Policy & Institutional Responses to COVID-19: New Zealand*

Editor’s Note: The Middle East and North Africa (MENA) COVID-19 Response Project focuses on governmental public health and economic policy responses designed to combat the spread of the COVID-19 pandemic in MENA countries. In this regard, we have reviewed efforts by countries outside the MENA region to combat the virus as a means of informing our work more broadly. Here, the successful case of New Zealand serves as a best practice comparator for MENA countries covered in this series. The inclusion of New Zealand in this series aims to help MENA policy makers to improve response protocols to pandemics and other crises.

Summary

From a global perspective, New Zealand stands out regarding the efficacy of its approach to combatting the spread of COVID-19, having effectively eliminated the virus from its territory. Towards this end, the country resorted to a draconian lockdown of its borders and its domestic economy. Following a month during which the country shut down all nonessential businesses, restricted internal travel, and banned social gatherings, New Zealand was able to rapidly reopen its economy. Following a second outbreak in August, New Zealand was able to control the outbreak through a targeted lockdown of Auckland. Having reopened the economy in June, the country did return to a heightened alert level in August, but it has since returned to a vigilant but full opening. Throughout the pandemic, New Zealand has continued to build its capacity for testing and contact tracing. Coupled with tight quarantines for returning New Zealanders, this has helped the country control the virus and prevent further outbreaks.

New Zealand confirmed its first imported COVID-19 case on February 26, 2020. A month later, with only 100 confirmed cases, the country went into lockdown. By mid-May, however, authorities declared that the virus had been eliminated in terms of community spread, and the country reopened on June 9, having had no new cases reported for 18 days. Even with a sizeable new outbreak of the virus in August 2020, New Zealand has seen relatively few confirmed cases and deaths associated with the virus. By January 15, 2021, the country had only had a total of 2,246 confirmed cases (0.04 percent of the population). There have been only 25 deaths.

New Zealand’s efforts to combat the spread of the virus were orchestrated using an all-of-government approach. Led by an all-of-government controller, the nation’s Ministry of Health and the national emergency response infrastructure effected a coordinated governmental effort that included all ministries and government agencies. The all-of-government approach was organized along specific workstreams, allowing the government to mount effective responses for disease

* This case was drafted by Paul Dyer for the Brookings Doha Center. The author appreciates David Shand, Ayesha Varrell, and Blair Cameron for sharing their knowledge and perspectives on the New Zealand case and their in-depth reviews of various versions of this document.

Disclaimer: As is the case with all Brookings publications, the conclusions and recommendations presented in this article are solely those of its authors and do not reflect the views of the Brookings Institution, its management, or its scholars.
treatment, border controls, enforcement of physical distancing mandates, social welfare and worker supports, economic stimulus, supply chain management, trade, and foreign relations. While the New Zealand government’s policy response to COVID-19 was both stringent and comprehensive, the government was able to secure popular support for these efforts through an effective and transparent effort to keep the public informed about the pandemic and the response.

Despite its success in curbing the spread and impact of the virus in terms of the public health response, New Zealand has not been immune to the economic toll imposed by its own economic closure, and the broader global economic slowdown. With gross domestic product (GDP) declining by 12.2 percent in the second quarter, New Zealand is experiencing its first recession since the global economic downturn in 2008. The impact has been most dramatically felt by the country’s important tourism sector, which made up nearly 6 percent of the economy in 2019. The country has only avoided a huge increase in unemployment through the provision of significant wage subsidies.

New Zealand’s economic response to the pandemic has focused on long-term government borrowing to fund an extensive package of financial supports for workers and businesses. These include an initial emergency package providing the above-mentioned wage subsidy, support for businesses ranging from tax reductions and deferrals, to eased loan terms to targeted debt funding agreements. The 2020 budget passed in May built on these efforts, funding further wage subsidies, support for loans, business development services, infrastructure investments, and support for workers, including training and apprenticeships. Mindful of its dependence on the global economy, New Zealand is focusing on creating new export opportunities for firms and strengthening its efforts to establish and maintain free trade arrangements around the world.
General Information (as of January 15, 2021)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>January 15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Confirmed COVID-19 Cases:</td>
<td>2,246</td>
</tr>
<tr>
<td>COVID-19 Related Deaths:</td>
<td>25</td>
</tr>
<tr>
<td>COVID-19 Recovered Patients:</td>
<td>2,152</td>
</tr>
<tr>
<td>COVID-19 Tests Administered:</td>
<td>1,457,076</td>
</tr>
</tbody>
</table>

Source: New Zealand Ministry of Health

Note: New Zealand also reports an additional 356 probable cases that have since recovered.

Figures 1 to 5 explore New Zealand’s efforts to combat the COVID-19 pandemic, providing a comparison of performance and outcomes with other countries reviewed in this series where relevant. Figures 1 and 2 compare outcomes in terms of total confirmed cases and deaths over the course of the pandemic. Figure 3 documents New Zealand’s expansion of testing over time. Figure 4 compares the strictness of governmental responses to the pandemic over time using the Oxford COVID-19 Government Response Tracker’s Stringency Index. The index is a composite measure of responses related to school closures, business closures, and travel bans, although it should not be construed as an indicator of the effectiveness of the government response. Using this index, Figure 5 tracks the strictness of New Zealand’s policy response against daily confirmed cases, allowing for an analysis of how closure policies have shifted with changes in virus incidence.

Figure 1: COVID-19 confirmed cases per million people in New Zealand²

Source: Our World in Data.

Note: MENA Average is a population-weighted average of MENA countries for which data exists, including Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Tunisia, the United Arab Emirates, and Yemen. The Best Practice Comparators average is a population-weighted average of Australia, Denmark, Germany, New Zealand, South Korea, and Vietnam. To compare specific countries identified in this graph, the reader should consult the case studies for relevant countries in this publication series.
Figure 2: COVID-19 deaths per million people in New Zealand³

Source: Our World in Data.

Note: MENA Average is a population-weighted average of MENA countries for which data exists, including Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Tunisia, the United Arab Emirates, and Yemen. The Best Practice Comparators average is a population-weighted average of Australia, Denmark, Germany, New Zealand, South Korea, and Vietnam. To compare specific countries identified in this graph, the reader should consult the case studies for relevant countries in this publication series.

Figure 3: COVID-19 testing in New Zealand⁴

Source: Our World in Data.
Figure 4: Stringency of COVID-19 response in New Zealand

Note: On the Stringency Index, 100 represents the strictest approaches to closures.

