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Covid inquiry phase two – Expert Reaction

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The Royal Commission on COVID-19 has outlined more lessons on "making the best decisions in the worst of circumstances".

The report makes 24 formal recommendations, including: framing the elimination strategy as temporary, improving public health and economic modelling, limiting the use of urgency in lawmaking, keeping an eye on the research around social cohesion, and creating financial assistance scheme options ahead of the next crisis.

The Science Media Centre asked experts to comment.

Professor Marc Wilson, School of Psychology, Victoria University of Wellington, comments:

"Anyone hoping for a rip-roaring exposé of corruption and incompetence at the highest levels will be disappointed, though this is a multi-volume potboiler at least in terms of length.

"The report summarises four key lessons. The first and second pertain to Governmental and legislative functioning in a pandemic (or other crisis), and boil down to "be prepared" and "be transparent". The third lesson relates to anticipation and responses to economic shocks associated with a global disaster, with the aim of facilitating resilience, or "be careful". Notably, there is little finger-pointing; in fact, the documents take a pragmatic approach to a situation in which local and global governments were caught on the back foot and making decisions based on the best, sometimes slow or even unreliable, information available. The report states

that, generally speaking, Government appropriately balanced relevant imperatives. The final lesson, from a social science perspective, is the most interesting, as it relates to interruption of key services (like health) and erosion of public confidence and social cohesion. Attention is paid to mis- and disinformation in relation to both of these, and highlights the vulnerabilities that we had, and still have, to the spread of malign and ill-informed information.

"There are two take-home messages. The first is that we need to be prepared; Government needs to plan and build infrastructure to allow for rapid, informed decision-making and legislation in the event of another Covid-style disaster. This includes developing a way to track research and understand social cohesion. All of these will be expensive, though nobody will likely complain that they're not reasonable. The second message is that the people who occupied Parliament, and those who sympathised with them, many of whom were promised the aforementioned exposé, will be disappointed. Even though their voices are here beneath the surface of several of the lessons. In particular it will do little to assuage the anger and fear of those who through a combination of personal circumstance, and particular vulnerability to mis- and disinformation, were most negatively affected. Indeed, this report will be seen as evidence of the kind of corruption, incompetence, and lack of care, that defines their beliefs about Government."

Conflict of interest statement: No declaration received.

Associate Professor Siouxsie Wiles, Microbiologist, University of Auckland, comments:

"It is going to take some time to go through the full report from Phase Two of the Royal Commission of Inquiry into COVID-19 which is hundreds of pages long. The second phase was established by the coalition Government in December 2022 to focus on the period from February 2021 to October 2022 and decisions made by the former government about vaccine mandates, approvals, and safety, national and regional lockdowns, and testing and tracing technologies. During this time, the country experienced two significant COVID waves caused by the emergence of the Delta and Omicron variants. In 2022, we also witnessed the power of misinformation (false/misleading information) and disinformation (false/misleading information created and/or shared to push a particular agenda). According to a Microsoft Digital Defense Report, Russian troll farms successfully penetrated Aotearoa New Zealand in December 2021, with 30% more anti-COVID, anti-vaccine, and anti-lockdown propaganda consumed here relative to Australia and the United States. Is it any wonder then that shortly afterwards, in February 2022, several thousand people occupied the grounds of Parliament? Amongst them were people who erected makeshift gallows and called for politicians, public servants, and experts like me to be prosecuted and executed for so-called crimes against humanity.

"It is clear that the Royal Commission has done an enormous amount of work. They've held interviews, public hearings, met with business and community groups, and worked through over 31,000 submissions from individuals and organisations. For those people concerned about the vaccines, I hope they will be reassured by the Inquiry's finding that the previous Government took extensive steps to mitigate the risks of the new mRNA vaccines by strengthening the country's vaccine safety monitoring systems, which identified the very rare risks of myocarditis and pericarditis. I also think it's important to note that the Inquiry found that vaccine mandates are a valid health intervention, though they should be used with great care.

