



Whītiki Aotearoa:

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

**Consolidated lessons  
and recommendations**

Ā mātau akoranga me ā mātau tūtohutanga

PHASE  
**ONE**

NOVEMBER 2024

# Navigating our reports | Te wherawhera i ā mātau pūrongo

## 2024 – Phase One

This is the Consolidated lessons and recommendations 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](https://covid19lessons.royalcommission.nz)

### Main Report:



### Supporting documents:



## 2026 – Phase Two



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Te Tira Ārai Urutā – the Royal Commission of Inquiry COVID-19 Lessons Learned was asked to learn lessons from Aotearoa New Zealand’s pandemic response that could be used to prepare for future pandemics.

This document contains all lessons and recommendations of Phase One of Te Tira Ārai Urutā the Royal Commission of Inquiry COVID-19 Lessons Learned.

It contains three sections:

### Part 1:

#### What we learned looking back

this section contains the Inquiry’s learnings from looking back at Aotearoa New Zealand’s COVID-19 pandemic experience and response. These are presented across eight topics, in the same manner as the Inquiry’s main report.

### Part 2:

#### Lessons for the future

this section contains the Inquiry’s lessons for the future to help Aotearoa New Zealand prepare for future pandemics. The individual lessons are grouped into six themes.

### Part 3:

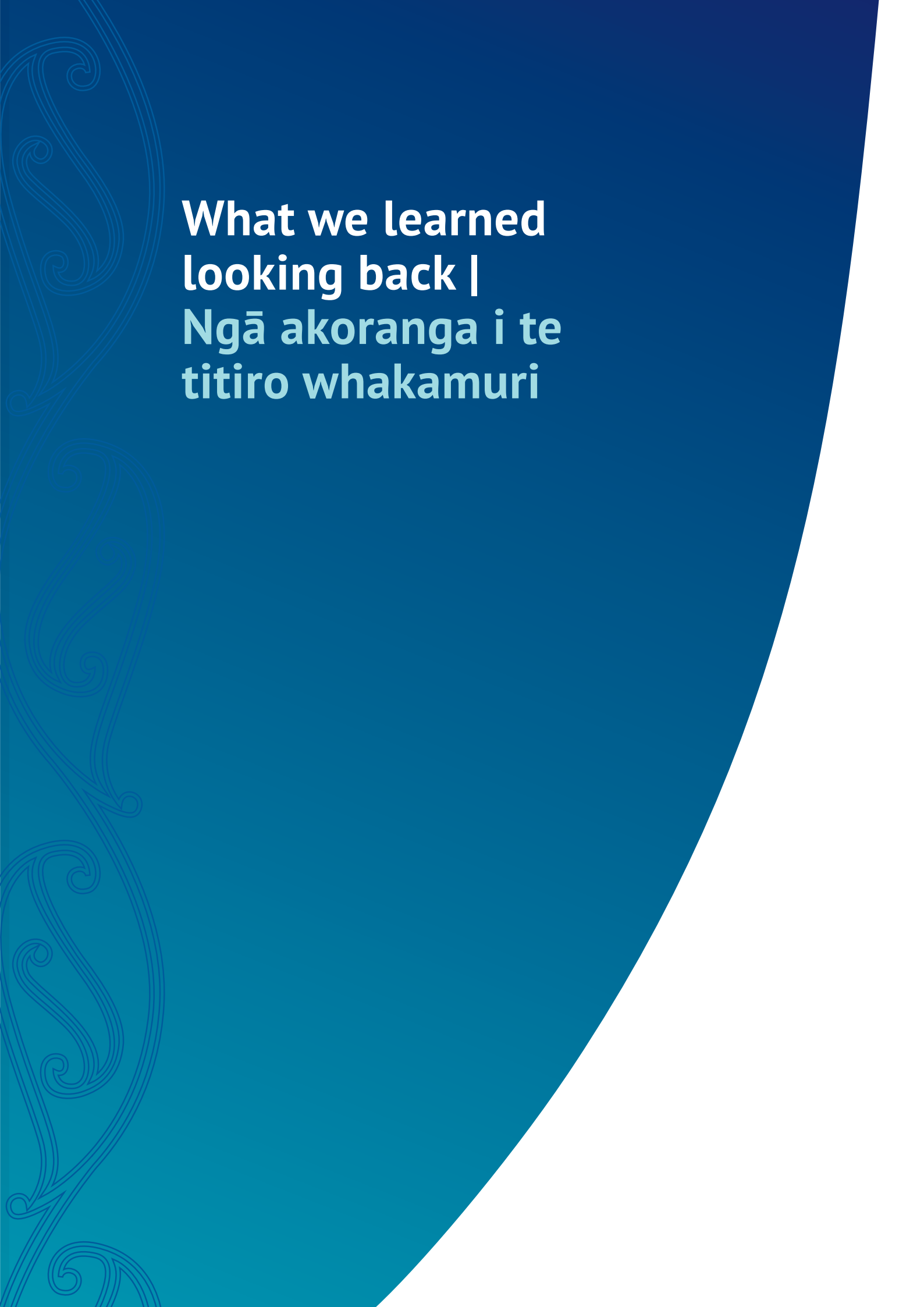
#### Recommendations

this section contains the Inquiry’s complete table of recommendations, organised into six groups.

Further information on the Inquiry’s lessons and recommendations, as well as further details on the work of the Inquiry, can be found in our **Main report**.

**Our Experiences report** shares feedback and insights on the COVID-19 pandemic the Inquiry received through public submissions gathered in early 2024.

**A Summary report**, which contains key content from the Inquiry’s Main report and Experiences report, is also available.



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

## Chapter ②: All-of-government preparations and response | Ngā whakaritenga me te urupare a te kāwanatanga whānui

Like other countries, Aotearoa New Zealand was not prepared for a pandemic of the scale and duration of COVID-19. The Government's response – supported by the efforts of many New Zealanders – was widely praised internationally, although challenges grew over time.

### What we learned

#### **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 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 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 advice. 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 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 (such as moving from PCR to rapid antigen testing, removing vaccine mandates), 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).



### What we learned

#### **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 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 use of 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 with 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.

## Chapter 4: Keeping the country closed: border restrictions and quarantine | Ka noho kati te whenua: ngā rāhui pae whenua me te noho taratahi

Border restrictions and quarantine measures were effective in stopping COVID-19 from entering the country but – like lockdowns – they had substantial social, economic and personal costs.

