

# A review of public policies on Covid-19: the New Zealand experience

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## Abstract

**Purpose** – This article reviews New Zealand’s journey through managing Covid-19. It provides a chronological overview of key developments. The article analyses the impacts of Covid-19 on business and society and offers lessons for others from the New Zealand case.

**Design/methodology/approach** – The article draws on various sources, primarily media pieces and government information. It also critically analyses and interprets the New Zealand response.

**Findings** – The initial onset and response from the New Zealand government, albeit with closed borders, was effective in terms of keeping the country relatively Covid free. The country was slow to introduce vaccinations, but the uptake was swift. A vaccine mandate to coincide with a Delta outbreak was controversial. Importantly, the New Zealand case is characterised by political leadership strongly and explicitly informed by public health expertise and advice which was routinely demonstrated throughout the period in discussion.

**Originality/value** – The article offers an important overview and analysis of New Zealand’s experience with Covid-19 and its response, with particular focus on the way in which the government and public health specialist advisors interacted.

**Keywords** New Zealand, Covid-19, Policy, Government, Economy, Business

**Paper type** Research paper

## Introduction

As with every other jurisdiction globally, New Zealand (NZ) has been caught in the grips of managing Covid-19 since the initial outbreak made its way across borders and around the world from early-2020. NZ has frequently been looked to as an exemplar in terms of managing the Covid pandemic. Outbreaks have been limited and comparatively well-managed, with hospitalisations and death rates both low; for a long period, the country was completely free of Covid while others endured ongoing outbreaks, sickness, lockdowns and severe disruptions to daily life. Vaccination came late to NZ in the latter part of 2021, but swiftly lifted to one of the highest rates globally. Vaccination commenced around the same time as a Delta outbreak, mostly in the Auckland region. This outbreak led to a lockdown of several months, largely affecting Auckland, while the rest of the country remained free of the virus. Early in 2022, when the Omicron variant made its way into the community and became impossible to contain, the country had a vaccination rate of over 90 percent and was rolling out booster shots. Thus, in this regard, it was probably as well prepared as it could have been for an outbreak. A host of factors in the small nation’s favour have assisted with its relatively controlled experience.

However, the country has also faced considerable difficulties. These include the impact of border closures, the pandemic’s economic effects, and the challenges involved in achieving



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high vaccination rates. The health care system also has not been well equipped to deal with the pandemic, which has been a key driver of the government's policy. Initially, this was a policy of Covid eradication by keeping the virus out of the country, which the population was largely behind, and around which there was broad cross-party political agreement. This also involved periodic lockdowns and differing frameworks for managing the virus and communicating to the public about what to expect in terms of behaviour and outcomes. The strict border controls and requirements for all incoming travellers to spend two weeks in managed isolation and quarantine (MIQ) were very controversial. When it came time to do so, the government moved to quickly reopen the borders in part in response to the mounting political pressure and partly as it had reached a point where it appeared to be the correct decision and pathway ahead in public health terms.

This article reviews NZ's response to the Covid-19 pandemic. It outlines the different phases of the government's response. It looks at the public perceptions of the response, the economic and other impacts, and describes how NZ's response has been primarily driven by public health advice and expertise. NZ is one of the few countries in which a public health approach has genuinely and routinely taken precedence over political factors. Some material in the discussions below can be sourced from the New Zealand Government official Covid response website, which is routinely updated in response to new developments in the pandemic and provides a repository of policies and information ([New Zealand Government, 2022](#)).

### **NZ's Covid outbreaks and response - a brief chronology**

As Covid swept around the globe and took hold of areas such as northern Italy, New Zealand initially remained largely unaffected. The very first cases arrived in the country only in March 2020. New Zealand has the geographic advantage of being an island nation, a very long way from the most populated areas of the world. That said, the New Zealand population traditionally is very mobile, and the country has been an attractive tourism and business destination. Pre-Covid, there were multiple direct flights per day from many points in North America, Asia and China, and the world's longest direct flights from the Gulf region at over 17 hours. This meant that despite its distance, the country was very exposed, probably only marginally less than the parts of the world where the outbreak initially swept through, albeit less densely populated.

