WRITTEN RESPONSE FROM RT HON CHRIS HIPKINS

Provided 1 August 2025

OPENING STATEMENT

1 I was a key decision-maker for New Zealand's response to the 2020 – 2022 global pandemic. There were two Cabinets across that period, one from the 2017-2020 Labour-led Government and another following the November 2020 election. I have never before, and never since, seen a Cabinet wrestle with so many significant decisions in such a short timeframe. It is a cliché to say there was no manual for what we had to deal with, but it is also true.

2 The first report of the Royal Commission into COVID-19, released in November 2024, accurately describes how the virus upended routines and saw New Zealanders buffeted by uncertainty and change. It also accurately set out how, as a result of steps taken by the Government, New Zealand suffered far fewer Covid deaths than other countries and emerged from the pandemic in considerably better shape than many. The report also identified a series of lessons for the future and provided a detailed list of recommendations covering all aspects of pandemic response. To my knowledge, the current Government has not released any indication of if, or when, it intends to implement those recommendations.

3 In any case, the terms of reference for Phase Two of the Royal Commission into COVID-19 asks Commissioners to provide 'further recommendations' and to 'critically assess key decisions taken by the Government in response to COVID-19 during 2021 and 2022, and the associated economic responses'.

4 The most restrictive decisions pre-date this timeframe. The decision to lockdown the whole of New Zealand was taken in March 2020 by a Cabinet that included Labour, New Zealand First Ministers and Green Party Ministers (who were outside Cabinet) s. The decisions taken later, including in 2021 – 2022, were informed by those initial lockdown decisions and are connected to them, in particular the decision to pursue an elimination strategy.

5 I consider the findings of Phase One of the Royal Commission into COVID-19 are fair. The findings report recognises that, as a Government, there were things we could have done better. It also identifies that the use of vaccine mandates and compulsory public health measures were controversial and led to unprecedented levels of public unrest. But at the same time the first report acknowledges the challenges faced by decision-makers and the lives and incomes protected by the steps we took.

6 The findings of this Royal Commission should be consistent with the first report.

7 I have provided responses to your written questions and intend to speak to these when I am interviewed on 4 August 2025. However, I consider a number of the questions to be adversarial or, at best, one sided. They invite me to respond defensively, which I have tried to avoid. An event as significant as a global pandemic should not be used to play politics.

8 The fact is that none of the decisions we took during this tumultuous time were strict 'either / or' choices. It was never simply a case of accepting the public health advice over all other advice. At some stages, the public health advice was the most compelling – particularly in and around March 2020 when we were watching COVID-19 cases overwhelm the hospital

systems of countries like Italy and the United Kingdom. But at the same time public health advice was considered alongside a range of advice from a cross section of government agencies and others. As Cabinet Ministers we tried our best to balance all of the advice we received, considering all aspects of life in New Zealand including health, business, community, social cohesion and our connection with the rest of the world.

9 Our position throughout the pandemic was that a strong public health response was the best response for our economy and our social wellbeing. Had the Government allowed COVID-19 to rip into New Zealand in 2020, before a vaccine was available and when we only had 268 ICU beds across the whole country, the death toll and sickness rate would have been devastating for our economy and society.

10 Looking back on these decisions with hindsight is not straight-forward. Events look different from the rear view mirror. Because much more information exists now than we had at the time it may be tempting to see the trade-offs and challenges as clearer or sharper than they really were. Mostly, as Cabinet Ministers we were making decisions, even key decisions, with incomplete information and in circumstances which were rapidly changing. I would ask the Royal Commissioners to consider that when they weigh up the evidence before them.

Question 1: How would you describe your role and responsibilities under the COVID-19 Public Health Response Act 2020 (Act)?

11 My role and responsibilities as Minister for COVID-19 Response were defined in the Act, particularly sections 9, 11, 14, 15, and 33, and in the Prime Minister's Letter of Expectations. Although the Act gave me powers to make Covid-19 orders (including orders to self-isolate, or requiring mask wearing etc) in practice these decisions went through the usual Cabinet decision-making process or were referred to Cabinet.

12 Even though the pandemic response required us to make a higher volume of decisions, more quickly than usual, decisions were still the result of official advice, provided by a range of agencies, and discussions between Cabinet Ministers and officials.

13 My role as Minister for COVID-19 Response was to lead some of these discussions and to support the Prime Minister and my colleagues, who had other responsibilities relevant to managing and responding to the pandemic.

Question 2: Please describe how the Act affected your decision-making in terms of making orders under the Act in 2021-2022, both from a procedural and a substantive perspective?

14 It was recognised early on that bespoke legislation would be required, since the existing legislation was either not suited to managing a pandemic or was piecemeal in nature. The lessons from other (natural) disasters was that bespoke legislation could be helpful in significant emergencies, particularly in providing tools for Government to use across departments when required. The Act was designed to establish a fit for purpose legal framework for managing the unprecedented circumstances of the pandemic in a coordinated and orderly way.

15 I received a range of advice before making any decisions under the Act, and I consulted with the Prime Minister, the Minister of Justice and the Health Minister and others as appropriate. I also obtained legal advice to ensure that any orders would be compliant. Many decisions taken had implications under the Bill of Rights Act 1990 (**NZBORA**), so advice was always received on whether or not such limitations were justified. From a procedural perspective:

a advice was received and decisions made by Cabinet or by Ministers with Power to Act.

b these decisions were passed to the Parliamentary Counsel Office to draft orders; and

c these orders were provided to me for signing, as per the Act;

d signed orders would then be gazetted.

