COVID-19
SOCIAL CONTRACTS
AROUND THE WORLD
How states acted and populations reacted

# Revisioning State-Society Relationships in a Pandemic: New Zealand's Response to Covid-19

**Introduction**

New Zealand's early success in containing Covid-19 proved a *cause célèbre* worldwide as the only Western country to pursue an elimination strategy committed to completely eradicating transmission of the virus within its borders. Led by Prime Minister Jacinda Ardern, the government acted swiftly and decisively as rates of infection mounted early on in the outbreak, placing the entire country into full national lockdown on 26 March. These efforts proved effective; the country was declared 'Covid Free' on June 8 2020, a status it maintained until a recent resurgence in August, localised mostly in Auckland, put the country back on alert.

In this paper, we examine the factors that contributed to New Zealand's initial success, highlighting the distinctive state-society mandates that were forged through the response. We also reflect, briefly, on the emerging recent resurgence and its impacts that are still unfolding. The paper first outlines the government's response strategy to initial outbreak of Covid in March-June. This is followed by an overview of the broader institutional factors that paved the way for its success. In the final section, we draw attention to several political philosophical considerations that impact upon the viability and effectiveness of collective action in response to health threats and view New Zealand's Covid-19 trajectory in light of them.

**New Zealand's Covid response: acting hard and early**

An ambitious elimination strategy was not on the immediate agenda for Ardern's administration; in fact, it wasn't until late March that the approach was formally adopted and communicated to the public. Between January to early March, New Zealand managed a fairly precautionary approach to addressing the outbreak in line with comparable countries, with a clear emphasis on monitoring and surveillance of the fast-evolving situation. Several alert mechanisms were activated as early as January following World Health Organization reports of the emerging coronavirus in the Hubei province: the Interagency Pandemic Group was convened to ensure national preparedness alongside the Ministry of Health's Incident Control Team. New Zealand utilised its existing 2017 *Influenza Pandemic Plan* as the basis for a planned response to a potential outbreak, having previously executed its national pandemic plan during the most recent influenza pandemic in 2009. The document remained

instrumental in guiding a concerted response to the 2019 novel coronavirus outbreak, amended in 2017 to account for changes in law and population size.[1]

Accordingly, New Zealand pursued a mitigation response in its initial approach to addressing the outbreak in line with the national pandemic response plan. A conventional mitigation approach introduces a range of measures intended to *flatten the curve* of the pandemic; under such a model, an outbreak is anticipated and the focus is on ensuring relatively few cases so as to not overwhelm the healthcare system. Temporary restrictions on entry into New Zealand for all foreign nationals travelling from or transiting through mainland China were established early on as the number of documented cases and related fatalities overseas continued to rise; these restrictions were later extended to continental Europe and other high-risk hotspot areas following situational updates from overseas health authorities.

In late March, New Zealand's strategic approach took a critical turn. By this time, several clusters of the virus had been identified in the community following confirmation of the first local case on February 28. Daily case counts were on the rise, and unaccounted community transmission was a certainty despite extensive and rapid contact tracing systems in effect. The release of the widely cited Imperial College London report proved a landmark in shifting New Zealand's overall strategy from a mitigation approach to a similar, but more stringently applied suppression strategy. Under a suppression strategy, measures are implemented to flatten the curve to the point where there are very few cases, or none at all. Such an approach is more effective at containing the spread of the virus but requires a more uncompromising approach to cutting rates of transmission, generally through severe lockdown restrictions and social isolation measures over extended periods of time, until a vaccine or efficacious treatment is made available.

New Zealand Ministry of Health Director-General Dr Bloomfield described the Imperial College report as being ‘very critical’ to the New Zealand government's response to the outbreak, particularly in guiding the development of a four-tier alert system aimed at suppressing manageable peaks of the epidemic through focused control measures[2]. In a matter of days, the four-tier response system was established and explained to the public two days before the nation was put under complete lockdown. New Zealand was quickly moved from Alert Level 3 (partial lockdown with physical distancing and travel restrictions) to Alert level 4 (complete lockdown) on the 25th of March. An unprecedented state of national emergency was declared. Under Alert level 4, lockdown permitted only essential services to operate, restricting domestic movement and prohibiting people from close social interaction outside of their immediate household bubbles. The government continued to operate a strict quarantine policy and testing procedure for incoming arrivals, with all persons entering into the country required to submit to managed self-isolation for 14 days. Border control measures continue to serve as the lynchpin of New Zealand’s success with the country’s borders under careful management since March. At present, New Zealand remains closed to foreign nationals.