It was only a matter of time before the virus would reach New Zealand. By the time it did, the government was already planning and prepared to respond. When the virus was initially detected in travellers entering the country, it had already made its way into communities throughout the nation, demonstrating its potential to move swiftly and comprehensively throughout a geographically-spread and often remote population. Thus, with only around 72 hours' notice, the Prime Minister, Jacinda Ardern, announced that the country's borders would be closed from midnight on 19 March 2020. She urged all New Zealanders and others with the right to work and live in the country to return immediately, saying that it was unclear when the borders would reopen. Foreign tourists were also encouraged, mostly by their own governments, to depart as soon as possible as the country went into an indefinite lockdown.

#### *Border closure and lockdowns*

As with most countries, it was anticipated that the border closure would be short, the virus would be eradicated, and affairs would return to normal within weeks. The border closure was followed within days by the announcement of an immediate national lockdown, with all work to cease or be conducted from home where possible. Only essential services were to remain open such as supermarkets and medical facilities along with some public transport

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and services to support staff in essential services. This included a limited range of early childhood and other services. All schools, universities, shops, restaurants and bars, and most other services closed through the lockdown. Wherever possible, school, tertiary education, and other professional services would be delivered online. As with the rest of the world, this stimulated the widespread uptake of digital delivery. New Zealand had previously commissioned a national rollout of fibre cabling to deliver high-speed Internet into homes and businesses throughout the country to its benefit. The government quickly worked to ensure that all Internet service providers removed speed and volume caps to reduce barriers to remote working and provision of education.

New Zealand's initial lockdown lasted for some two and a half months. Through that period Covid cases increased, with some parts of the country more affected than others. The country was most characterised by experiencing a series of linked clusters of cases, with each new case identifying as linked to an existing cluster. The government's focus at that point was on tracing, isolating and monitoring each positive case to ensure that there was no uncontrolled community transmission.

Leading into the first lockdown, the government announced a framework of different lockdown 'levels' that would apply to the country. Each of the levels corresponded with a different set of expectations and permissions, noting that different levels could apply in different regions depending on how many positive Covid cases were in existence and how well cases were being managed. Thus, the framework could see the whole country in lockdown or different regions having different levels of freedom and control. The initial lockdown saw the entire country at Level Four. This was the highest level and applied the most controls. Through this, all educational facilities and shops, restaurants and all but essential services were closed. Supermarkets remained open along with some other essential suppliers and had controls on a number of customers admitted indoors. Travel within the country between regions was also heavily restricted to only essential workers with a permit required to travel. It was also not permitted to drive or travel by other means outside of one's neighbourhood. People, largely families, were expected to adhere to the concept of a 'bubble', meaning that they could agree to meet one another but only for support reasons, such as delivering food to an older relative. Those in a bubble were expected to restrict their contact to one another to contain any infection. People were allowed outdoors for exercise or to obtain essential supplies. The police were charged with monitoring community behaviour, which meant issuing fines to people who were more than five kilometres from their homes without a good reason. They also paid close attention to gatherings, ensuring that the expectations around the bubble were adhered to.

Level Four was relatively straightforward for the country and, for the most part, what the Prime Minister called the 'team of five million' residents adhered to the rules and behaviour expectations. There was a strong sense within the population of responding as the government had requested and working to eradicate Covid. There was limited political debate around the government's decisions and leadership and very few breaches of the rules. The Prime Minister and Director-General of Health staged a daily stand-up meeting updating the country on outbreak's latest case numbers and trends, placing these in the global context. The Director-General routinely spoke immediately after the Prime Minister each day, giving a technical update on the pathway of the virus and the approach being taken. Notably, the Director-General was a medical professional with a public health speciality and so deeply accustomed with epidemiological and public health methods, analyses and responses. Thus, all central government advice had a strong public health underpinning. This was closely coordinated with the Prime Minister's key decisions and messages to the public. There was a sense that the country was faring comparatively well, coming together with a collective goal, giving real hope that the outcome would be positive. By the time the Level Four requirements were dropped to Level Three and then Level Two in May 2020, Covid had been all but eradicated.

