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Difference in policy adoption despite the seemingly clear similarities between New Zealand and the United Kingdom during the Covid-19 crisis: Comparative research on the root cause of differences in policy adoption and decision-making in response to the Covid-19 pandemic in the first crisis year 2020 of two seemingly similar countries; New Zealand and the United Kingdom

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Universiteit
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Leiden University
Master's Degree Public Administration
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Difference in policy adoption despite the seemingly clear similarities between New Zealand and the United Kingdom during the Covid-19 crisis

Comparative research on the root cause of differences in policy adoption and decision-making in response to the Covid-19 pandemic in the first crisis year 2020 of two seemingly similar countries; New Zealand and the United Kingdom

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Executive Summary

"We have a chance to ride out this Omicron wave without shutting down our country once again," (Johnson, 2022). This quote was made by the British Prime Minister Boris Johnson on January 4th, 2022. It shows the desire not to shut down the country by implementing another lockdown despite the highly infectious Omicron variant of the Covid-19 virus. This quote shows his perception on the virus, whilst on the other side of the world, Prime Minister Ardern had closed the national borders of New Zealand back in 2020 which have remained closed until further notice.

This difference in policy adoption and decision-making processes between two countries which are seemingly very similar in terms of the economic stability, political stability, territory size, and collaborative international partners is very puzzling. This research will therefore concern the identification of the core cause of this difference in policy adoption. The research has been conducted through the use of official governmental legislative documents as well as reliable secondary sources in order to conduct a comparative small-N design-based research. The method of this small-N design is the Most Similar Systems Design II method which aims to uncover the key cause of the difference in outcome of a specific case. For this research, the theories by Kingdon (Kingdon, 1984) ; (Béland & Howlett, 2016) and Dai et al. (Dai, et al., 2021) are used.

The following findings are included in this research in order to answer the main research question “*What explains the difference in policy adoption during the Covid-19 pandemic between two seemingly similar countries; New Zealand & the United Kingdom?*”. Firstly, the Intensive Care Unit (ICU) capacity is compared between the two cases. The relative ICU capacity in both countries is similar, moreover the capacity in both countries was increased during the first crisis year. The second component in this research is the lockdown and its complementary measures. The lockdown in New Zealand is concluded to have been very strict and implemented in a very early stage. Moreover, the communication to the public has been consistent and transparent. In the United Kingdom, the lockdown was also strict, yet was implemented on a later stage and was relaxed on an earlier stage. Furthermore, the communication has been more inconsistent. The third aspect concerns the Managed Isolation and Quarantine (MIQ) measures. These measures are affecting foreign visitors visiting other countries and having to pay charges for managed isolation and quarantining. The final components include the power of the constables and the penalties. The constables are enjoying different powers in both cases and the penalties are also based on different intensities and structures in terms of the total amount of the fines and possible prison sentences.

The conclusion, based on the retrieved data and analysis identified the difference in focus of the two prime ministers. The focus of British Prime Minister Johnson had been primarily on preventing an economic recession. The focus of the New Zealand Prime Minister Ardern had been primarily on combating the virus despite taking economic hits.

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Chapter I. Introduction

The Covid-19 pandemic has had an incredible effect on nations worldwide, both in terms of economy as well as public health. The virus, which started in China and quickly took over the rest of the world, has so far resulted in over 5 million fatalities worldwide. In 2020 alone, the virus has been responsible for 2.162 confirmed Covid-19 cases, accounting for 0.04% of the New Zealand population and only 25 fatalities, accounting for 0.0005% (New Zealand Ministry of Health, 2022). In the United Kingdom, the 2020 rates were significantly higher. The total of absolute Covid-19 cases in the United Kingdom in 2020 was 2.542.065, accounting for 3.78% of the United Kingdom population. The virus was responsible for 73.512 fatalities in 2020 in the United Kingdom, accounting for 0.11% of the population (World Bank, 2021); (UK Government, 2021). This noteworthy difference in Covid fatalities as well as confirmed cases is interesting due to the fact that both governments had decided to adopt different policies during the global crisis

	New Zealand	The United Kingdom
<i>Absolute Covid-19 Cases</i>	2.162	2.542.065
<i>Relative Covid-19 Cases</i>	0.04%	3.78%
<hr/>		
<i>Absolute Covid-19 Fatalities</i>	25	73.512
<i>Relative Covid-19 Fatalities</i>	0.0005%	0.11%

Table 1 Total cases and fatalities New Zealand & United Kingdom in 2020

The great difference in the above-mentioned data is partly caused by the great difference in population size, nevertheless, the New Zealand government has set an example for other nations during the pandemic on how to anticipate a global crisis. Furthermore, when considering the relative numbers which are the total number of cases / fatalities divided by the total population, the difference in this data is still substantial. New Zealand prepared its health care for an influx in patients in February 2020 already. Moreover, despite the great dependency on international tourism, with an average of 11.58 million international tourists in the period 2016-2019 (Hughes, 2021), the New Zealand government had implemented border control policies in order to prevent the virus from spreading rapidly to and in New Zealand (Kunzmann, 2020). This rigorous measures on tourism would be a hard economic hit on New Zealand. Tourism takes up approximately 9.5% of New Zealand's gross domestic product (GDP) (New Zealand Government, 2020). New Zealand in general has endured great economic shrinkage in order to

prevent the virus from spreading through the nation and greatly impacting the domestic health care. According to Bloomberg reporter Tracy Withers, the New Zealand GDP has shrunk with 14% in the third quarter of 2020 compared to the same quarter in 2019, setting an unsettling record (Withers, 2020). Despite this steep decline in the gross domestic product, the overall shrinkage of the New Zealand Economy in 2020 has been settled at 2.05% (International Monetary Fund, 2021).

When looking at the United Kingdom on the other hand, T. Withers showed the fact that the economic shrinkage in the United Kingdom at the end of 2020 compared to the end of 2019 was 9.6% (Withers, 2021); (International Monetary Fund, 2021). Considering the difference in economic shrinkage combined with the difference in Covid-19 related fatalities, cautious conclusions can be made that the United Kingdom focused more on stabilising the economy whilst New Zealand focused on the domestic health care. However, are these conclusions correct? According to the data provided by the NationMaster, the United Kingdom spends on average 7.71% of its GDP on public health, whilst New Zealand spends 8.39% of its GDP on public health (Nation Master, sd). During the Covid-19 pandemic in 2020, this percentage of the UK increased to 10.43% (Yang, 2021). For New Zealand, the most current numbers are missing, however according to IbisWorld, the expenses on healthcare in 2021 increased by 19.6% compared to 2020 (IbisWorld, 2021). This shows that both countries have significantly increased the budget of the public health services during the Covid-19 pandemic and complementary health and economic crises.

Similarities

The interesting factor of this research are the perceived similarities between the two nations and the therefore existing puzzle to as why the decision-making processes and policy adoption of the two cases are considerably different despite these similarities. One of the key similarities is the fact that both nations are identified as liberal welfare states (Aspalter, 2019, p. 21). The characteristic of such liberal welfare states, include a strong focus on the market and a weak focus on civil and public sectors. In order to further seek characteristics of the liberal welfare states, two key definitions are important to enlighten: decommodification and stratification. Decommodification concerns the degree to which citizens can maintain a livelihood without participating in the labour market (van Kersbergen & Vis, 2013, p. 54). Stratification entails the extent of policies distinguishing portions of the population and reproducing these distinctions

resulting in different policies for different portions of the population. This in itself is ordering the social relations within a country (van Kersbergen & Vis, 2013, p. 59); (Esping-Andersen, 1990, p. 23). In liberal welfare states, it is common to have a strong degree of individualism, low degree of de commodification and high degree of stratification. The low degree of de commodification is based on the highly basic safety nets with minimum benefits for the citizens, which are implemented in liberal welfare states.

New Zealand however deviates from its fellow liberal welfare states, including the United Kingdom, by maintaining a medium to high level of de commodification, instead of a low degree, which includes the provision of sufficient benefits for e.g. unemployed citizens. (Ministry of Social Development, 2020). Nevertheless, New Zealand does hold a high level of individualism (79), yet not as high as the level of individualism of the United Kingdom (89) (Hofstede-Insights, 2021).

Moreover, the two countries are similar in the organisations in which they collaborate, including the NATO in terms of national defence, the United Nations, in terms of peacekeeping and sustainable developments, the OECD in terms of economic development, CANZUK in terms of economic enhancements and free movement of trade and people, and the World Health Organisation in terms of public health. Lastly, the two countries are similar in terms of political stability which includes national unrest containing wars. Both countries are currently not at war on their own territories, neither had they been suffering from a strong economic crisis in the years leading up to the first crisis year of 2020, nor are there significant domestic crises. The only political instable component is the outcome of the 2016 Brexit Referendum which resulted in a very marginally outcome of leaving the European Union which stemmed in polarisation in the United Kingdom and political unrest in terms of quickly changing political leaders (The Electoral Commission, 2019).

Differences

Contrarily, there are certain differences between New Zealand and the United Kingdom. These differences include for example the key aspects of population size, government debt, and trust in government. New Zealand only has 5 million citizens, approximately 7.5% of the total population of the United Kingdom consisting of 68 million citizens. This large difference in population could contribute to the big difference in covid-19 cases, yet does not yet explain the difference in policy-making and the difference in relative numbers. The decision-making process

is hypothesised to be affected by the economic stability and the trust in government prior to the Covid-19 crisis.

According to data provided by the OECD, the general government debt as percentage of the national GDP is also different between the two countries. The general government debt of New Zealand accounts for 55% of the national GDP whilst the general government debt of the United Kingdom is stated at 118% of the national GDP (OECD, 2021). The gross government debt is a key factor of the sustainability of the government finance of a country (OECD-b, 2021). The sustainability of government finance is important for a nation to its spending and policy making without the hazard of economising previously planned policies (European Commission, 2019). Moreover, a healthy sustainable government finance is important during unforeseen situations in order to adjust to these circumstances accordingly (ibid).

The aim of this comparative research is to identify why New Zealand and the United Kingdom have implemented different policy approaches and therefore adopted different policies during the first year of Covid-19 pandemic in 2020. New Zealand and the United Kingdom are seemingly similar countries, which raises the question on the drastically different policy adoption resulting in different outcomes concerning the national economy and public health.

The main objective of this research is to observe which difference(s) between the seemingly similar nations could be seen as the reason of the two different policy adoptions and decision-making processes. The difference in the policy adoption and decision-making processes, is important to identify for possible future global crises to enhance the international collaboration between these two nations. This is of increasing importance with the current economic challenges and demand for international collaboration.

This research is explanatory due to the causal inference included in this research. Explanatory research identifies a chain of causally relevant events. Moreover, such research provides a complete account of the cause and reason of occurrence of specific events. For this explanatory research, the aim is to identify why the outcome of the policy adoption of New Zealand and The United Kingdom was different despite these countries having similar characteristics.

The main research question ‘What explains the difference in policy adoption during the Covid-19 pandemic between two seemingly similar countries; New Zealand & the United Kingdom?’ is a retrospective causal question. It can be seen as retrospective causality, due to the evidence

which has been shown during the first crisis year of the Covid-19 pandemic. Therefore, the scope of this research concerns the policy adoption of New Zealand and the United Kingdom in 2020.

This research is of academic value due to the fact that it combines decision-making in crises and comparative policymaking and policy adoption of two presumably similar nations. This research is specifically focusing on the Covid-19 pandemic which makes this current research which also allows for further research in a couple of years when the peak of this crisis is over. Moreover, this research could be of academic value due to the framework which could be used to compare policy adoption and decision making in future crises of two presumably similar nations. The research is of practical relevance due to the high demand for international corporation in crises and international organisations. Understanding how and why New Zealand and the United Kingdom have acted the way they have acted during the Covid-19 crisis, is therefore of high practical value. The societal value of this research lies in knowing the priorities of the two nations during this crisis is therefore important to understand previous decision-making and predict future decision-making. This is important for upcoming global crises whether they concern public health, economy, or another domain.

This thesis consists of a theoretical framework which allows the reader to understand the key concepts of this thesis and which theories and models other researchers have used in similar researches. Thereafter, a literature review is provided to state data and results from other researchers, moreover the relevance of this research will be emphasised. Thereafter, the data will be collected by means of a small-N design which will be operated in a Most Similar Systems Design II (MSSD II) approach. This approach entails the difference in outcome, which is known, yet is unclear about the main cause of this outcome. The aim of MSSD II is to gain the non-common factor in seemingly similar cases (Toshkov, 2016). When the data is collected, it will be analysed by means of a rigorous comparative analysis. Based on the collection and analysis of the data, the main research question will be answered.

The main research question is stated as follows;

‘What explains the difference in policy adoption during the Covid-19 pandemic between two seemingly similar countries; New Zealand & the United Kingdom?’

Chapter II. Theory

Chapter II.I Theoretical Framework

The two key concepts in this research are defined as comparative policy making and decision-making during crises. In order to answer research question, pertinent theories from policy making & decision-making to be utilised. Therefore, the theories by Béland & Howlett and Dai et al. will be utilised for these key concepts.

Béland & Howlett

Béland and Howlett (Béland & Howlett, 2016) discuss the multiple streams framework as described by Kingdon (Kingdon, 1984). The framework consists of three streams which act parallelly and hardly ever intersect. However, when these three streams do intersect a window of opportunity or “policy window” will open which allows agenda-setting to take place. The three streams as defined by Kingdon are the problem stream, policy stream, and political stream.

The problem stream entails the problems which are perceived as public which means the government has to formulate propositions to solve these public problems. The problems are noticed during dramatic events, these include a.o. crises (Béland & Howlett, 2016)

The policy stream concerns the outputs provided by experts concerning specific issues. There is an abundance of options for policy action which are thereafter narrowed down. This results in a subsection of policy options (ibid).

Lastly, the political stream entails factors that influence political actors. This could entail swings in national moods or advocacy of interest groups of a specific issue (ibid).

The three streams either intersect in order to allow for a policy window to occur or this could happen by severe events including global crises. A policy window is important for policy adoption and implementation to take place and to improve the status quo. Moreover, this theory is often used when conducting research to policy comparison in order to identify why these compared cases are different in terms of policy adoption and decision-making.

Dai et al.