### What we learned

#### **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 significant 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 prevention 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 the ‘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 for.**

- The 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 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 rose to the challenge of COVID-19 and supported an effective elimination strategy that saved thousands of lives. At the same time, the pandemic showed that greater preparation is needed to ensure the country has effective public health tools and a strong health system that can continue providing care for other health issues during a pandemic.

### What we learned

#### **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, 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 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-19 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-19 care in order 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 hampered 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.

Economic, social sector and community supports meant most people had what they needed to get through the pandemic. At the same time, the pandemic exposed economic and social vulnerabilities and society continues to be affected by its uneven impacts.

### What we learned

#### **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 mitigations provided effective protection for many, including for particular sectors and population groups, others missed out or carried a heavier burden.

#### **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 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 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.
- The pandemic revealed there is still room to improve mutual understanding and coordination between the Treasury and the Reserve Bank when it comes to using monetary and fiscal policy to best effect in an emergency situation.
- We also share some concerns that were raised by others about the duration for which the Government and the Reserve Bank provided substantial economic support in the response. This has led to a range of economic pressures that are taking some 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 enable 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 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 the 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 likely be critical in future pandemics and central government needs to actively build 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 people, 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 unemployment. The mental health, educational and social impacts on young people are particularly concerning.
- Other impacts have not yet emerged 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.

Aotearoa New Zealand was able to purchase and deliver an effective vaccine that meant the population had high levels of protection when COVID-19 infection first became widespread in early 2022. While the vaccine rollout achieved high population coverage very quickly, opportunities were missed to ensure equitable access and uptake for all groups – particularly Māori and Pacific peoples.

### What we learned

#### **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.
- 1c, 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 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 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.**

- Pfizer underwent independent assessment and received provisional approval by Medsafe 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 Pfizer received approval before the first doses arrived in the country.

### **4. An enormous 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 people 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.

The pandemic response involved a number of compulsory measures, which were important for an effective response but also constrained people's freedoms. Vaccine mandates were among the most controversial of these measures. While they may have increased protection of vulnerable groups they came at a high cost and were imposed too widely and for too long.