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Level Two meant that people were permitted to return to their places of work, and educational facilities reopening along with other shops and activities recommencing. Travel within and between regions was again permitted. Level Two, however, had a series of restrictions, including the need to be socially distanced. This placed considerable constraints on most services and activities. Many employees continued to work from home, which was recommended where possible in Level Two, while others were glad to be back to a relatively normal working environment.

One area that remained tightly controlled was the borders. As the rest of the world continued to experience ongoing and, in many cases, catastrophic and widespread outbreaks, the government message to the New Zealand population was that the country could not risk opening to arrivals without a period of quarantine and isolation. The government decided that what became known as MIQ (managed isolation and quarantine) would only be available for New Zealand passport holders and permanent residents. This began a process that was incredibly difficult for those seeking a place in MIQ and very costly for taxpayers who, via the government, were predominantly funding the MIQ system. The section below describes this in further detail. In short, the government leased out multiple hotels and ran these as tightly controlled MIQ facilities involving the armed forces. Capacity for MIQ was extremely limited and often unable to meet with demand which, overtime, grew. The requirement for MIQ remained in place until the first quarter of 2022, when a staged border opening plan was announced, so for the best part of two years.

Following the step down to Level Two, the country resumed a relatively normal way of life, compared to elsewhere in the world. Large parts of the country, such as the entire South Island, went for over a year without a single case of Covid. There were periodic outbreaks associated with the borders. These tended to derive from a border worker who may have been in contact with an incoming traveler, such as providing transport from the airport to an MIQ facility or contracting Covid in a facility from a MIQ resident. MIQ facilities were receiving positive cases almost daily, reinforcing the government's message that the system was working by providing a barrier for the rest of the country from Covid. There was regular and constant testing of border and MIQ workers, and when the occasional positive case was picked up, the government contact tracing system was enacted. This periodically led to a change in levels. For example, in August 2020, Auckland was once again put into a short lockdown as it emerged that family members of a positive case had attended several large public events and there was uncertainty around how widespread the virus may have been. By this time, the government had put in place a Covid app based on QR code scanning and Bluetooth technology, which also assisted with contact tracing and notifying people considered close contacts. Auckland city bore the brunt of the various Covid outbreaks, given that the international airport was the one point of entry that remained open in the country and where the majority of the MIQ hotels were based.

### *Government leadership and management*

By 2021, New Zealand had gained a global reputation for its management of Covid with the Prime Minister being singled out for her leadership through the pandemic. The 2020 general election, which was delayed several weeks due to Covid, saw the Ardern-led Labour government returned to power with one of the strongest majorities of recent times, indicating considerable public support for its management. Throughout, there had been consistent messaging around the need to take the country's health first while also supporting the economy. A range of support measures was put in place for industries affected by lockdowns and closed borders. Retail was heavily affected along with the hospitality industry and, of course, the tourism industry and related sectors. Measures included wage support and other financial support to assist businesses. This meant that through the lockdowns and beyond, most employees had an income, and many businesses received support to assist with

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reorientation. Support was also available for a range of other purposes, such as further education for deployment in different sectors and jobs.

