

Solving the Collective Action Problem Taiwan, New Zealand, and the COVID-19 Battle

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Abstract

How have Taiwan and New Zealand been able to effectively manage the COVID-19 crisis, while other countries have done poorly? This essay argues that Taiwan's and New Zealand's adroit responses to and management of the pandemic crisis can be attributed to two critical factors—political leadership and political communication. The study offers a theoretical framework based on issue definition, suggesting that the leaderships' ability to move and control the rhetoric by contracting the issue space as well as the leaderships' effective communication of the preferred narrative are significant factors in these two countries' effective pandemic responses.

Keywords: COVID-19 pandemic, issue contraction, issue definition, New Zealand, political communication, political leadership, public-health strategy, Taiwan.

History will remember 2020 as the year that the COVID-19 coronavirus pandemic ravaged the world. The year began with the news that an unknown flu virus with pneumonia-like symptoms which first appeared in China was spreading to other parts of the world. By the middle of 2020, this invisible “enemy” had managed to wreak social, economic, and political havoc across the globe. Different governments—whether democracies or nondemocracies—responded variedly as the coronavirus infection spread throughout their countries.

Many governments scrambled to enact economic support and stimulus legislation to prevent the collapse of their economies as economic activity came to a drastic slowdown, resulting in spikes in business failures and unemployment. Public-health systems came under increasing strain as the

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COVID-19 virus infection rate spread throughout communities and high mortality rates inundated hospital systems. While the COVID-19 virus is still spreading as of the writing of this essay, using current infection and mortality rates, initial assessments can lead us to infer that there are some countries that have managed the pandemic better than others. This assessment holds true for countries classified as democracies, where government and public health responses vary.

The coronavirus pandemic arrived at a challenging time for contemporary democracies. In the first two decades of the twenty-first century, liberal democracy as a way of organizing politics and governance has been increasingly challenged and confronted both from within and without. Internally, modern democracies are witnessing an upsurge of populism, extremism, and illiberal politics that is undermining political trust and contributing to fragmentation and polarization. Externally, some illiberal political systems are successfully “delivering the goods”—such as good living standards, good public safety, and so on—while many democracies are underperforming, leading some to question the value of democratic regimes.

Even prior to the COVID-19 pandemic, the economic performance of democracies was coming under intense scrutiny, as economic globalization and the aftermath of the Global Financial Crisis of 2007–2008 had resulted in the uneven benefits of market economies to their citizens, exacerbating existing inequities in wealth distribution. In addition, China’s economic emergence and its success in lifting a significant proportion of its population out of poverty had presented an alternative authoritarian model of economic development—state capitalism. China’s state capitalism model, with its coupling of authoritarian, restrictive, and illiberal politics with market economics, seemed to suggest that citizens were willing to trade individual liberties and civil rights for guarantees of material gains in economic well-being. This model contrasts sharply with the coupling of political freedom and economic freedom that is the predominant paradigm in advanced industrial democracies.

The China model’s economic challenge has led normally reticent market-oriented democratic governments to find “political” solutions to largely economic problems. In moves away from the neoliberalism of the 1980s, democratic governments increasingly have used market intervention policies, implemented protectionist measures, and adopted inward-looking economic policies.

The political solutions to economic problems resulting from globalization have seen the rise of populism, illiberalism, and extreme-right parties in Western democracies. These have ushered in polarized politics such as America First and Brexit, which have seemed to weaken the postwar political consensus and brought about conflictual politics. For example, the messy process that was Brexit which began in 2016, for some, is clear evidence of the inefficiency and malaise of democratic political decision-making. In sum, the first two decades

of the twenty-first century have been extremely challenging and are certainly not stellar examples of fine democratic performance.

