ASMS
ASSOCIATION OF SALARIED MEDICAL SPECIALISTS
TOI MATA HAUORA

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Te Tira Ārai Urutā
NZ Royal Commission: COVID-19 Lessons Learned
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Toi Mata Hauora ASMS submission on the Royal Commission of Inquiry into COVID-19: Phase 2

Please find attached a submission from Toi Mata Hauora Association of Salaried Medical Specialists on the 'Royal Commission of Inquiry into COVID-19: Phase 2'

Our submission builds on a union and health perspective and provides Te Tira Ārai Urutā | NZ Royal Commission: COVID-19 Lessons Learned with some background on:

- Vaccines, including mandates, approvals, and safety.
- Lockdowns, including the lockdowns of 2021 and 2022.
- Testing and tracing technologies and public health materials

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Enclosures: Toi Mata Hauora ASMS submission on the Royal Commission of Inquiry into COVID-19: Phase 2

Toi Mata Hauora ASMS submission on the Royal Commission of Inquiry into COVID-19: Phase 2

About Toi Mata Hauora

Toi Mata Hauora (the Association of Salaried Medical Specialists) is the union of senior salaried doctors and dentists. We promote, protect and support all aspects of the working lives of doctors and dentists. Under our constitution, we advocate for an equitable, accessible public healthcare system that meets the needs of all New Zealanders. Toi Mata Hauora represents over 6,000 salaried senior doctors and dentists.

Introduction:

During the COVID-19 pandemic, Aotearoa New Zealand employed effective, science-based strategies, leading to a low case fatality rate and quick economic recovery.[1] [2] [3] Key factors included evidence-based policies, advisory groups for expert input, communication to the public of the science behind the decision-making, support provided to enable people to quarantine and isolate safely, non-politicised cooperation at the Governmental level, and good collaboration between the health system and other parts of the public service.

However, prior preparedness was lacking. In 2019, New Zealand ranked 35th on the Global Health Security Index[4], with inadequate systems such as no national contact tracing and non-transferable influenza plans.[5]

Reports prior to COVID-19 highlighted a lack of leadership and capacity in Aotearoa New Zealand public health institutions, inadequate resourcing and technical capacity. Balancing investments in pandemic preparedness and community health services is essential. Resource constraints require strategic decision-making, especially when trade-offs can potentially have significant social and economic impacts and sometimes unintended consequences.

During the COVID-19 pandemic, people working in Aotearoa New Zealand's healthcare system had exceptionally heavy workloads for prolonged periods. This resulted in a high level of burnout in the sector.[6] Connected to high workloads are opportunity costs, such as the deferral of non-urgent operations or public health initiatives.[7] These issues can only be resolved by significantly increased

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[1] See appendix 1.

[2] 'OECD Economic Surveys: New Zealand 2022', OECD, 31 January 2022, https://www.oecd.org/en/publications/oecd-economic-surveys-new-zealand-2022_a4fd214c-en.html.

[3] Boyd M, Baker MG, Kvalsvig A, et al. Impact of Covid-19 Control Strategies on Health and GDP Growth Outcomes in 193 Sovereign Jurisdictions. medRxiv 2025:2025.04.08.25325452.

[4] Boyd M, Baker M, Wilson N. New Zealand's poor pandemic preparedness according to the Global Health Security Index. Wellington: Public Health Communication Centre Briefing, 10 November 2019. (https://www.phcc.org.nz/briefing/newzealands-poor-pandemic-preparedness-according-global-health-security-index)

[5] Verrall, A. Rapid Audit of Contact Tracing for COVID-19 in New Zealand. Wellington: Ministry of Health, 20 April 2020.

[6] E.g., Hale M. Wellbeing in New Zealand Medical Officers of Health: An investigation into burnout and organisational features that promote wellbeing. Unpublished, 2022

[7] Karen Hui Qi Toh et al., 'COVID-19 Response by New Zealand General Surgical Departments in Tertiary Metropolitan Hospitals', *Anz Journal of Surgery* 91, no. 7–8 (2021): 1352–57, https://doi.org/10.1111/ans.17044.

workforce numbers, with regard to the continued echoes of COVID-19 and preparedness for any future pandemic.

