's COVID-19 response.

- From the first weeks of the pandemic response, vaccination was recognised as the likely key measure that would allow Aotearoa New Zealand to reconnect with the rest of the world while protecting the population from the levels of COVID-19 illness and death seen in other countries.

- While Aotearoa New Zealand's vaccination programme started slightly later than those in some other countries, it quickly achieved very high coverage: more than 80 percent of adults had received two vaccine doses by the end of 2021. This meant the vast majority of New Zealanders had been fully vaccinated before they were exposed to COVID-19 infection.

- The vaccination programme was also successful in ensuring people at highest risk received a third 'booster' dose within a few months of their original vaccination. This meant they benefited from high levels of protection at the point Aotearoa New Zealand experienced its first COVID-19 'peak' with Omicron in early 2022.

- In addition to the protective effect of the elimination strategy, vaccination is estimated to have saved more than 6,500 lives and prevented more than 45,000 hospitalisations from COVID-19 in Aotearoa New Zealand.

2. The vaccine procurement process was appropriate and effective. International relationships were important in securing timely vaccine supplies to support the rollout.

- Aotearoa New Zealand used a portfolio approach that appropriately invested in several potential vaccine sources to be confident of securing an adequate supply. While this approach eventually resulted in surplus vaccine doses (donated to Pacific countries), it represented a prudent 'insurance' policy given the historical expectation that only one in five candidates being developed results in an effective vaccine.

- Advance purchase agreements were obtained for enough doses to immunise the entire population with a single vaccine – the Pfizer 'Comirnaty' vaccine. While other vaccines were subsequently purchased, Pfizer remains the country's first-line vaccine option for COVID-19.

- Good relationships with other countries (particularly Spain and Denmark) were important in addressing supply challenges and ensuring Aotearoa New Zealand had sufficient vaccine to support the national rollout.

3. The Pfizer vaccine underwent full assessment and received provisional regulatory approval prior to being rolled out.

- The Pfizer vaccine underwent independent assessment and received provisional approval by Medsafe (the national medicines regulator) before being rolled out in Aotearoa New Zealand.

- The Medsafe assessment process provided assurance about the quality, safety and efficacy of the vaccine for the New Zealand population. The process also allowed regulators to review the most up-to-date evidence, including data not available to regulators in other countries. An expedited review process meant the Pfizer vaccine received approval before the first doses arrived in the country.

4. An enormous nationwide effort underpinned the vaccine rollout, which achieved very high levels of population coverage. At the same time, some opportunities were missed to ensure the vaccine reached vulnerable groups as equitably as desirable.

- The COVID-19 immunisation programme was very effective in quickly delivering high levels of vaccine coverage at an overall population level.

- The rollout of the vaccine involved difficult trade-offs between the need to manage operational constraints, the desire to vaccinate the population as quickly as possible, and recognition that more tailored approaches would be needed to reach some population groups (including Māori and Pacific communities, and people living in more rural areas). With hindsight, opportunities to ensure more equitable vaccination uptake were missed by not involving Māori, Pacific and community-based providers earlier in parallel to the main vaccination programme.

- Once Māori, Pacific and other community-based providers were brought into the vaccine rollout, they were highly effective in supporting vaccine uptake within their communities.

- Faster vaccine rollout and uptake among Māori and Pacific people would have resulted in fewer hospitalisations and deaths during the Auckland Delta outbreak, and likely shortened the final Auckland lockdown.

5. Vaccine hesitancy emerged as a growing challenge to the rollout, fed by exposure to misinformation and disinformation and declining trust in government within some communities.

- The vaccine rollout was challenged by declining trust and confidence in parts of the population, exacerbated by a proliferation of misinformation and disinformation. The influence of these factors was particularly apparent among younger people, in some Māori and Pacific communities, and in rural areas.

- Providing direct 'rewards' (such as vouchers) to encourage vaccination was effective in the short term but raises ethical challenges including the impact of perverse incentives and the risk that future vaccination programmes may be less successful if they do not provide such rewards. A better approach is to improve vaccine access and address the root causes of vaccine hesitancy in vulnerable communities. In a future pandemic, direct incentives to boost vaccination should be used with caution.

- All vaccines have the potential to cause harm to a small number of individuals. While Medsafe and the Ministry of Health sought to keep people up to date with emerging evidence of rare complications, the Inquiry understands there is potential to strengthen the communication of risk at the time people are vaccinated. Doing so would support both informed consent and awareness of any subsequent symptoms that require medical attention.

All vaccines have the potential to cause harm to a small number of individuals. There is potential to strengthen the communication of risk at the time people are vaccinated.

Introduction | Kupu whakataki

Each of the chapters in this 'looking back' section of the report has covered a key element of the COVID-19 response in Aotearoa New Zealand: strategy and decision-making, the use of lockdowns, border restrictions and quarantine, economic and social supports, the health response and the vaccine rollout. In each of these areas the Government took extraordinary steps. Requiring everyone to stay at home, spending unprecedented amounts on wage subsidies, quarantining new arrivals in hotels, rapidly rolling out a new vaccine to the entire population: all of these would have seemed unthinkable prior to the pandemic.

For many people, the most unsettling of the extraordinary steps taken in response to COVID-19 were those that restricted people's freedoms (including their freedom of movement and ability to congregate) or strongly directed them to undergo testing and vaccination.

In considering whether to make certain measures mandatory, ministers (and their advisors) had to weigh up the need to protect the public from the worst impacts of the virus (especially vulnerable population groups), the available evidence about whether each measure would be effective at doing so, and the fundamental importance of upholding individual freedoms and rights. These were not easy decisions. In relation to each of these measures, at some point in the pandemic, ministers judged that the additional protection offered by making them compulsory under certain circumstances[x] justified the temporary curtailment of individual freedoms. They also empowered others to make similar judgements in certain contexts, for example by enabling employers to set workplace-specific vaccine requirements. Many governments around the world reached similar conclusions.

It was clear from our public submissions that the rules and mandates adopted during COVID-19 (particularly vaccine requirements) were among the most controversial aspects of the pandemic experience and prompted a strong response from many people.

In Aotearoa New Zealand – as in many other countries – resistance to mandatory COVID-19 measures dovetailed with broader anti-vaccine and anti-government sentiments, prompted in part by rising levels of misinformation and disinformation, and the proliferation of COVID-19 related conspiracy theories on social media.[20]

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x   To compel someone is to oblige, force, or irresistibly urge them to do something; a mandate is a judicial or legal command issued by a superior or ordered by a legislative body. In common usage, terms like 'mandatory' and 'compulsory' are often used interchangeably to describe something that somebody has to do, whether because it is a legal requirement, or because there is no alternative. In the context of the COVID-19 response in Aotearoa New Zealand, the term 'mandate' was used to describe a range of public health measures that people were obliged to undertake in certain circumstances, including testing, contact tracing, mask wearing, vaccination and showing proof of vaccination before entering a venue. These may not have met the formal definition of 'compulsion', since in each case, individuals retained the ability to decline, but the consequences of doing so (such as having their employment terminated or not being able to enter a public space) made some affected individuals feel that they had no meaningful 'choice'. In this chapter, we tend to use 'compulsory' and 'mandatory' in line with this common usage, in the same way that we use 'lockdown' throughout the report even though it was never an official term. When we are referring to a specific mandate or legal requirement, we make this clear.

What the Inquiry assessed | Ngā mea i tātarihia e te Uiui

The Inquiry assessed **compulsory testing, contact tracing and mask wearing**, and considered how these measures were mandated, how requirements were implemented, and what the effects were.