"Overall, the Inquiry concludes that former ministers faced an extremely difficult situation, making decisions in what the Commissioners describe as "the worst of circumstances". Despite this, they found that New Zealand's response to the COVID-19 pandemic was effective, that former ministers and their officials tried their best to make the right decisions, and that the decisions they made were balanced and reasonable. It was these decisions, and a good dose of luck, that saw us record the lowest case numbers and fewest COVID-19 deaths per capita than nearly all comparable countries. Not only that, our economy bounced back strongly and unemployment rates remained low.

P "But we can always do better, and just like Phase One of the Inquiry, Phase Two has come up with a list of recommendations for us to build our resilience and prepare for the next pandemic. I hope the Government take

these on board as one of the most important take home messages from the report is that New Zealand, like many other countries impacted by COVID-19, is in a weaker position to weather the next pandemic – or indeed any large economic shock – than it was at the start of the pandemic.

"One of the recommendations I am particularly interested in relates to lesson four: Readiness for social impacts and post-pandemic recovery. The Inquiry are recommending that an agency should be tasked with "monitoring evidence of trust and social cohesion in New Zealand, and developing policy advice about improving both". Part of this should include tracking misinformation and disinformation which is one of the ways social cohesion and trust are eroded. The Inquiry found that the former Government and their officials didn't anticipate the extent to which concerns about vaccine safety would emerge and seize attention. This is directly related to local and international COVID-19 disinformation campaigns; we shouldn't be caught out again.

"Finally, the release of the report coincides with our latest COVID wave. It's a timely reminder that this virus is still causing harm and we should still be trying to break transmission chains and protect ourselves and each other. So get a booster if you are eligible, test if you can, stay at home when sick if you can, and wear a well-fitted mask if you are indoors around others."

Conflict of interest statement: "I was interviewed by the Royal Commission."

Professor Michael Plank, School of Mathematics and Statistics, University of Canterbury, comments:

"Phase 2 of the Inquiry concerns the period from February 2021 to October 2022, with a focus on four main areas: vaccine safety, vaccine mandates, testing technologies, and use of lockdowns.

"Overall, the report finds that New Zealand's response to the COVID-19 pandemic was one of the best in the world but, rightly, identifies areas where the response could have been strengthened. The main conclusions of the report appear largely consistent with those from phase 1, but provide some more detail on some aspects:

- The elimination strategy and vaccine rollout were effective in protecting us from the health impacts of the virus and enabling restrictions to be lifted once vaccines were available.
- The exit from elimination was messy and should have been better planned and communicated. The government "faced a situation of extreme difficulty" in late 2021. On the whole, decisions were balanced and reasonable but were sometimes made with inadequate information or were slow to adapt to changing circumstances.
- Vaccine mandates and lockdowns, while necessary in some situations, have far-reaching consequences. They should be used only when absolutely necessary, have a transparent rationale, subject to ongoing review, and have clear criteria for being ended.

"The report makes a series of recommendations in four areas: systems to support good decision-making, legislation, economic policy and readiness for social impacts. Notable among these are the recommendation to present any elimination strategy as a temporary measure, and to have a clear plan for when and how to exit from elimination.

"It also recommends establishment of a strategic function within government to provide timely data and modelling of health, social and economic impacts. This is a sensible recommendation that would improve our readiness to respond to future pandemics."

Conflict of interest statement: "Professor Plank was commissioned by the New Zealand Government to provide modelling in support of the pandemic response between 2020 and 2023. He provided oral evidence at the Inquiry's phase 2 hearings and has provided written evidence to both phase 1 and phase 2 of the Inquiry."

Dr Helen Petousis-Harris, Associate Professor, University of Auckland, comments:

"The Commission's review provides important independent validation that Medsafe's vaccine approval and post-market surveillance systems performed well under extraordinary pressure. The pharmacovigilance infrastructure, including the COVID-19 Vaccine Independent Safety Monitoring Board and the Centre for Adverse Reactions Monitoring, was genuinely rigorous, internationally connected, and acted promptly when safety signals emerged. The finding that four deaths may have been linked to COVID-19 vaccines by coroners is sobering and should be acknowledged openly; it also needs to be understood in the context of a programme that prevented tens of thousands of hospitalisations and deaths. That is the kind of transparent risk-benefit communication this report is calling for more of.

