

## ANZSOG CASE PROGRAM

Please cite this case as: *Wilson, S. (2021), Pandemic leadership: Lessons from New Zealand's approach to COVID-19, ANZSOG, John L. Alford Case Library: Canberra.*

### Pandemic leadership: Lessons from New Zealand's approach to COVID-19

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**Keywords:** COVID-19; New Zealand; Jacinda Ardern; crisis leadership; decision-making; leader communication; voluntary compliance

**Original Article Access:** <https://journals.sagepub.com/doi/full/10.1177/1742715020929151>

**Teaching Notes:** This case has a Teaching Note associated with it. To access a copy, please email [caselibrary@anzsog.edu.au](mailto:caselibrary@anzsog.edu.au) with a request and citing the title.

#### Abstract

The emergence of the novel coronavirus in late 2019 and its' subsequent global spread created two core challenges for leaders in the public sphere, be they politicians or public servants. Firstly, both elected and appointed leaders needed to make decisions about how to tackle the virus under conditions marked by urgency, uncertainty, complexity and with high-stakes impacts. Secondly, efforts to limit the spread of the virus involved a heavy reliance on securing voluntary compliance from the community at large, thus necessitating effective communication by both elected and appointed leaders to secure that buy-in.

This case study examines the leadership approach to COVID-19 adopted by New Zealand's Prime Minister Jacinda Ardern, focused on the first wave of the outbreak in early 2020. That approach was characterised by science-led and timely decision-making, underpinned by strategic clarity about the nature of the challenges being faced and a focus on protecting lives and livelihoods as key guiding principles. Ardern's communication mobilised collective effort which, along with government initiatives designed to cushion the pandemic's impact on individuals and businesses, helped secure the compliance needed to halt community-based transmission of COVID-19.

The case gives students the opportunity to explore leadership challenges related to decision-making and communication under volatile, complex and uncertain conditions where high stakes risks and impacts exist and where

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securing voluntary compliance is critical to ensuring decisions can be successfully implemented, meaning effective leader communication is vital. While Ardern is an elected leader, the leadership practices highlighted in the case nonetheless offer transferable lessons in respect of decision making and communication for appointed public service leaders also.

### **Key points and lessons**

The Ardern government's response to the first wave of COVID-19 was strongly informed by science, which helped both to address the actual public health risks and to gain community support for the government's approach. An overarching concern to minimise harm to lives and livelihoods provided an additional set of anchoring principles to guide decision-making given that much remained unknown about COVID-19. The emphasis placed on evidence-based decision-making was combined with skilfully articulated appeals for a united response, helping to build a base of support for the government's approach that transcended partisan politics. These foundational features of the government's approach meant people were persuaded that acting as the government asked was in their best interests, both individually and collectively.

Ardern's close monitoring and strategic grasp of emerging trends and new evidence, coupled with an appreciation of the critical need for rapid decision-making even when much remained uncertain, were pivotal. Her willingness to listen to expert advice, even when it conflicted with long-standing policies and plans, positioned the government to quickly adapt its approach in light of new information. The preparedness to make decisions that were without precedent ultimately resulted in the emergence of a strategy and suite of supporting policies that, along with community buy in, enabled New Zealand to eliminate community transmission of COVID-19 for most of 2020.

To motivate community support for crisis response plans, Ardern's communication efforts actively sought to 'regulate distress' (Heifetz & Laurie, 2001) such that most people were left neither panicked nor complacent but, rather, grasped clearly at each point what was at stake and what needed to be done.

Specific features of Ardern's messaging included: using simple, clear language; explaining risks in stark and unequivocal terms; demonstrating empathy and concern; using powerful metaphors and frameworks to enable sense-making; offering clarity of direction while simultaneously avoiding false certainties; identifying when response settings and policies would be reviewed; being transparent about decision-making criteria; reinforcing key messages promoted by health and other experts; addressing daily practicalities that matter to people; explicitly soliciting support; making clear everyone had a role to play; invoking a sense of duty to others and emphasising the importance of the collective effort; praising sacrifices made and good results achieved.