From 2021 onwards, New Zealand became increasingly attractive to expatriates wishing to return. This created several pressures. Firstly, on the MIQ system. Secondly, on the domestic housing market. As with many other countries, the pandemic appears to have significantly impacted house prices. After the initial lockdown in May 2020 when it was predicted that house prices would slump, they did the opposite. New Zealand has since had one of the world's highest increases in house prices, leading to the conclusion that housing is now completely out of the reach of many (*Economist*, 2022). Certainly, data show that New Zealand has become one of the least affordable housing markets globally in terms of average income to average housing purchase price ratios (*Economist*, 2021). Housing rent prices correspondingly increased. The government put in place several measures, some of which pre-existed Covid to try to control property prices. One of these was a ban on foreigners buying into the housing market (with some exceptions). Housing price inflation following Covid appeared to have been driven by the desire amongst residents to invest in a home as they looked to live and invest locally, alongside returning residents often with significant financial means or citizens living offshore seeking to ensure that they had a base back in the country. It was also driven by a simple lack of supply along with escalating building costs, fueled by inflation and supply chain cost increases.

Through 2021, these pressures grew. The government continued to hold fast to the closed borders and freedom from Covid, following the guidance from its public health advisors. In August 2021, the Delta variant made its way through the MIQ system and into the country. This led to a national lockdown lasting around three weeks. However, the Auckland region remained in lockdown until at the end of the year. This was as community transmission through a series of clusters, and newly identified cases persisted, taking considerable time to bring under control and eradicate. The government's intention throughout this time was to maintain its complete eradication policy. While the rest of the country was largely free to travel and live normally, the borders around Auckland, including the north of the city, remained firmly closed for entry and exit.

#### *Vaccination campaign*

Meantime, the government launched a national vaccination campaign sometimes after other countries had moved to vaccinate their populations. It decided that the Pfizer double-dose vaccination would be available to all free of charge through a system of public-funded delivery. In what seemed like a race to vaccinate, the uptake of vaccination was rapid as Delta moved its way around Auckland and the rest of the country lived in fear of an outbreak beyond Auckland. By the end of the year, well over 90 percent of the population was fully vaccinated, albeit with lower levels amongst more vulnerable population groups such as Maori people living in rural areas, meaning New Zealand became one of the most vaccinated countries globally. The vaccination campaign was the source of controversy, including that the government had been slow to launch a campaign, there had been a failure to work with Maori people to achieve stronger buy-in and vaccination rates, and, very importantly, that a vaccine mandate had been put in place for many areas of the workforce.

The responses to the vaccine mandate are described below and proved to be divisive. On the upside, most of the public supported a mandate, hence the rapid and high vaccination rates. Alongside the mandate policy, the government developed a vaccine passport for proof that a holder had been fully vaccinated. This was so that venues such as restaurants and bars, as well as workplaces covered under the mandate, could have proof that staff, visitors and customers were vaccinated. The implication was that anyone without a vaccine passport could not be admitted to a venue and could potentially have their employment terminated

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depending upon the industry. For example, all health care facilities and schools required all employees to be fully vaccinated. Other industries, such as universities, were given the option to consult with their staff and students about whether vaccination should be mandatory. In a complicated, costly and involved process, most tertiary institutions concluded that anyone on campus, including visiting contractors, staff and students, would need to hold a vaccination passport. Many other employers went through a similar process, reaching similar conclusions. Many gave exceptions to staff not willing to be vaccinated who were able to work remotely. Others had their employment terminated.

### *Covid in the community*

The new year and start of 2022 was a time of celebration as it appeared that eradication had been achieved once again and the lockdown was lifted from the Auckland and Northland region. Shortly after this, it was evident that an increasing number of Omicron cases appeared in MIQ facilities, coming in from overseas. The government's initial response was to cease inbound travel from some high-risk locations such as India. It was not long before MIQ staff contracted Omicron with the Prime Minister warning that the virus would inevitably make its way into the community given its highly infectious nature. This happened from around mid-January 2022. From then, the government shifted its approach to one of managing to live with the virus. It recognised that eradication was no longer achievable, nor was continued closure of the borders. Meantime, the Pfizer booster program had been rolled out from late 2021 so the country was probably in one of the best possible positions to cope with an Omicron outbreak.