In the midst of all the political tension, the COVID-19 pandemic swept through the world, testing the preparedness for disaster response of democracies and nondemocracies alike. China, as the first country hit by the coronavirus, pushed hard and initiated total lockdowns of cities and provinces in an effort to bring the community transmission of the virus under control. Italy and Spain struggled in their initial public-health response, as their public-health systems were overwhelmed and registered high numbers of infections and deaths. The United Kingdom and the United States were soon hit by the COVID-19 virus and struggled to control community transmission. While China ended its lockdown by June 2020, the United States is still unable to control the spread of the virus and is the country with the largest numbers of infections and deaths.

The poor disaster responses of prominent democracies, such as the United States, United Kingdom, Italy, and Spain, led to alternative narratives questioning the efficacy of democratic governments and quick praise for the pandemic control of nondemocracies and illiberal countries such as China, Vietnam, and Singapore. Yet, while some democracies are failing in the task of controlling the pandemic, there are many others that are considered “success” stories, such as Germany, Australia, South Korea, Taiwan, and New Zealand.

This essay concentrates on two states—Taiwan and New Zealand—that have been globally recognized as “star” performers in their COVID-19 pandemic responses. Taiwan, despite its proximity to the origin of the coronavirus, has managed to keep its community infection rate and number of deaths extremely low, without the need for a complete nationwide lockdown. New Zealand instituted a five-week nationwide lockdown, but like Taiwan, also managed to keep COVID-19 under control, with low community infection rates and a low number of deaths (twenty-two at the time of writing). Both Taiwan and New Zealand continue to adroitly keep the COVID-19 virus at bay.¹

So, how have the two island nations been able to manage the COVID-19 crisis, while other countries have done poorly? This essay argues that the adroit response to and management of the pandemic crisis by Taiwan and New Zealand can be attributed to two critical factors—political leadership and political communication. The next section of the essay offers a theoretical framework borrowed from studies of issue framing, agenda-setting, and the public space, suggesting that a leadership’s ability to contract the public space and modulate the rhetoric and its ability to effectively communicate the preferred narrative are significant factors in these two countries’ successful

¹ Amanda Taub, “Why Are Women-Led Nations Doing Better with COVID-19,” *New York Times* (May 15, 2020), <https://www.nytimes.com/2020/05/15/world/coronavirus-women-leaders.html?searchResultPosition=4> (accessed August 10, 2020), and Stephen M. Walt, “The Pandemic’s 5 Silver Linings,” *Foreign Policy* (May 26, 2020), <https://foreignpolicy.com/2020/05/26/coronavirus-pandemic-silver-linings-climate-change/#> (accessed August 10, 2020).

responses to the pandemic.² Following this theoretical section, the essay briefly addresses the comparative method used in this study and provides a background regarding the responses of Taiwan and New Zealand to the pandemic. The third section provides empirical evidence of how political leadership and political communication are the critical factors in explaining the “success” of these two democracies as a “test” of the theory of issue contraction. The final section concludes by suggesting that—once confounding factors have been controlled—regime type (i.e., democracy versus nondemocracy) as an explanatory factor for “good” pandemic response is a false positive. Rather, using the most different system (MDS) design, the Taiwan and New Zealand comparison tells us that political leadership and political communication are significant explanatory factors in helping to understand why these two countries have managed to keep the COVID-19 virus at bay.

To Expand or to Contract: That Is the Question

As China and other illiberal regimes were beginning to show signs of controlling the spread of the COVID-19 virus, Europe and North America were in the “thick of the fight” and struggling to control the pandemic. News from Italy and Spain reported rapid community virus infection that quickly overwhelmed their health-care systems and witnessed huge death rates. By the time that the United Kingdom and the United States had begun their own struggle to control the coronavirus, narratives about how illiberal regimes were better able to control the pandemic than liberal democracies were taking root. Though at face value there seems to be some validity to this suggestion, it fails to hold up under strict empirical testing. One obvious and glaring question that has never been asked is the following: If the unknown coronavirus had begun in a democratic regime (instead of a nondemocratic regime), would a pandemic have occurred in the first place?