Key communication mechanisms included: branding that emphasised 'unity' in the fight against COVID-19 as its core concept; the Alert Level framework, which sets out varying levels of risk and response measures depending on the presence of COVID-19 cases; a regular routine for press conferences; attendance by relevant public service leaders at press conferences to give independent advice to the public alongside political leaders; Ardern's use of 'facebook live' sessions to reinforce key messages informally and solicit unfiltered feedback.

### **Case study - Success was not inevitable**

New Zealand's response to COVID-19 has attracted considerable international praise (Andelane, 2020; Friedman, 2020). On a per capita basis its cases and deaths were, by early 2021, far lower than many other countries, with one analysis ranking New Zealand's pandemic response as the best in the world (Lowy Institute, 2021). While population size and density, geographic isolation and a later start to its first wave than faced by Europe and the US were all advantages New Zealand had, the decisions needed to actually leverage those advantages to best effect were by no means inevitable. Their value also increased with time in ways that could not have been foreseen: while many countries saw cases and fatalities continue to rise via second or even third waves of infection resulting in repeated, extended, lockdowns, for much of 2020 New Zealand remained free of community transmission and its only active cases were recent international arrivals sequestered in government-run isolation and quarantine facilities (See Strongman (2020) for a useful timeline of New Zealand's COVID-19 key events).

This situation left New Zealanders not only largely free of COVID-19-related restrictions on their everyday activities but, also, meant a much-reduced burden of isolation, fear, disease and grief compared with people in other countries. The economic impact has also been much less adverse than elsewhere: while New Zealand's GDP contracted by 11% in the June quarter it grew by 14% in the September quarter, giving an annualised result of -2.2%. (Statistics New Zealand, 2020). These various effects derive from the Ardern-led government's gradual adoption of a COVID-19 strategy which differs from that of most countries, one aimed at eliminating rather than merely limiting community transmission.

On 18 March 2020 Ardern received projections showing that the government's then strategy of limiting community transmission – known as 'flattening the curve' – would likely still see the hospital system overwhelmed and mass fatalities (Nippert, 2020a). However, independent experts had been lobbying the government to instead adopt an elimination strategy, arguing a brief window of opportunity existed for New Zealand to prevent those dire outcomes from arising (Daalder, 2020a, 2020b). Ardern was persuaded, quickly moving New Zealand into a lockdown from 25 March before case numbers escalated out of control. In announcing that decision Ardern told the public 'We currently have 102 cases. But so did Italy once; now the virus has overwhelmed their health system and hundreds of people are dying every day. The situation here is moving at pace, and so must we. We have always said we would act early, decisively, and go hard – and we will' (2020a).

Even just days earlier, however, the core strategy had been quite different. Indeed Ardern later stated that 'If you had asked me in January as I watched overseas what was happening, as I watched the use of lockdowns, whether or not we would have been able to do that in that same way, I would have had a question mark over that' (Perry, 2020). Clearly, not only did events change rapidly but so too did the overall strategy Ardern's government adopted in relation to COVID-19. The following highlights key decisions and events leading up to this turning point.

### **An evolving response**

It was on 24 January 2020 that New Zealand's Ministry of Health issued its first public statement about the new coronavirus. In that it stated the situation was being closely monitored but that New Zealand had an up to date Pandemic Plan which it considered a 'very useful guide' (Ministry of Health, 2020a) Critically, that Plan accepted community transmission of a disease would occur if preventative measures failed, after which the next phase of response turns to 'flattening the curve' of demand on health services so that capacity is not overrun (Ministry of Health, 2017), a well-established playbook for managing influenza outbreaks. It was this approach that informed the New Zealand government's initial response to COVID-19.

Accordingly, to prevent the entry of the disease into New Zealand from 26 January health officials began checking and providing information to passengers arriving from China, standing up its National Health Coordination Centre (NHCC) the next day, whose role it is to 'coordinate and manage the health responses to and recovery from emergencies' (Clark, 2020a; Ministry of Health, 2020b).