Figure 5: Stringency of New Zealand’s COVID-19 response against daily cases

Note: On the Stringency Index, 100 represents the strictest approaches to closures. Daily new cases have been smoothed using a running average.
Increase in unemployment associated with the pandemic:

New Zealand’s official unemployment rate in the fourth quarter of 2019 was 4 percent. Following the onset of the pandemic, officials estimated that it would reach 13 percent by the end of April without an economic stimulus package, while they expected it to reach 8.5 percent with the economic stimulus. As of May 1, 184,404 New Zealanders had applied for unemployment insurance, compared with 131,014 in May 2019. This suggests an unemployment rate of 5.1 percent compared to 4 percent at the same time in 2019. The official unemployment rate has since fallen, estimated at 4 percent in July. Notably, however, the number of jobseekers has declined, with more opting to remain out of the labor force rather than look for work in the current climate. The underutilization rate (which captures the underemployed and those who are unemployed but not actively looking for work) climbed from 10.4 percent in June, to 12 percent in July.

Description of government response to the COVID-19 pandemic:

New Zealand’s policy response to the COVID-19 pandemic has included among the most stringent restrictions seen internationally. On March 25, New Zealand announced a State of National Emergency and began an early systematic effort to comprehensively address the pandemic, with policymakers seeking to eliminate COVID-19 from New Zealand (rather than control spread). Efforts included:

**Border closures:** New Zealand suspended international flights and tightened immigration controls, while mandating a 14-day quarantine for residents returning from abroad. This quarantine mandate included government provision of accommodations designed to provide isolated living spaces, as well as fines for violators. Domestic flights continued, but they were restricted to essential travel.

**Physical distancing:** All businesses except essential services were closed, and New Zealanders were able to leave their residences only to access essential services, deliver essential services, or exercise (while maintaining physical distance of two meters). Violators were fined after an initial warning. Essential services were defined tightly: corner shops and groceries were open but not butcher shops; large stores and online retailers were open for business but only allowed to sell essential items; house repair service providers were considered essential but could only deliver essential services (i.e., plumbers could repair leaks but not add new taps). Authorities ensured that there was a visible police presence in urban areas, and police checkpoints were set up on highways to enforce travel restrictions.

**School closures:** All primary, secondary, and tertiary schools closed as of March 25. Efforts were made to provide all students with devices and internet connection to enable online provision of education.

**Testing:** Testing was available for those with symptoms and a recent travel history in mid-March, while widescale testing in hospitals and clinics began in late March. In mid-April, the government began random testing at supermarkets in metropolitan areas as a means of estimating unreported cases. By May 9, all testing efforts had tested 173,671 individuals, about 0.7 percent of the population. By September 20, these efforts had ensured that 725,454 tests had been carried out, amounting to nearly 15 percent of the population. Importantly, efforts to expand testing capacity continued to increase even after New Zealand had declared the virus eliminated by its territory.
Medical supplies: New Zealand provided for temporary elimination of tariffs on imports of medical goods and personal protective equipment (PPE). The government actively sought to procure tests and reactive agents used in the tests on the international market, as well as additional PPE. Government’s rapid response has kept cases low, ensuring limited pressures on the medical system in terms of ventilators and other equipment. There were initial strains on the supply of PPE.

Risk assessment system: New Zealand’s authorities adopted a four-level risk assessment system (Table 1) by which they categorized the risk of community spread and related public health measures. The system allowed for clear, concise communication of the risk posed by the virus, and specified the public health measures that would be imposed with each level of risk. By providing clear policy responses at each level, the government provided an easily understandable system for the public to use to assess how the pandemic response impacted their daily lives in terms of rules for gatherings, business closures, and travel restrictions.

Table 1: COVID-19 risk alert system in New Zealand

<table>
<thead>
<tr>
<th>Level</th>
<th>Risk Assessment</th>
<th>Measures</th>
</tr>
</thead>
</table>
| Level 1 – Prepare Disease contained | • Heightened risk of importing virus  
• Sporadic reported cases  
• Isolated household transmission associated with imported cases | • Border entry measures applied  
• Contact tracing  
• Stringent self-isolation and quarantine  
• Intensive testing  
• Physical distancing encouraged  
• Mass gatherings over 500 canceled  
• Self-report flu-like symptoms  
• Personal hygiene |
| Level 2 – Reduce Disease contained; risk of community transmission growing | • High risk of importing virus  
• Uptick of imported cases  
• Uptick in household transmission  
• Single or isolated cluster outbreak | • Border measures maximized  
• Further restrictions on mass gatherings  
• Physical distancing on public transport  
• Limit non-essential travel around country  
• Alternative work arrangements where possible  
• Business continuity plans activated  
• High-risk individuals remain at home |
| Level 3 – Restrict Heightened risk that disease is not contained | • Community transmission occurring  
• Multiple clusters break out | • Travel limited in affected areas  
• Affected educational facilities closed  
• Mass gatherings cancelled  
• Public venues closed  
• Alternative work arrangements required  
• Some non-essential businesses close  
• No face-to-face primary care consultations  
• Non-acute procedures in hospitals deferred |
| Level 4 – Eliminate Disease not contained | • Sustained and intensive transmission  
• Widespread outbreaks | • Stay-at-home orders  
• Educational facilities closed  
• Non-essential businesses closed  
• Rationing of supplies, requisitioning of facilities  
• Travel restricted  
• Reprioritization of medical services |

Source: New Zealand Government.

General assessment of how the response has worked:

The New Zealand experience has been among the most successful internationally. Wary of importing the virus from China, New Zealand began restricting travel from the country on
February 2. This met with resistance from local universities, which host many Chinese students, and exporters, given the importance of the Chinese market. Following an initial uptick in cases – small in number but rising rapidly – on around March 18, the island nation quickly moved to implement strict protocols that essentially locked down the economy. This included moving the risk assessment level to its highest level (Level 4), locking down all businesses except for essential services, cancelling gatherings, and restricting citizen mobility.

While New Zealand’s initial policy response to the novel coronavirus might be considered draconian, authorities felt that strict closures enacted over a short period were the only way to save lives while preserving the economy. Indeed, New Zealand’s rapid response limited the number of total cases, easing pressures on medical facilities, and keeping overall death rates low. Following its first confirmed case on February 28, New Zealand saw a slow growth in new cases until mid-March, when the domestic spread of the virus began to accelerate. By mid-April, total confirmed cases had grown to 1,078. However, by May 15, confirmed cases had risen to only 1,148, with domestic spread having virtually ceased. On May 9, authorities declared the virus virtually eliminated from New Zealand territory, with only 21 deaths having been reported.

Reductions in new confirmed cases allowed the country to begin a rapid but careful reopening of the economy towards the end of April. On April 20, officials announced that the threat level would be lowered to Level 3 on April 27, and that citizens would have a bit more flexibility in terms of outdoor activities, work, and school. Businesses and schools would be allowed to open on a selective basis if physical distancing norms were maintained. Two weeks later, New Zealand authorities further reduced the risk assessment to Level 2, allowing businesses to fully reopen (while maintaining physical distancing safety protocols), permitting groups of under 100 to gather freely, and once again allowing full freedom of domestic travel. The country returned to a Level 1 risk assessment on June 8, although borders remained closed.