### What we learned

#### **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.

### **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.

## **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.
- Vaccination 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 requirements had substantial long-lasting impacts – particularly for Māori and Pacific peoples – 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.**

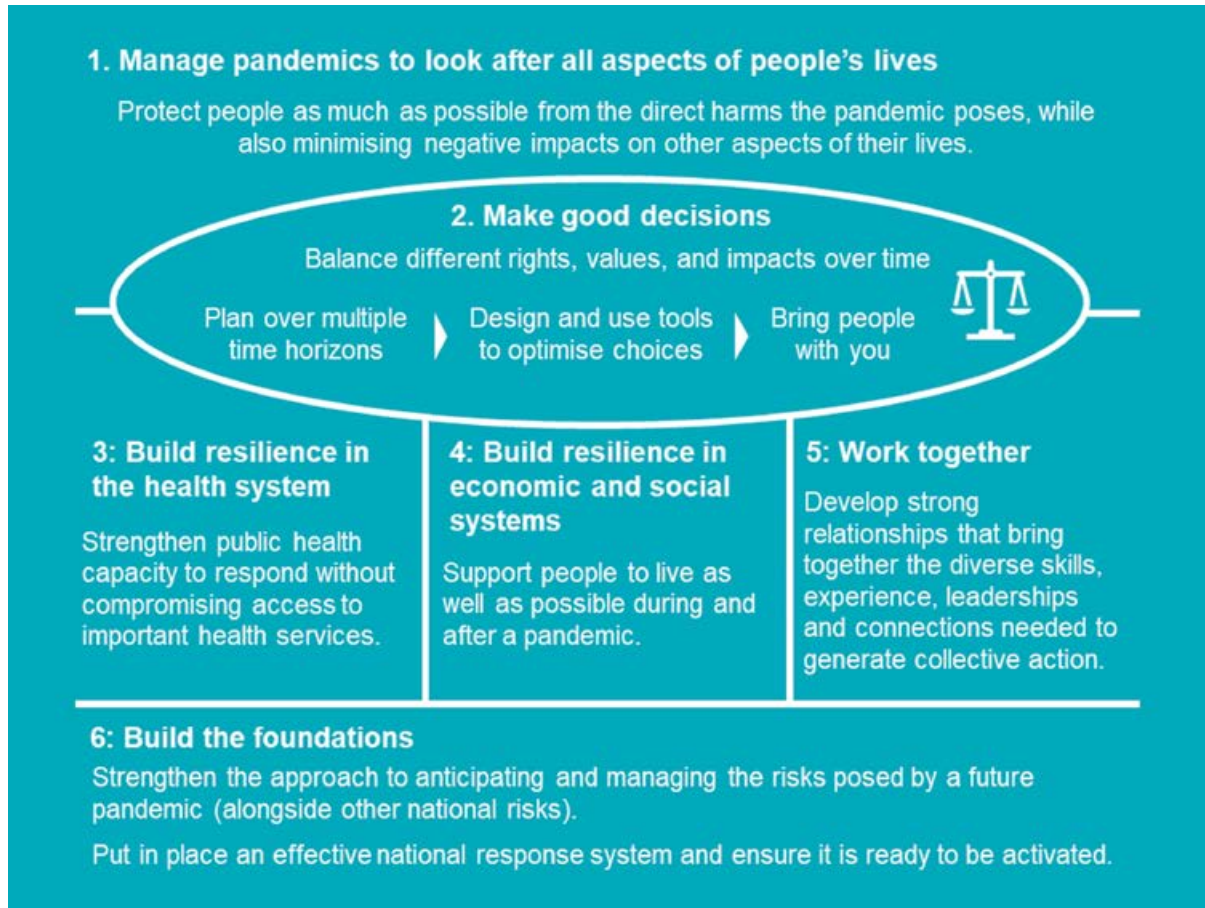
- The occupation of Parliament grounds in protest against a range of matters, including mandatory measures (especially vaccine requirements), represented the most significant civil unrest in Aotearoa New Zealand for some time. It is likely to have far-reaching social consequences.
- The COVID-19 pandemic 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.