On 3 February Ardern's government made its first major COVID-19 policy decision, imposing a travel ban from China, still aiming to keep the virus out of New Zealand. That decision attracted sharp criticism from the Chinese government (Chinese consul general criticises decision to ban travellers from China over coronavirus concerns', 2020). Later, Ardern said that the decision 'felt huge. I mean, that was enormous' (Nippert, 2020a). China is New Zealand's single largest export market, Chinese students are a significant source of revenue for the tertiary education sector and Chinese tourists are also a significant market. However, the decision signalled Ardern's willingness to take bold actions and prioritize public safety over other considerations.

In the following weeks, with New Zealand seemingly still free of COVID-19 cases, universities lobbied hard for easing of the travel ban to allow entry of fee-paying Chinese students but Ardern resisted these pressures (Gerritsen, 2020). Behind the scenes, by 14 February Dr Bloomfield, Director General of Health, had advised Ministers he considered it likely that undetected cases were in fact present in New Zealand (Nippert, 2020b). On 17 February Ardern announced support measures for the tourism industry and indicated support measures for the forestry sector, which relies heavily on log exports to China, were also under development (Ardern, 2020b). Even without any confirmed cases, then, COVID-19's impact on New Zealand was already seen as a significant concern.

On 27 February the Ministry of Health received a draft impact modelling report from independent experts showing that if 'substantially uncontrolled', COVID-19 could result in deaths of between 12,600 and 33,600 people and see health systems overloaded (Telfar-Barnard, Wilson, Kvalsvig & Baker, 2020).

New Zealand reported its first COVID-19 case on 28 February and also imposed a travel ban for arrivals from Iran that same day in light of a major outbreak in that country (Strongman, 2020). Panic buying ensued, with Ardern and Health Minister David Clark seeking to reassure the public via a 'facebook live' discussion the next day (Ardern, 2020c). Contact tracing, testing and self-isolation of all cases and close contacts commenced, aiming to stop the further spread of the disease.

From 2 March the government required arrivals from South Korea and northern Italy to self-isolate for 14 days, given rising case numbers in those countries (Clark, 2020b).

On 8 March, Finance Minister Grant Robertson advised the government was developing further initiatives to mitigate the economic impacts of COVID-19 and consulting with business and union leaders, banks and stakeholders from directly affected industries to understand their concerns (Robertson, 2020a).

Starting from 9 March lockdowns began to be imposed across Europe. On 11 March the New Zealand government extended the self-isolation requirements to all arrivals from Italy ('Covid-19 travel restrictions extended to travellers from Italy', 2020; Strongman, 2020). That same day the WHO declared COVID-19 a global pandemic, stating it was 'deeply concerned' not only about the rapid spread of the virus but, also, the 'alarming levels of inaction' in many countries (Ghebreyesus, quoted in Strongman, 2020). In New Zealand, there were just 5 confirmed cases (Strongman, 2020) – yet within a fortnight the whole country would be placed in a strict lockdown, with strong community support for this response (Manhire, 2020a).

### **Decision-making at warp speed**

On Saturday 14 March Ardern banned cruise ships from entering New Zealand ports and extended the self-isolation requirements to all international arrivals except from the Pacific Islands, which remained COVID-19 free (Ardern, 2020d). New Zealand had just 6 confirmed cases of COVID-19, all recent arrivals from overseas (Strongman, 2020). On Monday 16 March Ardern advised any breaches of the self-isolation requirements by visitors would result in deportation (Strongman, 2020).

With the tourism and airline industries now in freefall, on Tuesday 17 March Finance Minister Grant Robertson announced a \$12.1 billion support package, 4% of GDP and 'one of the largest in the world on a per capita basis', including funding boosts to the health sector, a wage subsidy package to prop up businesses in affected sectors, benefit payment increases, business tax changes and support for the aviation sector (Robertson, 2020b). Later reportage revealed this package took less than two weeks to develop (Nippert, 2020c).

On Wednesday 18 March Arden received modelling showing that efforts to limit community transmission would still likely see health system capacity being overrun and mass fatalities (Nippert, 2020a). She immediately tasked officials with developing an alert levels system, intended to help the public understand how the government's response may need to shift up and down varying levels of intensity in order to manage pressures on the health system. Ardern would unveil this key policy framework in a major public announcement just three days later.