Despite this success, New Zealand did experience a new outbreak of the virus in August and September. Between July 15 and August 15, there had been a gradual increase in confirmed cases, which had been imported by New Zealanders returning home from other countries. These cases were controlled through a mandated quarantine for returnees. After August 15, however, New Zealand saw a rapid acceleration of cases in and around Auckland. The original source of this outbreak was never identified, but it likely came from returnees violating mandated quarantines. Between August 15 and October 15, New Zealand confirmed 269 new cases. The government responded by returning Auckland to Level 3, restricting group gatherings, and encouraging individuals to stay home. Non-essential businesses remained open but could not provide direct personal services. The rest of the country remained at Level 2, operating with a vigilant normalcy. Most of the country return to Level 1 on September 21, and the whole country returned to Level 1 on October 7, with authorities reporting that public health measures had once again eliminated the threat of public transmission within New Zealand.

Even given the second outbreak of COVID-19 in August, New Zealand’s response has been effective in limiting the spread of COVID-19 internally. Overall, it has only recorded 34 cases per million population (compared to the Organization for Economic Co-operation and Development’s average of 15,533 cases per million). Moreover, it has only recorded a total of 25 COVID-related deaths. This is significant given that seniors make up about 15 percent of the population (in line with other developed countries which have seen much higher mortality rates).
To what extent have there been protests and/or unrest surrounding the virus outbreak or stay-at-home orders?

There have been no protests of government action to control the virus in New Zealand. The 5G conspiracy (based on the belief that 5G suppresses the human immune system) did attract a small number of supporters in New Zealand. This group had organized a national protest against 5G in early April, but the protest failed to materialize after police warnings that protesters would be arrested for violating physical distancing regulations. The government has been able to maintain an 80 percent approval rating in the context of a national lockdown.

How accurate are the statistics perceived to be by neutral external observers (i.e., WHO, World Bank, etc.)?

Reported cases from the New Zealand government and economic data align with data from the World Health Organization and the International Monetary Fund (IMF), although New Zealand reports confirmed and suspected cases. The government has released detailed data on diagnosed cases of COVID-19 in New Zealand, including demographic details and symptoms on individual cases.

Institutional Response: Health Sector

Did the government create special institutions to coordinate its pandemic response (such as a task force), or did it work through existing structures such as the Cabinet?

New Zealand has responded to the COVID-19 threat through an application of its all-of-government approach to disasters and its National Influenza Pandemic Strategic Plan, which was initially developed in 2002, and revised in 2017.

Background on New Zealand’s All-of-Government approach:

Now common to Commonwealth countries New Zealand, Australia, Canada, and the United Kingdom, the all-of-government approach provides an institutional structure for addressing emergencies, international engagements, and multi-sector governance challenges (such as poverty) that ensures coordination and collaboration between relevant ministries. New Zealand’s all-of-government approach is rooted in the United Kingdom’s Joined-Up Government (JG) implemented in the 1990s under the Labour government. Rolfe finds a specific driver to New Zealand’s adoption of the approach in the flawed effort to address the 1987 coup d’état in Fiji, as New Zealand sought to ensure a policy decision and implementation process for emergencies and international incidents that was apolitical and data driven.

New Zealand’s all-of-government approach has been structured in a way as to ensure that the country has an institutional structure in place to assess emerging challenges, initiate a governmental response, and provide for a collaborative implementation policy. Coordination on any issue is delivered by the Department of the Prime Minister and Cabinet, the chief executive of which chairs the Officials’ Committee for Domestic and External Security Coordination (ODESC). ODESC operates like a national security council. ODESC reports to the Cabinet through the Cabinet External Relations and Security Committee.
When ODESC identifies an issue requiring an all-of-government approach, it establishes relevant committees and identifies a ministerial lead on the issue. ODESC can also appoint an all-of-government controller with executive control across ministries, cognizant that the lead ministry is often ill-positioned to make executive decisions related to other portfolios, or to understand internal processes within other ministries. The position of all-of-government controller also allows for the prime minister to focus on the larger machinery of government, with the controller focused on the nuanced details of the all-of-government issue at hand.

Behind this response structure, New Zealand has put in place a number of emergency response plans that address foreseen crises, such as the National Influenza Pandemic Response Plan. These ensure that cross-ministerial working groups are in place, know their initial roles in foreseeable crises, and have practiced their roles in a collaborative fashion.

**New Zealand's All-of-Government Response to COVID-19:**

When the COVID-19 pandemic emerged, ODESC oversaw the initial risk assessment and appointed the Ministry of Health as the lead ministry for the pandemic response. It established a border security committee in January. Other sectoral workstreams began meeting to ensure a coordinated approach. ODESC appointed John Ombler as the all-of-government controller on March 10 to oversee coordination between these workstream pillars.

This planning ensured that an institutional structure was in place and prepared to act when the prime minister declared a State of National Emergency and an Epidemic Notice on March 25. The State of National Emergency declaration provides controllers at the National Emergency Management Agency (NEMA) and the country’s Civil Defence and Emergency Management (CDEM) infrastructure the ability to respond in a rapid manner, and the Epidemic Notice empowers medical officers to act in response to the emergency.

Coordination of the response has been conducted through the National Crisis Management Center (NCMC), which is responsible for workstream coordination, information sharing, planning, and resource allocation. NCMC set up an Operational Command Center (OCC) to provide oversight and day-to-day management of the response. The OCC has overseen the coordination of COVID-19 response pillars, specific sectoral task forces (see section on subcommittees below), regional and local CDEM units, and district health boards.

Finally, the New Zealand Parliament responded to the crisis with the creation of two new institutional arrangements designed to enable parliamentary action and oversight during the pandemic. First, the parliament formed the COVID-19 Ministerial Group as an executive body consisting of the prime minister and seven ministers empowered to take governmental decisions to ensure the effectiveness of the governmental response in early stages of the pandemic. Second, to ensure the accountability of the government, the parliament established the Epidemic Response Committee. Led by a member of the opposition National Party, and including a diverse group of 11 parliamentarians, the committee held regular (virtual) hearings questioning officials about the virus response during the early phases of the pandemic. The committee was given full access to officials working on the pandemic response. These hearings were livestreamed for all New Zealanders to watch. While the committee provided a venue for some politicking, for the most
part, critiques were valid, and the hearings promoted transparency. The Epidemic Response Committee ceased meeting when the parliament returned.

If the former, which ministries and agencies are participating in the task force? How frequently does it meet? Who chairs the meeting?

The five-person COVID-19 leadership team at the National Crisis Management Center was headed by the all-of-government controller, and included the director-general of health, an appointed head of national strategy and policy (from the Ministry of Business, Innovation and Employment (MBIE)), the director of NEMA, and an appointed head of the Operational Control Center (OCC) (the country’s police commissioner). They oversaw the work of specific subcommittees, which included participation by the Ministry of Health, the MBIE, the National Emergency Management Agency (NEMA), the Ministry of Education, Treasury, Customs, the Ministry of Foreign Affairs and Trade, and the New Zealand Police. Representatives of each of the teams, and the overall leadership team of the National Crisis Management Center, have met daily. The all-of-government controller chaired the meetings of the NCMC. The COVID-19 all-of-government response group became a business unit of the Department of the Prime Minister and Cabinet on July 1.