16 In reality, the timeframe for signing orders was often very compressed, with final Orders arriving shortly (often late at night) before they were due to be gazetted. However, this was hard to avoid given the compressed timeframes required for an effective response.

17 Every order was scrutinised by the Regulations Review Committee, which operated as usual throughout the pandemic and was chaired by (then Opposition) MP Chris Penk. There were times when an order would be changed as a result of feedback from the Regulations Review Committee, and the Government welcomed those changes (see *Government response to the report of the Regulations Review Committee examination COVID-19 Public Health Response*

Act 2020 orders between 18 and 31 August 2021). In addition, every order was confirmed by a vote in the House. This took place within a specified period of the order being gazetted.

18 As the Minister responsible under this Act I saw the benefits of being able to initiate and manage Covid response measures at speed when they were needed. Advice was still sought and considered, and the orders were fully scrutinised and tested, but the decision making process was more stream-lined and efficient and we were able to respond at the speed required.

Question 3: The Act was amended a lot over a short period of time, including five times in 2021 and three times in 2022:

a What is your view on the extent to which it was fit for purpose?

b Is it better from your perspective to develop legislation for each pandemic, or should we have a framework in place that would apply in all pandemics?

c What lessons can we learn here?

19 The Act provided extraordinary powers in an extraordinary set of circumstances. I do not believe such 'emergency powers' should exist in the absence of a clearly defined emergency, and this Act would not have been passed in normal circumstances. Any decision to confer such powers should be made by Parliament on a case-by-case basis, as occurred in 2010 with the Canterbury Earthquake Response and Recovery Act 2010.

20 COVID-19 was an equally significant emergency, affecting the whole country. But due to the nature of the pandemic, and as events unfolded, the justification for the use of such powers also changed. As Minister Responsible for the Act for much of the pandemic, I was committed to revoking the powers the Act conferred as soon as they were no longer absolutely necessary for the response. The Act stopped being used in August 2023.

21 Any emergency or pandemic legislation in future should be narrow in scope and only apply until Parliament has been able to convene and consider the best way to approach a given emergency, as we did with COVID-19. Review and oversight were built into the COVID-19 legislation. All Orders made under the Act were subject to Parliamentary scrutiny and validation.

22 While the Act provides a useful precedent, it will not necessarily be appropriate in all future pandemics. Each emergency will have its own features and the next pandemic may require different responses.

Question 4: As the Minister for COVID-19 Response, we understand you were primarily supported by DPMC:

a. What kinds of advice, and how much advice, did you receive directly from other agencies such as the Ministry of Health?

b. What areas did you understand to be solely the responsibility of DPMC?

c. Did you consider the structure that was in place for you to receive advice was optimal, or are there any ways in which it could be improved?

23 I received advice directly from a range of government agencies, including (but not limited to) the Ministry of Health, Customs, Crown Law, the Department of Prime Minister and Cabinet (**DPMC**), the Ministry of Business Innovation and Employment (**MBIE**), Treasury, the Ministry of Education, Police, the Ministry of Social Development (**MSD**) and the Ministry of Foreign Affairs and Trade (**MFAT**). DPMC had an important role in helping to streamline and coordinate some of that advice.

24 Every day, including weekends over the course of the August 2021 outbreak, I attended a multi-agency briefing held at 11am. Other attendees included the Minister of Finance, the Prime Minister (on an as needed basis), and officials from the Ministry of Health, MBIE (who oversaw the Managed Isolation Quarantine centres), Treasury, Police, representatives from Auckland's frontline public health team, MSD, Māori health coordinators and the Institute of Environmental Science and Research (**ESR**). Among the subjects discussed each day was the latest genome testing data that allowed us to track within 24-48 hours detailed profiles of each and every new contracted case, Sometimes this group met more than once a day.

25 In addition, before every Cabinet meeting papers would be distributed to each government agency and each agency would in turn prepare notes for their Minister relating to the agenda items at the up-coming Cabinet meeting. Groups of Ministers would also meet on the morning before a Cabinet meeting to ensure all information was gathered before Cabinet met.

26 DPMC's role was to collate advice for sharing, coordinate between agencies and prepare papers. As I indicated to the first Royal Commission, I believe that DPMC's role in coordinating such an emergency response could be strengthened in future. I am happy for my responses to the first Royal Commission to be shared with Commissioners and referred to.

27 The way we gathered and shared advice worked well because there existed high levels of trust between Ministers, and between Ministers and officials. Where there was tension, it primarily arose because of capacity issues. We were asking so much of a relatively small cohort of senior officials and the demand for information and analysis was never-ending. People were working very long days without breaks, and the pressure remained relentless.

28 The high trust environment with officials was important as a culture of blame or / and overemphasis on accountability would have had a chilling effect on officials' willingness to engage in an incredibly pressured situation. Any sense that officials were being blamed for issues beyond their control could mean in a future pandemic the government of the day has less access to the free and frank advice they need to make good decisions.

29 I have reflected since that it may have been more effective to essentially split Cabinet into two functioning teams; one focused only on COVID-19 and the second focused only on the 'normal' business as usual Government functions. At the time though it did not occur to any of us that the pandemic would last as long as it did, or that the kinds of decisions we would be called on to make would continue to become more complicated and difficult.