We considered the most controversial measures – **vaccination requirements** – of which there were three categories: **Government-issued vaccine mandates** for certain occupations, **workplace-specific vaccine policies** (enabled by legislation but set by employers), and **vaccine passes** for entry to certain locations and social gatherings. We consider the case for such measures, the evidence available to decision-makers, how this changed over time, and some of the direct social and economic consequences.

We also looked at **how controversy about these matters played out**, including a condensed account of the Parliamentary protest and occupation in early 2022. We discuss the impact of these events – and the pandemic in general – on **social cohesion and trust** in Aotearoa New Zealand, and what this might mean for future preparedness. A short summary is provided in this chapter.

Note: detailed information about these topics and what occurred during Aotearoa New Zealand's response to COVID-19, along with our complete assessment, can be found in the corresponding Looking Back chapter in our main report.

What the public told the Inquiry | Ngā kōrero a te iwi whānui ki te Uiui

Through the Inquiry's public submissions process, we received a large amount of feedback about the range of mandatory measures implemented during the pandemic response, both positive and negative. People told the Inquiry that vaccine mandates and vaccine passes were necessary and helpful, as they helped people feel safer in spaces outside of their homes and protected vulnerable communities.

Others described their opposition to these sorts of mandatory measures, often commenting that the overall response was a breach of people's personal rights and freedoms. Many people said vaccine mandates and vaccine passes divided the country into two groups – the vaccinated and unvaccinated.

People told us they didn't agree with people losing their jobs because of vaccine mandates, noting that this caused mental health issues and financial hardships.

For future pandemics, some people suggested vaccine mandates are an appropriate measure and should be used again. At the same time, other people also told the Inquiry vaccine mandates should not be used again, due to the social divisions they caused and the significant impacts on people who cannot (or choose not to) be vaccinated.

> " I have always been glad for the mask mandate, and when it stopped I became much more fearful for my health."

> " While some aspects of the vaccine mandates have been deemed unlawful, I firmly believe they were necessary and the right thing to do, particularly given the overwhelming amount of disinformation being pushed on social media. "

> " I don't think people should have lost their jobs. People on the ground were the ones that had to deal with mandate decisions. Caused lots of anxiety and stress. "

> " What happened was a breach of the New Zealand Bill of Rights. The Government should never have such control over the population. People were quite capable of making up their own minds about what medical treatment to take. If I saw the need to be vaccinated, I would have done so. "

> " I thought New Zealand did well for the most part in the initial response to COVID-19, and prevented a lot of deaths and overloaded hospitals because of it, but lost the plot right at the end, which ended with thousands of law abiding citizens camping out at the Beehive with no jobs to go to. That was so inhumane. I did not think I would ever witness injustice like that, especially here in New Zealand. "

Note: this material is taken from the Inquiry's Experiences Report, which is a summary of the public feedback submitted to Phase One of the Inquiry during early 2024.

What we learned looking back | Ngā akoranga i te titiro whakamuri

1. The use of compulsion was one of the most controversial aspects of the COVID-19 response.

- In deciding whether to mandate various public health measures, ministers weighed up the need to protect public health (especially for vulnerable populations) and individual freedoms and rights. These were not easy decisions, and ministers were aware they would carry a social and economic cost.

- In addition to restrictions on movement and gatherings (such as 'lockdowns') and quarantine and isolation requirements, ministers judged it necessary to mandate COVID-19 testing, contact tracing, masking and vaccination in particular circumstances at various points in the COVID-19 response.

- Vaccine requirements were a major source of tension and social division, and there were strongly held views both for and against their use.

- Organised opposition to mandatory measures contributed to the 28-day occupation of Parliament grounds in February and March 2022.

2. Testing, contact tracing and masking requirements were reasonable, but their implementation could be improved in a future pandemic.

- Testing, contact tracing and mask wearing were all important components of the COVID-19 response. Given the need for widespread uptake and how they were mandated (i.e. in limited circumstances), we consider it appropriate that these measures were compulsory for periods during the pandemic response.

- There were practical issues with the implementation of testing, contact tracing and mask mandates that could be improved on if similar requirements are deemed necessary in a future pandemic.

Testing, contact tracing and mask wearing were all important components of the COVID-19 response.

3. It was reasonable to introduce some targeted vaccine requirements based on information available at the time.

- Based on the information available at the time (in 2021), it was reasonable for the Government to issue orders making vaccination mandatory for specific occupations (for example, border and health workers).

- It was also reasonable in late 2021 (when Delta was the dominant variant) to design a system where people were required to show a vaccine pass as a condition of entry to spaces and events where they would be in close proximity with others in confined conditions, because of the high risk of viral transmission. Having done so, it was logical to ensure that workers in such spaces were also vaccinated.

- Based on information available in late 2021, it was reasonable for the Government to introduce a simplified health and safety risk assessment tool to support employers who wanted to consider setting workplace-specific vaccine policies in contexts where people would be in close proximity in confined conditions.

4. Some vaccine requirements were applied more broadly than originally envisaged.

- Vaccine requirements were initially targeted and based on a clear expectation of public health benefit.

- However, over time, widespread concern about the risks of COVID-19 fuelled expectations that a wide range of settings and workplaces would be subject to vaccination requirements.

- This led to some vaccine requirements being applied more broadly than originally envisaged.

5. The case for vaccine requirements became weaker in 2022 once Omicron became the dominant COVID-19 variant.

- The case for vaccine requirements of all kinds weakened in early 2022 with the arrival of the Omicron variant, since vaccination was now much less effective in preventing COVID-19 transmission and immunity waned over time. While beneficial to the individual concerned, vaccination now offered less protection to others and the public health case for requiring it was weak.

- In our view, some workplace, occupational and other vaccine requirements were applied too broadly and remained in place for too long, which caused harm to individuals and families and contributed to loss of social capital.

In our view, some workplace, occupational and other vaccine requirements were applied too broadly and remained in place for too long.

6. While some people found vaccine requirements reassuring, they had wider social and economic consequences.

- Vaccine requirements may have helped facilitate a return to in-person work and social activities, by making people feel safe. Many workers were also in favour of vaccine requirements and made strong demands for employers to introduce them.

- However, vaccine requirements also had significant negative impacts, including exacerbating workforce issues and shortages in some sectors.

- Some people who chose not to get vaccinated lost employment, and many experienced stigma, or were unable to access important places and events. There were also difficult social consequences for some people who did choose to get vaccinated, such as the breakdown of family, work and personal relationships.

- Vaccine requirements (occupational mandates, workplace requirements and vaccine passes) reduced trust in government for some and probably contributed to lower uptake of other vaccines (such as childhood immunisations) in some communities, particularly among Māori.

- In hindsight, vaccine mandates had substantial, long-lasting impacts that would need to be taken into account in any future decisions around their use in a pandemic response.

7. The use of mandatory measures – and other aspects of the COVID-19 pandemic – affected trust and social cohesion in ways that may make future pandemic responses more difficult.

- The occupation of Parliament grounds in protest against a range of matters, including mandatory measures (especially vaccine requirements), represented the most significant civil unrest in Aotearoa New Zealand for some time. It is likely to have far-reaching social consequences.

- The COVID-19 pandemic was associated with declining levels of public trust in government (as occurred in other countries), particularly in some communities. Many of our public submitters expressed concern about the ongoing effects of the pandemic period on social cohesion, trust and collective identity in Aotearoa New Zealand.

- These are important matters for our Inquiry, because during a pandemic, high levels of trust and social cohesion support greater social licence for action, effective community-led responses, and are associated with lower infection and death rates.

- Pandemics can also damage social cohesion and trust in ways that – at their most extreme – threaten the rule of law, public safety, and provision of essential services.

- Fostering, rebuilding, and enhancing trust and social cohesion following the unsettling events of the COVID-19 pandemic should be a key part of preparing for any future pandemic.