To weather the next pandemic, Aotearoa New Zealand needs to move beyond the cycle of panic and neglect. We need to think long-term rather than ramp up efforts in the face of a serious threat only to abandon measures when the threat subsides.[8] This means investing in health care infrastructure, building and maintaining the health care workforce, and implementing public health measures. Doing so will save lives, prevent economic damage, and improve the day-to-day functioning of our health care system.

Vaccines, including mandates, approvals, and safety

Immunisation is the foremost defence against infectious diseases when effective vaccines are available. During COVID-19, some populations faced challenges accessing vaccines due to initial conventional delivery methods that did not address their cultural needs, were inconveniently located, or due to broader distrust in public services, particularly regarding immunization. Later in the rollout, local communities implemented adaptable processes to meet their population's needs. This led to greater success in increasing immunization rates.[9]

In future pandemics, the active and early involvement of local communities in immunization efforts should be prioritized. This includes early planning for trained vaccinators, suitable vaccine storage, and protocols to ensure safety. Additionally, misinformation impacted vaccine uptake. Building and sustaining relationships with communities is essential to counteract this issue. Equity should be central to future pandemic strategies. During the vaccination rollout, greater success was achieved when local communities participated in vaccination efforts. Māori and Pacific populations must lead the health care strategies developed for their people, based on what works for them.

In addition, Māori and Pacific health workforces are crucial to ensuring communities have access to culturally safe public health responses. However, many Māori and Pacific people in the healthcare system undertake significant unrecognised and unreimbursed cultural load while working with and advocating for their communities. A focus should be placed on growing the Māori and Pacific health workforces.

The absence of appropriate technological systems during the COVID-19 pandemic impeded an effective response. A National Close Contact Service and contact tracing apps had to be rapidly developed, as did systems for vaccination certification and modeling. Once implemented, these tools enhanced public health surveillance and response activities.

To achieve the best health outcomes in Aotearoa New Zealand, sufficient investment needs to be made to ensure that the necessary technology and systems are in place, well maintained and supported. This will ensure that future pandemic response is timely, effective, and seamless.

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[8] 'WHO and World Bank Group Join Forces to Strengthen Global Health Security', accessed 4 April 2025, https://www.who.int/news/item/24-05-2018-who-and-world-bank-group-join-forces-to-strengthen-global-health-security.

[9] Michael G. Baker et al., 'Continued Mitigation Needed to Minimise the High Health Burden from COVID-19 in Aotearoa New Zealand', *The New Zealand Medical Journal* 136, no. 1583 (6 October 2023): 67–91, https://doi.org/10.26635/6965.6247.

Adopting proactive surveillance and disease monitoring systems is essential for understanding and controlling outbreaks. This must include comprehensive monitoring of infectious diseases in humans, animals, vectors, and conditions conducive to disease transmission. National contact tracing systems should be maintained or developed for rapid deployment.

The vaccination rollout was a proactive policy that supported all workers in obtaining protection against COVID-19. Workplaces interconnect employees, their whānau, and the broader community. While vaccination is a crucial control measure, it must be integrated within a comprehensive risk management and workplace control strategy.

We support the findings of the Public Health Communication Centre Aotearoa, namely that:

- "The vaccines used in NZ (mainly the Pfizer mRNA vaccine) are effective at reducing the risk of infection, serious illness, death and Long Covid.[10] [11]
- Use of these vaccines in NZ is estimated to have saved 6,650 lives and prevented 45,100 hospitalisations during the period January 2022 to June 2023.[12]
- The mRNA vaccine is very safe. However, feedback from the public shows that it is important to strengthen safety surveillance of every Covid-19 vaccine used in NZ and communicate these findings in a transparent way.[13]
- We also need comprehensive measures to achieve high vaccine coverage and health equity in all facets of our response.[14]"[15]