Despite the rapid pace of decision-making, pressure on government to adopt even more dramatic measures was growing. On Thursday 19 March, influential epidemiologists Professors Michael Baker and Nick Wilson publicly urged it to immediately implement a short 'pulse' of 'intense social distancing' to avoid losing control of the situation. Drawing on recent studies they argued COVID-19 could not be managed in the same way as an influenza epidemic (Baker & Wilson, 2020). This reinforced behind-the-scenes efforts Baker in particular had made to influence the government's strategy toward elimination (Daalder, 2020b).

Reportage that same day noted 'the government does appear to be moving away from the "flattening the curve" strategy', highlighting recent modelling from London's Imperial College showed such 'mitigation' efforts would still see health systems overrun and only reduce deaths by 50% and recommending more intensive 'suppression' strategies should instead be adopted (Manch, 2020). Health Minister David Clark confirmed government had received advice on that study and was considering its implications, later that afternoon announcing all indoor gatherings of more than

100 people were to be cancelled (Manch, 2020; McCullough, 2020). Deputy Prime Minister Winston Peters also confirmed that a lockdown 'is a possibility' and would happen if evidence of community spread occurred (Manch, 2020).

That evening, shortly after then Leader of the Opposition Simon Bridges called on government to close the border to all non-citizens and residents (Cooke, 2020), Ardern announced that very decision had been made. She once again emphasized the need to 'slow down COVID-19' to 'break it into small waves of cases', suggesting the original 'flattening the curve' strategy still remained in play (Ardern, 2020e). At this point New Zealand had 28 confirmed cases (Strongman, 2020).

On Saturday 21 March Ardern announced the new 4 tier Alert Level framework that just three days earlier she had tasked officials with developing. The 4-tiered Alert system involves varying levels of restriction on normal activities depending on the risk of transmission, with Level 1 being focussed on preparation, Level 2 on reducing social contact, Level 3 on restricting social contact and Level 4 being a full lockdown. Arden placed the country immediately at Alert Level 2 (Ardern, 2020f). New Zealand now had 52 confirmed cases, a further four probable cases and, for the first time, there were two cases where community transmission could not be ruled out (Strongman, 2020).

Unusually, Ardern's statement was made via a live, direct-to-camera broadcast from her Beehive office, symbolizing the seriousness of the government's concerns. In that she emphasized a focus on 'one simple goal - to slow down COVID-19', which she said now needed a heightened effort so as to 'stay ahead and reduce the chances of the wave growing'. Over the balance of the weekend a group of doctors launched a petition calling for an immediate move to Alert Level 4 ('COVID-19: Epidemiologist on health professionals' petition', 2020). Behind the scenes, Ardern and key Ministers were taking soundings from key experts and business and community leaders, many of whom also supported moving quickly into lockdown (Daalder, 2020b; Trevett, 2020).

On Monday 23 March Cabinet decided to move to a Level 4 lockdown of at least four weeks duration beginning midnight Wednesday, a decision Ardern announced immediately thereafter. New Zealand had 102 cases, of which just two were suspected instances of community transmission.

#### Decision point

- *What significant uncertainties, ambiguities and complexities would Ardern have faced when making the decision to proceed with a lockdown? What were the alternatives? What principles and processes would aid in making a decision of this nature? What does all this tell us about the nature of leader decision making in a complex crisis?*
- *What key messages would the public need to hear from Ardern to persuade them a lockdown was warranted? What principles and techniques enable leaders to be effective when engaging in this kind of influencing effort? What does all this tell us about the nature of effective leader communication in relation to complex crises?*

**To see the kinds of factors Ardern said informed the decision, and how she conveyed it to the public, see the press conference of the 23 March announcement provided in the next section.**

New Zealand remained in Alert Level 4 from 25 March until 27 April. It then moved to Alert Level 3 until 14 May when it shifted to Alert Level 2, before dropping to Alert Level 1 on 9 June. At this point it had no active cases, 22 people had died and 1504 cases had been formally recorded (Strongman, 2020).