The impacts of opposition on trust in institutions and social cohesion

As noted earlier, the use of mandates and orders to make various public health measures compulsory under certain circumstances were among the most controversial aspects of the COVID-19 response, in Aotearoa New Zealand and elsewhere – particularly vaccine requirements. The Inquiry considered how this controversy played out over the course of the pandemic, culminating in the 28-day occupation of Parliament grounds by a broad coalition of anti-mandate protestors in early 2022. Dramatic images from those events – and in particular the scenes that unfolded on 2 March 2022 during the Police operation to end the protest – remain etched in the minds of many people almost three years later.

Many of our public submitters expressed concern about the protest, the divisions that emerged between many people over COVID-19-related matters, and the potential long-term consequences of these. Other stakeholders commented that the loss of social licence and breakdown of social cohesion that occurred during this pandemic may shape how the population is likely to respond to public health responses like lockdowns and vaccine requirements in any future pandemics. Repairing, fostering and maintaining trust and social cohesion will be key to both countering the impacts of COVID-19-related misinformation and disinformation, and ensuring Aotearoa New Zealand is in a good position to respond effectively to a future pandemic.

> Repairing, fostering and maintaining trust and social cohesion will be key to ensuring Aotearoa New Zealand is in a good position to respond effectively to a future pandemic.

Part Three:
Moving forward |
Wāhanga Tuatoru:
Te anga whakamua

Introduction |
Kupu whakataki

Having reflected on what can be learned from looking back at Aotearoa New Zealand's response to the COVID-19 pandemic, we now turn to the future and the lessons we consider should be learned from and acted on before the next pandemic.

The COVID-19 pandemic was a transformative and disruptive worldwide event. It expanded what the world knows about pathogens, their origins and spread, and how science and data can help us prepare for and combat future pandemics. It graphically demonstrated the extraordinary reach pandemics can have in a highly mobile and connected world. COVID-19 touched nearly every aspect of people's lives, producing social and economic effects of great breadth, severity and duration. It also brought home the challenges of responding well to such an event.

Global observations |
Ngā kitenga mai i te Ao Whānui

Our collective experience of COVID-19 may have brought challenges and loss, but it also gave us some valuable resources – new knowledge and tools, a renewed awareness of the things we value most as individuals and societies, deeper understanding of the systems and services we will rely on in a crisis, and a broader portfolio of response and support options.

As a result, the national and international context within which the next pandemic arises will be different from the start of 2020, and our lessons for the future should be read with this in mind. Below are eight big-picture observations about how the global context has shifted because of the COVID-19 pandemic. These have helped inform the lessons we draw for the future:

- COVID-19 expanded international understanding of pandemic pathogens.
- Pandemics require a different kind of response from most other emergencies because of their scale and duration.
- Resolute, clear and strategic leadership is a formidable asset during a pandemic emergency, coupled with strong social cohesion and trust.
- The increasing challenge of misinformation and disinformation is an issue for pandemic responses.
- Pandemics require anticipatory governance, and long-term planning and investment.
- A highly connected world has changed how pandemics are experienced; this creates both risks and opportunities when managing them.
- COVID-19 expanded the strategic response options that can be deployed in a pandemic.
- There are many ways to respond to a pandemic, even within a single strategy.

Note: You can read more about these observations Part Three, Chapter 10 of our main report.

Summary of lessons for the future | He whakarāpopototanga o ngā akoranga mō ā muri ake

We now turn to the specific lessons Aotearoa New Zealand can learn for the future. These describe the high-level elements we consider are necessary to ensure the country is fully prepared for the next pandemic ahead, and ready to respond in ways that take care of all aspects of people's lives. Below, we provide a summary of our lessons for the future. These are informed by the global observations identified above and have been developed with reference to the written evidence supplied to our Inquiry by government agencies involved in the response; direct engagements with key stakeholders; analysis of the evidence by our secretariat team; and our public submissions.

Note: In our main report, the 'Lessons for the future' chapter contains detailed additional information and context on each lesson. It also contains a case study (spotlight) on making complex decisions in a pandemic and an international comparison with South Korea and its state of pandemic preparedness prior to COVID-19.

Lessons for the future and how they fit together | Ngā akoranga mō ā muri ake

1. Manage pandemics to look after all aspects of people's lives

Protect people as much as possible from the direct harms the pandemic poses, while also minimising negative impacts on other aspects of their lives.

2. Make good decisions
Balance different rights, values, and impacts over time

Plan over multiple time horizons → Design and use tools to optimise choices → Bring people with you

3: Build resilience in the health system
Strengthen public health capacity to respond without compromising access to important health services.

4: Build resilience in economic and social systems
Support people to live as well as possible during and after a pandemic.

5: Work together
Develop strong relationships that bring together the diverse skills, experience, leaderships and connections needed to generate collective action.

6: Build the foundations
Strengthen the approach to anticipating and managing the risks posed by a future pandemic (alongside other national risks).

Put in place an effective national response system and ensure it is ready to be activated.

Lesson ①

Manage pandemics to look after all aspects of people's lives

This is the overarching lesson from COVID-19. It means recognising the broad range of impacts that a future pandemic may have on all aspects of people's lives in Aotearoa New Zealand – and balancing the responses to minimise both immediate and long-term harms. In preparing for and responding to the next pandemic:

Lesson 1.1 Put people at the centre of any future pandemic response.

Lesson 1.2 Consider what it means to 'look after *all* aspects of people's lives' from multiple angles.

Lessons 2 to 6 reflect what it would mean to prepare for and respond to a future pandemic in a way that looks after all aspects of people's lives.

Lesson (2)

Make good decisions

In order to look after people in a pandemic, decision-makers need to keep sight of the overall purpose of the response while being adaptable in how this is achieved. They also need advice and evidence that helps them weigh up different options and strike a balance between different priorities and values. What is needed to 'look after people' will change as the pandemic evolves and the balance of benefits and harms of various policy options shift over time. In preparing for and responding to the next pandemic:

Lesson 2.1 Maintain a focus on looking after all aspects of people's lives in pandemic preparedness and response.

    2.1.1 Consider and plan for multiple time horizons simultaneously.

    2.1.2 Make more explicit use of ethical frameworks to balance different rights, values and impacts over time.

Lesson 2.2 Follow robust decision-making processes (to the extent possible during a pandemic).

    2.2.1 Seek out a range of advice and perspectives.

    2.2.2 Make use of times when the situation is stable to look ahead and plan for what might come next.

    2.2.3 Anticipate and plan for burnout.

Lesson 2.3 Use appropriate tools when developing and considering policy response options.

    2.3.1 Identify a wide range of possible policy response options.

    2.3.2 Compare the impacts of different policy response options to make good decisions.

    2.3.3 Use modelling and scenarios to inform decision-making.

Lesson 2.4 Be responsive to concerns, clear about intentions, and transparent about trade-offs.

    2.4.1 Engage stakeholders, partners and the public in key decisions, to the extent possible in the circumstances.

    2.4.2 Be transparent about how different considerations have been weighed against one another.

    2.4.3 Clearly signal in advance where the response is heading, to help people navigate periods of uncertainty and transition.

Lesson ③

Build resilience in the health system

Looking after people's health is a core part of any pandemic response. Strengthening public health capacity will expand the tools available to reduce the risk of pandemic infection. This can reduce their reliance on more restrictive measures (such as lockdowns). Capacity is also needed in the healthcare system so this can meet the demands of safely caring for those who become infected while also delivering other essential health services. In preparing for and responding to the next pandemic:

Lesson 3.1 Build public health capacity to increase the range of options available to decision-makers in a pandemic.