Lockdowns, including the lockdowns of 2021 and 2022

Ongoing chronic underinvestment in the public health system, despite the COVID-19 pandemic, has led to severe workforce shortages and unmet health needs. The need for lockdowns in response to COVID-19 was partly motivated by the threat that our health system would become overwhelmed to the point of collapse. Aotearoa New Zealand's, elimination strategy allowed time to achieve high vaccination coverage before the country transitioned to a mitigation phase in February 2022.[16]

Aotearoa New Zealand requires a comprehensive health workforce plan with investments to enhance capacity, including accountability measures for progress monitoring. Workforce shortages posed significant risks during the pandemic, exemplified by:

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[10] Potter JD, Baker M, Ingram J. Covid-19 vaccines still protect us: How do we get the best out of them? Public Health Expert Briefing 2024;1 Aug

[11] Potter JD, Baker M, Kvalsvig A. Long Covid Update–a threat that continues to demand a strong response. Public Health Expert Briefing 2025;Mar 6.

[12] Datta S, Vattiato G, Maclaren OJ, et al. The impact of Covid-19 vaccination in Aotearoa New Zealand: A modelling study. Vaccine 2024;42(6):1383-91.

[13] Petousis-Harris H, Paynter J, Chisholm H, et al. Robust vaccine surveillance shows safety – we need to communicate this better. Public Health Expert Briefing 2024(19 September)

[14] Curtis E, Jaung R, Paine S-J, et al. Examining the impact of COVID-19 on Māori:non Māori health inequities in Aotearoa, New Zealand: an observational study protocol. BMJ open 2024;14(3):e083564.

[15] Michael Baker et al., 'Improving Our Pandemic Preparedness: Counterfactuals and Continuous Quality Improvement' (Wellington, NZ: Public Health Communication Centre Aotearoa, 2025).

[16] Baker MG, Kvalsvig A, Plank MJ, et al. Continued mitigation needed to minimise the high health burden from COVID-19 in Aotearoa New Zealand. New Zealand Medical Journal 2023;136(1583):67-91. https://doi.org/10.26635/6965.6247

- Insufficient public health workforce investment led to inadequate pandemic preparedness. Public Health Units struggled to manage COVID-19 cases and contacts when cases exceeded fewer than 100 per day, necessitating rapid expansion.
- An ASMS survey revealed inadequate staffing levels as the top concern for two-thirds of Emergency Doctors during the pandemic. Due to limited capacity, hospital crowding and bed-block present challenges for physical distancing in Emergency Departments.
- The combination of COVID-19 pressures and entrenched workforce shortages has resulted in a backlog of patients waiting over four months for elective surgery.[17]

To address this, funding must be increased to support and train the healthcare workforce, ensuring positive outcomes for workers and patients. This should include enhanced funding for marginalized groups to improve health equity and quality of life. Secondly, ICU capacity requires substantial investment to prepare for future pandemics and protect a growing, aging population. This includes enhancing capacity, infrastructure, and workforce expertise. Investment in critical infrastructure, such as ventilators, is essential and justified.

Training the healthcare workforce in communicable disease management is essential, as is proactively enhancing infection prevention control (IPC) in hospital-based teams, primary care, and community services. This training should cover the importance of measures such as border control, lockdowns, social distancing, building design, ventilation, vaccination programs, cleaning schedules, and personal protective equipment (PPE).

IPC is crucial for controlling the spread of infectious diseases and should be integral to healthcare practice before, during, and after a pandemic. Consistent IPC and Occupational Health practices throughout health and social care systems minimize risks and prevent transmission among patients, residents, and staff.

Healthcare professionals and caregivers require enhanced training in effective IPC use so that programs can seamlessly integrate into their daily practices. Rapid implementation of IPC principles during a pandemic will save time and lives. Implementing IPC across the entire system should receive increased emphasis. The significance of border control, lockdowns, social distancing, building design, ventilation, vaccination programs, cleaning schedules, PPE, and antimicrobial resistance must be acknowledged in an IPC strategy to manage and control disease. Continuous planning, testing, and refining of IPC are necessary to improve responsiveness for future pandemics.[18]

Testing and tracing technologies and public health materials

Significant concerns arose throughout the pandemic regarding PPE access and supply. PPE is crucial for healthcare workers' safety and preventing viruses from spreading within work environments.