Question 5: Prior to the outbreak in August 2021, we understand you were aware that the Delta variant was circulating internationally, and was highly transmissible.

a How did you satisfy yourself that the alert level system and elimination strategy remained appropriate as the virus evolved?

b On reflection, and with the benefit of hindsight, what other changes to the system or strategy could or should have been made sooner?

30 Throughout the pandemic we closely monitored how the virus was responding in other jurisdictions. Our officials spoke to their peers in comparable countries and the Prime Minister and other Ministers spoke to their equivalents at every opportunity. Plus, officials monitored any data available on the spread, transmissibility and evolution of the virus. This information gathering was crucial and allowed New Zealand to be best placed when the virus did arrive here.

31 New Zealand's initial response was the elimination strategy, which involved a fast, sharp lockdown. This was successful for the first wave of COVID-19 and without it there is no doubt many more people would have died and our health system would have been overrun.

32 At the same time, the Alert Level system was kept under constant review. For example, several changes were made between lockdowns as to which businesses could operate at different levels and under what conditions. After each lockdown, the Alert Level system was reviewed and adjustments were made as necessary.

33 In March 2021, I established the COVID-19 Independent Continuous Review, Improvement and Advice Group chaired by Sir Brian Roche to provide a continual stream of independent advice to me on how the response was working in practice. I received regular calls from Sir Brian and written reports from his group making suggestions about what aspects of the response could or should be amended.

34 As the virus evolved, and more New Zealanders took up the vaccination, it became apparent that the Alert Level Framework was no longer the best way to manage public health restrictions. That is why the Government transitioned to a traffic light system in late 2021.

35 In March 2021, Hon Dr Verrall had established an expert advisory group chaired by Sir Professor David Skegg (the Strategic COVID-19 Public Health Advisory Group (**SCPHAG**)). The SCPHAG provided additional, independent advice to Ministers, which included advice on evolving the Alert Level system. By October 2021 the SCPHAG was recommending moving away from the existing system, which we did.

36 With the benefit of hindsight it is clear that the transition from the elimination strategy and its Alert Levels to the COVID-19 Protection Framework (the **CPF**) (with traffic lights which is what we introduced in December 2021) was probably confusing for people. We may have been better to have one Alert System from the outset that contained enough levels and flexibility to manage the transition from elimination to protection seamlessly. We didn't do that. But at the time we released the first Alert Level Framework we were dealing with a different version of the virus and we simply couldn't know how quickly it was going to evolve and increase its transmissibility. The challenge was accessing information about the virus, its transmissibility, and its spread as well as reliable modelling about what might happen next and, notwithstanding that uncertainty, making decisions which you could explain to all New Zealanders. The Alert Level system was easy to explain. The CPF was more complicated, but by then so was the range of movements and freedoms we were trying to allow.

37 A future government managing a pandemic might well decide that the Alert Level system should have 5 or 6 levels. But the challenge about accessing good information and being able to explain it will be the same. An Alert Level system of itself can't provide certainty. The best

that any decision maker can do is have good data, review the data and the advice you have and try to navigate a safe way through.

Question 6: When making alert level recommendations to Cabinet in August-November 2021, what were the primary sources of advice and information you relied on:

a In relation to public health impacts?

b In relation to economic impacts?

c In relation to social impacts?

d In relation to any other impacts (please specify)?

38 I understand the Royal Commission has been provided with all of the advice provided to Cabinet. Those papers identify the full range of government agencies who provided input into the various decisions, including the Ministry of Health, MBIE, Ministry of Education, Treasury, MFAT, NZ Police, Ministry of Defence, Te Puni Kōkiri, Te Arawhiti, the Ministry for Pacific Peoples, and MSD.

39 It would be a mistake for Commissioners to think any one source of information dominated decision making. Throughout this time, like other Ministers, I was very conscious that we were balancing a series of interests and rights. Each decision was like that. I relied on DPMC to coordinate advice for me, but I did not see their role as more influential than any other.

40 As well as Cabinet papers, Ministers had a range of other sources of advice which included:

a Advice from the COVID-19 vaccine technical advisory group;

b Recommendations and feedback from the Roche group;

c Advice being provided by the SCPHAG;

d Advice provided to Ministers from former CEO Rob Fyfe as a private sector advisor;

e Ministers' own networks in the community and in their relevant sectors;

f Feedback we were receiving from caucus members; and

g Media and social media which covered every aspect of COVID-19 and how Government responses were impacting people.

41 Commissioners should also recognise that Cabinet Ministers were talking to each other constantly, sometimes multiple times a day. These discussions were an obvious channel to compare advice and to consider a range of opinions and perspectives.

42 New Zealand is a very small democracy. Like other Ministers, I was contacted directly by a range of people from all sectors with feedback and anecdotal evidence about how the various COVID-19 responses were impacting daily life, businesses, schools, tertiary education and freedom of movement. This less formal engagement could be very helpful. For example, Mitre-10 called me directly to discuss how to allow plumbers and other tradespeople to access hardware supplies, and Air New Zealand contacted me about working out a special arrangement for pilots and flight crews so that flights could continue to arrive and leave New Zealand.

43 It was obvious from all of these sources of information that people were experiencing COVID-19 differently depending on their individual circumstances. We understood the impact of the responses was significant, and we took a range of unprecedented steps to try to manage that, including introducing the wage subsidy scheme and providing extra resources and funding to schools throughout New Zealand to help teachers connect with students online.