3.1.1 Make scaling-up effective testing and contact tracing part of core public health capability.

3.1.2 Plan for a flexible range of quarantine and isolation options.

3.1.3 Be ready to quickly implement infection prevention and control measures.

Lesson 3.2 Enhance the health system's capacity to respond to a pandemic without compromising access to health services.

3.2.1 Build the capability of the healthcare workforce.

3.2.2 Strengthen intelligence, monitoring and coordination of healthcare to enable adaptability.

3.2.3 Improve health system infrastructure.

3.2.4 Strengthen resilience in primary healthcare.

Lesson (4)

Build resilience in economic and social systems

Any pandemic response needs to look after the social, economic and cultural aspects of people's lives. In order to do this, Aotearoa New Zealand's social and economic systems need to be resilient and have the capacity to 'step up' during a crisis. People are the most important resource, but we also need tools and processes for identifying and reaching those who need support during a pandemic. In preparing for and responding to the next pandemic:

Lesson 4.1 Foster strong economic foundations.

    4.1.1 Continue to build strong relationships between economic agencies.

    4.1.2 Prepare better for economic shocks.

    4.1.3 Strengthen fiscal reserves and maintain fiscal discipline.

Lesson 4.2 Use economic and social support measures to keep 'normal' life going as much as possible.

    4.2.1 Deploy economic and social measures to support key health measures.

    4.2.2 Design key tools in advance to save time and resources.

    4.2.3 Build on the improvements to social sector contracting and partnership.

    4.2.4 Maintain well-functioning labour markets, including by providing financial support to workers.

Lesson 4.3 Ensure continuous supply of key goods and services.

    4.3.1 Build greater resilience into supply chains.

    4.3.2 Maintain food security for a future pandemic.

    4.3.3 Maintain access to government and community services throughout a pandemic.

    4.3.4 Allow the 'essential' category to change over time.

Lesson 5

Work together

Looking after people in a pandemic means all parts of society need to be involved. Communities, businesses, faith groups, NGOs and tangata whenua are able to reach people and do things beyond the scope of government agencies. Building relationships and recognising the value of others' approaches are important preparation for working together in a pandemic. In preparing for and responding to the next pandemic:

Lesson 5.1 Work in partnership with Māori.

Lesson 5.2 Work in partnership with communities.

> **5.2.1** Work with the community to deliver necessary supports.
>
> **5.2.2** Make use of both locally-delivered initiatives and standardised national approaches.
>
> **5.2.3** Ensure public information is accessible and use trusted networks to help deliver key messages.

Lesson 5.3 Work closely with the business sector.

Lesson (**6**)

Build the foundations

Looking after people means thinking about what would be needed in a future pandemic response and acting now to ensure this is in place ahead of time. It's not possible to predict the exact nature of the next pandemic or the economic and social situation in which it might occur, but there are tools (such as scenario planning) that can give a sense of the range of challenges a future government might need to respond to. These should inform what's prioritised in the work of pandemic preparation and where Aotearoa New Zealand should focus its resources – including the tools and systems needed to look after all aspects of people's lives. In preparing for and responding to the next pandemic:

Lesson 6.1 Anticipate and manage the risks posed by a future pandemic (alongside other risks).

    6.1.1 Establish an effective national risk management system.

    6.1.2 Ensure central oversight of pandemic preparation across the whole of government.

    6.1.3 Base planning on robust pandemic scenario planning and modelling.

Lesson 6.2 Have key components of an effective national response in place and ready to be activated.

    6.2.1 Establish an effective all-of-government national response mechanism.

    6.2.2 Ensure strong cross-agency leadership.

    6.2.3 Prepare fit-for-purpose legislation.

    6.2.4 Build strong international connections.

Introduction | Kupu whakataki

This chapter sets out what we recommend the government and its agencies do to ensure Aotearoa New Zealand is pandemic-ready and resilient.[xi] As demonstrated in the Looking Back chapters, the challenge of responding well to a pandemic does not fall on central government alone – communities, iwi and Māori, non-governmental organisations, local government and the private sector all contributed enormously to the COVID-19 response and will doubtless do so again in another pandemic. These groups and others may well find aspects of our recommendations relevant and useful to their own pandemic planning. However, our recommendations are directed at central government.[xii]

The recommendations give practical effect to the lessons learned from the COVID-19 pandemic, but they are not specific to that event. As we know, the next pandemic could well originate from a different pathogen that spreads and affects people quite differently, and it could require other response measures altogether. Our recommendations have therefore been designed to meet a range of possible pandemic scenarios. Some are also relevant to other kinds of national risks and emergency situations.

Like the lessons from which they arise, our recommendations are grounded in the evidence gathered during the Inquiry, including what we learned about other countries' COVID-19 responses. The recommendations take account of what worked well and also what did not. Some recommendations reflect the views and suggestions of stakeholders we engaged with directly or who provided submissions.

When we heard good ideas for improving pandemic preparedness and resilience, we took note and used them to inform our recommendations.

We cannot predict whether the next pandemic will be triggered by a virus known to us or by an entirely new pathogen, whether it will be more deadly than COVID-19 or less, or whether it will be short-lived or protracted. What we can do is be ready for a range of possible pandemic scenarios. We therefore urge the Government to consider and implement these Phase One recommendations as soon as practicable. The minister charged with leading this work should receive regular progress reports on how the recommendations are being implemented at the all-of-government level and by individual agencies, and keep Parliament informed.

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xi   See section 5 of the Terms of Reference: 'Matters upon which recommendations are sought: The inquiry should make recommendations on the public health strategies and supporting economic and other measures that New Zealand should apply in preparation for any future pandemic, in relation to the principal matters within the inquiry's scope, by applying relevant lessons learned from New Zealand's response to COVID-19 and the response from comparable jurisdictions.'

xii   We have used the term central government as the decisions and actions associated with the recommendations will require ministerial or Cabinet decisions and do not sit solely with officials to implement.

Overview of recommendations |
He whakarāpopototanga o ngā tūtohutanga

Group 1: Strengthen all-of-government coordination and accountability for pandemic preparedness

Establish a central agency function to coordinate all-of-government preparation and response planning for pandemics and other national risks.
Strengthen oversight and accountability for pandemic preparedness.

Central agency function
- Lead all-of-government pandemic planning
- Coordinate and drive preparation activities across agencies.

Oversight and accountability
- Chief Executives Group
- Ministerial oversight
- Parliamentary scrutiny
- Public transparency.

Group 2: Ensure an all-of-government pandemic plan, response structure and supporting processes are developed and ready for a pandemic response

Planning
Develop and practise an all-of-government response plan for a pandemic, covering the national-level response and integrating sector-specific plans.

Response structure
Ensure an all-of-government response structure is ready to be activated if needed in a pandemic, supported by adequate staffing and the provision of comprehensive advice under urgency.

Group 3: Strengthen the public health measures that may be required in a pandemic

Health system pandemic planning
Refine the health system pandemic plan and link it with the all-of-government pandemic plan.

Plans in place for scaling-up and implementing significant public health measures in a pandemic:
- future options for quarantine and isolation
- plans for rapidly scaling-up testing and contact tracing
- implementing border restrictions and lockdowns, and managing impacts
- vaccination.

Group 4: Ensure all sectors are prepared for a pandemic and are ready to respond

Ensure each sector has a pandemic plan and considers what they would need to do to support activity within their sector to keep going safely in a pandemic.

Health
Build resilience to ensure continuity of non-pandemic healthcare.
Improve ventilation in hospitals and other public spaces.

Economic
Ensure plans are in place to address the way that the economy functions during a pandemic – including economic and fiscal policy, the labour market, management of supply chains, the operation of lifeline utilities, and the provision of financial support.

Social sector
Strengthen coordination at local, regional and national levels.
Ensure access to welfare support, food and housing.