By that stage government's overall strategy to address COVID-19 was fundamentally different from the Pandemic Plan that it set out with at the beginning of the crisis, with elimination of community transmission now openly stated as the objective (Daalder, 2020a). Yet this was not evident even at the beginning of the lockdown, where Ardern's language remained consistent with a 'flattening the curve' approach (Ardern, 2020a). This suggests that while the lockdown achieved elimination there was no certainty of this at the outset, hence prudence demanded Ardern avoid offering false hope. No doubt Ardern was also mindful of what subsequent reportage revealed, that the government's access to COVID-19 test kits and personal protective equipment (PPE) were at the outset of the lockdown in a very tenuous state, due to disruption to supply chains (Nippert, 2020a). Nonetheless, the key decisions Ardern had made meant the elimination strategy did succeed – and, having become the official strategy of government (Kvalsvig et al, 2020), henceforth relied on continuing vigilance to sustain that, most especially at the border.

## Creating and sustaining community trust and support

Attention now turns to Ardern's communication, given the key role this played in gaining the community buy-in needed to successfully implement the government's decisions. Polling in early April found close to 90 per cent approval of the government's handling of the pandemic (Manhire, 8 April 2020). The key mechanisms used are briefly identified before turning to consider the main features of Ardern's messaging. In terms of content, two key speeches offer many examples of Ardern's characteristic approach to COVID-19 communication: the 21 March announcement of the Alert Levels framework (Ardern 2020e) and the lockdown decision announcement on 23 March (Ardern 2020a). Video footage of these, along with a 'Facebook Live' session on 25 March (Ardern, 2020g) held on the evening that saw the commencement of the lockdown, are set out here:

Ardern [21 March announcement](#)

Ardern [23 March announcement](#)

Ardern [25 March FacebookLive session](#)

The key communication mechanisms used included branding that emphasised 'unity' in the fight against COVID-19 as its core concept, the Alert Level framework to guide decision making, a regular routine for press conferences, attendance by relevant public service leaders at press conferences (Deguara, 2020), giving independent advice to the public alongside political leaders and Ardern's use of 'Facebook live' sessions to reinforce key messages informally and solicit unfiltered feedback.

Ardern's communication was marked by simple and clear language, with risks laid out in stark and uncompromising terms. For example, on 23 March she stated that if community transmission was not contained 'our health system will be inundated, and tens of thousands of New Zealanders will die' (Ardern 2020a). Ardern argued that 'the worst case scenario is simple intolerable. It would represent the greatest loss of New Zealanders' lives in our country's history'. A careful balance was struck, however, so as to 'regulate distress' (Heifetz & Laurie, 2001) and ensure that neither panic nor complacency ensued: while Ardern warned 'things will look worse before they look better' she also voiced confidence that 'we will get through this together, but only if we stick together'. The power of the state to enforce the decisions it had made was only a minor theme as the focus went instead on securing voluntary compliance.

Empathy, kindness, care and unity were also strong themes. For instance, in her 23 March speech Ardern said 'I do not underestimate what I am asking New Zealanders to do. It's huge. And I know it will feel daunting' (Ardern, 2020a). Throughout the pandemic Ardern repeatedly urged people to 'be strong and be kind' and to 'support one another', while 'Unite against COVID-19' was the core strapline used in all government advertising, with Ardern frequently emphasizing that everyone had a role to play. To give meaning and purpose to the sacrifices asked of people and to motivate support Ardern said of the lockdown 'Everything you will give up for the next few weeks, all of the lost contact with others, all of the isolation, and difficult time entertaining children – it will literally save lives. Thousands of lives'. Invoking a sense of individual responsibility to the collective good is also evident in this statement.

Ardern used easy to grasp frameworks, such as the Alert Level framework announced on 21 March, to help people understand the overall approach and to help bring transparency to government decision-making. Setting time frames for review of Alert levels helped individuals, families and businesses to plan ahead. Criteria for informing possible changes in alert levels were also developed as review dates got closer and these were explained to the public.