Question 7: Alert level Cabinet papers were prepared in short timeframes. To what extent, and how often, did you or other Ministers supplement the information in those papers at Cabinet meetings? Please provide specific examples of additional information that would be provided by you or other Ministers.

44 As noted above, before every Cabinet meeting all Ministers would be briefed by their own departments and Ministers would be talking to each other if new or unexpected information had come to light, which did happen.

45 Then all written advice was supplemented with verbal briefings both before and at the meetings. In several instances, the Director-General of Health updated the public health advice at the Cabinet meeting. In some instances this contradicted or changed the written advice previously received. This was unavoidable given the tight timeframe for papers to be distributed and the fact that information on transmission or outbreaks was updated regularly and could supersede information contained in a written paper. For example, we could be provided with new information about an outbreak from the morning meeting prior to attending Cabinet and, if so, any written papers prepared the day or two before could be out of date.

46 All key Ministers were in the same position and we were speaking to each other and to our officials constantly to ensure that decisions were based on the best available information available at the time.

Question 8: In alert level Cabinet papers, your recommendations to Cabinet followed (in a sequential sense) immediately after the public health assessment, and in most cases mirrored the Director-General of Health's recommendation. Thereafter, the Cabinet papers would consider other factors such as the economy and impacts on at-risk populations.

a How were those other factors considered by you when making recommendations to Cabinet?

b To what extent did those other factors inform your recommendations?

47 In all cases DPMC incorporated as much advice as possible into the Cabinet papers but, given tight time constraints, additional advice was always made available at the meetings. The Minister of Finance, for example, provided a Treasury perspective, even if one had not been able to be incorporated into the formal papers due to time constraints.

48 As described in the answer to Question 6 above, Cabinet considered a full range of advice on a wide range of impacts and factors. The weighting given to any advice depended on what was happening at the time and what decision we were making. The whole pandemic response period was marked by uncertainty and fluidity. Data was changing, and our response needed to change as more or different information became available.

49 The question's reference to the public health and / or Director-General's advice appears to suggest that Commissioners consider health advice was usually given primacy. Because we were managing a health crisis, it is true that the advice provided by the Ministry of Health, the Director-General of Health and other health experts outside of government was carefully read and was highly influential. But this does not mean other advice, from other agencies and individuals, was not influential. It was. The order advice appeared in a Cabinet paper is not an indication of how that advice was considered during the decision-making process.

Question 9: Did you feel you had a clear, evidence-based understanding of the on-the-ground impacts in Auckland during the August-December 2021 lockdown? Please explain the reasons for your answer.

a From where were you receiving evidence of impacts in Auckland?

b What improvements could be made in the future to ensure the best possible information from regions under lockdown is provided to central government?

50 I was meeting with officials on a daily basis, including those based in Auckland (via Zoom). These meetings included public health officials but also officials and representatives from other agencies like the Police and frontline public health workers.. I spoke regularly to school principals from across the region as Minister of Education. I also spoke to other groups including The Business Leaders Forum, The Council of Trade Unions and other affiliated unions, Auckland and Northland DHBs and Auckland Airport. I was also in regular contact with others on the ground in Auckland, including local MPs and Cabinet Ministers who lived there and stayed there until Parliament resumed.

51 I did not believe it was appropriate for me to travel to Auckland while we were restricting travel in and out of that region on public health grounds. I still believe that was the right decision. It would have completely undermined public confidence to have Ministers moving around the country while we asked New Zealanders to stay close to home. Throughout the pandemic, Ministers tried as much as possible to follow the rules the general public were expected to follow.

52 Throughout the pandemic DPMC provided Ministers with regular updates on COVID-19 sentiment and behaviour from research carried out by The Research Agency and Moana Research. This tracked public attitudes based on qualitative and quantitative research.

53 I understand many Aucklanders felt frustrated at the later lockdowns and felt they went on longer than necessary. The fact we kept the lockdowns in place does not mean we did not hear that message loud and clear. But at the time we had other information which, on balance, we decided supported keeping the restrictions in place.

54 The issue with those later lockdowns was not a lack of information from the regions affected. But I acknowledge that our decision to keep the lockdowns in place was not popular. As was apparent in the 2023 election, Labour subsequently faced the consequences for that.

55 A future government dealing with a future pandemic will also need to make unpopular decisions.

Question 10: On 4 October 2021, alert level 3 was adapted to involve three stages:

a What was the provenance of that change?

b Who suggested it, and why?

c Why did you recommend it to Cabinet?

56 At the time Ministers were grappling with how to respond to a range of complex factors. We recognised that people were tiring of the restrictions and we wanted to give people more freedom to begin to live more normally again. Vaccination rates were higher and we had information indicating that people were becoming less willing to stick to the restrictions; for example, contact tracing was showing that new cases were increasingly occurring from transmission out of home or out of essential workplaces. Also, there were school holidays coming up.

57 But at the same time, we did not want to lift all restrictions quickly for fear that we would have a sudden outbreak as a result. The decision was taken by Cabinet. It was a very difficult time for everyone, not just Ministers, because by then the country had been dealing with COVID-19 for nearly 18 months. Everyone wanted certainty but no one could be certain about what, if anything, the virus might do next.

58 The decisions taken over that particular period look a lot easier in hindsight than they were at the time. At the time, there were a great many factors to weigh up and balance.