Justice sector
Maintain access to services and ensure the rights and wellbeing of prisoners are protected.

Education
Plan to keep educational facilities open as much as possible.
Maintain access to education through remote learning.

Group 5: Ensure enablers are in place

Improve the way public sector agencies work with iwi and Māori during a pandemic, to support the Crown in its relationship with Māori under te Tiriti.

Review legislation to ensure it is fit for purpose for a future pandemic.

Ensure core infrastructure is fit for purpose to support each sector's pandemic response.

Group 6: Implement these recommendations

Assign a minister to lead the response to the recommendations, ensure six-monthly progress reports, and report to Parliament within 12 months of this report being completed.

Complete table of recommendations | Te tūtohi me ngā tūtohutanga katoa

Our recommendations are organised into six groups and call for action across many areas of government before, during and after the next pandemic.

All support a common overall objective: ensuring pandemic preparations and the response itself have a clear purpose and are people-centred. Doing so will give the Government and the people of Aotearoa New Zealand a clear sense of direction, a benchmark against which response decisions can be measured and decision-makers held accountable, and a lodestar when the going gets especially tough.

Group 1: Strengthen all-of-government coordination and accountability for pandemic preparedness

A central agency function should be established to coordinate all-of-government preparation and response planning for pandemics and other national risks, supported by strengthened scenario planning, modelling capability, and external expertise.

Recommendations	Responsible agency / agencies
1 Establish a central agency function to coordinate all-of-government preparedness to respond to pandemics (and other national risks). The function should: a. Develop, monitor and produce reports on the National Risk Register (see also Recommendation 5a). b. Support the Chief Executives Group (see also Recommendation 4) to oversee a cross-agency work programme to prepare for and respond to pandemics. c. Coordinate the development of a range of pandemic scenarios to guide preparedness and response planning (see also Recommendation 2). d. Develop an all-of-government response plan (see also Recommendation 7) and lead associated preparatory work. e. Coordinate national pandemic response exercises at least once every three years and report on those exercises to the Chief Executives Group and ministers.	Central government[xiii]
2 Ensure the central agency function has access to appropriate scenario planning and modelling capability to support pandemic preparedness and response. That capability should: a. Be drawn from public sector agencies, non-government institutions and the international community. b. Include health, economic and social modelling to allow for the interaction of these components. c. Determine the data and monitoring systems that are needed over the longer term. d. Be able to be surged during a pandemic response.	Central government
3 Establish a pandemic expert advisory group, including expertise from both the public and non-government sectors, to support pandemic preparedness and provide strategic advice during a pandemic response.	The central agency function, in consultation with the Ministry of Health and other relevant agencies

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xiii   We have used the term central government as the decisions and actions associated with the recommendation will require ministerial or Cabinet decisions and are not something that sit solely with officials to implement.

<table>
<tr><td colspan="2">**Oversight and accountability for pandemic preparedness should be strengthened, and made more publicly transparent, with preparedness being sustainably funded.**</td></tr>
<tr><td>**Recommendations**</td><td>**Responsible agency / agencies**</td></tr>
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4 To strengthen oversight and accountability for public sector agencies' preparedness for pandemics (and other national risks):
  a. Establish a Chief Executives Group to have strategic oversight of national preparedness for pandemics (and other national risks) and associated cross-agency work, including the development and delivery of a work programme to address gaps in preparedness.
  b. Create an oversight mechanism such as a Cabinet Committee or Ministerial Group chaired by a senior minister to proactively review national preparedness for pandemics (and other national risks) and oversee a work programme to address gaps in preparedness.
  c. Require the Chief Executives Group to regularly update the Cabinet Committee or Ministerial Group on the extent of preparedness.
  d. Invite Parliament to establish a mechanism to proactively review national preparedness for pandemics and other national risks, on a regular basis.
  e. Set expectations for pandemic preparedness via public service chief executive performance agreements, and via Ministerial direction to Crown entities, including a requirement to work collectively on preparedness.
  f. Invite the Office of the Auditor-General to establish a review and a public reporting programme on the public sector's readiness to respond to pandemics (and potentially other national risks), that includes how they would deliver business-as-usual activity during a pandemic of extended duration.

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• Central government
• Te Kawa Mataaho/ Public Service Commission for part of Recommendation 4e

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5 To ensure public transparency:
  a. Publish the National Risk Register and report on actions being taken to address risks, every three years.
  b. Require public sector agencies to include an assessment of pandemic preparedness in their annual reports.

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<td>Central government</td>
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6 Provide advice on options for sustainably funding the necessary preparation activities and associated systems improvements, as outlined in the recommendations in this report.

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<td>The Treasury</td>
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Group 2: Ensure an all-of-government pandemic plan, response structure and supporting processes are developed and ready for a pandemic response

An all-of-government response plan for a pandemic, covering the national-level response and integrating sector-specific plans, should be developed and regularly practised.

Recommendations	Responsible agency / agencies
7 Develop an all-of-government pandemic response plan that includes: a. A statement of the overarching objective of a pandemic response (to be adapted as appropriate depending on the nature of the pandemic). b. Roles and responsibilities for delivering an all-of-government pandemic response. c. Criteria, thresholds and processes for when an all-of-government response will be triggered, instead of a health-led response. d. Key considerations to guide the initial and urgent response, including whether/when to introduce stringent measures that may be required urgently. e. Guidance on how to develop and ensure there are pathways and transitions through all stages of the response through to exit. f. Mechanisms for communication with different communities (including Māori, Pacific and other ethnic communities, disabled people and other groups with specific communication needs). g. Mechanisms for monitoring the social, economic and cultural impacts of a pandemic response, and feeding this back into advice on policy responses. h. A statement of how the pandemic response plan will support the Crown to meet its te Tiriti o Waitangi obligations. i. An explanation of how individual sector plans will work together to ensure a comprehensive response.	The central agency function
8 Update the all-of-government pandemic plan following each national pandemic response exercise (see also Recommendation 1e).	The central agency function with input from other agencies as required

An all-of-government response structure should be ready to be activated if needed in a pandemic, supported by adequate staffing and the provision of comprehensive advice under urgency.

Recommendations	Responsible agency / agencies
9 Develop an all-of-government response structure that can be quickly stood up in a pandemic where the lead agency does not have the capacity and capability to coordinate the response. Its functions and capabilities when activated should include: a. Leading the all-of-government response. b. Coordinating the development of new legislation. c. Coordinating the provision of expert advice. d. Information systems and processes to support the development of advice to decision-makers (see also Recommendation 11). e. Public communication and engagement during the response. f. Processes to rapidly review and strengthen key response arrangements to ensure they remain fit for purpose and can be adjusted to changing circumstances, including operational issues. g. A separate strategy function that has the capacity to lead high-level planning for different phases of the response, including planning for transition and exit.	The central agency function
10 Develop a plan to enable the movement of public sector capability and capacity during a pandemic response, including bringing in specific expertise where needed and ensuring that staff can be rotated to reduce the risk of burnout.	Te Kawa Mataaho/ Public Service Commission

11 Prepare guidance and templates for producing advice under urgency that takes account of:
  a. The overarching strategic purpose of the response and the ethics frameworks that will be used to balance different rights, values and impacts in decisions.
  b. The impacts on the wider health system and non-health sectors.
  c. The cumulative impacts of decisions to limit the New Zealand Bill of Rights Act 1990 rights and other human rights over time, and how those impacts are assessed.
  d. How long-term implications are considered.
  e. The Crown's obligations under te Tiriti o Waitangi.
  f. The use of tools such as multi-criteria analysis, value for money, and cost benefit analysis to weigh up the relative costs and benefits of choices in a consistent manner.
	The central agency function

12 Establish processes and accountability mechanisms to protect democratic and human rights during a pandemic response, including:
  a. Enabling cross-party consultation and input, as well as mechanisms that ensure parliamentary scrutiny during a pandemic.
  b. Balancing quick decision-making with transparency, accountability, and maintaining trust and social licence.
  c. Inviting entities with oversight and accountability responsibilities[xiv] to develop, after consultation with relevant public sector agencies, processes that will enable them to exercise their functions during a pandemic of extended duration.
	• Central government for Recommendations 12a and 12c
	• The central agency function on Recommendation 12b

xiv   Including the Offices of Parliament (the Office of the Auditor-General, the Office of the Ombudsman and the Parliamentary Commissioner for the Environment), the Electoral Commission, and entities identified as designated National Preventative Mechanisms under the Optional Protocol to the UN Convention Against Torture (listed on www.justice.govt.nz as the Human Rights Commissioner (oversight responsibilities for the National Preventative Mechanisms), Independent Police Conduct Authority, Mana Mokopuna|Children and Young People's Commission, Inspector of Service Penal Establishments and Office of the Ombudsman).