Perhaps most striking in New Zealand’s response to the unfolding crisis, and well popularised by pundits all over, was the clear messaging of government during this period of

immense uncertainty: putting transparency at the heart of the administration's public communication strategy. Described as a 'masterclass in crisis leadership',[1] Prime Minister Ardern not only articulated government decision-making and health protocol with resounding decisiveness at every step of the way, but successfully rallied the entire populace to partake in a community-led effort against this emerging threat. *Unite against Covid* became more than an official dictate or campaign tagline: it represented the shared responsibility of the citizenry to act with a civic conscience.

New Zealand's elimination strategy has shown demonstrable gains for the country in riding the course of the global pandemic, with fewer cases and related fatalities relative to comparable countries who pursued a less stringent approach. It has also enabled the return to social and civic life for over one hundred consecutive days, without restriction.

**The team of five million: remaking democratic politics**

New Zealand's success may be attributed to several factors. The unique leadership style of Prime Minister Jacinda Ardern commands widespread respect and popularity among the citizens across the left-right political spectrum. Her brand of *kindness politics* has transformed the political landscape in the three years she has held office. She steered New Zealand through two other significant events in as many years: the terrorist attack in Christchurch and the White Island tragedy, both in 2019. She has shown herself to not shy away from controversial decision-making such as strict gun control and decriminalization of abortion, to the acclaim of the wider public.

During the pandemic, Ardern demonstrated outstanding communication skills: the clarity of her daily briefings; her astute use of metaphors (the team of five million, bubble, flattening the curve);[3] her relatability in informal evening Facebook live broadcasts to the nation. Her humane approach is typified in a special press conference for children during lockdown and declaring easter bunnies as essential workers. But equally her leadership exemplified decisiveness and impartiality – she publicly censured the Health Minister for breaking the rules of lockdown – and leading by example, notably, when she, along with her Cabinet, took a pay cut in solidarity with those in precarious circumstances during the pandemic.

New Zealand's pandemic success can also be traced to its reliance on expert scientific evidence. From the start, public health researchers had the ear of the government influencing its decision to go hard and go early in March when the country went into total lockdown. Dr Ashley Bloomfield, Director-General of Health, emerged an unlikely idol as the country tuned in to his impassively delivered daily fact-filled press briefings. The expert-led public health messaging was simple and unequivocal as scientists heavily informed the public discourse about the virus and its transmission, supporting the government's strategies with unified voice. At one point, a small group of scientists proposed a Plan B strategy, critical of the government's eradication response – but was roundly quashed by 62

1 Wilson, S. (2020). Three reasons why Jacinda Ardern's coronavirus response has been a masterclass in crisis leadership, found at https://theconversation.com/three-reasons-why-jacinda-arderns-coronavirus-response-has-been-a-masterclass-in-crisis-leadership-135541

scientists in an open letter to the Prime Minister and Director-General in support of their response.

New Zealand's political structure also shaped the context of response. The pandemic strategy has been centrally managed and nationwide, ensuring consistency in decision making and minimising fragmentation. The current government is functionally also a three-party coalition, arising from its mixed member proportional (MMP) voting system. In everyday governance, this means that negotiation and compromise are integral to the way government politics operates. There was also a high degree of institutional scrutiny on the government. During lockdown 4, which gave the government unprecedented power, an Epidemic Response Committee, headed by the leader of the opposition, was established with the jurisdiction to hold the government accountable for all aspects of the Covid management. A relentless and probing media demanded a high-level of transparency in decision-making. The government's actions were also subject to legal scrutiny as the legality of the government's April Level 4 lockdown was challenged in the High Court by a private individual. The court's verdict declared the lockdown as 'necessary' but 'not prescribed by law'. [4]

Public support for the government's strategy was pivotal to its success. In findings released in July, a Massey University research found nearly 100% trust in the leaders and authorities[5]. New Zealand has a history of social activism and community participation, and consequently, a highly engaged citizenry that recognises the value of collective responsibility. As noted by a *Guardian* columnist on 9 April, '[d]espite their reputation for having an independent streak and a benign disdain for authority, New Zealanders have been overwhelmingly compliant with their restrictive measures.'[6] The devastating tragedy and responsibility for the deaths of 83 babies in neighbouring Samoa from measles just a few months earlier was still raw in public consciousness as the disease was supposed to have been transmitted by an infected passenger from Auckland. Despite the opposition party's ongoing demands for the early withdrawal from lockdown on grounds of economic freedom, not surprisingly, there wasn't much public exuberance for this move.