Dai et al. (Dai, et al., 2021) introduced the comparative theories of government led agenda-setting versus public led agenda-setting. The authors of this article describe the severity of the Covid-19 crisis and the ineffectiveness of the ordinary policy response from the Chinese government. Due to the severity of this crisis, more stakeholders were required. Moreover, the pandemic caused great social impacts which also emphasises the importance of the involvement of the public. The public required immediate government attention to social issues and therefore expected more from the government than with ordinary crises. Nonetheless, the novelty of this specific crisis caused the national government to lack experience with this crisis. For the public, emotions and social impact determined the salience of the issues which clearly influenced the policy preferences of the public (ibid).

Government led agenda-setting is defined as the government fulfilling the most prominent stakeholder (Dai, et al., 2021). Government led agenda-setting concerns the professionalism of the state in ordinary policy which allows the government to participate in the agenda setting process including the identification of the issue and the formulation of the solution (Kingdon, 1984). The government can more easily implement policies due to the minimisation of bureaucracy or the entanglement of institutions (ibid).

Public led agenda-setting on the other hand, concerns the incentive of domestic governments to cater to the public's preferences in order to increase the chances on re-election (Dahl, 1972); (Stimson, Mackuen, & Erikson, 1995); (Dai, et al., 2021). However, it is argued that the public has less capacity to identify the proper policy issues and formulate solutions due to the lack of appropriate policy knowledge. Governments could have the intentional tendency to harmonise with public preferences to maintain social stability or maintain a bottom-up approach. (Powell, 2000). Certainly, during highly uncertain situations, it is observed that the public focuses on social emotions in the agenda-setting process (Dai, et al., 2021). The social emotions have shown to have direct effects on the agenda-setting process which resulted in governments taking this into account while implementing policies which empowers the public led agenda-setting (ibid). Social emotions could be seen in for example large demonstrations or other forms of expressing the opinion of the public or specific groups of the public.

According to Dai et al. most countries adhere to a mixture of government led- and public led agenda-setting in order to prevent cold rationality and to involve the public including social emotions. Moreover, there is a general lack of experience and need of feedback from the government when implementing certain top-down policies, certainly during crises (ibid). The response to public feedback also improves policy learning which could be beneficial for upcoming international crises. Moreover, taking the social emotions into account, it shows a signal that the public is involved in the agenda-setting process which could result in social stability and policy adherence by tempering the negative emotions displayed by the public.

This research will be based on three hypotheses which include components including trust in Government, border closure in New Zealand and the effect on international tourism, and the favour on stabilising the economy or on protecting the national public health services. The three hypotheses are identified as follows:

- I. The levels of trust in government in New Zealand and the United Kingdom contributed to the way the Governments reacted to the Covid-19 pandemic.
- II. The New Zealand border closure would result in harsh economic hits in the tourism industry amongst others, which would have the highest impact on the national economy whilst the United Kingdom mitigated this risk by leaving the borders open.
- III. New Zealand favoured public health in crisis decision-making whilst the United Kingdom favoured economic stability during the decision-making processes of the lockdowns.

Chapter II.II Literature Overview

Due to the recent developments and current situation of the covid-19 pandemic, there is not much literature on the comparison between New Zealand and the United Kingdom concerning the policy response to the pandemic, certainly not in terms of a direct comparison between the two countries. Nevertheless, there has been one article in newspaper ‘The Conversation’ in which actions of the two Prime Ministers of New Zealand and the United Kingdom are compared. This article will firstly be reviewed. Thereafter, a brief overview of literature on the individual cases will be provided.

The article by S. Wilson, a senior lecturer in Executive Development at the Massey University located in Palmerston North in New Zealand, stresses the importance of crisis leadership and its consequences for millions of people (Wilson, 2020). In this article, she compares the New Zealand Prime Minister Jacinda Ardern to the Prime Minister of the United Kingdom, Boris Johnson. S. Wilson argues that Prime Minister Ardern has demonstrated how to show leadership in times of crisis and which three skills every leader should possess and exploit to combat a crisis in the best way possible. The key skill concerns effective communication skills, which has to include the three more prominent skills of direction-giving, meaning making, and empathy in order to be executed successfully (ibid). According to S. Wilson, the crisis approach by Ardern shows all three key elements in effective communication, by showing empathy to those who cannot attend funerals, and shows direction giving and meaning making in her statement ‘Stay home to save lives’ (ibid).

S. Wilson continues the article by demonstrating how Prime Minister Johnson had pre-recorded the press conference announcing the lockdown in the United Kingdom. The aspect of pre-recording the press conference prevented any direct media questions from being raised to Prime Minister Johnson, whilst Prime Minister Ardern announced the strict lockdown during a live press conference allowing the press to immediately ask questions and raise concerns (ibid). Furthermore, the pre-recorded press conference by Prime Minister Johnson was primarily focused on enforcement and compliance, rather than empathy and meaning making.

The author of the article also mentions the fact that Prime Minister Ardern was communicating directly to the New Zealand citizens by daily television briefings and live sessions on the social media platform Facebook. These briefings, together with the clear Alert Level System resulted in transparent communication and a transparent framework used in the decision-making

processes. Furthermore, the explanation of the Alert Level System is praised due to the early and clear components of the explanation. According to S. Wilson, the Alert Level System was explained two days prior to the first strict lockdown, which is in full contrast of how the United Kingdom Prime Minister Johnson implemented the Four Tier System. According to an article by the Telegraph mentioned by S. Wilson, the British constables were confused on the measures concerning the lockdown in the United Kingdom which resulted in inconsistency in approach and penalties by the British constables and police force (Mendick, Hymas, Evans, & Hope, 2000). Lastly, S. Wilson stresses the importance of collective action certainly on wicked problems which are complex to solve and require thinking outside the box and being willing to change the status quo.

According to an article written by T. Withers, the health-focused approach of New Zealand, which included the closure of the border for the vital international tourists, has resulted in a “double dip” recession. This recession is clearly visualised in a V-shaped trend in the New Zealand’s GDP (Withers, 2021). A V-shaped recession means that the GDP was at a normal level, thereafter, drastically declined into a sharp recession, and thereafter increased to the previous status again (Gibson, 2020). This model is defined by a quick and steep recession followed by steep and rapid economic growth. A V-shaped recession is the best-case scenario in terms of recessions yet are accompanied with an extreme recession.

J. Gibson (Gibson, 2020), firmly criticises the New Zealand approach due to an insignificant difference in covid-fatalities yet significant economic losses in the country. The specific criticism is about the Alert Level 4 lockdown the country was in rather than a moderated Alert Level 2 lockdown. Gibson argues the New Zealand economy reducing an extra 10 billion dollars, which is equivalent of 3.3% of the GDP than when the country would have stayed in level 2 (ibid).

According to H. Ingham, the economic and health measures taken by The United Kingdom, have resulted in a flat U-shaped recession (Ingham, 2020). This type of recession is more gradual rather than steep, therefore having a less steep economic recession but contrarily having a slower economic revival. The United Kingdom had hoped for a V-shaped with steep economic growth yet have found themselves in a flat U shape with gradual but slow economic growth (ibid).

Ferguson, et al. (Ferguson, et al., 2020) argue that the United Kingdom should implement public health measures which could have social and economic effects. Moreover, Ferguson et al. propose two strategies in their article in order to combat the virus prior to the accessibility of a

vaccine. The two strategies proposed by Ferguson et al. include mitigation and suppression. The first strategy involves slowing down the virus, yet not necessarily stopping the spread of the virus in order to reduce the peak of critical healthcare demand. The second strategy involves reversing the growth of the virus (ibid). Due to the fact that the mitigation strategy could be beneficial on the short-term, it would consequent in many fatalities, which is the reason Ferguson et al. are expecting countries including the United Kingdom to follow the second strategy, which will include firm measures until the vaccine is available. These measures could significantly affect the economic and social factors of the British society. Additionally, Ferguson et al. are also questioning whether the social and economic costs of public health interventions can be reduced on the long-term when considering these strict measures or whether the social and economic costs will remain substantial in order to combat the Covid-19 virus (ibid).

Chapter III. Research Methods

Chapter III.I Type of Research

This research will be conducted in a positive comparative explanatory manner based on small-n research comparing New Zealand and the United Kingdom on their policy approach to the Covid-19 crisis. Small-n research is chosen due to the retrospective accounting of outcomes during a particular event rather than prospectively estimate results of such an event. This research will utilise a small set of cases which are used to make an inference about possible causal relationships. The design of this research is described as a ‘Most Similar Systems Design II (MSSD II). MSSD II entails the difference in outcome, which is known, yet is unclear about the main cause of this outcome. For MSSD II two cases are selected which are as similar as possible yet differ in the outcome of interest. The aim of MSSD II is to gain the non-common factor in seemingly similar cases (Toshkov, 2016).

The main research question ‘what explains the difference in policy adoption during the Covid-19 pandemic between two seemingly similar countries; New Zealand & the United Kingdom?’ is a retrospective causal question. It can be seen as retrospective causality, due to the evidence which has been shown during the first year of the pandemic.

Mechanistic explanations are provided on the token level. In order for mechanistic causal explanations to occur, causal paths have to be identified and linked (Toshkov, 2016). This will eventually form a sequence of relevant events concluding the answer to the main research question. The mechanistic explanations will be conducted on the token level. This entails concrete individual events being explained on the individual level rather than on the general level (ibid). The individual level of both nations will provide specific reasoning of the behaviour of both governments towards the global crisis.

The main interesting factor of this research is the seemingly similar character of both nations, yet a totally different approach in policy adoption during the first crisis year 2020 of the Covid-19 pandemic which had resulted in different outcomes concerning confirmed Covid-19 cases and fatalities.

Chapter III.II Data Collection

The data will be collected by means of a small-N design. The government documents of both New Zealand and the United Kingdom concerning Covid-19 policy implementation and legislation will be compared. These documents include the Public Health Act of New Zealand, and the United Kingdom. Moreover, desk research on secondary sources, including news articles and press conferences, will be evaluated to identify the reasoning behind the policy adoption of both nations. This should provide patterns which could thereafter be analysed and compared to identify the root cause of the difference in policy adoption.

Chapter III.III Research Analysis

The collected data will be analysed by means of rigorous comparative analysis. This method of analysis entails a design based on paired comparisons. This method of comparative analysis is based on the direct comparison of several aspects of the research in order to identify the core difference causing the key difference in the policy adoption and decision-making processes of both cases.

The rigorous comparison method does face several limitations. Small-N comparative research faces the limitations concerning the “susceptibility of measurement” error (Toshkov, 2016). This error entails the fact that due to the small data set, there is no room for average noise measurements. Moreover, a small error in small-N research could immensely impact the research without the knowledge of this error. Therefore, the rigorous comparison in small-N research is vulnerable for confirmation bias and failures to uncover the general causal structures. Toshkov also describes Seawright’s observation of the weak differentiation from association and causation as a key limitation of small-N research (Seawright, 2005) in (Toshkov, 2016). Therefore, the key limitation of the rigorous comparative analysis of the individual aspects of this research are the risks on failing to identify the general causal structures rather than solely individual components.

Chapter III.IV Reliability & Validity of Research

The aim of this subchapter is to evaluate the quality of this conducted research. This evaluation is performed by looking at the reliability and validity of the research. The reliability is concerned with the consistency of the research whilst validity is concerned with the accuracy of the research and its empirical findings.

The reliability of the research can be ensured through several components. Firstly, the data used in this research will be data which will not be older than just under two years which prevents the data from being outdated. Furthermore, the data will be retrieved from the first crisis year of this novel crisis which will show the primary and initial response to this crisis by both Prime Ministers and the decision makers in both Governments. This initial response to the crisis is interesting to use when another health crisis will occur in the future due to the element of focus and rigidity. Lastly, the reliability of this research is ensured by the use of Government resources which clearly stipulate the decisions taken by the decision-makers. The information provided by the New Zealand and United Kingdom Governments are expected to be reliable sources in which vital information and legislation is expected to be implemented as stated in these sources. Furthermore, due to the fact that the sources are publicly available, every person who desires to access these documents is capable of doing so.

The validity of this research will be ensured through the use of sources and the comparability of the two cases. Firstly, as described in the reliability component of this subchapter, the sources used in this research will partly be from official Government websites. Therefore, the accurate legislation will be taken into consideration during this research. Furthermore, there is a clear difference in population size between the two selected cases, nevertheless due to the use of relative numbers instead of absolute numbers, the difference in population size can be mitigated and will therefore not affect the data and outcome of this research. Additionally, the difference in currency and the strong difference in value of the two currencies, £1 = NZ\$0.51, will also be mitigated through the use of US dollars in terms of economic positions and deviations from 2019 to 2020, and the comparison of specific numbers in pounds instead of New Zealand dollars. Due to these measures, the validity of the data can be ensured. Lastly, the Government documents for the United Kingdom are expected to cover all four regions; England, Northern Ireland, Scotland, and Wales. These documents include information and data concerning lockdowns and other measures taken by the Government.

Chapter IV. Data Collection

This chapter consists of the collection of primary desk research obtained by credible governmental sources. The data collection will be presented through direct comparison on several aspects which are taken from the Coronavirus acts in both New Zealand and the United Kingdom, as well as from official governmental publications concerning lockdowns and data from intensive care units. The data will be compared per aspect. This means that New Zealand and the United Kingdom are compared per aspect. Firstly, New Zealand will be described per aspect and thereafter, the United Kingdom will be depicted.

The aim of the collected data is to directly compare the measures which were taken by both governments and executive decision makers to eventually conclude why the outcome of their approaches were different.

The aspects discussed in this chapter are the following five; 1). ICU Capacity 2). Lockdowns 3). MIQ Charges 4). Penalties, and 5). Power of the Constables. This order is chosen due to the crucial starting point of the ICU capacity in a health crisis. The lockdowns are the most significant tool of the governments in order to prevent the ICU Capacity from being overflowed by an exponential growth in Covid-19 related cases. Therefore, the lockdowns are key preventing aspects and are characterising the different Governments and approaches in decision-making during this crisis. In order to prevent other citizens from other countries and territories from entering in either New Zealand or the United Kingdom, the MIQ charges are key tools to utilise to prevent incoming tourists or other citizens from outside the national borders to convey the virus inside the country. Thereafter, the penalties will be explained. The penalties come into force when there is a level of non-compliance to the measures set by the Governments. Lastly, the power of the Constables will be discussed. The authority of these constables is key to determine whether the citizens who show non-compliance to the measures, will be punished and which penalties they will receive.

