

## Te Tira Ārai Urutā – the Royal Commission of Inquiry into COVID-19 Lessons Learned

### Summaries of engagements held by the Inquiry April 2025

*These engagement summaries highlight the key points raised by a range of stakeholders to inform the Inquiry's evidence-base.*

#### **Auckland, Wellington and Christchurch City Missions**

All three City Missions said they experienced an increased demand for services during the pandemic, while operating with reduced staffing numbers due to health concerns and fear of contracting the virus. They adapted by collaborating with new partners and utilising technology, particularly for mental health support.

Representatives told the Inquiry that their relationships with government agencies improved initially, with usual barriers and conditions temporarily removed to facilitate immediate housing assistance. However, these flexible arrangements were quickly reversed after the pandemic period.

Significant mis- and disinformation was observed within the communities that the Missions served. Representatives emphasised the importance of trusted relationships in combating misinformation and ensuring communities have access to accurate and reliable information.

#### **Mis- and disinformation experts roundtable**

Experts told the Inquiry that while Aotearoa New Zealand's mitigation strategy was effective overall, some people were unnecessarily impacted by the spread of misinformation. This was described as 'an old problem given legs by new technology,' with conspiracy theories spreading rapidly through social media platforms. Misinformation was also said to have brought people of similar views together, creating communities that validated and amplified shared perspectives and values.

It was noted that, in the view of the experts, current regulatory frameworks have fallen behind as technology continues to rapidly advance. The use of better engagement with online platforms, community-based interventions and modernised legislation were identified as potential mechanisms to reduce the impact of mis- and dis-information on the wider community.

### **Advocacy and support organisations representing older people**

Representatives told the Inquiry that older adults are ‘remarkably resilient’ and that stronger community networks emerged with neighbours supporting each other as a result of the pandemic. However, this support began to wane as time went on.

The disruption to traditional support systems and the emphasis on technology use created significant challenges. Many seniors struggled with online services, vaccine passes, and digital information systems. The transition to phone-based rather than face-to-face services also created additional barriers for some clients.

Delayed specialist appointments and a general reluctance to seek medical care significantly impacted older adults' health outcomes. Clarity around vaccine mandate requirements for visitors and support workers was noted as taking too long to resolve.

Representatives recommended that better communication strategies, recognition of caregivers' essential roles, and maintaining community support networks should be priorities for future pandemic planning.

### **COVID-19 Immunisation Programme Governance Group Assurance Leads**

Participants described to the Inquiry how the vaccine programme required the development of a complex delivery model in a short timeframe – one that enabled coordination across multiple District Health Boards while also maintaining national consistency. Traditional assurance methods were found to be inadequate for the fast-paced pandemic environment. Instead, the team operated using real-time assurance to ensure programme flexibility and responsiveness to the changing conditions.

The participants identified strong political leadership as a key success factor; however, challenges arose as time went on that affected programme level governance and design focus.

Various structures and IT systems were established during the rollout that remain available for future use – ongoing maintenance and testing of these systems are crucial for pandemic preparedness.

### **Academic researchers who studied Aotearoa New Zealand's digital contact tracing technology use during the pandemic**

The academics told the Inquiry that Aotearoa New Zealand achieved one of the world’s highest voluntary adoption rates for digital contact tracing apps, partly due to the decentralised data storage method (where the users’ information was stored on their phones rather than government databases). They believed that this approach contributed to strengthening public trust and encouraging overall participation.

Despite high public uptake, it was noted that some contact tracers were reluctant to use the digital tools, preferring traditional manual methods. This institutional resistance somewhat undermined the technology's effectiveness, with some contact tracers questioning the reliability of digital data compared to phone-based investigations. Better training during low-case periods and the integration of digital tools into existing processes would have been beneficial to the overall programme.

The academics discussed how the effectiveness of contact tracing tools depends heavily on trust in government – there is currently no universal best practice for digital contact tracing, as cultural and regulatory contexts significantly influence tool effectiveness and adoption.