Question 11: We have seen various references in the documentation to diminishing social licence in Auckland, beginning in late September. The lockdown continued for another two months after that.

a How did this factor into your thinking when determining alert levels?

b How can social licence best be maintained by the Government when imposing lockdown restrictions over a lengthy period?

59 Social licence was critical to our overall COVID-19 Response. Without public support, a strong pandemic response would have been impossible and for a long period of time, although there were critics of what we were doing, we maintained strong levels of public support.

60 One of the challenges we faced in the late 2021 Auckland lockdown was due to timing. While other countries had experienced much longer periods of lockdown over 2020 and 2021 than any of the lockdowns imposed in New Zealand, those countries were progressively returning to a much more ‘normal’ situation by the end of 2021. Auckland, and indeed New Zealand, having not had widespread transmission of COVID-19 up to that point was in a different situation. Being out of synch with other countries worked to our advantage in 2020 when New Zealanders were enjoying much more freedom than for example the United Kingdom or some states in Australia. But when that reversed in late 2021, it was one of the of the key factors contributing to the increased strain on social licence.

61 We were monitoring this and we had regular advice from Police and others about the number of people moving about and gathering in contravention of the restrictions in place. It was definitely a factor in shifting our response.

62 Maintaining social licence will always be a challenge for any future government. The best way to maintain it is to have restrictions that don’t last very long, but that may not be possible.

What we tried to do was make the best decision in the interest of all New Zealanders based on the latest information we had. Like much of what the Royal Commission has been asked to inquire into, it is much easier to see how social cohesion was diminishing in hindsight. At the time we did not have the benefit of this perspective.

Question 12: At what point, if ever, did the social and economic harm caused by lockdown outweigh the public health good that lockdowns created in terms of protection from COVID-19? How can that tipping point be identified?

63 There is an implication in this question that I reject strongly. Our position throughout the pandemic was that a strong public health response was essential to a strong social and economic response. You could not separate these elements. Had the Government allowed COVID-19 to rip into New Zealand in 2020, before a vaccine was available and when we only had 268 ICU beds across the whole country, the death toll and sickness rate would have decimated our economy and society. People would have been unable to work, or too scared or traumatised to do so. And like other countries, including the UK, following this first destructive wave we would have imposed lockdown restrictions in any case.

64 The New Zealand economy is an ecosystem made up of people who live and work alongside each other. When their health is threatened by a virus like COVID-19, the whole ecosystem is threatened.

65 Our priority was to try to protect what we could, for as long as we needed to. That included peoples' health, jobs, schools, hospitals, communities.

Question 13: Did you feel well-informed as to the long-term effects of the August-December 2021 lockdown on:

a Auckland's economy?

b New Zealand's economy?

c Education?

d Social division?

e Communities in lower socio-economic areas?

Why or why not? Where were you getting this information from?

66 The reality was, and this will invariably be the case when the next pandemic strikes, all decisions were informed by imperfect evidence and information. We didn't have, and couldn't have, a full picture of all we needed to know.

67 I have no doubt if we applied what we know now to some of those decisions, we would take a different path. But that simply highlights the difficulty facing any Government leading through a significant crisis of this magnitude.

68 Every country with which we like to compare ourselves has experienced some form of post-COVID-19 ill-effects, irrespective of how they managed the initial outbreaks. We didn't have

the deaths from COVID-19 that other countries had but nonetheless this was a major traumatic event for the country, and trauma leaves a scar.

69 I think we all knew at the time that things would not just snap back to 'normal' once the virus was under control and the restrictions were gone. But no one, in any country, predicted all of the various ways the long-term effects would be felt.

Question 14: Towards the end of the Auckland lockdown (22 November 2021), you recommended (and Cabinet agreed) to hold Auckland at alert level 3 stage 2 until entry into the COVID-19 Protection Framework in early December, rather than allow Auckland to spend a fortnight at alert level 3 stage 3. What was the reasoning for this?

70 The Cabinet papers record what decisions were taken and set out the advice we received at the time. Beyond that, looking back, there were just so many decisions and adjustments made about alert levels and stages it is hard to recollect exactly what I was thinking about any single change.

71 The alert level status of Auckland was being monitored and reviewed constantly. We understood it was causing Aucklanders frustration and we were continually looking at how we might reopen Auckland safely.

72 Advice in mid-October 2021 was that the outbreak in Auckland was becoming more widespread, affecting more ethnic groups and with more exposure events per day and more exposure events occurring outside the home and essential workplaces. But the risk of community transmission elsewhere in New Zealand (except for Waikato and Northland) was low. On 18 October 2021 were advised by the Director-General of Health that to ensure the outbreak was contained it was 'critical' to retain the current Alert Level 3 restrictions in Auckland.

73 By mid-November we had further advice about how we could step Auckland out of the restrictions, but that advice continued to be to move slowly. Because each step allowed for different activities and freedoms, we were also advised that people and business would need time to get used to a new set of restrictions. Cabinet discussed this and authorised Ministers with Powers to Act to take decisions on detailed settings within the proposed CPF.

74 On 22 November we agreed to retain the current restrictions on movement across the Auckland Alert Level boundary until 15 December, with vaccination and testing requirements applying after that date. Cabinet's reasoning at the time is accurately summarised in the 29 November review of COVID-19 Protection Framework Settings for New Zealand.

Question 15: Did you consider lockdowns were or should be used to encourage members of the public to take up the vaccine? Why or why not?

