



8 April, 2025

By email: InquiryintoCOVID-19lessons@dia.govt.nz

Tēnā koutou

ROYAL COMMISSION OF INQUIRY INTO COVID-19 LESSONS LEARNED, PHASE 2

About the Australian and New Zealand College of Anaesthetists (ANZCA)

ANZCA, which includes the Faculty of Pain Medicine (FPM) and Chapter of Perioperative Medicine, is the leading authority on anaesthesia, pain medicine and perioperative medicine. It is the professional organisation responsible for postgraduate training programs of anaesthetists and specialist pain medicine physicians, and for setting the standards of clinical practice throughout Australia and Aotearoa New Zealand. Our membership comprises 9649 fellows, pain medicine specialists and trainees, of which about 1300 work in Aotearoa New Zealand. ANZCA is committed to upholding Te Tiriti o Waitangi in the provision of competent, culturally safe care, and to promoting best practice and ongoing continuous improvement in a high-quality health system.

Submission

In response to consultation with ANZCA members, in particular, members of ANZCA's New Zealand National Committee (NZNC) and FPM, we thank you for the opportunity to provide further feedback into lessons learned from Covid-19, in addition to our <u>submission on phase 1</u>. We appreciated the commission's report on phase 1 and are disappointed the government has signalled it will not be looking at the 39 recommendations it contained, that could be acted on immediately, until the final report is delivered in February 2026.

Although most ANZCA members were significantly affected, both personally and professionally, by the Covid-19 vaccination mandates and the lockdowns, their experiences were widely varied and vaccine-related research, testing and approval processes are outside the college's areas of expertise. Consequently, we have confined our brief comments to some general reflections on the Auckland lockdowns, which seemed to elicit the strongest response, and to reiterate our strong support for the scientific, evidence-based approach that was taken.

In retrospect, factors that contributed to the extended lockdowns that Auckland faced during Covid-19, included:

- It was the hub for flights in and out of Aotearoa and all the quarantine hospitals.
- There were large populations of very close communities who could not isolate properly.
- There were large numbers of people trying to do two or more jobs to survive.
- The availability of RAT tests was restricted to specific brands.
- Inconsistent advice from people manning the health lines increased uncertainty and distrust and lowered vaccination rates in some communities.



- Predictably, frontline workers became exhausted, but few strategies were developed to manage or mitigate this.
- Auckland seemed to be stuck with the elimination strategy versus the later 'control spread' policy, exacerbating the distinction between it and the rest of the country.

While members may have disagreed with some decisions both at the time and in retrospect, they are <u>unanimous</u> in recognising the importance of acting on the input and advice of highly educated expert scientists and clinicians and the mutually trusted systems and professional networks that support them. We are confident that the political trust placed in our health, science and information systems enabled Aotearoa New Zealand to emerge from the pandemic comparatively unscathed. It is a concern, therefore, that disinformation around vaccination continues to have a polarising effect, posing a serious threat to public health and undermining public trust. We suggest that addressing these issues will be an important component of pandemic planning in the future.

Thank you again for this opportunity to contribute to the inquiry.

Nāku noa, nā

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