"The Commission's most pointed finding on vaccine safety isn't about the vaccines themselves but about how emerging safety information was communicated to frontline health providers. The evidence on myocarditis and pericarditis was accurate and acted on promptly, but the messaging was fragmented across too many official channels, and key risk information wasn't always sufficiently emphasised to the vaccinators who needed it. The recommendation for a single, coordinated portal for emerging safety signals is straightforward to implement and should be a priority before the next mass vaccination campaign.

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"One of the most important findings in this report is that the 'single source of truth' approach backfired. Misinformation experts who engaged with the Inquiry confirmed what the research literature already shows: when governments project false certainty and treat updated guidance as an embarrassment rather than an opportunity for learning, they drive people toward alternative information sources. The Commission is effectively calling for science communication to be built into emergency response architecture, transparent about evidence limitations, clear about how decisions are made, and designed to earn trust rather than assume it. That's a significant shift from how many public health campaigns have historically operated. I hope this is taken on board.

"The finding I find most alarming is the documented decline in childhood immunisation rates since the pandemic. We are already seeing this play out in coverage data. The social fracture generated by COVID-19, particularly around mandates, has spilt over into hesitancy about routine childhood vaccines that have nothing to do with the pandemic. This is a direct, measurable public health consequence that will take years to reverse, and it demands urgent, well-resourced re-engagement. Not broadcast campaigns, but the kind of relational, community-embedded outreach that iwi and Pacific health providers demonstrated so effectively during the rollout itself. This is also supported by substantial international evidence."

Conflict of interest statement: "HPH has received research funding from industry for investigator led projects, served on expert advisory boards for industry, WHO, NZ government, and on clinical trial DSMBs. She is co-director of the Global Vaccine Data network who are conducting safety studies on COVID-19 vaccines across over 30 countries."

Professor Paula Lorgelly, Professor of Health Economics, University of Auckland, comments:

"The extent and burden of long COVID in New Zealand remains unknown, and in the face of a new wave of COVID-19 infections and low uptake of boosters, there is a real risk that more individuals succumb to this chronic condition. Although it was outside of the scope of the Inquiry, I am pleased to see the documented suggestion for the future that the Government should support people with long COVID without them having to 'jump through hoops', and that the Government should cover COVID-19 sick leave. Taking time off to isolate and rest when you have COVID-19 can help prevent long COVID, and increased awareness of the condition amongst health professionals can help individuals manage it.

"In addition to reviewing documents and public submissions, the Inquiry also collated publicly available statistical data and presented these in their 'COVID-19 by the Numbers' document. Unlike the research they commissioned, which uses analyses to control for confounders, what is presented is a selective set of indicators that says nothing about causation.

"Seemingly, while New Zealand's health spending increase was one of the largest in the OECD, we have worse self-reported health than pre-pandemic, are lonelier, and are being dispensed more medications for depression. This presents a flawed rhetoric of the health system. Some of these statistics have been shown to be incorrect, others have been associated not with the pandemic but the broader state of the healthcare system, or have been increasing for years.

"Myself and Tim Tenbensel reported last year that we should not be using OECD health expenditure figures. The Ministry of Health has not made a submission to the OECD since 2018, and the OECD has instead been estimating our spending, and likely overestimating it. Elsewhere our worse self-reported health has been linked to long waits for a GP appointment and waiting times for surgery, while increased loneliness may be more about social isolation not isolation as a result of a pandemic (it was first discussed in 2018), and antidepressant use has been increasing year on year which the Inquiry should have been able to identify in the published literature, in the absence of published data.

"I have real concerns that many of the sensible suggestions in the recommendations will be undermined by selectively presenting numbers out of context.

"A number of the recommendations focus on the timely generation of New Zealand evidence to support policy decisions. There is a call for rapid epidemiological modelling that uses real-time data and estimates of the likely economic and social impacts. There is also a call for greater agility and robust economic policy. Pandemic modelling can and should include epidemiological, public health and economic policy responses, modelling the evolution of the virus and the behaviour of individuals, businesses and economic indicators. This will help provide comparable data across the gamut of mortality, morbidity, public expenditure, inflation, growth, unemployment, and how each responds to different levers. Such a model will require new data generation, including, as noted by the Inquiry, more frequent macroeconomic information. It could then inform more mature conversations about the cost-benefit trade-offs of different policy responses, enhancing transparency.