IV.1 Intensive Care Unit Capacity

The Intensive Care Unit (ICU) capacity has been a highly debated topic throughout the Covid-19 crisis, certainly in the first crisis year 2020. The healthcare was highly burdened with the rapid increase in IC requiring patients.

IV.I.I New Zealand

In New Zealand, the ICU capacity in 2020 was only 153 beds in the entire country with the capacity to provide care for an additional 80 patients due to specific equipment (Morton, 2020). In March 2020, after the severity of the Covid-19 crisis became clear, the New Zealand Government could provide 563 ICU beds which would be sufficient to treat Covid-19 infected patients (ibid). The Auckland area caused most concern due to the density of the households compared to the rest of New Zealand. Nevertheless, the most ICU beds were available in the Auckland area. In April 2020, 35% of the ICU capacity was located in the greater Auckland area (New Zealand Ministry of Health, 2020). According to Professor Des Gorman from the University of Auckland, New Zealand was “ill-prepared” due to the low ICU capacity of only 3 per 100.000 citizens (Young, 2020). According the World Bank, New Zealand had a ICU capacity of 2.57 beds per 100.000 citizens (The World Bank, 2021). The low capacity of ICU beds during the crisis has sparked discussion and debate in the country.

IV.I.II The United Kingdom

The ICU capacity in the United Kingdom is 8.514 beds in 2020 (NHS, 2020). This means 1 bed for every 1.676 people or 2.46 hospital beds per 100.000 UK citizens (The World Bank, 2021). When comparing this number of the 2.57 hospital beds per 100.000 New Zealand citizens, it can be concluded that the ICU capacity in both countries was similar. Furthermore, the ICU capacity in the winter of 2020 was increased by 43.6%, from 4.366 beds to 6.270 beds (Appleby & Davies, 2021). The total availability of the ICU capacity was higher than the total occupation of the beds. The occupation as percentage of the availability in the winter of 2020 was 86.6% (ibid). This means that the occupation of the available beds was very high. The capacity could have been more increased in order to enlarge the margin for critical beds for non-Covid-19 patients alongside the confirmed Covid-19 cases.

IV.II Lockdowns

An aspect which comes to everyone's mind when talking about the Covid-19 crisis in 2020 is the daunting aspect of the lockdown. Both countries started off with very rigid and strict lockdowns in order to combat the Covid-19 virus. Despite both countries implementing strict lockdowns, they had different approaches.

IV.II.I New Zealand

The following information on how the lockdown proceeded in New Zealand from the first case on February 28th, 2020, to October 7th, 2020, is based on the information provided by the New Zealand Government (New Zealand Government, 2021). The aim of the below presented data is to give a direct comparison of the intensity and severity of the lockdowns between New Zealand and the United Kingdom. The key events of the lockdown will be presented in order to provide a general overview. After the general overview of the New Zealand lockdown, the New Zealand Four Alert Levels will be explained.

The New Zealand Government registered the first Covid-19 case on February 28th, 2020. Almost two weeks later on March 14th, 2020, the Government implemented the self-isolation for 14 days rule for everybody arriving in New Zealand from outside the Pacific. Another 5 days later, on March 19th, 2020, the Government announced the first aspect of a lockdown. This included the cancellation of all indoor gatherings which more than 100 people would attend. Moreover, on this day the Government decides to close all borders to everybody except the New Zealand citizens and permanent residents residing in New Zealand. This measure has received great international publicity, yet also received critique from New Zealand citizens. An example is Prof. Des Gorman. He told the Epidemic Response Committee that the borders should had been closed back in February when the first case was reported (Young, 2020).

Nevertheless, the New Zealand Government announced the 4-tiered Alert Level system on March 21st 2020 in order to combat the virus and to clearly communicate the current situation at that time in the country. Upon implementation of the 4-tiered Alert Level system, the country immediately went to Alert Level 2 "Reduce". In the 4 days since the implementation of the Alert Level system, New Zealand moved from Level 2 'Reduce' to Level 3 'Restrict' and Level 4 'Eliminate' on March 25th 2020. On this day, the entire country had to self-isolate and a state of

national emergency was declared. On March 29th, the country reported its first Covid-19 related fatality.

On the 20th of April 2020 Prime Minister Ardern announced that the country would remain in Alert Level 4 'Eliminate' for at least another 5 days. On April 27th, the Government announced the country would scale down to Alert Level 3 'Restrict'. After having remained in Alert Level 3 for 2 weeks without any additional cases, the country scales back to Alert Level 2 'Reduce' and the state of national emergency expires after well over 1.5 months on May 13th, 2020. On June 8th, 2020 the Government announces that after having remained 3 weeks in Level 2 'Reduce' with 0 new Covid-19 cases, the country could scale back to Alert Level 1 'Prepare'.

On August 11th, 2020 the first 4 Covid-19 cases since May 2020 were reported in the Auckland region. Therefore, one day later on August 12th, 2020 the first regional Alert Level protocol is implemented. The greater Auckland region moves immediately to Alert Level 3 'Restrict' whilst the other regions in New Zealand move from Level 1 to Level 2 'Reduce'. Prime Minister Ardern announces on August 14th, 2020 that the country will remain in their Alert Levels for at least 12 more days, making it 14 days in total. On August 30th, Auckland moves from Level 3 to Level 2, however additional travel and gathering restrictions remain. The other regions in New Zealand remain in Level 2 as they have done the past 14 days.

On September 21st, 2020 approximately well over 1 month after the 4 Auckland cases, the other regions of New Zealand scales back to Level 1 'Prepare' whilst Auckland remains in Level 2 'Reduce' with extra restrictions. Nevertheless, these restrictions will eventually be removed on September 23rd as Auckland scales back to Level 2 'Reduce' without gathering or travel restrictions. Eventually, on October 7th. 2020 approximately 2 months after the 4 Auckland cases, Auckland scales down to Level 1 'Prepare'. Any following lockdown key events from 2021 are outside the scope of this research and will therefore be disregarded in this research.

The key takeaways from the 2020 New Zealand lockdowns, is the long and intensive timespans of the Alert Levels 3 'Restrict' and 4 'Eliminate'. Moreover, the region-specific lockdown in Auckland was very thoroughly executed and lasted an astonishing 2 months. Furthermore, the long timespan between scaling back to Alert Levels 1 and 2 were noticeable due to the cautious approach the New Zealand Government took. Lastly, the closure of the borders for everyone but the New Zealand citizens and permanent residents was internationally commended.

With the closure of the national borders, Prime Minister Ardern clearly chose to protect her own citizens and healthcare wards from incoming paying tourists who could potentially bring the Covid-19 virus back into the country. New Zealand was the first, yet not the only country to close the borders early on in the crisis. Australia closed its national borders just one day after New Zealand in order to combat the crisis (Cave, 2020). This shows the strict and rigorous approach which was maintained in the Pacific. The closure of the borders is partly easily done due to the fact that New Zealand, and Australia for that matter, are islands. Nevertheless, the United Kingdom is also described as an island, so there could be controversy as to why the United Kingdom had not closed its borders in the first year of the pandemic. However, the UK Government did announce restrictions on the “travel corridors” beginning of 2021 which meant citizens from specific countries could not avoid quarantine anymore (BBC News, 2021). The United Kingdom left the European Union as of January 31st, 2020, however there was a transit period put in place which ended 11 months later on December 31st, 2020 (UK Parliament, 2021).

A clear overview of the four alert levels can be found below. An elaborated explanation including specific measures can be found in [appendix I](#).

Some key points of the four alert level system of New Zealand are that the record keeping of the citizens where they have been is a key aspect to the decision-making process of the New Zealand Government. Moreover, there is quite a big jump from Alert Level 2 ‘Reduce’ to Alert Level 3 ‘Restrict’. There is a strict advice of learning and working from home. Moreover, the New Zealand Government has been very clear and rigid in the rule of wearing a face mask, also in the four Alert Levels. However, the rules concerning social distancing are not as strict as rules concerning wearing a face mask. Despite this, there is no clear lack of compliance in the social distancing rule (Kaine, Greenhalgh, & Wright, 2021).



IV.II.I United Kingdom

The information concerning the lockdowns in the United Kingdom is retrieved from the Institute for Government Analysis (Institute for Government Analysis, 2021). The lockdown in the United Kingdom officially started on March 26th, 2020, only 12 days after the first official lockdown of New Zealand. Nevertheless, the first two Covid-19 cases were already reported on January 31st, 2020. On April 16th, 2020 Prime Minister Johnson extended the lockdown, which included non-essential contact and travel to be banned, by three more weeks. On April 30th, the first cautious optimistic announcements were made by Prime Minister Johnson. He told the UK citizens that they had “*passed the peak of the pandemic*” (Institute for Government Analysis, 2021). Approximately 10 days after this optimistic announcement, the first cautious steps were taken towards lifting the lockdown. The Government did request citizens who had to commute to their job to avoid public transport.

On June 1st, the Government started to re-open the schools in England again. Two weeks later, the non-essential shops reopened again. After approximately three months in lockdown, on June 23rd, the Government announced the “national hibernation” would come to an end. This included relaxation of the 2-metre social distancing rule and other restrictions which were still in force. Unfortunately, on June 29th, the UK Government announced the first regional lockdown in Leicester and Leicestershire due to region specific Covid-19 cases. This regional lockdown was legally put into force on July 4th, whilst the rest of the United Kingdom was enjoying more freedom and relaxation of measures for pubs, restaurants, and the personal care industry. Two weeks later, on July 18th, the local authorities in England received more legislative authorities concerning the 2-metre social distancing rule.

In August, the last moderations of the measures were put into force. These included the re-opening of indoor spaces, for example theatres and bowling alleys. Unfortunately, one month after the latest moderations to the measures, the UK Government announced new restrictions on September 14th. These new restrictions included the ‘Rule of Six’ for indoor and outdoor gatherings. This restriction meant that the UK citizens were only allowed to gather with six people both indoor and outdoor, including events. Only a week later, on September 22nd, the Government announced even more restrictions in England. These stricter restrictions included the ‘working from home’ rule, and they implemented a 10pm curfew for the restaurants, pubs, and other hospitality related venues. Prime Minister Johnson told the British citizens on

September 30th, that the country is at a critical point in the crisis and that new restrictions could be implemented any moment. This statement was made due to the high increase in Covid-19 cases in September 2020, specifically 180,752 new confirmed cases (World Health Organization, 2021). This high number of confirmed cases has not been the highest increase reported in the United Kingdom, nevertheless this high number was reported after a summer of very low Covid-19 rates and was therefore more perturbing.

On October 14th, the UK Government announced a new three-tier system to clearly state the current Covid-19 situation in the country. This three-tier system would clearly state the general rules and restrictions suiting the specific severity and hazards of the Covid-19 virus. On October 31st, the second official lockdown for England is announced. This lockdown was required to prevent a code black from occurring with the NHS. This lockdown is put into force in England on November 3rd. The lockdown lasts one month till December 2nd. On this day, England scales back to tier 3 'very high alert' restrictions. During the England specific lockdown, the UK Government announced exempt restrictions for the Christmas holidays from December 23rd to December 27th. Only 5 households are allowed to celebrate Christmas together. Nevertheless, on December 15th, approximately 20 days after the exempt Christmas restrictions were announced, the UK Government announced new Christmas related restrictions. These new restrictions were moderated to less strict mixing of households' rules, nevertheless, the Government urges citizens not to celebrate the holidays too big and with too many people. Only 5 days after these restrictions were clearly announced, new Christmas restrictions were announced for London and South-East London specifically. A fourth tier was introduced 'stay home' entailed a lockdown for these specific citizens. The number of households rules were constricted again. This tier 4 'Stay Home' lockdown comes into force on December 21st. On Boxing Day, more regions in England were announced to move to tier 4 'Stay Home'. On January 6th, 2021, the whole of England had to go in lockdown again. Due to the scope of this research, more data from 2021 will be disregarded.

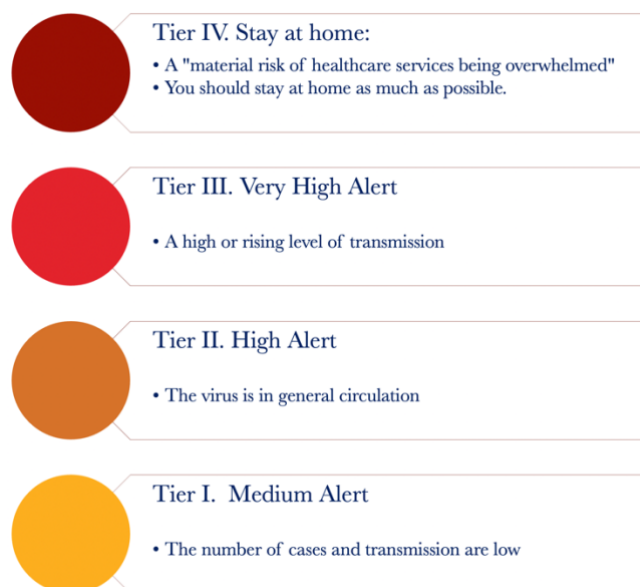
The key takeaways from the lockdown and decision-making in the United Kingdom in 2020 concerned a very strict first lockdown which was put into force relatively late after the first two cases were reported. The relaxation of this lockdown went very slowly and was divided in multiple areas which all were moderated on different times. Moreover, the United Kingdom Government and Prime Minister Johnson were very optimistic in after the first 12 weeks of the novel virus. This was shown in the statement of being able to turn the tide of the virus after these 12 weeks.

Another noticeable aspect was the unclear and constantly changing Christmas related Covid-19 measures. Lastly, the United Kingdom moved relatively late to the three, and eventually four, tier alert system. In the announcements of the lockdowns, the four tier system is not clearly used and maintained which made some restrictions unclear, for example the Christmas related restrictions.

A clear overview of the four alert levels can be found below. An elaborated explanation including specific measures can be found in [appendix II](#).

A few key points of the Four Tier System of the United Kingdom are the following. Tier I. is quite strict already, including measures containing working from home, rule of six people maximum, and a curfew of 11pm for the hospitality industry (AgeUK, 2021). However, the shops and personal care businesses are remaining open till Tier 4 ‘Stay at Home’. This shows a favour of economic factors rather than health related or social factors. The Four Tier system puts great emphasis on the bubbles and size of the household as key element of stating measures. Most of the communication through the tier system is explained in bubbles and households, this makes the rules clear, yet leaves room for discretion.