Have various operational sub-committees been formed addressing specific dimensions of the challenge? What are they, who chairs them, and how often do they meet?

Under the Influenza Pandemic National Strategic Plan, there are 10 sectoral pillars or workstreams. Each of these are led by the most relevant ministry, with contributions from other relevant ministries, national agencies, local agencies, and – in some cases – private sector actors and non-governmental organizations. These served as the starting point for structuring the workstreams for New Zealand’s COVID-19 response. However, the NCMC created new pillars, or eliminated pillars as needed, during the crisis. The number of pillars would grow to 22 at one point during the crisis. The initial sectoral pillars, as defined by the strategic plan, include:

- **Health**: led by the Ministry of Health, this pillar includes representatives of the district health boards (DHBs), contracted health service providers, and national service providers. The health pillar is responsible for activating national emergency response and coordinating with other agencies, disseminating clinical and public health advice, and ensuring efficient and effective functioning of hospitals, clinics, and community-based health centers.

- **Supply chains and infrastructure**: led by the MBIE, this pillar includes the Ministry of Health, the Ministry of Transport, and NEMA. The pillar is responsible for advising on measures to mitigate impacts on supply chains, energy, transport, and information and communications technology infrastructure.

- **Welfare**: led by NEMA, this pillar includes the ministries of Social Development, Health, Primary Industries, Education, and Foreign Affairs and Trade; the MBIE, the Accident Compensation Corporation, Te Puni Kokiri (Maori Development), Inland Revenue, and non-governmental organizations (Red Cross, Salvation Army, Victim Support, Insurance Council). It is responsible for providing financial assistance and social welfare protection to citizens in need.

- **Education**: Led by the Ministry of Education, this pillar includes the New Zealand Qualifications Authority, the Education Review Office, the New Zealand Teachers Council,
the Tertiary Education Commission, Career Services, the Early Childhood Services Working Party, the Schools Working Party, the Tertiary Working Party, and local and regional education offices. The pillar has coordinated the education system’s response to the pandemic.

- **Civil Defence and Emergency Management**: led by NEMA, and including the ministries of Health, Transport, Social Development, the MBIE, local authorities, local CDEM groups, and Local Government New Zealand, this pillar supports local government in managing the spread of the virus within their communities, working with the private sector to ensure maintenance of food supplies, and coordinating welfare, infrastructure, and lifeline utility aspects of pandemic response.

- **Economic**: led by the Treasury, this pillar includes the Reserve Bank of New Zealand, Inland Revenue, the ministries of Social Development, Health, Foreign Affairs and Trade, the MBIE, the State Services Commission, and NEMA. It is tasked with creating economic solutions to mitigating the economic shock of the pandemic and encouraging rapid recovery.

- **Border**: led by New Zealand Customs, this pillar includes the ministries of Health, Transport, Foreign Affairs and Trade, Primary Industries, MBIE, Immigration New Zealand, the Aviation Security Service, Maritime New Zealand, the Civil Aviation Authority, New Zealand Defence, New Zealand Police, the Treasury, and the Department of the Prime Minister and Cabinet. It is responsible for developing border policy responses and restrictions on trade and travel.

- **International**: led by the Ministry of Foreign Affairs and Trade, this pillar includes the Department of the Prime Minister and Cabinet, the ministries of Health, Pacific Peoples, Primary Industries, Education, New Zealand Defence, New Zealand Police, New Zealand Customs, the New Zealand Food Safety Authority, and Tourism New Zealand. It is responsible for liaising with other governments on pandemic response, supporting New Zealanders overseas, and facilitating New Zealand’s contribution to international efforts to fight the pandemic.

- **Law and Order**: led by New Zealand Police, and including New Zealand Defence, New Zealand Fire Service, the Ministry of Justice, the Department of Corrections, New Zealand Parole Board, NEMA, Ambulance New Zealand, and the Department of the Prime Minister and Cabinet, this pillar is responsible for maintaining law and order and enforcing stay-at-home orders.

- **Workplace**: led by MBIE, with WorkSafe New Zealand, the State Services Commission, the Ministry of Health, NEMA, Treasury, and various business networks and unions, this pillar prepares employment relations and health and safety guidance for workplaces to help them plan for, and respond to, the pandemic.

**Is there a secretariat supporting the government’s response or a designated ministry that is providing technical support?**

The Ministry of Health is designated as the lead ministry. The all-of-government response team was put in place to help the Ministry of Health work across government to effect required responses. NEMA also provided the Ministry of Health with technical support for managing the pandemic response. This included a significant number of specialists in emergency management. Other ministries have supported the work of the Ministry of Health and NEMA by ensuring that
agency liaisons were housed at the Ministry of Health and the OCC, smoothing communications, command, and control structures across ministries. Representatives on the task force and subcommittees are co-located at the OCC’s headquarters, which is housed in the new Evidence-Based Policing Headquarters in Wellington, and the Ministry of Health. The OCC is staffed by planners, liaison officers, and specialists from across New Zealand’s government.26

How is communication taking place with sub-national government entities?

Each pillar is designed to ensure collaborative policy development and implementation within ministries and affiliated local agencies. For example, within the health pillar, the Ministry of Health is responsible for working with local district health boards to ensure close communications regarding needs and policy implementation. Similarly, NEMA works with local CDEM boards to ensure an understanding of local needs and local implementation of CDEM policy.

How are governments reaching out to external expertise in the medical and scientific communities? Have they developed mechanisms for channeling this expertise into government?

The Ministry of Health established its Technical Advisory Group (TAG) to secure expert clinical, virological, epidemiological, infection control, and ethical advice to inform Ministry of Health policy regarding the pandemic response.27 Membership of the TAG has included leading specialists from the New Zealand government, universities, public health institutions, and laboratories. Beyond this direct TAG, several New Zealand-based epidemiologists and virologists have maintained a marked presence on local media. They have been active in the debate about appropriate policy responses and have been able to influence public opinion towards a need for more rigorous testing as part of a more careful opening of the economy.

Notably, the government brought Dr. Michael Baker, an epidemiologist at the University of Otago, onboard the TAG. Baker had been an early advocate for the controversial proposal to seek to eliminate the virus from New Zealand. Similarly, after she voiced concerns about the government’s contact tracing program, government officials recruited Dr. Ayesha Varrell, also at Otago, to audit the country’s contact tracing program and redesign its approach.

Government experts were also able to voice their perspectives based on expertise and without censorship by government. This enabled a transparent and open discussion about the pandemic that helped inform government policy and ensured that the public was well-informed about the virus and the public health response.