75 High levels of vaccination were required to give us confidence that we could control the spread of any outbreak. So we used a range of measures to encourage people to get vaccinated, starting with traditional public health messages and then more targeted initiatives like working with iwi groups, or having local maraes open as vaccination clinics. We put a lot of energy into this. I even agreed to be vaccinated on live TV! These were campaigns based

on encouragement and convincing people that vaccination would help them and their loved ones.

76 It is not correct to that lockdowns were used to encourage vaccination.

Question 16: It appears that alert level restrictions in Northland and parts of the Waikato in the second half of 2021 were sometimes determined by you and/or Ministers with Power to Act without Cabinet consideration. What was the reason for this?

77 The group of Ministers with Power to Act had been established and endorsed by Cabinet to take decisions like these as and when required, in between the normal weekly Cabinet meetings. All such decisions were reported back to Cabinet for validation.

78 If an order was to be made, the order would be referred to the Parliamentary Counsel Office for drafting and then provided to the Minister for signing and gazetting. These orders were subject to the usual scrutiny by the regulations Review Committee and later confirmed by Parliament.

79 In terms of orders relating to Northland, parts of the Waikato and Auckland, a group of Ministers received status reports on all three regions every day tracking the genome sequencing data. All of these meetings were minuted.

Question 17: Do you think the Auckland lockdown could have been eased any sooner than it was? Why or why not?

80 As I indicated in my answers to the first Royal Commission, my personal reflection is that the Auckland lockdown could have been eased sooner. I'm happy for Commissioners to have access to those answers.

81 However, the lockdown decisions were Cabinet decisions and I am comfortable that what we were trying to do what was best for all of New Zealanders. I acknowledge many Aucklanders see this differently and I understand why that is the case. Every decision we took impacted individuals differently.

Question 18: Why do you think the Auckland lockdown failed to successfully repress the outbreak, compared to earlier lockdowns?

82 The virus had become more transmissible, it was detected after more people had already been infected, and new variants emerged. Vaccination was more successful reducing transmission of some variants than others.

Question 19: Are there any decisions in relation to alert levels that, with the benefit of hindsight, you believe could or should have been made differently?

a If not, please explain your answer.

b If so, please identify the decision(s) and explain your reasoning.

c Are there any lessons for the future that we can take from those decisions?

83 There were so many decisions made during the whole pandemic response, and so many decisions made at speed during that time, that with the benefit of hindsight you could look at any number of decisions and say that you might have done something differently.

84 However, I am not sure that anything constructive is gained by such revision. What we did was try to make the best decisions we could, based on the information we had on the day, and we kept making decisions like that until we were through the pandemic safely.

Question 20: What was the basis for, and what were the reasons behind, Cabinet adopting a target of 90% vaccination of the eligible population prior to the transition to the CPF?

85 From my recollection, Sir Ashley Bloomfield referred to 90% as a worthwhile target in September 2021. He made the comments in a media interview where he was reflecting on countries with high vaccination rates and he said New Zealand needed to be at or above 90%. The following day the NZ Herald launched a campaign called 'the 90% Project', encouraging readers to get vaccinated. At the time, 90% was described as ambitious because it was much higher than Australia for example. At that stage Australia had a target of 70%.

86 In late September 2021 Te Pūnaha Matatini (**TPM**) modellers produced a report which said if New Zealand could attain 90% vaccination rates then the virus could be effectively managed with testing, contact tracing and masks but no lockdowns.

87 A Cabinet Paper dated 18 October 2021 cited the TPM modelling to recommend the 90% target as a threshold to move to the **CPF**, which Cabinet accepted. At the time some, including iwi leaders wanted 95% vaccination coverage.

88 In the end we moved out of the Alert Level framework and to the CPF on 2 December before all of Auckland reached the 90% target. But we were confident by then that Auckland would reach the target and it did on 16 December 2021.

Question 21: When adopting the target, were you provided evidence as to trade-offs between extending the Auckland lockdown and increasing vaccination rates?

a If not, did you ask for it, and would it have assisted you?

b If you did receive such evidence, what did it demonstrate, and how did it factor in to your decision?

89 We did receive evidence about trade-offs. The advice was clear, both internationally and from our own officials, that higher vaccination levels would allow New Zealanders to move more freely, safely with less risk from outbreaks of the virus.

90 Each time we considered Auckland's Alert Levels, which was often, we also took advice on the current status of the local vaccination rate, both generally in Auckland and across the region and by ethnicity. I would also note that opposition parties were calling for a vaccine target and along with media and commentators, created an environment where social licence would have been eroded had the Government not set a target.

Question 22: In your evidence to the Waitangi Tribunal regarding the decision in November 2021 to rescind the 90% vaccination target, you said that "the public health justification for continuing hard lockdowns in the face of very high vaccination rates was withering away" – how did this factor into the decision to rescind the 90% vaccination target?

91 My evidence to the Waitangi Tribunal is consistent with advice I provided to the Royal Commission's first phase. By October – November 2021 Cabinet was concerned with wavering compliance with the Alert Level restrictions. We understood we needed to maintain our 'social license' which became more difficult as people grew tired of being restricted. They were worried about their livelihoods, and the health of the economy and, they were seeing for themselves more people contract the virus and recover. The evidence was more people were moving about in breach of the restrictions.