The approach of merely ‘ordering PPE and it will come’ was insufficient in a pandemic. Issues included a lack of PPE and instances where supplies were rationed instead of distributed to workers. Health care worker confidence in the system was undermined, especially when concerns about PPE

[17] ‘Trade Union Submission to the Royal Commission on COVID-19’ (Wellington, NZ: New Zealand Council of Trade Unions, 2024).

[18] Tukuitonga Collin, ‘Submission to the Royal Commission of Inquiry into Covid-19 Lessons Learned’ (Wellington, NZ: New Zealand College of Public Health Medicine, 2023).

needs were dismissed. This underscores the importance of involving workers and their union representatives in health and safety decisions, as they face the risks and burdens directly.

To mitigate this, Aotearoa New Zealand must enhance its capacity to produce, store, and distribute PPE. Publicly funded, produced, sourced, and distributed PPE will foster trust in the system and transparency of access. High-quality PPE access is essential for maintaining a robust healthcare system. This requires a systematic PPE storage and management approach to ensure stock levels are reliable and well-maintained.[19]

Although the uptake of evaluation technologies (Covid Tracer App, Bluetooth, QR-codes) was high, "the data they generated were not well linked to contact identification and control measures."[20] Additionally, Aotearoa "New Zealand was slow to respond to early evidence about the importance of aerosol transmission of SARS-CoV-2 in indoor environments. This lack of engagement probably contributed to NZ being slow to adopt masking despite increasing evidence about the effectiveness of respirator style masks (notably N95)."[21]

[19] Collin.

[20] Baker et al., 'Improving Our Pandemic Preparedness: Counterfactuals and Continuous Quality Improvement'.

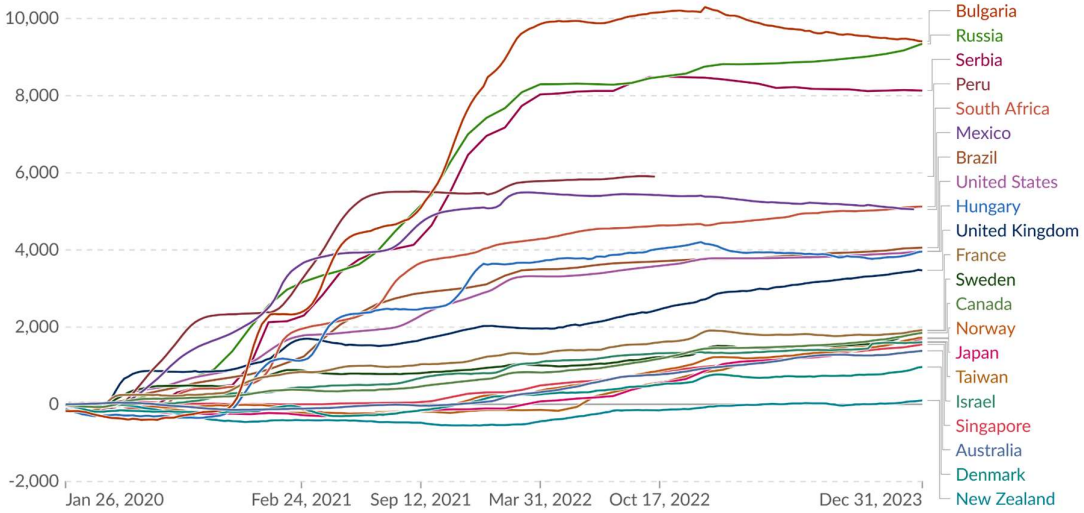
[21] Baker et al.

Appendix

Excess mortality: Cumulative deaths from all causes compared to projection based on previous years, per million people

Our World in Data

The cumulative difference between the reported number of deaths since 1 January 2020 and the projected number of deaths for the same period based on previous years.



Data source: Human Mortality Database (2024); World Mortality Dataset (2024); Karlinsky and Kobak (2021) and other sources

Note: The reported number of deaths might not count all deaths that occurred due to incomplete coverage and delays in reporting.

OurWorldinData.org/coronavirus | CC BY