Has the government taken any decision to ramp up the production of medical supplies and equipment during the crisis? Have procurement rules been waived or modified to facilitate the purchase of supplies?

Through its district health boards, New Zealand created stockpiles of PPE and other medical supplies that would be of vital importance during any pandemic. Following early issues with the quality of these stockpiles, New Zealand’s central government made an extraordinary purchase of large volumes of PPE from China at the beginning of April, flying this equipment to New Zealand on chartered planes.28 A team at the Ministry of Health continued to work with international
suppliers of PPE and other medical supplies to meet mounting needs in a challenging international environment.\textsuperscript{29}

A similar approach was taken regarding testing. At the beginning of the country’s experience with the COVID-19 pandemic, the nation had the capacity to conduct about 1,500 tests a day and had about 10 days’ worth of test stocks on hand.\textsuperscript{30} Given the decentralized nature of New Zealand’s health system, local district health boards were working with local labs to deliver and analyze the tests, while local labs were responsible for securing their own testing supplies. With international supply chains under strain, labs were facing bottlenecks, resulting in a testing backlog. The National Institute of Environmental Science and Research stepped in to provide leadership and coordination to the testing challenge, working with DHBs and labs to ensure that the burden of analyzing tests was distributed equitably, and to manage data on testing.\textsuperscript{31} Furthermore, the Ministry of Health intervened, working with suppliers to secure testing supplies, and working with institutions across New Zealand to open new labs capable to analyzing the COVID-19 tests.

To further ensure ready access to medical equipment and supplies, the New Zealand government suspended tariffs on all medical imports in late March.\textsuperscript{32} These tariff concessions included all medical equipment, diagnostic agents, tests, and hygiene materials like soap and disinfectants. Also, Canada, Chile, Brunei, Myanmar, Singapore, and New Zealand together agreed to keep supply chains open and remove any existing trade restrictive measures on essential goods, including medical supplies.\textsuperscript{33}

**How are coronavirus communications being handled? How frequently do briefings occur?**

New Zealand has maintained an active effort to ensure open communications with the public regarding the threat posed by COVID-19, disease outcomes, and government policy regarding the economic shutdown and physical distancing. The National Crisis Management Center and public information managers at the national and district levels have worked with national and local media across a range of media (including social media) to reassure people and communities through the provision of timely and accurate updates.

These efforts were built around a carefully designed communications campaign called “Unite Against COVID-19.” Early in the pandemic, the Cabinet approved 25 million New Zealand dollars (equivalent of $16 million) to fund this campaign, and the government hired a leading advertising firm to develop the campaign.\textsuperscript{34} The result was a simple but effective campaign that informed New Zealanders about how to combat the virus through their personal behavior (washing hands, coughing into elbow, staying home when sick), and an appeal for compassion for those in society most vulnerable to the virus. Through a profusion of radio, television, and digital media spots, the campaign rallied support for New Zealanders for efforts to combat the virus.

The campaign included maintaining a clear, targeted web presence aimed at keeping media and the public informed about developments in the pandemic. The NCMC launched a website providing detailed information on the current risk level, and specific policies related to healthcare and well-being, travel restrictions, business closures, and impacts on everyday life.\textsuperscript{35} The Ministry of Health’s website has provided detailed information on cases and the course of the pandemic more broadly.
The COVID-19 leadership team (the prime minister, the director-general of health, the all-of-government controller, the NEMA director, and the police commissioner) provided daily national briefings. The prime minister was publicly present and transparent about the pandemic and the governmental response. In addition to the daily press briefing, the prime minister often held hour-long discussions with the public on Facebook in the evenings. Her personal, honest approach was an important source of comfort for the New Zealand public. Likewise, the director-general of health has been given kudos for his transparency and openness about challenges faced during efforts to combat the virus. The all-of-government controller played a quiet, behind-the-scenes role in ensuring cross-ministerial collaboration rather than a role in public communications.

Also, as described above, New Zealand’s authorities simplified communications regarding pandemic policy by employing their four-level risk assessment system. By providing clear policy responses at each level, the government provided an easily understandable system for the public to use in assessing the risk posed by the pandemic and how changes in risk levels would impact their daily lives in terms of rules for gatherings, business closures, and travel restrictions. Moreover, by setting clear standards against which decisions related to reopening and changing the alert level would be made, decision makers were able to reduce political posturing around public health measures.

Where do these arrangements appear to be working well? Are there any success stories that are particularly relevant?

While the rapid implementation of a nationwide economic lockdown in New Zealand was initially considered reactionary by many, it quickly proved effective in combatting COVID-19. By ensuring the rapid implementation of the lockdown – and enforcing it with a significant police presence – New Zealand’s authorities were able to rapidly cease the disease’s progression in the country, declaring in early June that the disease had been virtually eliminated from its territory. Importantly, while the lockdown approach came at an economic cost, the country’s strong response to the health crisis allowed it to return to more normal economic behavior more rapidly than other countries. While the country has not been immune to a second outbreak, its expansive testing and tracing efforts, coupled with targeted closures, allowed it to address this second wave in a more nuanced manner, while bringing identified clusters more quickly under control. Several elements have been central to New Zealand’s success in combatting the virus.

First, New Zealand’s leadership prioritized the health of citizens and ensured that the pandemic response was driven by scientific evidence. Moreover, assessing the nature of the virus, New Zealand’s leadership determined that a short-term, intensive lockdown would allow the New Zealand economy to rebound more readily than more limited efforts to flatten the curve of virus transmission, which would continue to expose the economy to sporadic outbreaks and would likely keep people out of stores.

While New Zealand’s approach to combatting COVID-19 was informed by experience with the Severe Acute Respiratory Syndrome in 2003, the influenza A virus (Hemagglutinin Type 1 and Neuraminidase Type 1, H1N1) in 2009, and a more recent measles outbreak in 2019, the country did not have the stark experience with past epidemics that shaped COVID-19 policy responses in countries like Vietnam and South Korea. On the other hand, the country did have the benefit of learning from countries infected by the virus earlier than New Zealand. Confirming its first case
on February 26, New Zealand’s exposure to the virus came about a month after China’s immediate neighbors, the United States, and Europe.

Second, with its all-of-government approach, coupled with a national strategy for addressing a pandemic, New Zealand put in place a system that could rapidly respond to the national emergency, flexibly adapt to changing circumstances put forward by the emergency, and coordinate efforts by various relevant ministries, government agencies, non-governmental organizations, and the private sector. Importantly, the all-of-government approach in New Zealand allows for a small executive team that streamlines key decision-making processes during emergencies, while the associated pillars allow for expansive operational teams able to deliver on specific actions and services.