Furthermore, Tier I and Tier II are quite similar to one another. 8 out of the 15 measures in Tier II. are similar or exactly the same as the measures in Tier I. When comparing Tier II to Tier III, it can be concluded that 6 out of the 15 measures are similar if not exactly the same. This shows an already more careful approach when scaling up to Tier III. The big jump between Tier III and Tier IV shows great impact on the British economy due to the fact that all the non-essential shops and hospitality industry is closed.



IV.III MIQ Charges

Managed Isolation and Quarantine (MIQ or MIQF) charges concern the charges for individuals who choose to enter a country during the Covid-19 pandemic and have to isolate or quarantine in specific facilities. In New Zealand, MIQ costs concern the “*costs incurred by the New Zealand Government in respect of persons staying at MIQF*” (New Zealand Ministry of Health, 2020). These charges for individuals are significantly different in the two nations, which is partly due to the difference in currency. The MIQ charges for individuals are an economic measure due to the preventing result it has on people who want to travel to either New Zealand or The United Kingdom.

IV.III.I New Zealand

In New Zealand, the MIQ charges are charged to individuals who have temporary visa’s or are described as ‘temporary visa holders’. These temporary visa holders include students, visitors, people who have obtained work visas, and limited visas. The charges for the MIQ are as follows and described in New Zealand dollars for 10 days;

- i. \$2.760 for the first or only person in a room
- ii. \$1.495 for a second adult in a room
- iii. \$805 for a child
 - a. Children under 3 years old are not charged.

Exempt persons of the MIQ charges are diplomats, critical health workers, Crown officials, and government department officials when going on trips for government-to-government business outside New Zealand (New Zealand Ministry of Health, 2020). Alternate exempt persons from the MIQ charges are people in transit, people who require medical help in hospital, and lastly certain exceptional circumstances. This latter category includes for example people who are visiting family for the last time, so called end-of-life visits, which cannot wait for the 10-day MIQ period (New Zealand Ministry of Business, Innovation, and Employment, 2021).

The charges per MIQ facility seem relatively high which is ought to discourage people from traveling to New Zealand and possibly harming the national healthcare by taking the COVID-19 virus or cause a mutant to arise in New Zealand.

The MIQ charges do however also apply to New Zealand citizens, which complicates the MIQ system and causes anger and disbelief among these New Zealand citizens. New Zealand's rigid approach of the limited MIQ facilities may be with the best intention for their citizens, however are sometimes causing more harm than resolution. According to John Power (Power, 2021) in the Aljazeera, New Zealand citizens cannot go home even though it clearly states in their passport that they are always allowed to return home and despite their vaccination status. The fact that these people cannot go home to their own country is due to the limit of MIQ facilities. This approach caused some negative opinions towards the New Zealand Prime Minister Jacinda Ardern and her Labour government (ibid). New Zealand is described to have very strict border restrictions during the Covid-19 crisis both in 2020 and in 2021 (Power, 2021); (Graham-McLay, 2020).

IV.III.II The United Kingdom

In the United Kingdom, the MIQ charges are mandatory for everybody traveling to the United Kingdom except for people with the British Nationality, Irish Nationality or if they have residence right in the United Kingdom (United Kingdom Secretary of State, 2020). The United Kingdom government has exempted 10 professions from the MIQ charges whether these people have either the British or Irish nationality or residence right in the United Kingdom. These exempt professions are;

- a. Bus and Coach Drivers
- b. Civil Aviation Inspectors
- c. Drivers of Goods Vehicles
- d. Eurostar International Workers
- e. Eurotunnel Workers
- f. International Organisations granted privileges and immunities in the UK
- g. Medical Evacuations
- h. Port Workers (specialist technical) supporting ferry services
- i. Representatives of a foreign country or territory or British Overseas Territories
- j. Urgent Medical Treatment

Aside from these exempt persons, according to the public Health Act (Coronavirus Restrictions) 2020 No. 750, everybody else traveling to the United Kingdom have to pay the following MIQ charges for 14 days;

- i. Adults: £2.285
- ii. Additional rate for adult or child over 11 years of age: £1.430
- iii. Child aged 5 to 11 £325
- iv. Children under 5 years of age are not charged

The act clearly states a penalty of £4.000 on top of the MIQ fees when not adhering to the MIQ regulation (ibid).

The United Kingdom Government has implemented the MIQ charges for individuals to “*reduce the risk of a new strain of the virus entering the UK*” (UK Department for Transport, 2020) ; (Mullens-Burgess & Nickson, 2021). The MIQ measure was an addition to the travel bans from certain countries with a high risk on new COVID-19 variants including South Africa and Brazil.

The United Kingdom has not implemented such strict border restrictions as New Zealand during the first year of the pandemic. The three key differences between the MIQ charges are the actual fees and the duration. When taking the change in currency into consideration, the UK MIQ charges for individuals are almost twice as high as for New Zealand. The exchange rate between the New Zealand dollar and the UK Pound Sterling is NZ\$ 1 to £0.51. This significantly affects the actual fees people have to pay for the managed isolation and quarantine in both countries.

The second key difference concerns the fact that the New Zealand MIQ charges are also applying to their own citizens who therefore sometimes cannot go home despite their passport or vaccination status. The United Kingdom MIQ charges are not applied to British or Irish citizens which allows these people to travel home whenever they want if commercial flights or repatriation flights are available.

The third key difference is an amendment to the second difference which is concerning the capacity of the MIQ facilities. Due to the fact that the MIQ charges are also applying to the New Zealand citizens, the risk of not having enough MIQ facilities to provide enough capacity for people with temporary visa's as well as New Zealand citizens. This approach has led to a decrease

in the Labour Government from Prime Minister Jacinda Ardern. This is not an issue in the United Kingdom due to the larger capacity in MIQ facilities and the exemption of UK and Irish nationals, including people with UK residence rights.

IV.IV Penalties in Case of Offences

Complementary to the power of the constables, is the level of penalties in cases of offences when failing to comply with the Covid-19 related measures. The intensity of the penalties could contribute to either a hypothesised aspect of 'fear of government' or to an incentive to comply with the measures set by the national government.

IV.IV.I New Zealand

According to the COVID-19 Public Health Response Act 2020 (New Zealand Ministry of Health, 2020), the penalties are distinguished in two forms of felonies: offences and infringements. The difference between these two felonies is the severity of the felony. An infringement is seen as a criminal offence, however, is described as being less severe and without malicious intent to harm the community, the state, or Government (Barwon, 2021). An offence on the other hand is described as breaking the law and is therefore considered a crime against the state, Government, or community either with or without malicious intent to harm the state or community (ibid). The New Zealand judicial system makes a distinction between these two felonies when assigning penalties to the person committing the offence or infringement (New Zealand Ministry of Health, 2020).

When a person committed an infringement to the Covid-19 related measures set by the national Government, he or she could receive a penalty of a fine not exceeding NZ\$300 and he or she has to pay additional court fines not exceeding NZ\$1.000. When an infringement has taken place there is no risk of a prison sentence for the New Zealand citizens (New Zealand Ministry of Health, 2020). When a person commits a criminal offence to the Covid-19 related measures, this person can risk either a prison sentence or a fine. The prison sentence cannot exceed 6 months. The monetary fine cannot surpass NZ\$4.000. Moreover, there is a chance the person who committed the offence has to pay judicial costs (ibid). The intensity of the penalty is depending on the severity of the offence or infringement but cannot exceed the above-mentioned prison sentences or fines. Moreover, there is no clear distinction made in the act between individuals and businesses or organisations.

IV.IV.II The United Kingdom

In the United Kingdom on the other hand, the government has set clear rules concerning penalties when making a criminal offence. There is no clear distinction between infringements and criminal offences, the Public Health Act solely includes criminal offences (United Kingdom Secretary of State, 2020). There are however clear distinctions between the severity of the penalties based on the number of fixed penalty notices an individual or business / organisation has received.

When a UK individual makes a criminal offence, the judicial system concerning failure of complying to Covid-19 related measures is as follows. When an individual makes a criminal offence in England specifically and it is his or hers first fixed penalty notice, the person has to pay a fine of £100 when paying within the first 14 days of the noticing date. If the person fails to pay within the first 14 days, the fine will increase by 200% to £200. When a person already has one fixed penalty notice and makes another criminal offence, he or she has to pay a fine of £400. A third fixed penalty notice will result in a fine of £800. A fourth fixed penalty notice will ensure the person making the offence has to pay £1.600. A fifth fixed penalty notice will cost the person committing the crime £3.200. For the sixth and every consecutive fixed penalty notice, the person has to pay £6.400 per notice. The Public Health Act does not include prison sentences for individuals who are not complying with the Covid-19 related measures (United Kingdom Secretary of State, 2020).

In Wales, the financial penalties are relatively less strict, however there is a risk of imprisonment of a maximum of 12 months. This imprisonment could be combined with a financial penalty as well (United Kingdom Government - Wales, 2020). The first financial penalty for citizens over aged 18, may not exceed £60. For the second offence related to Covid-19 in Wales, the fine will be doubled to £120. This fine will be doubled per offence until the maximum of £1.920 is reached. This means the fine will be doubled five times prior to exceeding the maximum fine (United Kingdom Police, 2021).

In Scotland, there is no imprisonment sentence on non-compliance of the covid-19 related measures. There is however a risk on financial penalties (United Kingdom Government - Scotland, 2020). The first offence will be penalised with a fine of £50. The second offence will

be penalised with a higher fine of £125. A third offence concerning the Covid-19 measures, will result in a financial penalty of £175. A fourth consecutive offence will consequent in a financial penalty of £250. A fifth offence will result in a financial penalty of £325. A sixth offence could ensure the person charged to receive a financial penalty of £400. Lastly, when a person commits seven offences, he or she is obliged to pay a financial penalty of £500. These financial penalties are significantly lower than the penalties in England (United Kingdom Government - Scotland, 2020).

Lastly, in Northern-Ireland the Health Act does not specifically state penalties concerning non-compliance of Covid-19 related measures in 2020, yet does so in 2021 (United Kingdom Government - Northern Ireland, 2021). Despite this validity issue, the data will be considered in this research due to the lack of data in 2020. Nevertheless, the Act does state a financial penalty may not exceed £10.000 and a daily penalty after conviction may not exceed an increase of 2% a day. The specific financial penalties in Northern-Ireland are divided in two categories. The first one being without excuse obstructing a person in carrying out the role of constable and the second one being without excuse performing non-compliance to the set measures and therefore committing an offence (United Kingdom Government - Northern Ireland, 2021). The financial penalties for the first category are as follows. When receiving a first fixed penalty notice of this form, the person charged has to pay £200 or £100 if the amount is paid within the first 14 days after the notice (ibid). The financial penalty does not increase if a person commits the same offence again, yet has to pay either £200 or £100, depending on when the fine is paid.

When looking at the second offence category, the financial penalties are significantly intensified. If a person commits its first offence in this second category, he or she will be charged with a financial penalty of £1.000. When a person commits a second crime in this category, this fine will be doubled to £2.000. When this person receives a third fixed penalty notice, the financial penalty will be doubled again to £4.000. For a fourth, and every consecutive fixed penalty notice and offence committed by this person, he or she is charged with a financial penalty of £10.000 (United Kingdom Government - Northern Ireland, 2021).

When U.K. businesses or organisations make criminal offences, the penalties are as follows. The penalties for businesses or organisations are also depending on the number of fixed penalty notices. When a business or organisation makes its first criminal offence without any previous fixed penalty notices, they will have to pay a fine of £1.000. A consecutive fixed penalty notice

will consequent in the business or organisation having to pay a fine of £2.000. A third fixed penalty notice will cost the business or organisation a fine of £4.000. A fourth and every consecutive fixed penalty notice a business or organisation receives will result in a fine of £10.000 per penalty.

When looking at the two countries and the way of declaring the penalties for its citizens, there is a clear distinction in the amount of money per fine. When seeing the fines in the same currency, the maximum fine given to New Zealand citizens is approximately as high as the fourth consecutive fixed penalty notice of U.K. individuals, explicitly £2.000. Moreover, the manner in which the amount of the fine is determined is different in the two countries. New Zealand is looking at whether the felony is a criminal offence or an infringement and thereafter is determining the severity of the criminal offence or infringement. The United Kingdom on the other hand are not taking the distinction between a criminal offence or infringement into consideration, yet are looking at the number of fixed penalty notices an individual or business / organisation has received in order to determine the amount of the fine. Lastly, the lack of inclusion of prison sentences in the Public Health Act of the United Kingdom is a big difference with the 6-month maximum prison sentence as described in the COVID-19 Public Health Response Act 2020 of New Zealand.

Therefore, it can be concluded that the monetary fines are on average higher in the United Kingdom if one has conducted multiple criminal offences, however when this is not the case, the fine in New Zealand could be higher. Furthermore, the prison sentence in New Zealand and lack thereof in the United Kingdom can conclude that the penalties in New Zealand are on average higher and tougher than the penalties in the United Kingdom. This is all depending on the severity of the offence or infringement in New Zealand and the number of fixed penalty notices in the United Kingdom.

IV.V Power of the Constables

The power of the constables in both New Zealand and the United Kingdom are of great importance for law abiding of the COVID-19 related laws and measures. Aside from trust in government, the power of the constables could also cause an aspect of ‘fear of the government’. According to the New Zealand 2008 Policing Act Constables are described as police employees who either hold the office of constable or include a constable who hold any level of position within the New Zealand police (The Parliament of New Zealand, 2008). In the United Kingdom, a constable is described as a police officer of the lowest rank (Collins, 2021). Moreover, in the Public Health – Coronavirus Regulation Act, the United Kingdom makes a distinction between constables and Police Community Support Officers (PCSO), who work together with the constables but on average are not enjoying the same rights. Some specialised PCSO’s do however enjoy the same rights as constables and are often volunteers (UK Government, 2021).