92 But also by this time we had strong health advice that said provided we had high rates of vaccination we could better manage New Zealand's transition out of the emergency by adopting the CPF. The 90% target was one factor in ensuring New Zealand could safely move out of the restrictive Alert Level framework.

Question 23: On reflection, and with the benefit of hindsight:

a What benefits do you think were derived from the adoption of the 90% target?

b What were the downsides?

c Do you have any views on whether or when vaccination targets should be tied to legal restrictions like lockdowns in the future?

93 The target did succeed at mobilising people and getting more people vaccinated. The NZ Herald's campaign promoting the 90% target and tracking progress against it was evidence of that, as was the Super Saturday initiative aimed at rallying Māori and Pasifika to a vaccination event. Higher levels of vaccination undoubtedly played a significant role in New Zealand having one of the lowest mortality rates from COVID-19 in the developed world. I am not sure we would have reached this level without the talk of a 90% target.

94 In future though, any decision maker will need to devise a new strategy based on evidence and public health information that is available at the time. It could be a very different pandemic. There may not be a vaccine readily available.

Question 24: The CPF was developed to replace the alert level system. Another option might have been to amend or alter the alert level system. What was the reasoning behind developing a new system rather than amending the existing one?

95 The Cabinet Papers accurately record how and why Cabinet came to the conclusion that a different, more flexible and more localised response framework was required.

96 With the benefit of hindsight, we might have been better to amend the existing framework, or to have introduced a more flexible framework at the outset. But at the time we did not have the clarity we have now. When the Alert System Framework was introduced, most of us

probably thought this was a system we would only need to use for a very short period of time. We did not contemplate that the pandemic would last as long as it did, or evolve as quickly as it did to present new and different challenges.

97 Whatever system was applied it needed to be based on strong science and good information, and it needed clear communication targeted at specific, different audiences.

Question 25: The Public Service Commission briefed you on the public service agency workforce policy guidance and statement which they refreshed from time to time. At one stage the Commission recommended a vaccine mandate should apply across the public service. You did not agree to that. What were your reasons?

98 Any vaccine mandate had to be justified by strong public health around the occupational risks involved. I did not believe that all roles in the public service were subject to the same level of risk. The Cabinet took the position that vaccine mandates should be considered on a case by case basis based on risk analysis for specific roles. I believe that was the right approach.

Question 26: Given the high level of vaccination at the time of the coming into force of the CPF, what were the expected or intended benefits of vaccine passes and requirements for workers to be vaccinated in related settings?

99 The vaccine passes and requirements for workers were both designed as tools to help support a broader health response and to allow people to get back to work. The higher vaccination rates and emergence of new variants had shifted our focus to avoiding and mitigating potential adverse effects of COVID-19.

100 We were receiving plenty of advice that businesses wanted this but also that many people did not want to go to work if their workmates were unvaccinated or if customers and people they would need to interact with were unvaccinated. I would also note there was a high level of political demand for a system of vaccine validation too.

101 The feedback in support of these measures at the time we introduced them was strongly supportive, particularly from businesses. It is easy to forget that at the time many people were still very fearful of COVID-19, and of mixing with people who might be carriers or infected. We had information that large numbers of people were refusing to leave their homes.

102 These measures were designed to address that and assist people to resume some level of normalcy.

Question 27: What were your reasons for introducing the COVID-19 Response (Vaccinations) Legislation (which empowered vaccine passes and the Vaccine Assessment Tool secondary legislation) under Urgency?

a What were the factors you balanced in pushing this legislation through before Christmas?

b How did you weigh shortfalls in Māori vaccination rates in that timing?

103 A great deal of COVID-19 related legislation did not go through the usual select committee process. This legislation was urgent because businesses, particularly hospitality, wanted to be

able to open and attract customers over the Christmas holiday season. That could not happen unless we passed this bill under urgency,

104 Passing this Act was also one of the steps required to allow us to move New Zealand to the CPF. By this time the health advice was that we could better manage COVID-19 through the CPF than under the Alert Level Framework and, as described above, we understood that business owners and employers were concerned about how they could get back to work safely.

105 In relation to Māori vaccination rates, Ministers were regularly updated on Māori rates of vaccination. For example, the Waitangi Tribunal's Haumaru: COVID-19 Priority report correctly identifies that in November 2021 Cabinet received advice from Te Arawhiti on the proposed CPF, and in particular on the low Māori vaccination rates in some regions. The Tribunal records (at 4.2.7) that this was taken into account in Cabinet's decision on 29 November 2021.

106 As the Waitangi Tribunal's report records (at 4.2.8.2.3), during this time Cabinet agreed to a number of initiatives aimed at protecting Māori and mitigating risk to Māori. This included keeping the Auckland boundary in place for two weeks after the CPF came into force, to provide additional time for people to get vaccinated, and requiring people moving across the Auckland boundary over the Christmas period to be vaccinated or have had a negative test within 72 hours. These initiatives went further than public health advice suggested.

Question 28: For the introduction of the vaccine pass and employer mandates, what was the modelling and policy advice on what would happen to the reproduction number of COVID-19 or rate and level of hospitalisation and illness with and without the introduction of these measures?

107 Cabinet considered a wide range of advice and multiple agencies were involved in developing and approving the introduction of vaccine passes and employer mandates, including MBIE, WorkSafe, Ministry of Defence, Police, Corrections, the Ministry for Primary Industries and public health. Advice on the possible impact on the number of cases and / or hospitalisations was not, as I recall, linked in the way this question suggests to the introduction of vaccine passes and mandates. Those two initiatives were, as already described, tools Cabinet was advised to use as part of the transition from Alert Level restrictions to the less restrictive and more locally responsive CPF.