Building on the revision of the 2002 Influenza Pandemic Strategy update in 2017, the roles and responsibilities of relevant ministries and agencies were outlined and in place for an eventual pandemic, although it remains an open and important question as to how much these organizations had practiced and prepared for such an event institutionally. Indeed, more practice “wargaming” potential scenarios prior to any crisis may have helped government officials prepare more for the unforeseen pandemic. By and large, however, New Zealand’s existing plan, coupled with its all-of-government approach, ensured that New Zealand’s government was able to address the pandemic in a systematic and effective manner.

Third, New Zealand’s communications effort was an essential element of its success. Working with advertising professionals, New Zealand developed a dynamic campaign that provided New Zealanders with a simple, clear understanding of how the country was combatting the virus and what they could do to aid in that effort. Government messaging was clear, with no mixed messaging about the risk posed by the virus, or how it should be addressed. This, coupled with New Zealanders’ natural camaraderie, helped ensure widescale public compliance with public health measures.

Finally, the Ministry of Health’s intervention in the testing regime being carried out by DHBs and local labs ensured that New Zealand had the testing capacity to support a strong contact tracing effort that underlined its ability to defeat the virus. Importantly, even after New Zealand had eliminated the virus from the country, it continued to invest in its testing and tracing capacity. This helped ensure that health authorities were readily able to suppress the second outbreak in Auckland, in August and September, without resorting to the starkest lockdowns, and could target Level 3 restrictions to the greater Auckland area rather than applying national restrictions.

**What key institutional challenges are being encountered (staffing, finances, supplies, etc.), and how is the government responding to them?**

New Zealand experienced some initial challenges with supplies, supply chains, and logistics, particularly as they relate to food supplies and medical equipment. Initial over-buying and panic shopping among citizens led to some food scarcity concerns, which were common in many countries at the beginning of the pandemic. More importantly, hospitals and clinics reported early challenges securing needed medical equipment and personal protective equipment from district health boards. For years, DHBs had stockpiled such equipment in preparation for such an outbreak, but several hospitals found that the masks they were initially provided by their DHBs had degraded
over time, and were unusable. In other cases, DHBs reserved stocks to avoid waste (or even theft, given the high demand for PPE). As described above, the Ministry of Health stepped in to fill gaps, working to procure PPE and medical supplies on the international market.

There has been a general dissatisfaction with the responsiveness of DHBs to the pandemic more broadly. New Zealand’s district health boards are largely autonomous entities, and responsibility for the country’s healthcare has been decentralized to these boards. Funding for the DHBs has been short in recent years. More importantly, the fragmentation and duplication of management structures within this decentralized approach led to lags in the communication of the Ministry of Health’s messaging regarding the urgency of the crisis to the local level as the ministry depended on DHBs. Similarly, there were delays in the communication of local needs to the central government through several of the DHBs. These initial delays were ironed out; however, the pandemic revealed the urgency of increasing funding for and improving governance of DHBs.

In addition, while the pre-existence of a national plan to combat a pandemic was a strength for New Zealand overall, it is important to note that it was a plan for addressing an influenza pandemic. By their nature, influenza viruses and coronaviruses follow different patterns of infection and community spread. Influenza pandemic response plans tend to focus on efforts to limit and manage spread and cluster outbreaks rather than intensive testing and contact tracing. Following the national pandemic action plan’s protocols too closely would have led authorities to cease contact tracing too early. New Zealand was not alone in focusing its pandemic planning around influenza; given the likelihood of an influenza pandemic, and the relatively new threat posed by coronaviruses, most pandemic planning focused on influenza. Moreover, its institutional response was flexible enough to allow for shifts in the approach as more became known about the virus and what was needed to counter its spread.

**Institutional Response: Economic Sector**

**How has the government responded economically to the crisis? Has it shut down all or parts of the country to enforce physical distancing?**

New Zealand’s economic response was centered on a strong and effective health response. While understanding that a full economic lockdown would have economic costs, officials believed that a short-term, comprehensive lockdown that eliminated the virus would allow the economy to quickly rebound. More tempered efforts to control the virus, they believed, would leave New Zealand vulnerable to an open-ended series of lockdowns or concerns among the public that would keep them out of stores. On March 25, the government raised the risk alert to Level 4, shutting down all businesses except for essential services (groceries, pharmacies, corner shops, rubbish removal). There was some confusion among bakeries, butchers, and similar small businesses; these were forced to close on the basis that the goods they provided could be found in groceries. Home services such as plumbers, electricians, and telecommunications technicians were considered essential; however, there were proscriptions on the types of services they could provide (e.g., plumbers could repair pipes but not install new service). Large retailers (such as K-Mart and The Warehouse) and online stores could open but could only sell essential goods.

As described above, having demonstrated significant results in keeping cases down, the government announced a return to Level 3 on April 27, which has allowed a gradual opening of
non-essential businesses and schools. Level 2 reopening began on May 14, with all retailers able to open as long as they maintained physical distancing protocols. The country returned to Level 1, maintaining a vigilant stance, but allowing New Zealanders to go about their lives in a relatively normal fashion, on June 8. Restrictions were raised back to Level 2 (and Level 3 in Auckland) following the second wave of the virus in August; however, these levels returned to Level 1 (and Level 2 in Auckland) on September 21.

Despite New Zealand’s ability to respond quite successfully to controlling the spread of the virus internally and returning the nation’s domestic economy to relative normalcy within a short period, the country has not been immune to the negative economic impacts associated with the wider global economic downturn, border closures, and the lack of international travel. On a year-on-year basis, the country’s GDP declined by 2 percent between end of June 2019, and end of June 2020. During the second quarter, GDP declined 12.2 percent. Its vibrant tourism industry, which contributed 5.8 percent of the country’s GDP in 2019, has been particularly hard hit, as international borders remain closed.

**Has the country taken any unique or extraordinary economic measures to address the crisis, such as providing support to various sectors, payments to businesses to retain staff, or direct payments to individuals?**

The New Zealand government began implementing a range of economic policies in mid-March designed to put the economy on ice, reducing the economic costs to individuals and firms as much as possible. This included a package of economic incentives passed by the New Zealand Parliament amounting to NZ$23 billion (equivalent of $15.2 billion), equivalent to 7.7 percent of GDP. These early incentives included an increase in healthcare-related spending (0.2 percent of GDP), a permanent increase in social spending aimed at protecting vulnerable populations (0.8 percent of GDP over four years), a permanent change in business taxes designed to help businesses with cashflow (0.9 percent of GDP over four years), and a temporary tax loss carry-back scheme (1 percent of GDP over two years).

Additional support was provided to specific sectors. The parliament provided targeted support to the aviation sector, which included a debt funding agreement with Air New Zealand (0.2 percent of GDP) to ensure the airline’s ability to continue freight operations, domestic flights, and limited international flights. Also, under the Strategic Tourism Assets Protection Program (STAPP), the government has provided NZ$20.2 million (equivalent of $14.3 million) in grants to regional tourism organization, and a mix of grants and low-interest loans for tourism businesses. By the end of November, the STAPP had dispensed nearly NZ$67 million (equivalent of $47.5 million) in grant support for private tourism businesses.