IV.V.I New Zealand

In New Zealand, the constables enjoy the power to enter private premises with or without an official warrant when they suspect failure of abiding to the law. This means that the constables do not require specific permission from a higher police officer when they are in doubt of adherence to the specific COVID-19 measures put into force at that time. This could cause fear among the New Zealand citizens due to the lack of warrant constables need to enter these private premises of individuals (New Zealand Ministry of Health, 2020). Furthermore, the constables have the power to close down businesses and organisations until further notice when in doubt of the adherence to the COVID-19 measures set by the Government. This doubt in adherence is for example justified when stores are ought to be closed but there is suspicion in ongoing activities inside the store which includes offline in-person sales. Moreover, doubts are also justified when there are too many people inside an office or premise when the country is in an Alert Level 4 stage. Lastly, New Zealand constables also enjoy the power of making arrests on public premises when there is clear evidence of people not adhering to the COVID-19 measures (ibid).

According to Professor of Law at the University of Waikato, Alexander Gillespie, the powers of the constables are debatable due to the highly interpretable act which allows a lot of room for discretion (Gillespie, 2020). Some argue the powers the constables enjoy are leaning more towards authoritarianism disguised by the pandemic. The rigid COVID-19 response has

prevented a national health crisis and many possible fatalities, however, has received criticism due to the central position of constables and focus on the Health Act (ibid). The criticism is also voiced on the lack of long-term vision with this strict approach. According to critiques, the power of the constables should be lessened in order to prevent a state which is led by authoritarianism (ibid).

Despite the criticism on the substantial powers of the constables in New Zealand, New Zealand research showed an average of moderate to high compliance to the COVID-19 related measures (Kaine, Greenhalgh, & Wright, 2021). The outlier of this research was a minority in Auckland which showed a significantly lower compliance to the measures. Nevertheless, the New Zealand Government used the metaphor “We are a team of five million” to involve as many citizens as possible in the battle against the virus. Nevertheless, the lack of compliance in Auckland is also seen later in this research when the lockdown intensity of New Zealand will be discussed.

IV.V.II The United Kingdom

In the United Kingdom, constables and PCSOs are enjoying different powers than in New Zealand (United Kingdom Secretary of State, 2020). The UK constables and PCSOs are allowed to remove individuals, including children, from public premises when they are failing to abide by the set measures and regulations by the UK Government. The UK Public Health Act does not speak about private premises, yet solely about public premises. Therefore, it can be concluded that the UK constables and PCSOs are not enjoying the powers to enter private premises without warrants when in doubt of adherence to the measures. The UK constables and PCSOs however do enjoy the powers of immediately terminating events when these are not adhering to the current measures. Thus, this means UK constables and PCSOs are allowed to make arrests on individuals not abiding to the general COVID-19 rules including amongst other travelling restrictions, self-isolation measures, and the basic hygiene and social distancing rules (United Kingdom Secretary of State, 2020) ; (Liberty, 2021).

The power of the constables and PCSOs resulted in high adherence as modal response to United Kingdom research (Wright, Steptoe, & Fancourt, 2021). This research showed the lowest adherence to the measures by the younger generation which was also the largest group of high-risk behaviour and the lowest trust in government. Overall, the compliance to wearing the face mask was the highest whilst compliance to social distancing was the lowest.

There are two key differences between the right of the constables in both New Zealand and the United Kingdom. The first difference is the most substantial difference due to the significant power the New Zealand constables enjoy of entering private premises without a warrant. This could result in fear of the constables and therefore fear of the New Zealand Government rather than trust in Government. Alongside the critique as described by Prof. Gillespie, there are more sounds of criticism raised by citizens who fear authoritarianism in New Zealand due to the powers of the constables and room for discretion in the Public Health Act. Therefore, despite being praised both domestically as well as internationally, the rigid and power focused approach of New Zealand could lead in a decline in trust in Government and an increase in fear of Government.

The second key difference is the compliance to the Covid-19 related measures. According to the above-described nationally conducted research, the New Zealand population had an overall moderate to high level of compliance to the measures set by the national government. The lack of compliance was solely seen in a minority in Auckland. In the United Kingdom, there is a high level of compliance, however there is a clear group standing out negatively, the younger generation. These people show a low trust in government and therefore a low level of compliance to the measures.

Chapter V. Analysis

In this chapter, the data from the previous chapter ‘Data Collection’ will be analysed through the theories as discussed in the theoretical framework. This chapter aims to either confirm or reject the prior described hypotheses by means of the theory by Kingdon and Dai et al. Firstly, the key differences between the decisions made by the New Zealand Government and United Kingdom Government concerning the Covid-19 pandemic will be explained. Thereafter, the data will be analysed through the use of the two theories as previously explained. Lastly, the first conclusions will be made whether the collected data is corresponding with the theoretical framework.

Chapter V.I Analysis of Key Differences

In the previous chapter, a lot of data was collected concerning the different measures in New Zealand and the United Kingdom. The key difference concerned the lockdowns and the power of the Constables. For the lockdowns, the key differences include the intensity, longitude, and timespan of scaling to more severe and moderate tiers or alert levels. For the power of the Constables, the key difference include the authority the constables enjoy in terms of entering private premises.

V.I.I Key Differences

The intensity of the United Kingdom lockdown was intense in the first few months of the pandemic in 2020. Nevertheless, the lockdown was slowly scaled back to finally no lock down at all. Despite the rising number of Covid-19 cases, the lockdown was not as intense as at the beginning of the first crisis year, notwithstanding with the fact that the number of Covid-19 related cases was significantly higher from September onwards (GOV.UK, 2021). The key difference with New Zealand is the quick scaling to higher alert levels either locally or nationally. This decision-making on this scaling up and back on the Alert Level scale was rapid and thorough. This can be concluded from the example of four Covid-19 cases in August 2020 in Auckland which resulted in Alert Level 3 for that region and Alert Level 2 for the rest of New Zealand which was not changed until over a month later in September of 2020 (New Zealand Government, 2021). Moreover, the communication surrounding Christmas in the United Kingdom was quite unclear due to the constantly changing measures ranging from strict to loose and regional to local to national. Whilst in New Zealand, the communication from the Government to the citizens was strict yet clear.

Another key difference concerns the power of the Constables in both countries. The New Zealand Constables have enjoyed the unorthodox power of being allowed to enter private premises without having a warrant when in doubt of compliance to the set Covid-19 measures. This authority has received a lot of criticism in New Zealand, however were all opposed by Prime Minister Ardern (Young, 2020). In the United Kingdom on the other hand, the constables enjoyed a lot of power, yet not the same powers as their New Zealand counterparts. The most noticeable power the United Kingdom Constables enjoyed was being able to terminate events and also to remove children from public premises when not complying with the measures set by the Government.

V.I.II Reason of Difference

The reason of the difference in the decision-making concerning the lockdowns can partly be found in the position of the Prime Ministers towards the Covid-19 virus. Prime Minister Ardern of New Zealand and her government took the virus seriously from the start which resulted in the high focus on protecting their citizens from a health crisis. This perception of the virus was shown in the strictness of the New Zealand lockdowns and closure of the borders for foreigners early on in the pandemic with possible high impact on the national economy. The perception of the virus from Prime Minister Ardern was partly based on the relatively low ICU Capacity and testing capacity (Baker, Nick, & Anglemeyer, 2020). These contributing factors combined with the fact that Ardern has demonstrated crisis leadership early on in the first crisis year (Wilson, 2020), demonstrates the fact that the New Zealand Prime Minister was taking the virus seriously from the beginning.

Prime Minister Johnson of the United Kingdom was not taking the virus as seriously in the beginning of the pandemic as Prime Minister Ardern. According to Ian Birrell, the Prime Minister missed the first five key meetings concerning the pandemic due to the focus on Brexit amongst others (Birrell, 2020). The carelessness of Johnson's approach in the beginning of the pandemic could have resulted in the low trust in Government. Other contributing factors could include Brexit. The trust in Government is significantly different in the two countries. The trust in Government in New Zealand in 2020 was determined to be 62.9% (OECD, 2020) whilst the trust in Government in the United Kingdom in 2020 was determined to be 34.7% (OECD, 2020). The high trust in Government in New Zealand is also shown in the clear winner of the

2020 general elections held in October 2020 during which Prime Minister Ardern and her Labour Party obtained the absolute majority (Electoral Commission, 2020).

V.I.III Impact

The strict lockdown and closure of the borders in New Zealand and initially strict lockdown in the United Kingdom have impacted both economies severely. Due to the relatively late closure of shops and personal care industries in the United Kingdom, the economy was expected not to be as severely hit as the economy of New Zealand. The GDP growth in New Zealand in the beginning of 2020 (Q1 2020) was 2.2 whilst at the end of 2020 (Q4) in December, the GDP growth shrank to -1.9, which means a GDP growth shrinkage of 4.1 in just one year (New Zealand Government, 2021). In this final fourth quarter of 2020, the construction and retail trade and accommodation were hit most severely with a loss in the construction industry of NZ\$390,000,000 and a loss of NZ\$249,000,000 in the retail trade and accommodation industry (New Zealand Government, 2021).

The tourism industry in New Zealand has shrunken with 94.2%, making the industry one of the most severely hit industries in the country due to the Covid-19 pandemic (New Zealand Government, 2021). In the United Kingdom, the most severely hit industry was the Accommodations and Food industry, which had shrunken by 90% compared to 2019 (Office for National Statistics, 2020). Moreover, the tourism industry had experienced a sharp decline, especially in room occupation in London, decreasing by 70% and the air travel decreasing by 98.3% (Office for National Statistics, 2021).

Nevertheless, the interesting aspect of this analysis is the fact that the New Zealand GDP in constant prices of its own currency shrank with 2.05% when comparing 2019 to 2020 (International Monetary Fund, 2021). The GDP in constant prices of its own currency in the United Kingdom shrank with 9.85% (ibid). Moreover, according to the IMF, the unemployment rate in the United Kingdom increased with 18.3% in 2020 compared to 2019. The unemployment rate in New Zealand increased with 10.8% in 2020 compared to 2019. The gross national savings as percentage of the GDP in the United Kingdom shrank with 11.4% whilst the gross national savings as percentage of the GDP in New Zealand only shrank with 1.05%. Lastly, the general Government revenue as percentage of the GDP of the United Kingdom increased with 0.06% when comparing 2020 to 2019, whilst the general Government revenue as percentage of the GDP in New Zealand increased with 1.90% (ibid).

When considering these economic measurements, the impact of the key difference of the lockdowns in New Zealand and the United Kingdom is most significant in the United Kingdom economy rather than the New Zealand Economy. Moreover, the relative numbers of Covid-19 cases and fatalities in the United Kingdom were higher as well than the relative numbers in New Zealand. This shows that the early strict and long lockdowns in New Zealand, despite closing the borders for foreigners and closing non-essential shops in Alert Level 3, resulted in less Covid-19 cases, fatalities, and severe economic hits in 2020 compared to the United Kingdom who decided on a later approach to implement the lockdowns, less strict national lockdowns, and not closing the borders to foreigners resulted in higher relative Covid-19 cases, fatalities, and economic hits in 2020.

This data and the impact of the lockdowns on the national economies shows that consistency in the communication and policy and decision-making processes pays off. Furthermore, it shows the unintended self-destroying policy adoption by Prime Minister Johnson by focusing on preventing the economy from being severely hit, yet resulting in severe economic hits as well as a high number of confirmed Covid-19 cases and fatalities. An overview of the economic situation of New Zealand and the United Kingdom between 2019 and 2020 can be found in [appendix III](#).

V.II Analysis of Theoretical Framework

The key difference, reasons why, and impact of the decision-making in New Zealand and the United Kingdom has been established. The next part of this chapter ‘Analysis’ will consist of the application of the collected data to the theoretical framework consisting of theories by Kingdon and Dai et al.

V.II.I ICU Capacity

When looking at the theory by Dai et al, it can be concluded that the ICU Capacity is a combination of government led agenda setting and public led agenda setting. The government had a key role in noticing the problem of the lack of ICU capacity for the health crisis which is accompanying the Covid-19 virus. It is public led agenda setting due to the expressed worries from the public about the lack of ICU capacity. Therefore, there was a high pressure from the public on the governments to increase the capacity.

In New Zealand, the 2020 October elections could have had an effect on the quick increase in ICU capacity due to the desire to be re-elected during these parliamentary elections. Moreover, there was critique concerning this low ICU Capacity from the public which lead to the actions taken by the New Zealand Government. Moreover, there was critique from the New Zealand parliament as well as from the public on the lack of ICU capacity in the country which also made the parliament and Government key stakeholders in the agenda-setting process and eventually in the decision-making process of increasing the ICU capacity.

In the United Kingdom, the pressure on elections was not as present due to the general elections being held in 2019. Nevertheless, the Johnson Government had not been in parliament very long due to the high pressure of the Brexit Referendum and the results of leaving the EU. The pressure of the low trust in Government because of the Brexit referendum and the early disbelief in the virus could have put pressure on the Johnson Government to listen to the critiques provided by the public on the policies concerning the Covid-19 crisis. Nevertheless, the public led agenda setting was not as present in the United Kingdom as it was in New Zealand. The United Kingdom was more led by Government led agenda setting concerning increasing the ICU capacity in the United Kingdom.

V.II.II Lockdown

When taking the lockdowns into consideration, it can be concluded that the agenda-setting process was both Government led as well as public led. Although, unlike the agenda-setting process concerning the ICU Capacity, there was not such a large enthusiastic mindset towards strict lockdowns neither in New Zealand nor the United Kingdom, this was shown in the various anti-lockdown protests in both countries (Earley, 2020) ; (Gayle & Busby, 2020). Therefore, the public led agenda setting aspect is more concerned with scaling down to lower tiers or alert levels in the lockdowns.

The New Zealand Government clearly chose the protection of its citizens and the prevention of a national health crisis as their key focus points during the decision-making processes. This choice in itself is important, yet the most noticeable aspect is the strict lockdown and strict overall Covid-19 approach accompanying these key focus points. The strict approach is a noticeable choice due to the general elections which were held in October 2020. Prime Minister Ardern wanted to be re-elected as Prime Minister of New Zealand and therefore took a gamble when implementing such strict Covid-19 related policies. Nevertheless, there was some form of public-led agenda setting included in the process due to the aim of being re-elected based on the effects shown by her strict policy implementations. These effects were targeted to minimise the spread of the virus as much as possible to prevent the national health services from becoming overflowed. The elections in October were also a great timing for the New Zealand Government to show the medium-term effects of their strict policy implementations concerning the pandemic from March 2020 to October 2020.