Group 3: Strengthen the public health measures that may be required in a pandemic

The Ministry of Health should refine the health system pandemic plan and link it with the all-of-government pandemic plan.

Recommendations	Responsible agency / agencies
13 Refine the current health system pandemic plan so that it: a. Complements the all-of-government plan (see also Recommendation 7) and other public sector agencies' planning, and helps identify some of the requirements for both. b. Sets out a range of public health strategies (such as elimination, suppression, mitigation), objectives and associated public health and social measures that can be used in responding to a pandemic and provides guidance on how they might be deployed. c. For the initial response, identifies key public health considerations to guide advice on whether or when to introduce border restrictions and other strict measures aimed at excluding or eliminating the infectious agent. d. Identifies indicators of capacity and mechanisms for surging capacity when needed (in areas such as testing and quarantine). e. Provides for pandemic preparedness and resilience in the wider health system, including plans for maintaining access to non-pandemic healthcare (see also Recommendation 22). f. Includes plans for health communications in a pandemic response – including communication with the government, other government agencies, across the health system (such as healthcare providers) and with healthcare users. These plans should consider mechanisms for communicating effectively with different communities (including Māori, Pacific and other ethnic communities, people with disabilities, and other groups with specific communication needs), as well as business groups and not-for-profit bodies. g. Indicates how the health system will support the Crown to meet its te Tiriti obligations in a pandemic response, consistent with the existing frameworks and policies of health agencies, services and providers.	Ministry of Health

Plans should be in place for scaling-up and implementing significant public health measures in a pandemic.

Recommendations	Responsible agency / agencies
14 Develop a comprehensive plan for quarantine and isolation measures, that includes: a. Identifying a range of quarantine and isolation options, including a cost-effective and scalable mix of purpose-built, hotel contracts and other facilities, the associated investment required, and how different approaches could work together as an integrated system. b. Options for the allocation of quarantine and isolation capacity in case of limited supply that take account of need and legal rights, and provide for user-friendly and compassionate processes. c. How current and new technology, such as location monitoring of people in home isolation and quarantine, could be used, including as a complement to facility-based quarantine. d. Information-sharing protocols. e. Alignment and integration with the financial support measures to meet welfare and business support needs (see also Recommendation 30).	Ministry of Health together with Health New Zealand | Te Whatu Ora
15 Ensure the health system can rapidly scale-up key public health functions in line with the health system pandemic plan. This includes preparedness to deliver contact tracing, testing, vaccination and guidance on infection prevention and control measures.	Ministry of Health, together with Health New Zealand | Te Whatu Ora
16 Ensure the health system has the information and data capability to deliver a pandemic response by prioritising work to implement the recommendations of the Health and Disability System Review (March 2020) calling for connected and shared health systems, data and information.[xv]	Ministry of Health, together with Health New Zealand | Te Whatu Ora

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xv   See pp 227-228, https://www.health.govt.nz/publications/health-and-disability-system-review-final-report

17 Develop a comprehensive plan for the use of international border restrictions which includes consideration of how to manage the impacts on people affected by border restrictions, including: a. Any necessary changes to immigration settings to support foreign nationals in New Zealand. b. Provision of timely social, welfare and financial support to foreign nationals in New Zealand and New Zealand citizens offshore. c. Provision of relevant social, financial and health support to the New Zealand Government's offshore workforce in a future pandemic.	Border Executive Board and Ministry of Social Development
18 Develop a comprehensive plan for the use of national and regional lockdowns which includes consideration of: a. The thresholds and circumstances that might justify their use. b. How the impacts on people can be managed, including the work done under Recommendations 30 and 32. c. A process for establishing and managing regional boundaries, if required.	Ministry of Health, together with other relevant agencies
19 Identify the circumstances in which vaccination requirements (such as occupational requirements, mandates, vaccine certificates or passes) might be recommended as part of a package of public health measures, and key considerations for how the negative impacts of the requirements might be mitigated.	Ministry of Health

Group 4: Ensure all sectors are prepared for a pandemic and ready to respond

Each sector should have a pandemic plan and consider what they would need to do to support activity within their sector to keep going safely in a pandemic.

Recommendations	Responsible agency / agencies
20 Develop and maintain sector pandemic plans that: a. Complement other sector plans and the all-of-government pandemic response plan (see also Recommendation 7). b. Incorporate input from sector stakeholders on gaps or vulnerabilities that need to be addressed ahead of a future response. c. Identify sector-specific key considerations that need to be taken into account when making decisions on the initial response. d. Set out the strategies and options that can be used over the short and longer term, including how they might be deployed. e. Identify roles and responsibilities within each sector for responding to a pandemic. f. Provide mechanisms for surging capacity when needed. g. Identify the workforce needed to support a pandemic response, within a specific sector. h. Include mechanisms to allow sector stakeholders' connections, intelligence and ideas to feed into any response. i. Enable communication with different communities during a pandemic response (including Māori, Pacific and other ethnic communities, disabled people, and other groups with specific communication needs), as well as with business groups and not-for-profit bodies. j. Indicate how they will support the Crown to meet its te Tiriti obligations in a pandemic response.	All public sector agencies

21 Alongside the development of their pandemic plans, each sector should consider what activities within their sector might be able to be kept going in a safe way even when public health restrictions are in place, and how such safe activities could be enabled. They should also consider: a. What activities might in limited circumstances need to be designated 'essential' during a pandemic response, and what would need to be in place to enable these activities to continue. b. How the right balance might be struck between prescriptive rules and flexibility for devolved decision-making for the agencies, businesses and other bodies within their sector, and what guidance and safeguards would be needed to support this.	All sectors

The health, economic, social, education and justice sectors should be prepared to keep essential services going as much as possible in a pandemic, but without compromising the long-term capability to continue delivering these services in the future.