The most impactful component of the government’s response was the initiation of an eight-week wage subsidy to support employers in maintaining employed workers and the self-employed. This wage subsidy was amended by two-week coverage for those negatively affected by the August resurgence of the virus. The wage subsidy covered up to NZ$585.80 (equivalent of $415.26) a week for full-time workers, and NZ$350.00 (equivalent of $248.11) per week for part-time workers. According to the IMF, wage subsidy expenditures amounted to 4.9 percent of GDP.
In addition to the income support and economic stimulus measures identified above, the New Zealand government implemented a six-month freeze on residential rent increases, and a three-month suspension of tenancy terminations. For homeowners, the Reserve Bank of New Zealand (RBNZ) and the New Zealand Bankers Association issued six-month principal and interest repayment deferrals on mortgages. Similarly, the RBNZ and the New Zealand Bankers Association cooperated in the preparation of financial measures aimed at supporting small and medium enterprises (SMEs). As with mortgage holders, SMEs affected by the pandemic can receive six-month principal and interest repayment deferrals. Also, the government has provided a NZ$6.25 billion (equivalent of $4.43 billion) business finance guarantee scheme for SME loans, with the government covering 80 percent of the credit risk.

To help ensure broader economic stability, the RBNZ cut the overnight lending rate by 75 basis points to 0.25 percent on March 17. The RBNZ has been buying government bonds in the secondary market and issuing new debt through the Local Government Funding Agency. The RBNZ has provided liquidity in the foreign exchange swap market and re-established a temporary dollar swap line (US$30 billion) with the Federal Reserve in the United States. These US-based swap lines are designed to allow foreign central banks to issue US dollars within their territories during times of market stress. The RBNZ also established a term auction facility, allowing banks access to collateralized loans, a corporate support facility, and a term lending facility, offering longer-term funding for banks at low interest rates. It reduced the core funding ratio requirements for banks, encouraging them to make more credit available.

**Does the government have a plan in place for reopening the economy once the virus passes? What are its key dimensions?**

From the beginning of the pandemic response, the New Zealand government’s plans for reopening the economy were anchored in efforts to quickly eliminate the virus from the country. As stated by Minister of Finance Grant Robertson in an interview with Bloomberg Television, “The sooner that we get [the virus] under control, the sooner the economy can come back to some sense of normality.” New Zealand’s leadership had the foresight to realize that a quick economic recovery would require an intensive set of public health measures – including a comprehensive lockdown – that would eliminate the virus from New Zealand’s territory rather than merely flattening the curve. Indeed, the country was able to quickly counter the spread of the virus, and virtually eliminate it from domestic spread, allowing the government to quickly reopen the domestic economy.

Beyond efforts to eliminate the virus from New Zealand’s territory, policy makers included an economic stimulus package in the 2020 budget announced by the minister of finance on May 14. This second set of interventions, designed to right the New Zealand economy, include a NZ$50 billion fund (equivalent of $30.5 billion) aimed at protecting workers, supporting businesses, and continuing efforts to control and combat the virus. The fund amount to 17 percent of New Zealand’s GDP, and it is 17 times the amount that the parliament usually allocates to new spending. The package includes NZ$3 billion (equivalent of $1.99 billion) to allow for an extension of the wage subsidy, NZ$1.4 billion (equivalent of $930 million) in support for businesses (including debt hibernation, services aimed at increasing efficiency of licensing, and support for specific industries like tourism), NZ$3.3 billion (equivalent of $2.2 billion) in additional budget areas (mostly focused on health and education), and NZ$3 billion (equivalent of $1.99 billion) for infrastructure (including funding for additional public housing). The budget also
includes a strong focus on training and job support, with NZ$1.6 billion (equivalent of $1.1 billion) aimed to support training and apprenticeship programs and NZ$1.1 billion (equivalent of $730 million) supporting jobs in conservation and pest control.

The package of economic benefits put forward by the New Zealand government will be supported by long-term debt. Overall, government debt will grow to 53.6 percent of GDP by 2023, up from 19.2 percent at the end of 2019. The New Zealand Treasury forecasts that New Zealand will maintain a deficit of about NZ$28 billion (equivalent of $19.9 billion) in 2020 and 2021. Before the pandemic, it had maintained a surplus. In fact, New Zealand is in a strong position in this regard, having spent the last seven years reducing government debt. In 2013, public debt to GDP in New Zealand reached 26.6 percent, but careful fiscal management had reduced that to 19.2 percent at the end of 2019.

Beyond the 2021 budget increases, the New Zealand Ministry of Foreign Affairs and Trade launched in early June its Trade Recovery Strategy, an important aspect of the country’s recovery given its dependence on global trade. The strategy aims to provide targeted support to exporters, efforts to expand key trading partnerships, and support for global trade infrastructure to combat a growing international trend towards protectionism. Identified support for exporters includes a range of coordinated internet-based services for exporters from government agencies. Efforts to expand key trading partnerships will be based on intensified free trade agreement (FTA) negotiations. New Zealand also aims to support the World Trade Organization and strengthen existing FTAs and bilateral trade agreements to ensure a level playing field for exporters.

New Zealand has been exploring selective and controlled border openings to encourage business and trade more generally and, in particular, to allow for the revitalization of the tourism industry. These efforts have focused initially on the creation of an Australia-New Zealand bubble, allowing free travel between the two countries, as well as other countries that have controlled the virus, like the Cook Islands and Vietnam. Discussions between Australia and New Zealand on the status of this Trans-Tasman Travel Bubble have proceeded with caution, particularly as each country has experienced a second outbreak of the virus. They reached an initial agreement at the end of September, with Australia allowing quarantine-free travel from New Zealand to New South Wales and the Northern Territory. So far, due to higher active case rates in Australia, New Zealand has not reciprocated with an agreement that would allow Australians to travel to New Zealand, and New Zealanders will still have to quarantine on their return to New Zealand.

Which ministries and agencies are coordinating the government’s economic response to the crisis? Is there a separate task force? How frequently does it meet? Who chairs the meeting?

The New Zealand Treasury has led the economic response to the crisis. The economic response has been carried out in collaboration with the RBNZ, Inland Revenue, Ministry of Social Development, the MBIE, the Ministry of Foreign Affairs and Trade, the State Services Commission, NEMA, and the Ministry of Health, in the context of the economic pillar working group discussed earlier.

Have various operational subcommittees been formed addressing specific dimensions of the challenge? What are they, who chairs them, and how often do they meet?
Aside from the economic pillar working group, there are several parallel/supportive workstreams operating as part of New Zealand’s all-of-government COVID-19 response. These include the supply chain and infrastructure pillar, the welfare pillar, and the workplace pillar, as discussed above. At least during the most intensive lockdown, these groups were meeting daily.