The general elections in October 2020 were a great opportunity for the New Zealand citizens to show their outlook on the Covid-19 approach executed by Prime Minister Ardern. As the results show, the Labour Party of Prime Minister Ardern had obtained an absolute majority which showed that the combination of government-led agenda setting, and public-led agenda setting had worked for Prime Minister Ardern (Electoral Commission, 2020). Nevertheless, the aspect of government led agenda setting was necessary to make the rigorous decisions in order to prevent severe economic hits and a national health crisis from occurring. These decisions did however include strict social limitations.

In the United Kingdom on the other hand, there was less to gain in terms of re-elections since the first upcoming UK General elections will be held in 2024. Nevertheless, as previously mentioned, gaining trust in government for the fairly new Johnson Government, certainly after the Brexit Referendum, is a key focus point. The strict first lockdown showed the government as key stakeholder in the agenda-setting process. The slightly looser lockdown after the summer of 2020 and certainly during Christmas 2020, showed the fact that the British public did not want a strict lockdown again. Moreover, during the last month of 2020, the British public was most confident in the Government and felt like the country was not out of control as much as it was earlier on in the year (Ipsos, 2021).

V.II.III MIQ Charges

The MIQ Chargers were in most cases concerned with high expenses for foreign visitors and were therefore impacting the domestic public, due to the fact that the international tourism was severely impacted and tourists were restricted to visit New Zealand, furthermore it also impacted New Zealand citizens who wanted to return home but could not do this due to the MIQ facilities and / or costs.

When considering the theory by Dai et al., the following can be stated. The MIQ Charges is concerned with government led agenda setting due to the high-risk analysis of the United Kingdom and New Zealand Governments of the contamination of foreign visitors into their territories.

In New Zealand, there was a higher risk on contamination from foreign visitors into the country due to lower absolute number of ICU Capacity and testing capacity and therefore, the high risk on a health crisis if the Covid-19 virus would spread through the country on an uncontrollable pace. Therefore, the Government was the key stakeholder in the decision-making concerning the implementation of the MIQ charges to prevent these foreign visitors from entering the country and possibly causing this health crisis to light up. The New Zealand citizens did not have as much saying or power in this agenda-setting process as for example in the agenda-setting process concerning the implementations of the lockdowns.

In the United Kingdom, there was also a high risk due to relatively low number of ICU Capacity for the many British citizens. Therefore, there was a high urge to prevent people from coming

to the country. Moreover, due to the fact that the British Government decided not to close the borders as rigorously as New Zealand had done, there was a higher need for the MIQ Charges to discourage people to enter the United Kingdom without a valid reason.

V.II.IV Penalties

The agenda-setting and decision-making processes of the penalties are a clear example of Government-led agenda setting, as theorised by Dai et al. The New Zealand and United Kingdom governments were the key stakeholders in this agenda-setting process due to the limiting factor it has on the public. The key difference between the two countries shows the influence of the government in the process based on the high penalties certainly in New Zealand when taking the local currency into account. The public had no influence in the legislative aspect of the penalties, which makes it fairly reasonable that this agenda-setting process was led by the United Kingdom and New Zealand Government.

When looking at New Zealand specifically, the penalties in terms of the financial fines and imprisonment are tough and strict policies which were implemented during the Covid-19 crisis. These strict and harsh penalties could have contributed to the level of fear among the public to commit non-compliance or a criminal offence. This shows the lack of influence of the public in the agenda-setting process, moreover the penalties had limited effects public in terms of social and economic factors in case of compliance amongst the New Zealand citizens. Therefore, the penalties can be determined to have been put on the agenda by the Government.

In the United Kingdom, the same can be said. The big difference, however, is the fact that the local governments of Wales, Scotland, Northern Ireland, and England had the authority in the agenda-setting process of the penalties in their regions. The national Government had less authority in this process, nevertheless the decision-making and agenda-setting processes concerning the penalties can still be determined to be Government led over public led.

V.II.V Power of the Constables

When taking the theory by Kingdon into consideration, it can be concluded that the entire Covid-19 crisis can be defined as the problem stream due to the large and global extend and the severe hazard to the global healthcare. The political stream is included the severe pressure on the national and international political system to implement the correct measures at the right time to ensure the economy not to get hit severely and to prevent as many fatalities and hospitalisations as possible. The policy stream can be determined due to the specific powers to the constables to ensure the measures being complied to. In New Zealand, there could have been an aspect of fear of Government due to the unorthodox authorities the Constables enjoyed. In the United Kingdom, there was an aspect of overall high to medium compliance, yet low compliance among younger people.

In New Zealand, the political stream received criticism due to the risk of becoming authoritarian due to the power the constables received during the Covid-19 pandemic. The criticism by Alexander Gillispie, was the most noticeable criticism which also resulted in Prime Minister Ardern reacting to the criticism. Nevertheless, due to the strict and rigid measures, the New Zealand Government had also inspired international political streams to close its borders to prevent the virus from being brought into the country. The closest example of the New Zealand political stream affecting other political streams abroad, is the closure of the Australian border. The intersection of the problem stream, high risk on national and International healthcare, policy stream, specific and high powers to the constables, and the political stream, advocacy of interest groups and the political moods, had resulted in the opening of the agenda setting window to provide the constables with these specific and high powers.

In the United Kingdom, the constables received less powers than in New Zealand. Nevertheless, the United Kingdom constables had the authority to terminate events and arrest people not complying to the current Covid-19 measures. There was clearly an issue at hand when the Covid-19 pandemic hit the United Kingdom for the first time. This issue was both economically and well as socially and healthcare related which made the issue more complicated after the polarisation of the Brexit Referendum. The Brexit referendum has caused polarisation in the United Kingdom which was enlarged during the Covid-19 crisis which was shown in the levels of non-compliance in the country, specifically from younger citizens. The policy stream in this case

was concerned with the narrowing down of policy options. Considering power of the constables as key policy option is a straight forward option to prevent the health crisis from emerging and affecting the British economy.

When looking at the theory by Dai et al., the following can be determined. The power of the constables was very much a government led agenda setting process. This is due to the importance on compliance to combat the crisis. The public had little to contribute to this process and were even harmed by it due to the penalties.

New Zealand was the prime example of government led agenda setting. The powers of the constables in New Zealand were restricting the New Zealand public and were therefore not brought up by the public. The Government had to take strict measures to maintain low to no Covid-19 cases, which included the controversial powers to the constables including being allowed to enter private premises without warrants. The Government received a lot of critique about this authority, yet has not changed its strategy despite these critiques.

In the United Kingdom, the power of the constables was also a clear example of government led agenda setting due to the limiting effects it has on the UK citizens. However, there was not as much critique on the power on the constables in the United Kingdom as in New Zealand. This was due to the quite moderate authorities the constables enjoyed during the first year of the Covid-19 pandemic. Despite the less firm authority the British constables enjoy, this policy did face criticism from the public as well as the United Kingdom Government due to possible “*abuse of power*” (Al Jazeera, 2020). The criticism from the Secretary of transport Shapps was more targeted at the individual cases of possible abuse of power of the constables whilst the criticism of the public was generally targeting all the constables. This criticism was based on the otherwise traditional “*citizens in uniform*” approach by the British police which was changed during the Covid-19 pandemic. The British public was accusing the constables from turning the United Kingdom into a police state (ibid). This criticism was mostly shown during the lockdown in the United Kingdom (ibid). Moreover, there was critique concerning the confusion about the Four Tier System and the inconsistency of the British constables in terms of the strictness of the penalty (Mendick, Hymas, Evans, & Hope, 2000).

V.IV Hypotheses

This research was based on the previously set hypotheses. In this subchapter each hypothesis will be either rejected or confirmed. The three set hypotheses in this research were the following;

- 1). The levels of trust in government in New Zealand and the United Kingdom contributed to the way the Governments handled the Covid-19 pandemic.
- 2). The New Zealand border closure would result in harsh economic hits in the tourism industry amongst others, which would have the highest impact on the national economy whilst the United Kingdom mitigated this risk by leaving the borders open.
- 3). New Zealand favoured public health in crisis decision-making whilst the United Kingdom favoured the national economic stability during the decision-making processes of the lockdowns.

V.IV.I Hypothesis I

Looking at the first hypothesis “*The levels of trust in government in New Zealand and the United Kingdom contributed to the way the Governments handled the Covid-19 pandemic*”, it can be concluded that the trust in Government did play a role in the way both Governments have approached the Covid-19 pandemic. The high level of trust in New Zealand prior to the Covid-19 crisis (62.9%) was confirmed during the 2020 general elections in which the Labour Party of Prime Minister Jacinda Ardern obtained the absolute majority. The timing of these elections was perfect to determine the position of the New Zealand citizens towards the Covid-19 approach, taken decisions, and implemented policies. This position is also shown in the research by Kaine, Greenhalgh, and Wright (Kaine, Greenhalgh, & Wright, 2021). This researched showed the high levels of compliance to the Covid-19 measures. The debate on this compliance is, however, are these levels of compliance caused by a high level of trust in the New Zealand Government or by a certain level of fear of the New Zealand Government and severe penalties on non-compliance. The reason could also be a combination of both aspects. For New Zealand, this hypothesis can be confirmed.

When looking at the situation in the United Kingdom however, there was a lower level of trust in Government of 43.6% in 2019 (OECD, 2020). This lower level in trust is partly to blame on the Brexit Referendum and the polarisation resulting from this. Nevertheless, the lower trust in Government was also caused by the perception of Prime Minister Boris Johnson towards the seriousness of the virus. This perception of this deadly and quick-spreading virus which has caused a national health and economic crisis in the United Kingdom, also contributed to the

levels of non-compliance to the measures certainly among younger British citizens. Due to the combination of the initial perception of Prime Minister Johnson towards the Covid-19 virus and the moderate levels of compliance to the measures set by the national, regional, and local governments, it can be concluded that the low level of trust in Government of 2019 has affected the manner of which the British Government had approached the Covid-19 crisis. Therefore, this hypothesis can be confirmed.

V.IV.II Hypothesis II

Regarding the second hypothesis “*The New Zealand border closure would result in harsh economic hits in the tourism industry amongst others, which would have the highest impact on the national economy whilst the United Kingdom mitigated this risk by leaving the borders open*”, the following can be concluded. It was determined in this research that the New Zealand economy was severely hit, however not as much as the British economy. Nevertheless, it cannot be concluded that the economic stability of New Zealand was the reason of this. The New Zealand Government had closed non-essential shops relatively fast in Alert Level 3, but most significant was the lack of revenue coming from international tourists, students, and other foreign visitors contributing to the national economy. Tourism has been determined not to be hit as severely as the construction industry in the country. Nevertheless, the border closure had led to a decline of 94.2% in the tourism industry in New Zealand. Moreover, the economy was not hit as severely as hypothesised as was shown in this research. The closure of the borders was a forceful measure in order to protect the New Zealand citizens and health services from a health crisis. This forceful measure has resulted in a sharp economic decline in the tourism industry yet was not the most severely hit industry in New Zealand. Moreover, the tourism industry in the United Kingdom was more severely hit in terms of accommodation & food and air travel. Therefore, this hypothesis for New Zealand was rejected.

In the United Kingdom, the most hit industry was actually the Accommodations and Food Industry. This industry had shrunken by 90% compared to the previous year, 2019. The Accommodations and Food industry was not solely affected by the lack of incoming tourists and students, yet also by the long initial lockdown in which the hospitality industry had a curfew of 11.00pm and the strict restrictions on being allowed to stay the night somewhere else. The passengers arriving by plane had fallen by 98.3% at the beginning of 2020 (Q2). Moreover, the 70% shrinkage of room occupation in London showed the lack of tourism in the country in 2020.

Thus, it can be concluded that the mitigation strategy of leaving the border open, despite the MIQ Charges, has not resulted in a mitigated risk on the sharp economic decline in the tourism industry. Therefore, this hypothesis for the United Kingdom was rejected.

V.IV.III Hypothesis III

Considering the third hypothesis “*New Zealand favoured public health in crisis decision-making whilst the United Kingdom favoured the national economic stability during the decision-making processes of the lockdowns*”, the following can be stated.

Due to the rigid, forceful, and early measure of the border closure in New Zealand, which would significantly impact the national economy, yet is protecting its citizens from a health crisis, it can be stated that the New Zealand Government had favoured in the crisis decision-making process over the economic factors. The impactful lockdowns both on the national and regional levels have resulted in a sharp decline in international tourism in New Zealand, yet had a lesser impact on the domestic tourism. Moreover, the strict lockdowns prevented social gatherings and community contamination in New Zealand which prevented the Covid-19 virus from being spread throughout the country on a fast pace.

The economic hits and the 10% increase in the national unemployment rate are severe components of a recession which will take New Zealand some time to recover from. Nevertheless, the country has been described to have had a V-shaped recession which showed the sharp decline in the New Zealand economy, yet also showed a sharp incline immediately after this decline (Withers, 2020). This sharp decline and incline have the shape of a V and is therefore called a V-shaped recession. On the other hand, the country had successfully suspended the Covid-19 virus over the summer of 2020 with zero confirmed Covid-19 cases from May 2020 till August 2020. Moreover, the country had shown rigid decision-making capabilities through scaling up to either Alert Level 3 or 4 as soon as new Covid-19 cases were reported. This approach has resulted in 2,162 Covid-19 cases of which 25 citizens had unfortunately passed away in 2020.

When looking at the United Kingdom on the other hand, there is a clear favour in keeping the economy stable. This is shown in the very late closure of non-essential stores and premises in the personal care industry. These premises were only closed in Tier 4 ‘Lockdown’ in which everybody had to stay home. In the three tiers prior to the lockdown, these premises had

remained open. Moreover, the United Kingdom borders were never completely closed for any foreign visitors, however the MIQ Charges were implemented to discourage foreign visitors from entering the country to prevent the quick contamination of the virus. Nevertheless, the lockdown which was initially implemented in the United Kingdom was implemented rather late. One of the earlier stages of re-opening included schools and stores again, this was decided to prevent the economy from drastically declining into a deep recession.