With the Omicron outbreak, the virus rapidly spread throughout the country. The number of hospitalisations increased along with the number of deaths. Mostly, people went about daily business with a focus on remaining open for business and learning to live with Covid in the community. The vaccine passport was an important tool for managing the outbreak, with travel by air, visits to many shops and hospitality venues, many public areas such as university campuses requiring a passport. The testing regime also shifted with the outbreak of Omicron, with the government procuring Rapid Antigen Tests (RATs) and distributing these free of charge to citizens making an application through the government's Covid management website. Anyone could order tests, subject to some basic questions, and pick them up immediately from a community pharmacy. Thus, testing and reporting became a dual process of official testing sites with nasal swabbing and self-administered RATs with a request that results be uploaded to the government website by the individual in question.

At the time of writing (July 2022), the wave of Omicron and sub-variants continued to grip the country with a relatively stable number of daily cases and Covid-related deaths. New Zealand's death rate from Covid remained the lowest amongst high-income countries at just over eight per 100,000 people; by comparison, the USA was almost 300 per 100,000 and the UK ([Johns Hopkins Coronavirus Resource Center, 2022](#)). Deaths were predominantly amongst older people but also included some younger. There were community-based solid response systems in place, with general medical practitioners pivotal to this, focused on bringing people into hospitals only when necessary. New Zealand has long had subsidies in place for lower-income and vulnerable populations and a strong focus on equity in healthcare, so such populations received close attention. New Zealand also benefited from avoiding the initial Omicron outbreak which swept across the globe in late 2021. The strain of Omicron that arrived in New Zealand was slightly different. A second wave of infection, via a new variant, was spreading in mid-2022. In March 2022, the government announced that its international borders would be reopened. This was with immediate effect for New Zealanders returning to the country, then for Australians wishing to visit and, by mid-year, for all vaccinated international visitors with a requirement of a negative pre-arrival Covid test.

*Public response and protests*

Through February and March 2022, a large protest group occupied the grounds of Parliament, effectively closing a large part of Wellington city with a significant impact on business, an adjacent university campus, and daily life. The protesters rallied around the mandates. Many were also anti-vaccination, while many were vaccinated and protested government control and intrusion on individual decisions. The protesters also featured hate groups and those known to be monitored by authorities as potential risks to security. It came to light through Covid and the application of mandates that New Zealand has a disproportionate number of such groups and individuals per capita compared with countries such as Canada and the United States (Spoonley, 2022). In a rare political consensus, all political parties in Parliament made a joint statement that they could not condone nor engage with the protesters and asked them to go home. After almost four weeks of occupation and considerable tension, the police in riot gear took control of the situation. They cleared the site, making numerous arrests amidst scenes of violence rarely witnessed in New Zealand. Similar mostly peaceful protests and occupations of central city areas took place in other cities and continued for several weeks beyond the Wellington protest.

Only days after the end of the Wellington protests, the government, under increasing political and economic pressure, announced that vaccine mandates would be discontinued for all but critical sectors such as healthcare, border control and other frontline services. The justification for this was based on epidemiological advice and the best available science that indicated vaccinations were not effective in stemming Omicron infections but were protective of the impact of Omicron on those vaccinated. Therefore, the original justification for the mandates around keeping workplaces safe from those who were unvaccinated no longer held up. That justification and decision around mandates had been taken in the context of the Delta variant where vaccines were clearly an effective barrier to infection.

**Analysis of New Zealand's response***Political leadership*

Looking at the global literature and analyses of different countries and their Covid responses, New Zealand has often been singled out as world leading. Early articles in key journals such as the *Lancet* showed the effectiveness of New Zealand's elimination strategy (Oliu-Barton *et al.*, 2022). This certainly meant that those living in the country largely went about their daily activities in a relatively free environment. The situation was the envy of other parts of the world where Covid was ever present and posing extraordinary circumstances for business, for a government seeking to manage the situation, and for education with wide-ranging impacts on the development of children and young people (Chaturvedi *et al.*, 2021). Prime Minister Ardern was regularly singled out for her exemplary leadership and messaging compared with her counterparts. Her constant messages were that every single New Zealander was a member of the team of five million, that everyone was in the situation together and that the country would collectively come through the challenges. She persistently reinforced the message to be kind to one another and watch out for those in need.