"Now is an opportune time to invest in the resourcing of such a model to ensure we are ready for the next public health and/or economic shock. Indeed, the current Middle East conflict could be such a shock, while not a public health one, the economic implications should be being modelled, as well as a range of fiscal and monetary responses. If there is one takeaway from the pandemic and the numerous inquiries, it is that we need to be better prepared; the next crisis is not a matter of if but when."

Conflict of interest statement: "Two perceived conflicts: I led the Long COVID Registry Aotearoa; I'm a member of the Public Health Advisory Committee."

Associate Professor Clive Aspin, School of Health, Victoria University of Wellington, comments:

"Within the terms of reference of the Inquiry, this report rightly poses the question: "how deeply has the pandemic scarred our society and economy – and who has borne the brunt?"

"It is clear from my first reading of the report, as well as other evidence of which I am aware, that Māori have been among those who have borne the brunt of COVID-19.

"The report documents multiple ways in which Māori have been negatively impacted by COVID-19 and lays out how these have compounded some of the social determinants of health that affect Māori – lack of timely government response, failure to act on expert advice, failure to understand how factors such as economic deprivation and poor housing affect health and wellbeing during times of uncertainty and anxiety.

"The report identifies early and respectful engagement with Māori as vital to ensuring equitable outcomes. Importantly, the report stresses the need to consult with Māori at all stages of the pandemic response, and especially in the early stages of the response. This applies equally to the development of pandemic legislation

and ensuring that Māori have input into the design and implementation of legislation. Such consultation is fundamental to building and maintaining trust throughout the duration of the pandemic.

"'The report notes the importance of engaging with local community groups and describes how this led to successful outcomes and helped to increase vaccination rates. However, this was not always uniformly applied across the country and levels of distrust increased as a result. A more timely government response at the beginning of the pandemic would have helped to allay some of the fears and resentment that were allowed to build within community settings.

"While the report outlines many of the lessons learned and how they apply to Māori, these need to be compiled in a methodical manner in a separate report and format that is accessible to Māori. In its current format this report is useful for government agencies and decision makers but now the contents need to be presented in a community friendly manner so that they are available to those who most need them.

P "The report contains shreds of information about increased rates of mental health issues including suicide, especially among youth. Given what we know about the impact of mental health and suicide on Māori, it is reasonable to assume that Māori will have been adversely affected by these matters during the pandemic and subsequently.

"A good deal of benefit would be gained by gathering more detailed information about how the pandemic affected mental health and well being, and especially on rates of suicide and suicide ideation.

"Providing this information in a community friendly format would be a good start to addressing a serious public health issue that appears to have been exacerbated by the pandemic."

Conflict of interest statement: No declaration received.

Professor Michael Baker, Department of Public Health, University of Otago, Wellington, comments:

"Aotearoa New Zealand has reached a key milestone in its pandemic preparedness with the release of the second and final Phase Two report of the NZ Royal Commission of Inquiry into the Covid-19 pandemic response. This report examines government decisions from February 2021 to October 2022 and complements Phase One, which focused on the initial response in 2020–2021. Together they deliver extensive analysis and recommendations.

P "This Phase Two report provides valuable insights on the important issues it was asked to focus on, notably vaccine safety and mandates, national and regional lockdowns, and procurement and distribution of testing and tracing technologies. Importantly, Phase Two supports the Phase One conclusions about the value of the elimination strategy as a critically important response to the most harmful pandemics. This second report has useful recommendations on the important issue of how NZ should plan for transitioning out of an elimination strategy if this response is needed in the future.

Q "The critical next step is the government's response, with responsibility sitting with the Minister of Health. This response is urgent given that modelling suggests a 20% chance of a Covid-scale pandemic each decade. A key priority is to establish highly strategic response mechanisms for assessing emerging pandemic threats and rapidly implementing an elimination (or ideally exclusion) strategy for the most severe pandemics, which requires rapid border closure. This strategic capacity needs to be supported by strengthening our pandemic response infrastructure which can be refined and tested by improving routine respiratory infection controls. It is important to consider how to ensure equity in future responses. Maintaining public engagement in all aspects of pandemic preparedness and response is vital and was a particular focus of the Phase Two report."