Despite the efforts of preventing a recession, the United Kingdom Government could not prevent this recession from happening. The tourism and accommodations & food industry were severely hit by the lack of tourists and other foreign visitors due to the Covid-19 pandemic. The United Kingdom GDP has shrunk by 9.9% which will take the United Kingdom a while to recover from this severe shrinkage in the GDP. The consequences of the severe hits to the British economy, have not been as heavily impacting the British economy since 1709 (Partington, 2021) ; (UK Parliament, 2021). This statement by Partington shows the unfortunate ability to successfully achieve the desired results from the economic focused approach from the United Kingdom Government and its decision-making processes. Unfortunately, the approach by the British Government has resulted in 2.542.065 Covid-19 cases of which 73.512 Covid-19 fatalities (Gov.uk, 2021); (Gov.uk, 2021).

Therefore, the third hypothesis can be confirmed due to the focus on public health in the decision-making process in New Zealand and focus on economic aspects in the United Kingdom decision making process.

V.III. Confirmation or Rejection of Theoretical Framework

Based on the previous analysis of the theoretical framework to the collected data in this research, it can be concluded whether the theories explained in the theoretical framework are either confirmed or rejected.

VIII.I Theory by Kingdon

The theory by Kingdon is rejected in this research due to the fact that this theory is concerned with the intersection of the problem stream, policy stream, and political stream which is providing the opportunity of the policy window. Nevertheless, due to the impact of the Covid-19 virus on a global scale, affecting almost every country and territory and industry, there was no need for the intersection of the three streams for the policy window to be opened. The window was already opened due to the sudden and very impactful crisis which resulted in 5.44 million fatalities with the United Kingdom being hit as the fourth country worldwide. Therefore, the theory by Kingdon was rejected in this research.

VIII.II Theory by Dai et al.

Nevertheless, when taking the theory by Dai et al. into consideration, it can be concluded that this theory is confirmed in this research. The combination of Government led agenda-setting and public led agenda-setting has proven to be vital during this novel health crisis. Due to this novelty, the Government was not able to know the effects on the public as well as the public themselves which on their time were not able to oversee the crisis from a national and legislative point of view. The Government has been the key stakeholder in all the decision-making processes; however the public has been a key stakeholder in the agenda-setting of several measures to prevent the virus from causing more fatalities and social, economic, and political unrest.

Chapter VI. Conclusion

In this final chapter, the research will be summarised, and the main research question will be answered based on the gathered data and provided analysis of the theoretical framework on this data. Firstly, the key findings of this research will be briefly summarised, thereafter the main research question will be answered. This answer will explain the main explanatory variable which defines the key difference between the compared cases in relation to the different outcome of the Covid-19 crisis management approach in both countries. Lastly, implications for improvement of the theory and further research will be provided and the value will be enlightened. The main research question this research was conducted to was; ‘*What explains the difference in policy adoption during the Covid-19 pandemic between two seemingly similar countries; New Zealand & the United Kingdom?*’.

Chapter VI.I Brief Summary of Research

This research was conducted in order to define the main explanatory variable in the case comparison between New Zealand and the United Kingdom in terms of the difference in policy adoption despite being seemingly similar countries. There were three key findings in this research; 1). Difference in lockdowns, 2). Difference in focus, and 3). Difference in outcome.

The difference in lockdowns start with the timespan between the first confirmed case and the legal implementation of the lockdown. In New Zealand, there were only 15 days between the first confirmed Covid-19 case first self-isolations. The first gatherings were cancelled, and the borders were closed on March 19th, which means the New Zealand Government of Prime Minister Ardern had taken action within 20 days after this novel virus had entered the country. When looking further at the intensity of the New Zealand lockdown, the emphasise was placed on rapid upscaling in the Four Alert Levels which defined the intensity of the national, regional, or local lockdown. There is a clear component of multi-level governance in this approach. There was also a clear national rule of record-keeping of where the New Zealand citizens had been in order to keep track on movement of the communities and possible roots of community contaminations. The first initial lockdown in New Zealand had lasted for 81 days. Furthermore, the second lockdown in 2020 lasted for a total of 54 days.

On the other hand, the lockdown in the United Kingdom was implemented relatively late compared to New Zealand. It took the United Kingdom Government 55 days to implement the official nation-wide action in order to combat the novel virus. This was partly due to the perception of the virus by Prime Minister Johnson, who had missed the first five official meetings concerning the virus because he did not perceive the seriousness of the Chinese Sars virus. This perception of the virus was also shown in the statement “*We will turn the tide in 12 weeks*”. Moreover, the initial lockdown was very intensive including closure of non-essential shops, nevertheless the communication and legislation concerning future lockdowns and measures were inconsistent. This latter is shown in the communication concerning Christmas measures in December 2020. Furthermore, the measures in Tier 2 and Tier 3 were quite similar to the measures in Tier 1. The first initial lockdown in the United Kingdom lasted for 67 days. The England specific second lockdown only lasted for 27 days in total.

The difference in the intensity and longitude of the lockdowns in both countries is partly due to the difference in focus of both Prime Ministers and their decision-makers. In New Zealand, the focus of the Covid-19 approach was primarily on preventing a national health crisis from occurring. This is shown by the very early closure of the borders whilst tourism accounted for 10% of the national GDP. The borders are still closed as of writing this thesis, approximately 661 consecutive days of border closure. Aside from the rigid measure of the closure of the borders, another component of the clear focus on public health over economy is shown in the closure of the non-essential shops during Alert Levels 3 and 4. Despite the clear focus on public health over the national economy, New Zealand has been described to have experienced a V-shaped recession. The only significant increase in the New Zealand economy has been the increase of 1.71% of consumer prices.

In the United Kingdom on the other hand, the primary focus had been on keeping the economy as stable as possible. This approach may have resulted in the high rates of Covid-19 cases and fatalities. The focus on stabilising the economy is shown in the very late closure of non-essential shops and premises in the personal health care. These premises were only closed in Tier 4 ‘Stay Home’. Furthermore, the similar measures throughout Tiers 1 to 3 show the lack of rigid measures to combat the virus and are rather showing a focus on remaining stores and hospitality open in order for the economy not to be severely hit. Perceptibly, the United Kingdom Government also focused on the protection of its citizens to combat the virus, however it can be concluded that the main focus was on preventing the British economy from being severely hit.

Nevertheless, as described in this research, the British economy has been more severely hit than the New Zealand economy.

The difference in the Covid-19 approach between the two cases have concluded in very different impacts on the countries. In New Zealand, the number of cases has been quite limited during the first crisis year resulting in only 0.04% of the New Zealand population being diagnosed with the Covid-29 virus in 2020 and for 0.0005% of the population, Covid-19 was proven to be fatal. The results concerning the economic results showed that the New Zealand economy had been severely hit in 2020, with the most significant numbers being the unemployment rate and GDP. Nevertheless, due to the V-shaped recession, the country will not experience the daunting recession which was feared due to the rigid approach.

In the United Kingdom on the other hand, the results paint a different picture of the Covid-19 crisis in 2020. The number of cases in 2020 were established to be 3.78% of the British population and the fatalities were found to be 0.11% of the British population. The relative numbers are significantly higher in the United Kingdom than in New Zealand. Looking at the economic impact of the Covid-19 approach, it can be stated that economic situation in 2020 has had negative impact on the British economy with a shrinkage in GDP of 9.9%. Moreover, the high number of relative Covid-19 cases and fatalities also showed a big negative impact on the National Health Services.

Chapter VI.II Answer to the Main Research Question

Taking all the gathered data and use of the theoretical framework into consideration, the following answer can be given to the main research question.

The key focus on public health in the decision-making processes of New Zealand and the key focus on remaining the British economy stable in the decision-making processes of the United Kingdom explain the difference in policy adoption during the Covid-19 pandemic in 2020. Therefore, the key focus on public health versus economy is defined to be the main explanatory variable in this research.

Other contributing variables were defined to firstly be the trust in Government from the public which showed in a difference in compliance to the measures set by the national Governments to combat the virus. Moreover, this difference in trust in Government could have been affected by the Brexit Referendum in the United Kingdom and the political instability as a result of this referendum and the exit of the European Union. Moreover, the combination of the Government led agenda-setting and public led agenda-setting processes was based on the level of trust in Government and involvement the public had in decision-making, mostly concerning scaling down during the lockdowns in both countries.

The second contributing variable to the difference in policy adoption is the perception of the virus from both Prime Ministers. The New Zealand Prime Minister Ardern has taken the novel Sars virus very seriously since the beginning which was shown in the strict measures including the closure of the borders. The perception of the United Kingdom Prime Minister Johnson was very differently during the beginning of the crisis in 2020. Perhaps perception was based on the Brexit Referendum or information asymmetry, nevertheless it resulted in a fairly late approach.

The third and final contributing variable can be defined to be the consistency and transparency in the communication and implementation of measures. The New Zealand Government utilised the Alert Levels consistently and was thorough yet clear in scaling up and down these Alert Levels with a multi-level governance approach, resulting in a targeted and consistent approach of the Covid-19 crisis. The United Kingdom has not utilised the Four Tier Levels as thoroughly and was unclear and inconsistent in the communication concerning the measures at times resulting in confusion among the British Constables.

VI.III Reflection on the Research

The following subchapter will concern the reflection on the research. This subchapter will conclude the strengths and limitations of this research, the assessment of the reliability and validity of the research, and suggestions for future research concerning the matter of this research.

VI.III.I Reflection on Strengths and Limitations

During the conduction of this research, multiple strengths and weaknesses were identified. In this subchapter, these strengths and weaknesses will be identified and explained. Firstly, the strengths will be emphasised, these strengths concern the comparability of the two cases, the reliability of the Government sources in this research, and the current timeframe of the topic.

To begin with the comparability of the two cases, the two countries discussed in this research, New Zealand and the United Kingdom are similar in multiple ways. Therefore, the comparison between the two cases could be seen as reliable due to the fact that there are no major key factors, including socio-economic differences, political stability including wars, or any other major crises aside from the Covid-19 crisis. This can be seen as a strength of this research due to the fact that there are no exogenous shocks which could negatively affect the results in this research due to these instabilities.

Another key strength of this research is the reliability of the Government documents of both countries. The documents were all in English which prevents any language or translational barriers when conducting this research. Moreover, the fact that the key sources, including the health acts, were published on the official government websites of both countries can be seen as a key strength in this research due to the ease of accessibility.

The third and final identified strength concerns the current timeframe of the subject of this thesis, the Covid-19 pandemic. There is little dated information on the crisis and measures themselves due to the fact that the data from this research dates back to 2020 with information dating back to February 2020 being the eldest information in this research. This prevents dated information from contaminating this research.

Despite the current timeframe and the absence of dated information concerning the crisis being a key strength, it can also be identified as a double-edged sword. This is due to the fact that the

Covid-19 crisis is still ongoing, a clear conclusion or long-term consequences lack in this crisis and therefore in this research. Moreover, the scope of this research was set on 2020, which also eliminates the vaccination campaigns and booster campaigns which were started in 2021/2022. Therefore, the present-day aspect of the crisis can be seen as both a strength as well as a limitation. Another limitation concerns the fact that the United Kingdom exists of four key regions with England being the most prominent region. This is seen in the publications of governmental and scientific data, yet also in the timeline of the Lockdown and several publications in national newspapers. The most information stated in official government documentation and publications were not concerning Wales, Scotland, or Northern Ireland which made the overall view of the United Kingdom biased towards solely England. In consequence, the current time of the crisis and the prominent presence of England in official communication can be defined as the key limitations of this research.

VI.III.III Suggestions for improvement of the used theory

Based on the analysis of the used theory by Kingdon and Dai et al. on these two specific cases, the following can be stated. When firstly considering the theory by Kingdon and its three streams to open the window of opportunity for agenda-setting, it can be stated that the theory becomes of less importance when the policy window is already opened by an (inter) national crisis or other impactful event. Nevertheless, when two or multiple countries are combating the same issue without this being a crisis, the model by Kingdon can be of high significance due to the simplicity of and the straightforward nature which can be used to directly compare the three streams of the model of the selected cases. Nevertheless, for this specific research, the theory is more focused on

When considering the theory by Dai et al. to the two selected cases in this research, the following can be stated. The theory demonstrated the clear distinction between the Government-led agenda setting proposals and the public-led agenda-setting proposals. The theory showed the urge of the Government to ensure compliance to the measures in order to prevent a health or economic crisis from arising. The public demonstrated the opinion of (parts of) the citizens and how the measures set by the Government were received by these citizens. The theory may not be the most suitable theory in comparative research concerning cases in which the public and its opinions are suppressed due to the bias of agenda-setting in the research which will all be led by the Government, without considering the public. This theory can best be used however in research which is concerning agenda-setting and decision-making of highly impactful events in

which the public is highly involved. Due to this aspect of public involvement, the theory can be used for a wide range of research topics in which the public plays a role in the agenda-setting of specific issues.

VI.III.IV Suggestions for Future Research

Based on the conducted research to the difference in policy adoption in New Zealand and the United Kingdom the following two topics of future research can be suggested. Firstly, the high levels of compliance in New Zealand and the power of the constables could be interesting topics to conduct research to a possible causation between the two aspects resulting in a component of fear of Government. The research could be aimed at to what extent the high levels of compliance to the Covid-19 measures were caused by the high level of trust in Government or by the component of fear for the Government and the large authority the constables enjoy. The outcome of this research could show the real cause of high levels of compliance and could show whether the approach of giving more power and authority to constables during the Covid-19 crisis, or any other health related crisis, could result in high levels of compliance and therefore lower levels of contamination. This research could be conducted through field research and interviews with local New Zealand citizens and local decision-makers as well as through survey research in order to conclude whether or not there is causation between the power of the constables and the high levels of compliance.

Secondly, future research could be conducted to the correlation and / or causation between the Brexit referendum and the Covid-19 approach by Prime Minister Johnson. This research could be aimed to identify whether the political instability and economic instability, due to the change in imports and exports and movement of people and trade, had had a direct effect to the Covid-19 approach by Prime Minister Johnson. The contribution of this research could be to identify whether two totally different shocks, both endogenous as well as exogenous, can impact the decision-making and policy adoption processed of the current Government. The Brexit referendum was a situation which indirectly impacted the European Union, yet directly impacted the United Kingdom citizens the most. The small margin in the eventual results of the 2016 referendum is expected to have contributed to polarisation in the United Kingdom, and therefore a lower level of trust in the Government. The future research could concern the direct causation of the Brexit referendum, including its political, economic, and social instability, and the Covid-

19 approach by Prime Minister Johnson including his perception of the virus and slow approach of the first Covid-19 related measures.