**Moralities, Citizens and Democracy**

Communicable diseases pose distributive justice challenges: protecting the health of some can necessitate curtailing freedoms and set back some people's interests. Covid-19's variable impacts upon individuals (from no discernible symptoms to death), make it difficult to estimate the magnitude of the threat for individuals and populations. Although an association between older age and poor health outcomes appeared early, there has been uncertainty about which individuals or groups might be hit hardest (although fears for groups with higher deprivation and reduced access to social capital have been borne out internationally). This means that targeted measures offer unreliable protection against poor outcomes. Covid-19's high transmissibility and infectiousness before symptoms appear make it difficult to contain solely through targeted measures, such as isolating diagnosed cases. Maintaining freedom of movement may result in more cases, and more deaths; responses that severely restrict freedom of movement, including access to workplaces, may

preserve health and life at the expense of economic and other interests. All responses involve trade-offs between categories of interests and the wellbeing of different individuals. Therefore, responses can be critiqued on the grounds of both efficacy and justice.

New Zealand's government favoured preservation of health over freedom and economic interests. Although the limits imposed were unprecedented – applied to the whole population, they resulted in economic and social hardship and ran contrary to the nation's liberal ethos – very little public objection was expressed. One possible explanation is that the government's communication activated a commitment to solidarity that connects with New Zealand's rose-tinted self-perception as an egalitarian nation. Societies that can invoke member willingness to share in burdens to achieve shared aims can mount public health responses that are unavailable in societies less receptive to collective action. However, social solidarity cannot be maintained without a sense that everyone's interests matter.[7]

One way of expressing commitment to the good of all is to reduce the cost that some pay to protect others in the collective. The government announced comprehensive wage packages for those unable to work due to lockdown restrictions; enhanced welfare support for those who lost jobs, and offered support packages for badly affected sectors such as tourism. These compensatory measures may not restore individuals to their position prior to the pandemic, but their expressed commitment to everyone's interests may sustain willingness to engage in future acts of solidarity when the case for sacrifice is convincing.

Providing financial support also enabled expectations of compliance with restrictions. There is a general view that there cannot be obligations to do impossible or brutally costly things.[8] Governmental support facilitated lockdown adherence for those who would otherwise be at risk of serious hardship. However, concerns have been expressed about whether those subject to family violence were sufficiently protected. Solidarity requires attending to the interests of all, not just the visible majority.

The threat of Covid-19 has exacerbated racism and xenophobia in many countries. Such forces are detrimental to solidarity and social justice. New Zealand public health authorities took care to refer to those first diagnosed with Covid-19 in New Zealand as *kiwis*: an informal term of national identification. This phrasing invited New Zealanders to identify with those individuals and obstructed attempts to alienate them and their perceived associates. Public health messages to *Unite against Covid-19* further disrupted instincts to stigmatise individuals or groups.

Our history reveals that the interests of Māori have been poorly served by public health, with mortality rates amongst Māori being seven times higher than the European settler rate in the 1918 influenza epidemic and 2.6 times higher in the 2009 H1N1 epidemic.[9] Iwi (Māori tribal groups) in certain communities instituted road blocks to protect their communities. Although these lockdowns were technically unlawful, police did not attempt to remove them, but worked with those communities to assist in providing police presence. This response acknowledged grounds for distrust that their communities' interests would be protected, and attempted to restore trust through demonstrating partnership and respect.

Government ministers have expressed reluctance to employ mandatory measures when voluntary cooperation could be secured. This has drawn public criticism, for instance when community transmission appeared to have ceased, and newly arrived returnees were offered Covid-19 tests, but were not required to have them. The government reasoned that requiring a fortnight in managed isolation facilities ensured sufficient public health protection, and individual rights to refuse tests should be respected. But a groundswell of public opinion, backed by public health experts, provided the government a licence to take firmer measures. At the time of writing, the government has responded to a similar groundswell by requiring mandatory testing of workers at the border, despite their reservations about rights violations. Reticence to apply compulsion reflects a philosophical commitment to government by public agreement, not force.

**Conclusion**

As we write and as the resurgence continues, albeit on a small scale, we detect growing scepticism about the governments' intent and trustworthiness competing in the public discourse with sustained support of its value-driven, decisive leadership. The Prime Minister has now deferred upcoming elections (scheduled for September 19) by a month, reflecting the current interconnections between political and health decisions. It remains to be seen whether public support for the government and its Covid-19 response will remain buoyant, or whether frustration, a sense of beleaguerment and distrust in expertise will lead some to defy measures and necessitate either their withdrawal, or increasingly forceful implementation.

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