**Is there a secretariat supporting the government’s response or a designated ministry that is providing technical support?**

The Treasury, working in coordination with the Department of the Prime Minister, coordinates economic policy responses to the crisis.

**How is communication taking place with sub-national government entities?**

New Zealand is a small economy of around 5 million people. Treasury and the RBNZ have been able to work intimately with local banks and, to ensure economic payments for all individuals in need of welfare payments, they have been able to work through MBIE, NEMA, and the State Services Commission, as well as local MBIE and Social Security Agency offices.

**How are governments reaching out to external expertise in the business and economic communities? Have they developed mechanisms for channeling this expertise into government?**

In preparing its economic response to the COVID-19 pandemic, the New Zealand government has reached out to numerous business groups, including the Prime Minister’s Business Advisory Council, the Tourism Industry Association, and major firms like Xero, a technology and online payments company based in New Zealand. The Minister of Finance has met with all leading banks in New Zealand. Government officials also engaged with unions to ensure that workers’ perspectives were included.

The OCC brought in Rob Fyfe, former chief executive officer of Air New Zealand, to facilitate cooperation between the government and private sector in the pandemic response. As an unpaid liaison between government and the private sector, he collected offers and contributions from the private sector for goods and services to help in the pandemic response and aligned these with needs identified by various government working groups. As New Zealand moved from pandemic response to recovery, Fyfe was brought in as a paid business advisor to help shape the rebuilding effort.

New Zealand Trade and Enterprise, the country’s international business promotion agency, launched its Export Business Continuity Service in partnership with PricewaterhouseCoopers and Deloitte, offering firms access to professional services aimed at helping them manage the impact of the pandemic. This includes business restructuring, supply chain adjustment, scenario planning, and business continuity planning.

**How are economic communications being handled? How frequently do briefings occur?**

In addition to regular daily briefings by the COVID-19 task force leaders, Treasury is providing regular media releases in response to economic issues and weekly data updates relevant to the pandemic response. The minister of finance has participated in weekly press briefings. In this role,
the minister has been visible and transparent in his communication about the economic impact of the crisis. In addition, the Treasury has launched a dashboard providing updates to core economic indicators.

**Where do these arrangements appear to be working well? Are there any success stories that are particularly relevant?**

New Zealand businesses and their employees have been hurt by the country’s severe response to the pandemic. Emergency financial assistance provided through Treasury and RBNZ has allowed them to stay afloat. In this regard, the most impactful assistance has been the wage subsidy, which has kept firms from shedding workers, and has kept unemployment rates down. The support provided to businesses in terms of access to loans and loan payment deferrals was important in shoring up businesses as they bear the economic cost of the pandemic. Overall, however, the strength of New Zealand’s response was its ability to stamp out the virus so rapidly when compared to other countries and to return to a state of near normalcy in terms of its economy.

One important area of New Zealand’s approach to the virus has been the efforts by its Ministry of Foreign Affairs and Trade to keep supply chains open. As governments across the world have responded to the virus with border closures, targeted export quotas, and bans intended to ease domestic food supply constraints and medical equipment shortages, New Zealand’s globalized economy faced a threat both in terms of ensuring needed imports and securing the free flow of its exports. The open trade agreement with Singapore, subsequently signed by Australia, Brunei, Canada, Chile, and Myanmar, has ensured that the country has been able to meet its food and medical import needs and ensure that supply chains have remained in operation for the most part.

**What key institutional challenges are being encountered, and how is the government responding to them?**

While New Zealand’s economy has reopened, it has not fully rebounded. New Zealand’s globalized economy has suffered because other countries remain under lockdown or mobility restrictions, reducing international demand for New Zealand’s exports. The country’s tourism sector continues to be impacted by the loss of foreign tourists. Despite hopes that a rapid response to combatting the virus’s spread would be the best approach to allowing the New Zealand economy to return to economic normalcy, the country’s businesses and workers remain vulnerable to the international spread of the virus.

Also, New Zealand’s approach to economic recovery favors heavy government investment and the onloading of significant public debt. Whether this will prove successful in the long run, particularly with a weak international economic recovery, will bear out over time. Many economists have praised the initial spending package and the 2021 budgetary spending as a necessary stimulus to get the economy moving again. However, others have raised concerns about excessive spending divorced from a specific job creation strategy, or long-term planning. They emphasize that the shock of the COVID-19 pandemic only escalates larger structural challenges posed by global warming and pressures on free trade and globalization, particularly when the entire global economic system is in disorder. Members of New Zealand’s National Party have termed it “a 50-billion-dollar slush fund” suggesting that it will be abused, or at least used ineffectively.


3 Ibid.

4 Ibid.


6 Ibid; “Coronavirus Pandemic (COVID-19).”


16 Following the military coup in Fiji in 1987, Prime Minister David Lange ordered the New Zealand Defense Force to intervene in Fiji. This order was met with bureaucratic delay, much of it purposeful, in response to a lack of evidence-based policy regarding the proposed intervention.

17 In New Zealand, the Department of the Prime Minister and Cabinet is not the Office of the Prime Minister; rather, it is a government department that advises the Cabinet and is responsible for coordinating the work of different agencies.

18 The All-of-Government Controller – or National Controller – is a statutory appointment under the Civil Defense Emergency Management Act 2002 with wide powers during a national state of emergency.

19 Rolfe, “Inside the COVID-19 Response.”

20 John Ombler was the Deputy State Services Commissioner in 2011 and again, as Acting Deputy, in 2019. A public-service veteran of nearly 40 years, Ombler previously has been tasked with overseeing the response to several emergencies and has overseen internal investigations for the government. Not a public figure, he is often referred to as a seasoned public official.


The government is the majority shareholder in Air New Zealand. As such, government support for the airline is not strictly the provision of government aid to an important private industry, but rather the provision of government aid to an important public service.

For a more detailed description of New Zealand’s efforts to secure medical supplies, see Blair Cameron’s “Captaining a Team of 5 Million: New Zealand Beats Back COVID-19” (Innovations for Successful Societies, Princeton University School of Public and International Affairs, 2020).

Cameron, “Captaining a Team of 5 Million: New Zealand Beats Back COVID-19.”

Ibid.


Ibid.

Cameron, “Captaining a Team of 5 Million: New Zealand Beats Back COVID-19.”

Ibid.


Ayesha Varrell (infectious diseases expert), interview with the author, remote, 25 May 2020.

Ibid.


The government is the majority shareholder in Air New Zealand. As such, government support for the airline is not strictly the provision of government aid to an important private industry, but rather government support for the sustainability of its investments.


Ibid.

IMF, “Policy Responses to COVID-19.”
55 Graham-McLay, “New Zealand budget: Robertson lays out $50bn plan to return jobs to pre-Covid-19 levels.”
60 Cameron, “Captaining a Team of 5 Million: New Zealand Beats Back COVID-19.”