**Lessons for the future |**  
**Ngā akoranga mō**  
**ā muri ake**



## Lessons for the future and how they fit together



### 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.

## 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.



# Recommendations | Ngā tūtohutanga

## 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
<p><b>1</b> Establish a central agency function to coordinate all-of-government preparedness to respond to pandemics (and other national risks). The function should:</p> <ol style="list-style-type: none"> <li>Develop, monitor and produce reports on the National Risk Register (see also Recommendation 5a).</li> <li>Support the Chief Executives Group (see also Recommendation 4) to oversee a cross-agency work programme to prepare for and respond to pandemics.</li> <li>Coordinate the development of a range of pandemic scenarios to guide preparedness and response planning (see also Recommendation 2).</li> <li>Develop an all-of-government response plan (see also Recommendation 7) and lead associated preparatory work.</li> <li>Coordinate national pandemic response exercises at least once every three years and report on those exercises to the Chief Executives Group and ministers.</li> </ol>	Central government <sup>i</sup>
<p><b>2</b> Ensure the central agency function has access to appropriate scenario planning and modelling capability to support pandemic preparedness and response. That capability should:</p> <ol style="list-style-type: none"> <li>Be drawn from public sector agencies, non-government institutions and the international community.</li> <li>Include health, economic and social modelling to allow for the interaction of these components.</li> <li>Determine the data and monitoring systems that are needed over the longer term.</li> <li>Be able to be surged during a pandemic response.</li> </ol>	Central government
<p><b>3</b> 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.</p>	The central agency function, in consultation with the Ministry of Health and other relevant agencies

<sup>i</sup> 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.



**Oversight and accountability for pandemic preparedness should be strengthened, and made more publicly transparent, with preparedness being sustainably funded.**

Recommendations	Responsible agency / agencies
<p><b>4</b> To strengthen oversight and accountability for public sector agencies' preparedness for pandemics (and other national risks):</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>c. Require the Chief Executives Group to regularly update the Cabinet Committee or Ministerial Group on the extent of preparedness.</li> <li>d. Invite Parliament to establish a mechanism to proactively review national preparedness for pandemics and other national risks, on a regular basis.</li> <li>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.</li> <li>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.</li> </ol>	<ul style="list-style-type: none"> <li>• Central government</li> <li>• Te Kawa Mataaho/ Public Service Commission for part of Recommendation 4e</li> </ul>
<p><b>5</b> To ensure public transparency:</p> <ol style="list-style-type: none"> <li>a. Publish the National Risk Register and report on actions being taken to address risks, every three years.</li> <li>b. Require public sector agencies to include an assessment of pandemic preparedness in their annual reports.</li> </ol>	<p>Central government</p>
<p><b>6</b> Provide advice on options for sustainably funding the necessary preparation activities and associated systems improvements, as outlined in the recommendations in this report.</p>	<p>The Treasury</p>

## 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
<p><b>7</b> Develop an all-of-government pandemic response plan that includes:</p> <ul style="list-style-type: none"> <li>a. A statement of the overarching objective of a pandemic response (to be adapted as appropriate depending on the nature of the pandemic).</li> <li>b. Roles and responsibilities for delivering an all-of-government pandemic response.</li> <li>c. Criteria, thresholds and processes for when an all-of-government response will be triggered, instead of a health-led response.</li> <li>d. Key considerations to guide the initial and urgent response, including whether/when to introduce stringent measures that may be required urgently.</li> <li>e. Guidance on how to develop and ensure there are pathways and transitions through all stages of the response through to exit.</li> <li>f. Mechanisms for communication with different communities (including Māori, Pacific and other ethnic communities, disabled people and other groups with specific communication needs).</li> <li>g. Mechanisms for monitoring the social, economic and cultural impacts of a pandemic response, and feeding this back into advice on policy responses.</li> <li>h. A statement of how the pandemic response plan will support the Crown to meet its te Tiriti o Waitangi obligations.</li> <li>i. An explanation of how individual sector plans will work together to ensure a comprehensive response.</li> </ul>	<p>The central agency function</p>
<p><b>8</b> Update the all-of-government pandemic plan following each national pandemic response exercise (see also Recommendation 1e).</p>	<p>The central agency function with input from other agencies as required</p>

**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
<p><b>9</b> 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:</p> <ul style="list-style-type: none"> <li>a. Leading the all-of-government response.</li> <li>b. Coordinating the development of new legislation.</li> <li>c. Coordinating the provision of expert advice.</li> <li>d. Information systems and processes to support the development of advice to decision-makers (see also Recommendation 11).</li> <li>e. Public communication and engagement during the response.</li> <li>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.</li> <li>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.</li> </ul>	<p>The central agency function</p>
<p><b>10</b> 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.</p>	<p>Te Kawa Mataaho/ Public Service Commission</p>