Health

Recommendations	Responsible agency / agencies
22 Plan and ensure system resilience and readiness for continuity of health and disability services during a pandemic, including through: a. Guidance on how to prioritise non-pandemic health services in a pandemic and mechanisms to regularly review prioritisation decisions during a pandemic. b. Mechanisms for monitoring and reporting on health system performance and capacity to inform decisions during a pandemic. c. Planning for, and investment in, workforce capability and resilience for a pandemic. d. Building health system resilience into operational policy, commissioning frameworks, service contracting, monitoring and reporting. e. Planning for how providers can be supported to adapt their service delivery models in a pandemic to minimise disruption to the ongoing provision of healthcare. f. Identifying possible supply chain issues for key pandemic-related products (such as reagents, ventilators, medical products, personal protective equipment) and medicines or medical products, that might arise during a pandemic and prepare a plan that addresses sources of supply, procurement mechanisms, management protocols and contingency measures. g. Planning for how to secure adequate physical capacity to meet healthcare needs in a pandemic (such as through the allocation of public hospital capacity, the use of ad hoc and private facilities, management protocols, and other contingency measures).	• Ministry of Health, together with Health New Zealand | Te Whatu Ora, Ministry of Social Development as required • Ministry of Health, Health New Zealand | Te Whatu Ora, Pharmac and Ministry of Business, Innovation and Employment on Recommendation 22f

23	Determine the costs and benefits (and associated funding priorities) of improving ventilation in all or parts of hospitals and other healthcare facilities, alongside other interventions designed to manage infection risk in those facilities.	Ministry of Health, Health New Zealand | Te Whatu Ora and Ministry of Business, Innovation and Employment
24	Review and develop options for improving ventilation and filtration in buildings generally accessed by the public, other than healthcare facilities. This work should consider: a. The relative priority and costs and benefits for improving ventilation in different building types (or parts of buildings) – for example, schools, prisons, aged care facilities. b. The costs and benefits of improving ventilation across existing buildings, compared to new buildings. c. The incremental costs and benefits of improving ventilation over and above alternative interventions that may be cheaper and easier (such as masking). d. The use of standards, guidance and voluntary codes. e. The benefits that accrue outside pandemics (such as reduced respiratory disease transmission, and improved workforce productivity and student performance) because of improved air quality. f. Reviewing and improving building standards and codes, given the above considerations.	Ministry of Business, Innovation and Employment

Economic

Recommendations	Responsible agency / agencies

25 Determine appropriate governance arrangements and responsibilities for a coordinated economic response to a pandemic, in both short- and long-term scenarios, by:
 	
  a. Clarifying relevant principles and the respective roles and responsibilities of economic agencies to ensure the coordinated delivery of an economic and fiscal response.
 	
  b. Ensuring a forward-looking view during a pandemic on likely evolving scenarios and exit strategies.
 	
  c. Developing a shared Treasury and Reserve Bank of New Zealand playbook aimed at obtaining a common understanding on how the appropriate level, sequencing and composition of monetary and fiscal support might play out in a pandemic, and the arrangements needed to ensure appropriate monetary and fiscal policy collaboration in an emergency.
 	
  d. Ensuring that principles of sustained good fiscal, and sound monetary and financial system management are not compromised when implementing Recommendation 25c.
 	
  e. Ensuring the ongoing supply of essential financial services.
 	
  f. Providing, and publishing, advice on prudently rebuilding fiscal buffers to ensure that there is fiscal headroom for responding to future emergencies.
 	
  g. Establishing mechanisms that can fast-track effectiveness, 'reach', and value-for-money assessments to ensure high quality and targeted public expenditure.
	• All economic sector agencies on Recommendations 25a and 25b and 25g
	
	• The Treasury and Reserve Bank on Recommendations 25c and 25d
	
	• Reserve Bank, Financial Markets Authority and the Treasury on Recommendation 25e
	
	• The Treasury on Recommendation 25f and oversight of 25g

26 Develop a labour market plan for responding to a pandemic that:
  a. Identifies possible labour market gaps and vulnerabilities that might arise during a pandemic, and which skill and labour shortages are likely to need prioritising to maintain necessary goods and services.
  b. Explores how these gaps and vulnerabilities might be addressed, including through training settings; identifies the key skills that might need to be sourced from overseas; and proposes how these skills can be obtained.
  c. Identifies how quarantine and isolation management and allocation systems can assist in meeting urgent labour market needs.
	• Ministry of Business, Innovation and Employment
	• Ministry of Business, Innovation and Employment and Ministry of Health on Recommendation 26c

27 To ensure ongoing operation of supply chains:
  a. Continue to work with international partners to develop ways of minimising future supply chain disruptions during a pandemic, including through the Indo-Pacific Economic Framework work on supply chains.
  b. Build on existing work programmes to improve the government's knowledge of domestic and international supply chains (including through improved government data collection and use of international and domestic supply chain information) and the inputs Aotearoa New Zealand manufacturers and producers rely on and how these could be affected in a pandemic.
  c. Improve and maintain relationships and information-sharing between government agencies, shippers and supply chain operatives, with the aim of increasing resilience and enabling better preparation against supply chain threats.
  d. Establish a programme to improve private sector knowledge of supply chain trends and practices, and how to mitigate performance problems to improve commercial resilience to a pandemic.
	Ministry of Business, Innovation and Employment with Ministry of Transport and other relevant agencies

28	Assess what steps are needed prior to and during a pandemic to maintain port performance, and assess trends in international trade, aviation and shipping leading to a plan to mitigate the risk of transport shortages or bottlenecks.	Ministry of Transport
29	Ensure the ongoing functioning of lifeline utilities, and continued provision of necessary goods and services during a pandemic, by: a. Working with providers to assess and understand the risks that both short-lived and protracted pandemics pose for the lifeline utilities they are responsible for. b. Considering what measures the government should take to ensure the continued provision of necessary goods and services.	Ministry of Business, Innovation and Employment
30	Develop a comprehensive plan for financial assistance schemes during a pandemic to support people and businesses and maintain employment. It should include: a. Options that are proportionate, suitably targeted, and take account of the needs of different people (with particular regard to those groups that are already most vulnerable). b. Clear agency responsibilities. c. Where pre-existing economic and social supports may be inadequate in a pandemic, and options to address gaps. d. How measures would be monitored, reviewed and assessed for quality and effectiveness of spend, and could be adapted over different phases of a pandemic. e. Indicative exit strategies. f. Compliance systems to ensure the effectiveness of support measures.	The Treasury, Inland Revenue, Ministry of Social Development, Ministry of Business, Innovation and Employment and other agencies if required

Social sector	
Recommendations	**Responsible agency / agencies**
31 Determine appropriate governance arrangements and allocation of responsibilities for a coordinated welfare response in both short- and long-term pandemic scenarios, including: a. Identifying agencies that need to be involved and the leadership and governance mechanisms to enable a collective response that is ready to be activated urgently at the start of a pandemic. b. Strengthening regional structures to ensure improved coordination among agencies and between agencies and local delivery organisations. c. Building internal capability to partner effectively with community agencies and iwi.	Ministry of Social Development with other relevant agencies
32 In any future pandemic, ensure policy response options and funding mechanisms are in place to: a. Address the housing, income, food security and safety needs of people and households to enable them to manage through a pandemic. b. Target the needs of people who are hardest hit during emergencies. c. Address additional mental health issues that arise during and after a pandemic.	Ministry of Social Development, Ministry of Housing and Urban Development and the Ministry of Health with other relevant agencies after engagement with emergency services and other providers
33 Plan and coordinate cross-sector approaches to commissioning delivery of community services in a pandemic so that: a. Mechanisms are in place to allocate and distribute funding quickly and efficiently in a future pandemic or emergency to ensure providers have the resources to respond to immediate community needs. b. Any gaps in coverage are identified and addressed (including by developing new capability and relationships in underserved communities). c. Flexibility in delivery approaches is supported, balanced with appropriate accountability arrangements. d. There are clear processes and communications for winding down resources so this is signalled to service providers and community organisations receiving funding.	Ministry of Social Development with relevant social sector agencies

Justice

Recommendations	Responsible agency / agencies
34 Develop a sector pandemic plan that balances the need to maintain a functioning prison system with the wellbeing and human rights of the prison population, including: a. Identifying and anticipating the range of options, tools, and settings that could be applied in a pandemic, and ensuring that operational implementation is consistent with human rights and te Tiriti compliance across all sites. b. Having plans to maintain staffing during a pandemic, to mitigate as much as possible restrictions such as reduced outdoor and physical activity time. c. Providing mitigations to lessen the impact of necessary restrictions, support technology and transportation options, ensure transparency and enable the role of oversight bodies.	Department of Corrections|Ara Poutama Aotearoa working with other relevant justice sector agencies

Education

Recommendations	Responsible agency / agencies
35 To ensure access to education can be maintained during a pandemic: a. Continue to coordinate planning work within the schooling sector (including peak bodies) which will allow schools and places of education to remain open as much as possible in a pandemic – by, for example, pivoting to remote learning, flexibility of the curriculum, teacher capability for teaching in online and hybrid learning environments, and planning for student access to digital devices and connectivity. b. Plan support for the early childhood sector which can be urgently activated, so that early childhood education can continue as much as possible in a pandemic of extended duration. c. Plan support that can be urgently activated for the international education sector, including consideration of financial implications and pastoral care for international students.	Education agencies

Group 5: Ensure enablers are in place

Public sector agencies need to improve the way that they work with iwi and Māori to support the Crown in its relationship with Māori under te Tiriti.