The government's response was informed by public health expertise. Notably, the chief advisor to the government, the Director-General of Health, Dr Ashley Bloomfield, was a medical graduate and public health specialist, with significant global health and health service management experience and led the administrative response and advice to the government. Early in the outbreaks, there were daily 1pm briefings by the Prime Minister in partnership with the Director-General of Health; the 1pm daily update became something of a tradition, being delivered seven days a week. These updates were critical to messaging and building public trust and engagement with the government's response. The Director-General's advice was pivotal to the staging of lockdowns and framing of different levels of

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activity permitted at different points in managing Covid outbreaks. He gained something of celebrity status as an earnest and honest public servant and one the public trusted and had confidence in. New Zealand's approach to lockdowns could perhaps best be described as carefully constructed and stage-managed. The different levels, in particular, gave reasonable clarity to the public and businesses in terms of what activities were possible. That said, the guidelines were open to interpretation, meaning that many organisations had to develop their own internal guidelines for staff and customers. This sometimes led to confusion, frustration and periodic questions about whether the government was competently managing the situation.

### *Economic support*

The government provided consistent financial aid to businesses unable to function during or affected by lockdowns and border closures. Of course, many found the assistance inadequate or not directed into the right areas. The government continued to be responsive to questions from industry and affected groups, adjusting support along the way. Financial support was represented in the government's budgets with significant corresponding investments. This necessitated borrowing as well as increased taxation for those in the highest tax bracket. Nonetheless, New Zealand continues to have one of the lowest tax rates in the OECD group, with a top personal income tax of 39 percent (33 percent until 2021) with a lower company tax rate.

In the meantime, those on lower incomes have had various additional support mechanisms implemented and some tax reductions granted. In general, there was widespread public and business support for the government's handling of Covid. This was reflected in the results of the 2020 general election, delayed because of a short lockdown, which delivered a resounding vote in favour of the Prime Minister's Labour party. The result produced the first government able to govern alone without a coalition partner since the introduction in 1996 of a proportional representation voting system, and Prime Minister Ardern achieving some of the highest approval ratings seen of any Prime Minister.

### *Challenges for people and businesses*

Stress in households, particularly for parents and mothers, has been particularly high in many countries with females in professional roles known to have ceased employment as the difficulties of juggling a job and homeschooling children have been too much. By contrast, this has not necessarily been the case in New Zealand and certainly not to levels seen elsewhere. This has been due to the limited number of lockdowns with schools mostly functioning. The largest impact was in Auckland, with the five-month lockdown at the end of 2021. Like other world business centres, the city suffered from office workers retreating to home and staying there. It also suffered from a significant decline in international students who resided in the centre of the city where higher education is a key business. With campuses also closed, the centre of Auckland saw many restaurants and retailers close down, along with the growth of homeless people and crime.

The lockdowns were particularly difficult for retailers, hospitality and tourism operators. Closed borders have heavily impacted the tourism industry and related sectors, which was a significant player in the domestic economy and source of foreign income. Around half of the tourists were international. A pickup in the domestic tourism market owing to the inability of New Zealanders to travel abroad for business and holidays provided some assistance, but this was mainly during school and public holidays. Other industries were also affected by closed borders. Universities and schools particularly so, as international students could not enter the country. Many resorted to online delivery to retain or attract new international students. Industries reliant on overseas workers also suffered. This included the large



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horticulture sector where seasonal workers traditionally entered the country to assist with fruit picking and other duties, as well as the hospitality sector.