While this is a hypothetical question with innumerable assumptions, one clue to the answer lies in the nature of information that is available and shared in different types of regimes. One important feature and strength of democracy is the relative symmetry of information in society. Like a perfectly competitive market of the neoclassical economic model or the efficient market theory proposed by financial economists, information flow in democratic

² Frank Baumgartner, *Conflict and Rhetoric in French Policymaking* (Pittsburg, PA: University of Pittsburgh Press, 1989); Frank Baumgartner and Bryan D. Jones, *Agendas and Instability in American Politics* (Chicago: University of Chicago Press, 1993); Virginie Guiraudon, “European Integration and Migration Policy: Vertical Policy-Making as Venue Shopping,” *Journal of Common Market Studies* 38, no. 2 (2000): 251-271; Randall Hansen and Jobst Koehler, “Issue Definition, Political Discourse and the Politics of Nationality Reform in France and Germany,” *European Journal of Political Research* 44 (2005): 623-644; and Peter B. Mortensen, “Political Attention and Public Policy: A Study of How Agenda Setting Matters,” *Scandinavian Political Studies* 33, no. 4 (2010): 356-380.

societies is relatively open and readily available, at least when compared to nondemocracies. In the instance of COVID-19, it is reasonably likely that, under a democratic regime, information about the coronavirus has been more readily available than in China and more quickly disseminated to the public.

In the public sphere, information is a precious commodity. Information can be used to support and reinforce dominant perspectives, or it can be employed as counter-information to weaken an existing point of view. In the political arena, political elites (in democracies or nondemocracies) understand the value of this information “commodity.” In nondemocracies, the political value of this commodity is such that information is less free flowing, less readily available, and much more controlled in favor of a small group of oligarchs. In contrast, in democracies, the information market is less controlled and more readily available. But while information flow and information availability are strengths of democracies, these can be double-edge swords as well. Although information can be used to consolidate preferred perspectives and narratives, the same information also can generate alternative narratives that can undermine the dominant paradigm. In an era of huge advances in information and communication technologies, the proliferation of information sources and availability of information are both a blessing and a bane.

Political actors in democracies must operate within the context of the contestation of narrative and rhetoric in the public sphere or the political market. In democracies, agendas and policies are publicly debated and conducted in the public sphere (e.g., parliamentary debates, media, and so on). Both proponents and opponents of proposed policies attempt to define issues that give them the upper hand in setting the agenda. Studies of issue/problem definition in agenda-setting and public policy fall within four major themes: causality,³ overall image of the problem,⁴ the solution to the identified problem,⁵ and actors’ definition of the problem.⁶ While David Rochefort and Roger Cobb rightly point out that there are still gaps in our understanding of problem definition in agenda-setting and public policy, they also acknowledge

³ Deborah A. Stone, “Causal Stories and the Formation of Policy Agendas,” *Political Science Quarterly* 104 (1989): 281-300.

⁴ Bryan D. Jones and Frank Baumgartner, “Shifting Images and Venues of a Public Issue,” paper presented at the Annual Meeting of the American Political Science Association, Atlanta, Georgia, August 31–September 3, 1989.

⁵ Charles D. Elder and Roger W. Cobb, “Agenda-Building and the Politics of Aging,” *Policy Studies Journal* 13 (1984): 115-130.

⁶ Joseph R. Gusfield, *The Culture of Public Problems; Drinking-Driving and the Symbolic Order* (Chicago: University of Chicago Press, 1981); Baumgartner, *Conflict and Rhetoric in French Policymaking*; Frank Baumgartner and Bryan D. Jones, *Agendas and Instability in American Politics* (Chicago: University of Chicago Press, 1993); Guiraudon, “European Integration and Migration Policy”; and Bryan D. Jones and Frank Baumgartner, *The Politics of Attention* (Chicago: University of Chicago Press, 2005).

that this situation simply reflects how policy processes and policy issues are inherently fluid.⁷