Recommendations	Responsible agency / agencies
36 Review how public sector agencies supported the Crown in its relationship with Māori under te Tiriti in the COVID-19 pandemic. This should include: a. Identifying good experiences and practices in the use of existing te Tiriti frameworks and partnerships in the COVID-19 response and considering how these can be supported to continue. b. Identifying and changing any structures, behaviours and practices that prevented existing te Tiriti relationships, frameworks and partnerships from being used in the COVID-19 response or might prevent them being used in another pandemic. c. Using the results of reviews to establish better relationships, protocols and partnerships with iwi and Māori to work towards outcomes for Māori that are equitable, culturally appropriate and consistent with te Tiriti.	Public sector agencies, in conjunction with Te Puni Kōkiri and Te Arawhiti, and in partnership with appropriate Māori organisations

Legislation should be reviewed to ensure it is fit for purpose for a future pandemic.	
Recommendations	**Responsible agency / agencies**
37 Ensure all relevant legislation is fit for purpose in a pandemic, including: a. Ensuring the Health Act 1956 and other relevant health legislation provide sufficient powers for an initial response to a pandemic, including updating the definitions to include the provision for a quickly emerging and unidentified pathogen, modernising language, ensuring the appropriateness of powers for the enforcement and making of orders, and ensuring the legal framework for large-scale, centralised contact tracing is appropriate. b. Reviewing the Epidemic Preparedness Act 2006, including the threshold for modification orders. c. Developing 'model' bespoke pandemic legislation that considers the strengthening of standing legislation (as per Recommendations 37a and 37b) and the provisions provided by the COVID-19 Public Health Response Act 2020 framework, as well as feedback from relevant consultation with stakeholders. This should include consideration of what should be in primary and secondary legislation, and whether the model legislation should be left dormant or enacted as soon as possible. d. Any legislative changes arising from policy reviews by individual agencies which identify changes in legislation needed to effectively respond to a future pandemic and/or ensure they can continue to provide services. e. Reviewing Aotearoa New Zealand's fiscal responsibility policies and legislation (within the Public Finance Act 1989) to identify whether further measures are required to protect our fiscal resilience and ability to respond as the need arises to future pandemics (as well as other potential crises with a significant fiscal impact).	• The central agency function and Ministry of Health with other relevant agencies • The Treasury on Recommendation 37e

Core infrastructure should be fit for purpose to support each sector's pandemic response.	
Recommendations	**Responsible agency / agencies**
38 Provide for the management and review of the infrastructure needed to support each sector's response to, and specific role in a pandemic, such as information communication technology, data systems, payment systems, contracting and operational systems, to ensure they are fit for purpose and ready for deployment.	All agencies

Group 6: Implement these recommendations

The Phase One recommendations should be considered and implemented as soon as practicable.	
Recommendations	**Responsible agency / agencies**
39 Ensure timely implementation of the recommendations of Phase One of this Royal Commission of Inquiry, by: a. Assigning a minister to lead the response to, and implementation of, the recommendations arising from Phase One as soon as practicable. b. Requiring progress against the Phase One recommendations to be reported to the responsible minister, at least every six months. This should include an overall view of progress against all recommendations by the central agency function, as well as reporting by individual agencies on applicable recommendations. A summary of these reports should be made publicly available. c. Tabling a report in Parliament on progress against the Phase One recommendations within 12 months of this report being completed.	Central government

Te Tira Ārai Urutā the Royal Commission of Inquiry into COVID-19 Lessons Learned is tasked with examining the lessons from Aotearoa New Zealand's response to COVID-19 that should be applied in preparation for any future pandemic.

This report summarises material from the Inquiry's Phase One main report and Experiences Report, highlighting the lessons we learned looking back on the pandemic response, the lessons we consider should be learned for future pandemics, and the actions we recommend the government takes to ensure Aotearoa New Zealand is pandemic-ready and resilient.

As we cannot predict when the next pandemic will occur, how deadly it may be, or how long it may circulate in our communities, it is important to be prepared for a range of scenarios. We therefore urge the Government to consider and implement our Phase One recommendations as soon as practicable and for the minister in charge to provide regular progress updates on how recommendations are being implemented.

Phase Two of the Inquiry

Phase Two of the Inquiry, which commences on 29 November 2024, is investigating key decisions taken by Government in New Zealand's response to COVID-19 between February 2021 and October 2022, regarding:

• The use of vaccines in response to COVID-19, specifically vaccine mandates; the approval of specific COVID-19 vaccines; and vaccine safety, including the monitoring and reporting of adverse reactions.

• The imposition and maintenance of lockdowns, specifically the national lockdown in August and September 2021, and the extended lockdown in Auckland and Northland in September 2021.

• The procurement, development and distribution of testing and tracing technologies and non-pharmaceutical public health materials, specifically the impact of private sector involvement or non-involvement.

Phase Two of the Inquiry will make findings on whether key decisions were well-informed (particularly regarding any social and economic disruption key decisions were likely to cause) and whether those decisions had unforeseen consequences; and make recommendations on considerations that should inform future decisions to best prepare Aotearoa New Zealand to respond to any future pandemics.

Phase Two of the Inquiry will be led by Grant Illingworth KC (Chair), and fellow Commissioners Judy Kavanagh and Anthony Hill. The Inquiry will deliver its Phase Two report by 26 February 2026.

Help and support |
Ngā āwhina me te tautoko

If you have been affected by the COVID-19 pandemic there are organisations that can provide support, including the organisations listed below.
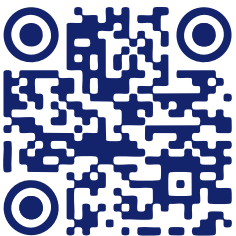
All of these organisations are independent of Te Tira Ārai Urutā the Royal Commission of Inquiry into COVID-19 Lessons Learned.

- Free call or text **1737** any time for support from a trained counsellor.

- Lifeline – **0800 543 354** (0800 LIFELINE) or free text **4357** (HELP).

- Youthline – **0800 376 633**, free text **234** or email talk@youthline.co.nz or online chat.

- Samaritans – **0800 726 666.**

- Suicide Crisis Helpline – **0508 828 865** (0508 TAUTOKO).

- Healthline – **0800 611 116.**

Endnotes |
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4. Cabinet Paper and Minute, Establishing an inquiry into New Zealand's preparedness for a future pandemic, CAB-22-MIN-0464, 25 October 2022, https://www.covid19lessons.royalcommission.nz/assets/Uploads/Royal-Commission-of-Inquiry-Lessons-Learned-Aotearoa-New-Zealands-response-to-COVID-19-That-Should-Be-Applied-in-Preparation-for-a-Future-Pandemic.pdf

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