*Note: Professor Baker has also written a **Briefing** on this topic.*

Conflict of interest statement: "No conflicts to declare."

Distinguished Professor Philippa Howden-Chapman, Co-director He Kainga Oranga/Housing & Health Research Programme, University of Otago, comments:

"The Second COVID Government Report has gathered a broad range of perspectives from the public, as well as the politicians, who had to make momentous decisions on necessarily incomplete information. The Report concludes that despite the pernicious rise of conspiracy theories, the Aotearoa New Zealand approach was largely exemplary and overall successful in saving lives and avoiding a recession.

"This conclusion mirrors the result of an International Council for Science system **analysis** of the health and social effects of COVID through 15 urban case studies. This comparative study highlights the importance of trust, social cohesion and broad conformity with essential strict disease prevention policies, especially at the onset of the pandemic. According to The Economist, New Zealand was the only country not to have any excess deaths during COVID and uniquely, life expectancy increased.

P "Interestingly, this Report makes little mention of housing. Yet uncrowded housing is critical to the spread of COVID and other infectious diseases. In fact, the 2018 WHO World Health Organization Housing and Health Global Guidelines Group, which I chaired, identified household crowding as the main indoor disease risk factor.

"The first mention of housing in this report appears when the Delta version of COVID was circulating in communities, including among "people in emergency housing and gang networks, some of whom had low trust in authorities and were less willing to comply with contact-tracing and isolation requirements. This made it more challenging to restrict the spread of the virus." Yet the key unrecognised point here, was that homeless people were in a very vulnerable position and rather than being "moved on", the Government authorised the Ministry of Social Development to increase income-related rent subsidies for rental housing and funding for Emergency Housing, so that no one was homeless. A summary of social impacts briefly highlighted pressure on emergency housing (comparing a 64 percent increase in the number of Auckland households in emergency housing with a 29 percent increase nationally), mental health concerns and contacts with Youthline. Other housing policies affecting tenants rather than better-off home-owners are not discussed, but a rent-freeze from the 26 March 2020 to 26 September 2020 was instituted and there were no terminations of rental agreements allowed from 25 March until the 25 June.

"Ending current homelessness in the middle of a major generational pandemic was followed by the COVID Response and Recovery Fund established in Budget 2020 to embed housing reforms. $3 billion for infrastructure projects was ear-marked, including $464 million for housing and urban development.

"This Report is useful in demonstrating that emergencies can also be opportunities for positive changes, particularly by financially recognising the strengths of community-led organisations such as Whanau Ora and Pacific community workers, who helped during COVID to identify and support those who were sick or excluded. Case numbers showed the needs for housing support and food grants susceptibility of Māori and Pacific peoples' worst health effects of the virus."

Conflict of interest statement: No declaration received.

Dr Dougal Sutherland, Principal Psychologist at Umbrella Wellbeing; and Senior Supervising Psychologist at Te Herenga Waka – Victoria University of Wellington, comments:

"The most recent report from the COVID-19 Royal Commission Inquiry recommends that the ministries of health, social development, education, and disability prioritise research into understanding the health and social impacts of Covid as we are still coming to terms with these.

"This recommendation highlights the fact that the social and psychological "tail" of the pandemic is longer than the physical impact of the virus. We are still recovering from the impact that the pandemic had on children's education and school attendance, on people's mental health, and the deep social divisions that arose. These effects are more subtle but potentially much longer-lasting than the physiological impact of the virus and it's crucial that we understand these as well as we can before the next pandemic hits.

P "My concern is that these more subtle effects of the pandemic will be lost amongst the clamour of economics, global conflict, and upcoming elections. Failure to learn from the past risks being doomed to repeat it in the future."

Conflict of interest statement: No conflicts.

Tagged: COVID-19, Covid-19 inquiry, lockdown, pandemic, vaccines

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