108 However, no decision was made in isolation. At any time Ministers would be considering a range of different measures and, as already described, at daily meetings key agencies were sharing information and concerns about all issues under discussion.

109 During this time Ministers were fully advised about the risks and benefits of making the transition to the CPF. Some Māori leaders, in particular, were concerned that we not transition too quickly since Māori vaccination rates were lower than the general population and therefore more susceptible. This was considered and steps were taken to try to mitigate any increased risk, including the introduction of the $120m Māori Communities COVID-19 Fund on 22 October 2021, which was designed to help build community resilience.

Question 29: There is generally an absence of data on the use and impacts of the Vaccine Assessment Tool – for example, how many employers, in which sectors, imposed mandates, how many staff were dismissed for failing to comply with employer mandate policies, what the impact was on workforces and whānau, and how long such policies went on for. Should more planning have gone into monitoring the impacts of the Vaccine Assessment Tool and employer discretionary vaccine mandates and their ending? Please explain your answer.

110 It was a devolved system by design. It gave employers guidance on the factors they needed to weigh up but did not dictate to them.

Question 30: What was your assessment of the fairness or risks arising from the fact that the compliance burden for some mandates would largely fall on staff on the spot in high-risk settings where visitors were required to show a vaccine pass to enter?

111 This was explicitly canvased in the advice and NZ Police we involved in developing the guidance for businesses and employees in those situations. These issues were also canvassed in depth in our public briefings and media comments, which were extensive.

Question 31: In hindsight, would you put more emphasis on compliance and enforcement of pass settings, or was maintaining a high trust environment the correct approach? Was potential for fraudulent use of the passes a big concern for you? Please explain your answers.

112 The high trust approach was the right one. A heavy-handed approach to compliance would have been very difficult to enforce, cumbersome, and would likely have generated public backlash.

Question 32: Comments you left on several Ministry of Health briefings about testing technologies (eg, saliva-based PCR tests, rapid antigen tests) give the impression you were frustrated with the Ministry's progress on introducing these options.

a Is that a fair interpretation? Please explain your answer.

b What were your expectations of the Ministry regarding testing policies and implementation?

113 The official papers available to Commissioners show notes from me repeatedly challenging the time it was taking to have tests accepted and approved. I accepted the advice in 2020 and early 2021 that testing kits being proposed lacked reliability and I did not want to see tests rolled out either against the advice of public health officials or where their lack of reliability would undermine public confidence in testing.

114 But I also thought the Ministry of Health was too slow to test and be open to new technologies.

115 Having said that, it is not uncommon for Ministers to want officials to go faster. The officials were working under the Medicines Act 1981, which was not fit for purpose and in 2023 we introduced the Therapeutic Products Act in part to make it easier for officials to approve products like testing kits. The current Government has since repealed that statute.

Question 33: Do you think New Zealand could have achieved different outcomes in terms of pandemic management if other testing options had been introduced, or introduced earlier? Why or why not?

116 I accept earlier roll out of RAT tests may have given Government and employers more options to contain the spread of COVID-19 whilst allowing for more economic activity. That is one of the reasons I was pushing the officials at so hard on it.

Question 34: Sir Ashley Bloomfield, in an interview with Paddy Gower in March 2025, said that leaders should have listened more. Do you share his view? Please explain why or why not.

117 I am not responding directly to this question without understanding the context in which Sir Ashley spoke.

118 In general though, in all of the ways that I have described, the Government tried very hard to stay attuned to feedback from a wide cross-section of experts and the public throughout the pandemic. It would be a mistake for Commissioners to think, if they do, that Cabinet Ministers were cut off from engaging with a cross-section of people. We weren't and we were listening.

Question 35: Looking back over the 2021-2022 period, what went right, from your perspective? What could have been done better?

119 We had one of the lowest rates of mortality from COVID-19 of any country. We had fewer days in lockdown compared to many other countries we normally compare ourselves to. We had higher economic growth and lower unemployment. Our health system did not get overwhelmed with people dying in corridors due to lack of available care. Our doctors and nurses did not die from COVID-19 in the way they did in many other developed countries.

120 The most challenging time was in late 2021 as we made the transition from our strategy to eliminate COVID-19 to one of management and protection. The staged decisions to reopen New Zealand were incredibly complex, involving consideration of multiple, small but important elements. These included consideration of such things as the specific work practices in each industry, or drafting geographical boundaries to ensure remote communities on each side of the border could access essential services.

121 We were too cautious for some people. But on the other hand Māori and disabled communities thought we were not cautious enough, and those communities were the most at risk.

122 With the benefit of 20/20 hindsight, a lot of academic research, and much greater understanding of the virus and how it spreads, there is little doubt that decisions could have been made differently had all that been known at the time. The fact remains it wasn't. We had to make the best decisions we could, based on imperfect information.

Question 36: Overall, what do you think New Zealand needs to improve or do differently to ensure the health system and leaders are prepared for the next pandemic?

123 Implement the recommendations of the first Royal Commission into the country's COVID-19 response. The first report contains a range of recommendations addressing every element of pandemic preparedness and response. Yet there is no indication of a workplan to implement those recommendations. Without urgent action, we could be worse prepared for the next pandemic than we were for the last one.