Many professions found it difficult to recruit, given the impossibility of any new employee entering the country. The government's view was that skills should be obtained from within the country in something of an attempt to reset how the country thinks about its supply of human capital. In areas such as healthcare, this was impossible to achieve. New Zealand has the highest percentage of overseas-born and trained doctors in the OECD, composing over 40 percent of the medical workforce. These doctors also have high turnover rate placing additional pressure on the system and recruitment. The nursing workforce has similar characteristics. Universities also have a high proportion of international staff, meaning they too had to rethink recruitment while the borders were closed. Compounding the issues, New Zealand immigration and visa offices went through a restructure and reduced various services. This meant that anyone seeking a visa faced a particularly challenging process with a high likelihood of being denied if it were seen that the skill set was not on the list of critical employment categories. This included most areas of academic staffing.

There was increasing pressure on the government as time went on, particularly through 2021 and the lockdown. Business, in particular, was concerned about the impact on global activities. With it being almost impossible to travel owing to the difficulty of obtaining a MIQ spot on return, many businesses either withdrew from international markets or resorted to sending staff offshore with no prospect of return in the foreseeable future. The situation was exacerbated as the world started to open through 2021, with New Zealand sometimes being described as a closed shop. Pressure also grew from the thousands of New Zealanders wishing to return to the country. These ranged from people eager to see family, often unwell or dying, to those who had lost employment and sometimes their visa and therefore right to live in the country they had been working in. Some became affectively stateless, resorting to living in countries such as Thailand.

The government created a controversial booking system for MIQ which was complicated in that a hotel place had to be booked and then a corresponding flight found. The booking system functioned as a lottery with only a limited number of places available for people with special circumstances, such as seeing a family member likely to die within days. It was not uncommon for people to gain a place in MIQ and the family member to pass away before they had served their 14 days in isolation. Many people simply gave up trying to secure an MIQ place. A group known as 'Grounded Kiwis' lodged an application in the High Court to challenge the government border closure. The case was based on denial of citizens' rights to enter their country (Knight, 2022), with claims these denials were unjustifiably upheld in an April 2022 decision (The High Court of New Zealand, 2022). The findings came as a relief to the claimants, many of whom had suffered considerable financial and psychological harm.

### *Impact on health system*

The impact of Covid on the health system cannot be underestimated, nor the influence of the system's capacity to cope with Covid on the government's decision-making. The government routinely stated that the elimination strategy and border closures were to protect the health system. New Zealand's health system, like the UK, is tax funded with largely publicly provided services (Gauld, 2016). Over the years, the system has endured ongoing austerity in terms of funding with many services and facilities in need of upgrading and staff shortages in various areas. The number of intensive care unit (ICU) beds per capita is almost the lowest in the OECD with only Mexico having fewer; by contrast, Germany has around 10 times the number of ICU beds (OECD, 2020). While the government worked to expand surge capacity, particularly for emergency intensive care patients, suggesting that the health system was well prepared to cope with a Covid outbreak, the health professionals' perspective themselves

was consistently different. This was of an already stressed workforce, finding it difficult to cope with the lockdowns and non-urgent patient needs that were put aside to focus on Covid response and patients. The system had been struggling to see and treat non-urgent patients even pre-Covid, meaning those who could pay would resort to the parallel private sector (Penno *et al.*, 2021). The Omicron outbreak placed considerable pressure on the system, pushing it to the brink. Fortunately, most Omicron cases did not require treatment or hospitalisation.

### **Conclusion: lessons from the New Zealand case**

New Zealand has the benefit of being a remote island nation. This placed it in a comparatively protected situation when Covid first swept around the globe. The country, therefore, commenced the pandemic in a different context from many other countries. New Zealand also benefited through the pandemic from solid political leadership, strongly informed and quite explicitly so by public health advice. This brought considerable consistency to the political leadership and messaging with the Prime Minister routinely deferring decisions to public health advisors and stating that the government was seeking the best possible means to protect the population. This approach produced some policies and initiatives which proved controversial and difficult for many people. This includes the firmly closed borders and MIQ system. It also includes a vaccine mandate. These policies were the centre of considerable public debate between those firmly in favour and those not. If there is a primary lesson from the New Zealand experience for other governments, it is that bringing in public health expertise and the government being open about the impact of this on their decision-making and leadership is critical for effective pandemic management. This would seem to have bolstered public confidence in political leadership along with compliance with public health measures. For political leaders around Asia, this is pertinent, particularly where there have been protests and concerns about political management.