<p><b>11</b> Prepare guidance and templates for producing advice under urgency that takes account of:</p> <ol style="list-style-type: none"> <li>The overarching strategic purpose of the response and the ethics frameworks that will be used to balance different rights, values and impacts in decisions.</li> <li>The impacts on the wider health system and non-health sectors.</li> <li>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.</li> <li>How long-term implications are considered.</li> <li>The Crown's obligations under te Tiriti o Waitangi.</li> <li>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.</li> </ol>	<p>The central agency function</p>
<p><b>12</b> Establish processes and accountability mechanisms to protect democratic and human rights during a pandemic response, including:</p> <ol style="list-style-type: none"> <li>Enabling cross-party consultation and input, as well as mechanisms that ensure parliamentary scrutiny during a pandemic.</li> <li>Balancing quick decision-making with transparency, accountability, and maintaining trust and social licence.</li> <li>Inviting entities with oversight and accountability responsibilities<sup>ii</sup> to develop, after consultation with relevant public sector agencies, processes that will enable them to exercise their functions during a pandemic of extended duration.</li> </ol>	<ul style="list-style-type: none"> <li>Central government for Recommendations 12a and 12c</li> <li>The central agency function on Recommendation 12b</li> </ul>

ii 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](http://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
<p><b>13</b> Refine the current health system pandemic plan so that it:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>d. Identifies indicators of capacity and mechanisms for surging capacity when needed (in areas such as testing and quarantine).</li> <li>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).</li> <li>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.</li> <li>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.</li> </ol>	<p>Ministry of Health</p>

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

Recommendations	Responsible agency / agencies
<p><b>14</b> Develop a comprehensive plan for quarantine and isolation measures, that includes:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>Information-sharing protocols.</li> <li>Alignment and integration with the financial support measures to meet welfare and business support needs (see also Recommendation 30).</li> </ol>	<p>Ministry of Health together with Health New Zealand   Te Whatu Ora</p>
<p><b>15</b> 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.</p>	<p>Ministry of Health, together with Health New Zealand   Te Whatu Ora</p>
<p><b>16</b> 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.<sup>iii</sup></p>	<p>Ministry of Health, together with Health New Zealand   Te Whatu Ora</p>

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

<p><b>17</b> 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:</p> <ol style="list-style-type: none"> <li>Any necessary changes to immigration settings to support foreign nationals in New Zealand.</li> <li>Provision of timely social, welfare and financial support to foreign nationals in New Zealand and New Zealand citizens offshore.</li> <li>Provision of relevant social, financial and health support to the New Zealand Government's offshore workforce in a future pandemic.</li> </ol>	<p>Border Executive Board and Ministry of Social Development</p>
<p><b>18</b> Develop a comprehensive plan for the use of national and regional lockdowns which includes consideration of:</p> <ol style="list-style-type: none"> <li>The thresholds and circumstances that might justify their use.</li> <li>How the impacts on people can be managed, including the work done under Recommendations 30 and 32.</li> <li>A process for establishing and managing regional boundaries, if required.</li> </ol>	<p>Ministry of Health, together with other relevant agencies</p>
<p><b>19</b> 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.</p>	<p>Ministry of Health</p>

## 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
<p><b>20</b> Develop and maintain sector pandemic plans that:</p> <ol style="list-style-type: none"> <li>a. Complement other sector plans and the all-of-government pandemic response plan (see also Recommendation 7).</li> <li>b. Incorporate input from sector stakeholders on gaps or vulnerabilities that need to be addressed ahead of a future response.</li> <li>c. Identify sector-specific key considerations that need to be taken into account when making decisions on the initial response.</li> <li>d. Set out the strategies and options that can be used over the short and longer term, including how they might be deployed.</li> <li>e. Identify roles and responsibilities within each sector for responding to a pandemic.</li> <li>f. Provide mechanisms for surging capacity when needed.</li> <li>g. Identify the workforce needed to support a pandemic response, within a specific sector.</li> <li>h. Include mechanisms to allow sector stakeholders' connections, intelligence and ideas to feed into any response.</li> <li>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.</li> <li>j. Indicate how they will support the Crown to meet its te Tiriti obligations in a pandemic response.</li> </ol>	<p>All public sector agencies</p>