Appendices

Appendix I. Four Alert Levels New Zealand

Four Alert Levels New Zealand

	Risk Assessment	Social Contact	Travel / Movement	Work / Learn from Home	Gatherings	Face Covering and distance	Public Facilities	High Risk Citizens
Level I. - Prepare	<p>The disease is contained in New Zealand</p> <ul style="list-style-type: none"> COVID-19 is uncontrolled overseas. There could be sporadic imported cases. There could be isolated local transmission in New Zealand. 	<p>All businesses, facilities, schools, education providers and workplaces can open.</p>	<p>NZ COVID Tracer QR codes issued by the NZ Government legally must be displayed in workplaces and on public transport.</p>	<p>The following places legally must have systems and processes to ensure visitors keep a record of where they have been (whether via the NZ COVID Tracer app or otherwise), including healthcare facilities, aged care facilities, close-contact businesses, hospitality venues, public facilities, exercise facilities and social gatherings such as weddings, funerals and tangihanga.</p>	<p>In all other places, we encourage you to keep track of everywhere you have been, as this helps contact tracing to identify any potential spread of COVID-19.</p>	<p>There are no restrictions on personal movement or gatherings</p> <p>You legally must wear a face covering if you are aged 12 and over when:</p> <ul style="list-style-type: none"> using public transport and airplanes (excluding inter-island ferries and school buses) exclusions apply for people with disabilities or mental health conditions. 		
Level II. - Reduce	<p>Low risk of community transmission within applied area</p> <ul style="list-style-type: none"> There could be limited community transmission. There are active clusters in more than one region. 	<p>You can connect with friends and whānau in person, socialise in groups and go shopping and travel domestically, if following public health guidance.</p>	<p>You can return to the place where you work or learn but alternative ways of working are still encouraged</p>	<p>Businesses, schools, early learning services, tertiary education providers and public facilities, such as museums, libraries and pools can now all open with additional health measures in place.</p>	<p>Gatherings of up to 100 people in a defined space are allowed including weddings, funerals and tangihanga. Mandatory record keeping (as in Alert Level 1) and physical distancing are legally required.</p> <p>Hospitality businesses legally must keep groups separated and seated. Physical distancing of 1 metre must be applied — this will determine the maximum capacity of the business.</p>	<p>Event facilities, including cinemas, stadiums, concert venues and casinos can open. Physical distancing of 1 metre must be applied — this will determine the maximum capacity of the event.</p> <p>Health and disability care services can operate as normally as possible.</p> <p>Keep 2 metres apart from people you do not know in public and places like retail stores, libraries, gyms, and museums.</p>	<p>Keep 1 metres apart from people in other places like office buildings and factories, and in places where there is a cap on numbers, like cinemas and hospitality.</p> <p>Sport and recreation activities are allowed, subject to conditions on gatherings, record keeping, and — where practical — physical distancing. Gyms — 2m physical distancing, outdoor teams sport — no physical distancing</p>	<p>People at higher risk of severe illness from COVID-19 (for example, those with underlying medical conditions, especially if not well-controlled, and older people) are encouraged to take additional precautions when leaving home, unless fully vaccinated. You may work, if you agree with your employer that you can do so safely.</p>
Level III. - Restrict	<p>Medium risk of community transmission — active but managed clusters</p> <ul style="list-style-type: none"> There are multiple cases of community transmission. There are multiple active clusters in multiple regions. 	<p>Stay home and keep your bubble small. You can expand to reconnect with close family/whānau, enable caregiving, or support isolated people. This extended bubble legally must remain exclusive.</p>	<p>Travel is still restricted, so stay local. Inter-regional travel is highly limited with limited permissions. You can travel for work, school, to pick up necessities and good purchased in a contactless way or undertake low-risk recreational activities. Work and learn from home if you can.</p>	<p>Only people who can't work from home should return to businesses that can safely open under Alert Level 3.</p>	<p>When you leave home, keep a 2-metre distance from others when in public or 1-metre in controlled environments like workplaces, where practical.</p> <p>Gatherings of up to 10 people are allowed for weddings and civil union ceremonies, funerals and tangihanga (exclusive of staff). Up to 5 staff may be present. Physical distancing and record keeping are legally required.</p>	<p>Customers are only allowed inside specific businesses: supermarkets, banks, primary produce retailers, pharmacies, petrol stations or hardware stores providing goods to trade customers, or if it is an emergency or critical situation. (Essential Shops)</p> <p>Other businesses can open if they trade in a contactless way.</p>	<p>Public facilities remain closed. Early childhood centres and schools will open for students up to Year 10 for those who can't learn from home.</p> <p>Healthcare services should use virtual, non-contact consultations where possible.</p>	<p>People at high risk of severe illness, such as older people and those with existing medical conditions, are encouraged to stay at home where possible, and take additional precautions when leaving home. You may choose to work.</p>
Level IV. - Lockdown (all measures from Level I-III apply as well)	<p>Likely the disease is not contained</p> <ul style="list-style-type: none"> There is sustained and intensive community transmission. Outbreaks are widespread. 	<p>Stay home in your bubble.</p>	<p>No travel is allowed except for necessities or to undertake safe recreational activities. You must work and learn from home.</p>	<p>If you work for an Alert Level 4 business or service and you have no available options for childcare, you can extend your household bubble to include a carer for your children.</p> <p>No gatherings are allowed. All public and education facilities close.</p>	<p>Businesses must close except for necessities (e.g. supermarkets, pharmacies, petrol stations) and lifeline utilities. Green grocers, butchers, bakeries, and fishermen can sell uncooked food items online and must deliver all orders.</p> <p>You legally must wear a face covering in some settings. It's recommended you wear a face covering whenever you leave the house.</p> <p>Rationing of supplies and requisitioning of facilities as well as reprioritisation of healthcare services is possible.</p> <p>Members of a household or shared bubble may view or accompany the deceased in a funeral home, cemetery or faith-based institution subject to strict conditions.</p>			

Appendix II. Four Tier System United Kingdom

Four Tier System UK

	<i>Staying at Home</i>	<i>Meeting with others</i>	<i>Travel and transport</i>	<i>Staying overnight</i>	<i>Going to work</i>	<i>Shops</i>	<i>Hospitality</i>	<i>Personal care</i>	<i>Exercise and sporting activity</i>	<i>Places of worship</i>	<i>Weddings and civil partnerships</i>	<i>Funerals</i>	<i>Care home visits</i>	<i>Public services and buildings</i>	<i>If you're clinically extremely vulnerable or were previously advised to shield</i>	<i>Christmas</i>	
					Similar / Same in all Tiers	Same in Tier 1-3		Same in Tier 1-3		Similar through all tiers		Same in Tiers 1-3	Same in Tiers 1-3			Same in Tiers 1-3	
Tier I. Medium Alert	You can see people from different households, both indoors and outdoors, but only in groups of up to 6 people . You should maintain social distancing from anyone not in your household or support bubble.	There are no restrictions on travel or use of transport but you should still wear a face covering .	There are no restrictions on staying overnight somewhere other than your home. But you can only go away with those outside your household or support bubble in a group of up to 6 .	You should work from home where possible. Where this isn't possible, workplaces should be coronavirus secure.		All shops can open .	Restaurants, pubs, cafés and other hospitality venues can be open. However, they must close by 11pm , with last orders at 10pm and provide table service.	Businesses such as hair, nail and beauty salons can open .	Gyms, pools, and leisure facilities can open . Organised sport and licensed physical activity are allowed in indoor and outdoor settings but may be subject to certain rules, including the rule of six for indoor activities. Sporting events are open to the public but with limited capacity or a maximum of 4000 people outdoors and 1000 indoors where social distancing is possible.	They can open subject to the rule of six , but it's best to check with your place of worship. There are exceptions for weddings and funerals .	Up to 15 people can attend a wedding ceremony and a coronavirus secure sit-down reception.	Up to 30 people can attend someone's funeral and up to 15 people can attend someone's wake, ash spreading or other linked events. But this can't be held in someone's home .	You can visit someone in a care home. Each resident is limited to two constant visitors and when visiting you should expect to take a coronavirus test, keep your distance, and wear PPE.	These can open .	You may want to limit the number of people you spend time with or choose to meet with those you don't live with in outside spaces. Make sure you socially distance from people you don't live with or who are outside of your support bubble. It's a good idea to limit your use of public transport and to visit places like shops and pharmacies at quieter times of the day.	On 25 December each household can form a 'Christmas bubble' with up to two other households . The rules have been updated so households will only be allowed to socialise on Christmas day.	
Tier II. High Alert	You can see people from different households, outside in groups of up to 6 people but you can only meet inside with those in your household or support bubble .	Journeys should be limited where possible, but you can still travel and use transport to go to the shops, work and hospitalily venues that are open. You should wear a face covering .	You can only stay overnight somewhere if it's with those in your household or support bubble .	You should work from home where possible. Where this isn't possible, workplaces should be coronavirus secure.		All shops can be open .	Venues should close by 11pm and take last orders at 10pm .	Businesses such as hair, nail and beauty salons can open .	Any indoor physical activity can only take place where there's no interaction between different households .	They can open as long as households don't mix indoors , but it's best to check with your place of worship. There are exceptions for weddings and funerals.	Up to 15 people can attend a ceremony and a coronavirus secure sit-down reception.	Up to 30 people can attend someone's funeral and up to 15 people can attend someone's wake, ash spreading or other linked events. This can't be held in someone's home .	You can visit someone in a care home. Each resident is limited to two constant visitors and when visiting you should expect to take a coronavirus test, keep your distance, and wear PPE.	These can open .	Although you can meet in groups of up to 6 outside, it's a good idea to limit the number of different people you socialise with. Make sure you socially distance from people outside of your household or support bubble. Try to avoid travel where possible, unless for education, work, or essential shopping.	On 25 December each household can form a 'Christmas bubble' with up to two other households . The rules have been updated so households will only be allowed to socialise on Christmas day.	
Tier III. Very High Alert	You should only spend time in your house or garden with the people you live with . This means you cannot invite people you don't live with over to your house or in your garden unless they are in your support bubble .	Journeys should be minimised , but you can still travel to go to the shops, work and hospitalily venues that are open. You should still wear a face covering . You're advised against travelling out of your area although exceptions apply, for example for work, education or caring responsibilities.	You can't stay overnight somewhere outside your local area unless essential for work, education or similar. This should only be with those in your household or support bubble. Accommodation will be closed in these areas except for specific reasons.	You should work from home where possible. Where this isn't possible, workplaces should be coronavirus secure.		All shops can be open .	Hospitality venues are closed , but can remain open for takeaway, drive through and delivery services .	Businesses such as hair, nail and beauty salons will be open .	Indoor exercise and sports should not take place unless it is with your household or support bubble .	They can open as long as households don't mix indoors or outdoors , but it's best to check with your place of worship. There are exceptions for weddings and funerals.	Up to 15 people can attend a ceremony, but wedding receptions aren't allowed .	Up to 30 people can attend someone's funeral and up to 15 people can attend someone's wake, ash spreading or other linked events. This can't be held in someone's home .	You can visit someone in a care home. Each resident is limited to two constant visitors and when visiting you should expect to take a coronavirus test, keep your distance, and wear PPE.	These can open .	It's still important to go outside for exercise but when you do try to avoid places which are likely to have lots of people . Other than for exercise, try to stay at home as much as possible. If you can, avoid going to shops and pharmacies . Instead use online shops or ask people in your household or support bubble to pick things up for you.	On 25 December each household can form a 'Christmas bubble' with up to two other households . The rules have been updated so households will only be allowed to socialise on Christmas day.	
Tier IV. Stay at home	You should stay at home as much as possible. You can only meet up with one other person in public outdoor places , such as beaches or parks. Up to two carers for someone with a disability or any child under the age of five don't count towards this limit.	You can't stay overnight somewhere outside your local area unless essential for work, education or similar. This should only be with those in your household or support bubble. Accommodation will be closed in these areas except for specific reasons.	You should work from home where possible. Where this isn't possible, workplaces should be coronavirus secure.	You should work from home where possible. Where this isn't possible, workplaces should be coronavirus secure.		All shops can be open .	Non-essential shops like supermarkets will remain open .	Hospitality venues are closed , but can remain open for takeaway, drive through and delivery services .	Businesses such as hair, nail and beauty salons will be closed . These services can't be provided in private homes .	Indoor gyms, pools, and leisure facilities will be closed .	Outdoor gyms, pools, open courts and golf courses can remain open .	Playgrounds, parks and public gardens can also remain open .	Funerals can take place with up to 30 people . Linked ceremonies or events can take place with up to 6 people (excluding anyone working at a venue). If you're travelling from Tier 4 into a lower tier for a funeral, the ceremony must comply with these rules .	You can still visit someone in a care home if that visit takes place outdoors , at a window or in a specially designated secure visiting room or pod. Indoors visits can't take place , even with a negative coronavirus test.	Essential public services can remain open . These include job centres, courts, registry offices and waste/recycling centres. Other public buildings, such as libraries, will close .	Households in Tier 4 will not be able to form a Christmas bubble . If you can, avoid going to shops and pharmacies . Instead, use online shops or ask people in your household or support bubble to pick things up for you. You shouldn't go to work , even if you are unable to work from home .	On 25 December each household can form a 'Christmas bubble' with up to two other households . The rules have been updated so households will only be allowed to socialise on Christmas day.

Appendix III. Economic Situation New Zealand – United Kingdom 2019/2020

Country	Subject Descriptor	Units	2019	2020	Percentual Difference
New Zealand	Gross national savings	Percent of GDP	20.887	20.667	-1,05%
New Zealand	Inflation, average consumer prices	Index	148.368	150.912	1,71%
New Zealand	Unemployment rate	Percent of total labor force	4.150	4.600	10,84%
New Zealand	General government revenue	Percent of GDP	36.509	37.202	1,90%
New Zealand	Gross domestic product, constant prices	National currency in billions	257.367	252.082	-2,05%
United Kingdom	Gross national savings	Percent of GDP	15.246	13.508	-11,40%
United Kingdom	Inflation, average consumer prices	Index	107.819	108.736	0,85%
United Kingdom	Unemployment rate	Percent of total labor force	3.825	4.525	18,30%
United Kingdom	General government revenue	Percent of GDP	36.558	36.581	0,06%
United Kingdom	Gross domestic product, constant prices	National currency in billions	2.172,511	1958,591	-9,85%

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