In July 2022, as this article was finalised, the country had emerged from two years of being closed and largely protected from widespread community transmission of Covid; the first months of 2022 saw Covid swiftly take hold as the borders opened and Covid naturally made its way into the community. Re-engaging with the world and rejuvenating the parts of the economy battered by Covid will likely be prolonged and, for many, difficult, as is the case in most countries. The country was struggling with Covid in the community, including considerable strain on the health system. Recognising this, the government continued to provide some financial support to those most affected and invest in the health system. This is the second lesson from the New Zealand case. That is ensuring financial support is in place to support compliance with public health measures such as lockdowns and to counter the effects of shifts in the economy created by a pandemic. This lesson is crucial for many Asian countries, where government support is limited. The New Zealand case demonstrated that such support reduced public and business backlash and improved acceptance of often challenging policies.

### **References**

- Chaturvedi, K., Vishwakarma, D.K. and Singh, N. (2021), "COVID-19 and its impact on education, social life and mental health of students: a survey", *Children and Youth Services Review*, Vol. 121, pp. 1-7.
- Economist* (2021), "House prices continue to go through the roof", 12 August, available at: <https://www.economist.com/graphic-detail/2021/08/12/house-prices-continue-to-go-through-the-roof> (accessed 7 April 2022).
- Economist* (2022), "New Zealand's housing crisis is worsening", 12 February, available at: <https://www.economist.com/asia/2022/02/12/new-zealands-housing-crisis-is-worsening> (accessed 7 April 2022).

- 
- Gauld, R. (2016), “Could lessons have been drawn from New Zealand for England’s NHS reforms?”, *Commonwealth and Comparative Politics*, Vol. 54 No. 4, pp. 518-535.
- Johns Hopkins Coronavirus Resource Center (2022), “Mortality analyses”, available at: <https://coronavirus.jhu.edu/data/mortality> (accessed 7 April 2022).
- Knight, D. (2022), “Court challenge over MIQ and the right of return”, *Newsroom*, 14 February, available at: <https://www.newsroom.co.nz/ideasroom/court-challenge-over-miq-and-the-right-to-return> (accessed 7 April 2022).
- New Zealand Government (2022), “Unite Against Covid-19”, available at: <https://covid19.govt.nz/> (accessed 7 April 2022).
- OECD (2020), *Health at a Glance 2020*, OECD, Paris.
- Oliu-Barton, M., Pradelski, B.S.R., Algan, Y., Baker, M.G., Binagwaho, A., Dore, G.J., El-Mohandes, A., Fontanet, A., Peichl, A., Priesemann, V., Wolff, G.B., Yamey, G. and Lazarus, J.V. (2022), “Elimination versus mitigation of SARS-CoV-2 in the presence of effective vaccines”, *The Lancet Global Health*, Vol. 10 No. 1, pp. 142-147.
- Penno, E., Sullivan, T., Barson, D. and Gauld, R. (2021), “Private choices, public costs: evaluating cost-shifting between private and public health sectors in New Zealand”, *Health Policy*, Vol. 125 No. 3, pp. 406-414.
- Spoonley, P. (2022), “The extremism visible at the parliament protest has been growing in NZ for years – is enough being done?”, available at: <https://theconversation.com/the-extremism-visible-at-the-parliament-protest-has-been-growing-in-nz-for-years-is-enough-being-done-177831> (accessed 7 April 2022).
- The High Court of New Zealand (2022), *Grounded Kiwis Group Incorporate v Minister of Health [2022] NZHC 832*, Courts of New Zealand, Wellington.

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