- 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
<p><b>22</b> Plan and ensure system resilience and readiness for continuity of health and disability services during a pandemic, including through:</p> <ol style="list-style-type: none"> <li>Guidance on how to prioritise non-pandemic health services in a pandemic and mechanisms to regularly review prioritisation decisions during a pandemic.</li> <li>Mechanisms for monitoring and reporting on health system performance and capacity to inform decisions during a pandemic.</li> <li>Planning for, and investment in, workforce capability and resilience for a pandemic.</li> <li>Building health system resilience into operational policy, commissioning frameworks, service contracting, monitoring and reporting.</li> <li>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.</li> <li>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.</li> <li>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).</li> </ol>	<ul style="list-style-type: none"> <li>Ministry of Health, together with Health New Zealand   Te Whatu Ora, Ministry of Social Development as required</li> <li>Ministry of Health, Health New Zealand   Te Whatu Ora, Pharmac and Ministry of Business, Innovation and Employment on Recommendation 22f</li> </ul>

<p><b>23</b> 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.</p>	<p>Ministry of Health, Health New Zealand   Te Whatu Ora and Ministry of Business, Innovation and Employment</p>
<p><b>24</b> Review and develop options for improving ventilation and filtration in buildings generally accessed by the public, other than healthcare facilities. This work should consider:</p> <ol style="list-style-type: none"> <li>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.</li> <li>b. The costs and benefits of improving ventilation across existing buildings, compared to new buildings.</li> <li>c. The incremental costs and benefits of improving ventilation over and above alternative interventions that may be cheaper and easier (such as masking).</li> <li>d. The use of standards, guidance and voluntary codes.</li> <li>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.</li> <li>f. Reviewing and improving building standards and codes, given the above considerations.</li> </ol>	<p>Ministry of Business, Innovation and Employment</p>

## Economic

Recommendations	Responsible agency / agencies
<p><b>25</b> Determine appropriate governance arrangements and responsibilities for a coordinated economic response to a pandemic, in both short- and long-term scenarios, by:</p> <ol style="list-style-type: none"> <li>Clarifying relevant principles and the respective roles and responsibilities of economic agencies to ensure the coordinated delivery of an economic and fiscal response.</li> <li>Ensuring a forward-looking view during a pandemic on likely evolving scenarios and exit strategies.</li> <li>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.</li> <li>Ensuring that principles of sustained good fiscal, and sound monetary and financial system management are not compromised when implementing Recommendation 25c.</li> <li>Ensuring the ongoing supply of essential financial services.</li> <li>Providing, and publishing, advice on prudently rebuilding fiscal buffers to ensure that there is fiscal headroom for responding to future emergencies.</li> <li>Establishing mechanisms that can fast-track effectiveness, 'reach', and value-for-money assessments to ensure high quality and targeted public expenditure.</li> </ol>	<ul style="list-style-type: none"> <li>All economic sector agencies on Recommendations 25a and 25b and 25g</li> <li>The Treasury and Reserve Bank on Recommendations 25c and 25d</li> <li>Reserve Bank, Financial Markets Authority and the Treasury on Recommendation 25e</li> <li>The Treasury on Recommendation 25f and oversight of 25g</li> </ul>
<p><b>26</b> Develop a labour market plan for responding to a pandemic that:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Identifies how quarantine and isolation management and allocation systems can assist in meeting urgent labour market needs.</li> </ol>	<ul style="list-style-type: none"> <li>Ministry of Business, Innovation and Employment</li> <li>Ministry of Business, Innovation and Employment and Ministry of Health on Recommendation 26c</li> </ul>

<p><b>27</b> To ensure ongoing operation of supply chains:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol>	<p>Ministry of Business, Innovation and Employment with Ministry of Transport and other relevant agencies</p>
<p><b>28</b> 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.</p>	<p>Ministry of Transport</p>
<p><b>29</b> Ensure the ongoing functioning of lifeline utilities, and continued provision of necessary goods and services during a pandemic, by:</p> <ol style="list-style-type: none"> <li>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.</li> <li>b. Considering what measures the government should take to ensure the continued provision of necessary goods and services.</li> </ol>	<p>Ministry of Business, Innovation and Employment</p>