Addressing practicalities was a further theme in Ardern's communications. Making clear what rules actually apply is obviously foundational to securing compliance, while clarity about case numbers and other aspects of the government's response, such as testing supplies and rates, PPE supplies and border management practices, were important for sustaining community confidence.

Powerful metaphors were also a key feature, such as the concept that each household constituted a 'bubble' that needed to be kept separate from others so as to stop the spread of the virus (Ardern, 2020g). Ardern also frequently repeated the same key core messages promoted by actual health experts – regular handwashing, social distancing, staying home when sick, getting tested and so forth.

A final key theme in Ardern's communications was that of a partnership between government and the community in tackling COVID-19. Ardern later came to frame New Zealand's success as being due to the efforts of 'a team of five million' (Ainge Roy, 2020) which united against COVID-19, but developing that sense of teamwork was something Ardern actively solicited. In announcing the lockdown she stated that 'government will do all it can to protect you. Now I'm asking you to do everything you can to protect us all. None of us can do this alone'.

### Conclusion and key lessons

The overall approach taken by the Ardern-led government to dealing with the first wave of COVID-19 was characterised by the ability to act decisively, facing up to volatile, complex and uncertain conditions and where high stakes risks and impacts were present by focussing on facts and evidence combined with an overarching concern to minimise harm to lives and livelihoods. This decision-making approach was combined with effective communication that mobilized the collective effort needed to actually give effect to those decisions. As part of all this, the willingness to take on board the latest scientific and expert advice even when it conflicted with long-standing plans was pivotal to the eventual adoption of the elimination strategy, which was then successfully achieved due to leadership communication that garnered community compliance.

The key lessons for leaders in grappling with a crisis of this nature are thus:

- Pay serious heed to scientific evidence, coupled with an appreciation that the science may evolve
- Pay close attention to emerging trends, new evidence and any lessons that can be drawn from the experience of others
- Prioritise harm minimisation as an overarching principle to guide decision-making
- Accept that many decisions will be made without certainty as to their impact
- Have the courage to make bold or unprecedented decisions and to do so quickly
- Actively solicit community support
- Transcend partisan political considerations and proceed in ways that will assure people government is acting in their best interests, thereby building their willingness to comply with government decisions
- In communication efforts: seek to 'regulate distress' to navigate between the dual perils of panic and complacency; communicate clearly and frequently; state risks bluntly; use metaphors and frameworks to enable sense-making; provide clarity and direction without offering false hope; set timeframes for reviews of key decisions; provide transparent decision-making criteria; communicate empathy, kindness and care; promote unity; solicit a sense of individual responsibility to the collective good; address practicalities; reinforce messages from experts; praise sacrifices made and good results achieved; avoid blame when mistakes are made.

### Post-script

The Auckland August outbreak, the origin of which remains unknown, was a significant setback leading to the reimposition of Alert Level 3 restrictions in Auckland for three weeks while the rest of the country was placed at Alert Level 2. This was then followed by a phased move back to Level 1 over the next six weeks. However, strong community buy-in for the restrictions was able to be sustained (Sowman-Lund, 2020). Throughout 2020 the government also continued to make ongoing improvements to border control processes, testing, surveillance and contact tracing capability, as well as making refinements to the Alert Levels policy, such as mandating the use of masks on flights. These improvements often came on the back of errors or failures. However, Ardern and her Ministers have maintained that learning from these rather than allocating blame was the correct response to such matters. An independent review of various aspects of the Ministry of Health's handling of the pandemic, released just before Christmas, identified many areas for further improvement (Satherey & Morrah, 2020).

In February 2021, a further outbreak resulted in two periods of lockdown in Auckland, the second being due in part to failures by a handful of individuals to follow policies regarding self-isolation when having been potentially exposed to a case and/or when waiting for test results. In both instances, Ardern's government continued to adopt the approaches

described above while also balancing the use of increased messaging about the importance of compliance with acknowledgement that the non-compliant individuals would not have intended to cause harm to others.

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