<p><b>30</b> Develop a comprehensive plan for financial assistance schemes during a pandemic to support people and businesses and maintain employment. It should include:</p> <ol style="list-style-type: none"> <li>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).</li> <li>Clear agency responsibilities.</li> <li>Where pre-existing economic and social supports may be inadequate in a pandemic, and options to address gaps.</li> <li>How measures would be monitored, reviewed and assessed for quality and effectiveness of spend, and could be adapted over different phases of a pandemic.</li> <li>Indicative exit strategies.</li> <li>Compliance systems to ensure the effectiveness of support measures.</li> </ol>	<p>The Treasury, Inland Revenue, Ministry of Social Development, Ministry of Business, Innovation and Employment and other agencies if required</p>
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## Social sector

Recommendations	Responsible agency / agencies
<p><b>31</b> Determine appropriate governance arrangements and allocation of responsibilities for a coordinated welfare response in both short- and long-term pandemic scenarios, including:</p> <ol style="list-style-type: none"> <li>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.</li> <li>Strengthening regional structures to ensure improved coordination among agencies and between agencies and local delivery organisations.</li> <li>Building internal capability to partner effectively with community agencies and iwi.</li> </ol>	<p>Ministry of Social Development with other relevant agencies</p>
<p><b>32</b> In any future pandemic, ensure policy response options and funding mechanisms are in place to:</p> <ol style="list-style-type: none"> <li>Address the housing, income, food security and safety needs of people and households to enable them to manage through a pandemic.</li> <li>Target the needs of people who are hardest hit during emergencies.</li> <li>Address additional mental health issues that arise during and after a pandemic.</li> </ol>	<p>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</p>

<p><b>33</b> Plan and coordinate cross-sector approaches to commissioning delivery of community services in a pandemic so that:</p> <ol style="list-style-type: none"> <li>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.</li> <li>Any gaps in coverage are identified and addressed (including by developing new capability and relationships in underserved communities).</li> <li>Flexibility in delivery approaches is supported, balanced with appropriate accountability arrangements.</li> <li>There are clear processes and communications for winding down resources so this is signalled to service providers and community organisations receiving funding.</li> </ol>	<p>Ministry of Social Development with relevant social sector agencies</p>
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## Justice

Recommendations	Responsible agency / agencies
<p><b>34</b> 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:</p> <ol style="list-style-type: none"> <li>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.</li> <li>Having plans to maintain staffing during a pandemic, to mitigate as much as possible restrictions such as reduced outdoor and physical activity time.</li> <li>Providing mitigations to lessen the impact of necessary restrictions, support technology and transportation options, ensure transparency and enable the role of oversight bodies.</li> </ol>	<p>Department of Corrections   Ara Poutama Aotearoa working with other relevant justice sector agencies</p>

## Education

### Recommendations

### Responsible agency / agencies

- 35** To ensure access to education can be maintained during a pandemic:
- 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.
  - 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.
  - 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:
- 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.
  - 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.
  - 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
<p><b>37</b> Ensure all relevant legislation is fit for purpose in a pandemic, including:</p> <ol style="list-style-type: none"> <li>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.</li> <li>Reviewing the Epidemic Preparedness Act 2006, including the threshold for modification orders.</li> <li>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.</li> <li>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.</li> <li>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).</li> </ol>	<ul style="list-style-type: none"> <li>The central agency function and Ministry of Health with other relevant agencies</li> <li>The Treasury on Recommendation 37e</li> </ul>

**Core infrastructure should be fit for purpose to support each sector's pandemic response.**

Recommendations	Responsible agency / agencies
<p><b>38</b> 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.</p>	All agencies

**Group 6: Implement these recommendations**

**The Phase One recommendations should be considered and implemented as soon as practicable.**

Recommendations	Responsible agency / agencies
<p><b>39</b> Ensure timely implementation of the recommendations of Phase One of this Royal Commission of Inquiry, by:</p> <ol style="list-style-type: none"> <li>a. Assigning a minister to lead the response to, and implementation of, the recommendations arising from Phase One as soon as practicable.</li> <li>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.</li> <li>c. Tabling a report in Parliament on progress against the Phase One recommendations within 12 months of this report being completed.</li> </ol>	Central government



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