In the context of such fluidity, scholars have long noted that the “use of language is critical in determining which aspect of a problem will be examined. Rhetoric can help lodge a particular understanding of a problem in the minds of the public and protagonists.”⁸ As Frank Baumgartner suggests,

Policymakers behave like the navigators of a hot air balloon. They seek to steer their policies to those areas in the political and administrative system where the winds are most favorable to them... . In the case of policymaking, important conflicts often rage over the proper definition of the issue, with one side arguing that the issue has broad political implications and another saying that it concerns only a narrow range of technical specialists.⁹

Control of issue definition affects the size and number of participants as well as the arena in which the tug-of-war is occurring. Consequently, it can significantly affect whether a policy is adopted or not. As E.E. Schattschneider reminds us in his classic work, *The Semi-Sovereign People*, “conflicts are frequently won or lost by the success that the contestants have in getting the audience involved in the fight or in excluding it, as the case may be.”¹⁰ Realizing this, policymakers are keen to steer an issue toward an arena where they believe they are better positioned to “manage” the narrative and thereby increase their “winning” chances.

The question, then, is what arena serves policymakers best? Like most questions in political science, the answer is: “It depends.” Regarding the nature of the issue in contention and the issue subject, the arena can be political, bureaucratic, or technocratic. As Baumgartner avers,

Generally speaking, politicians become involved in political questions, and civil servants and other experts decide technical ones. The definition of what is political and what is technical, however, is anything but straightforward.¹¹

⁷ David A. Rochefort and Roger W. Cobb, “Problem Definition, Agenda Access, and Policy Choice,” *Policy Studies Journal* 21, no. 1 (1993), 56-71.

⁸ *Ibid.*, 56.

⁹ Baumgartner, *Conflict and Rhetoric in French Policymaking*, 3-4.

¹⁰ E. E. Schattschneider, *The Semi-Sovereign People: A Realist's View of Democracy in America* (New York: Holt, Rinehart, & Winston, 1960), 4.

¹¹ Baumgartner, *Conflict and Rhetoric in French Policymaking*, 5.

Since the definition of what is political and technical is not straightforward, as Baumgartner suggests, politics and policy entrepreneurs have roles to play. In terms of defining the issue, policy entrepreneurs use two general strategies—issue contraction versus issue expansion. According to Schattschneider, “winning groups try to restrict participation in a policy issue by limiting the scope of the conflict whereas losing groups try to widen participation in a policy issue.”¹² These conclusions are strengthened by a broad array of literature and supported by longitudinal studies that provided valuable insights regarding the dynamics of problem definition and political attention.¹³

Each of the two strategies determines the arena or policy venues, the critical actors and players, and the narrative and rhetoric that become part of the policy contestation.¹⁴ In general, “contractors use the most arcane and incomprehensible technical vocabulary possible so that non-experts cannot even understand the issues being discussed. Expanders portray the issue as broad and political so that a broader range of actors can take part.”¹⁵ As Virginie Guiraudon suggests, “depending on...policy venues...where authoritative decisions are made concerning a given issue, different constituencies will be mobilized. The rules that guide each political arena favor different kinds of actors as they require different resources and call for different strategies.”¹⁶ Proponents and opponents, then, will steer the issue to the arena that they believe is most advantageous to them.

Applying the theoretical framework of issue contraction and expansion to our examination of the public-health responses of Taiwan and New Zealand to the COVID-19 pandemic permits us to highlight the role that political leadership and political communication played in the control of the issue definition and issue narratives. This essay argues that, in terms of their responses to the pandemic, the political leaderships (being policy entrepreneurs) identified the crisis as mainly in the realm of public health and defined it as such. The political leaderships of Taiwan and New Zealand actively steered the pandemic response policy to the technocratic and technical arena. They narrowed the scope of participants in the policy arena to technocrats (e.g., epidemiologists, disease and infection specialists, medical experts, and so on) and to key

¹² Mark K. McBeth, Elizabeth A. Shanahan, Ruth J. Arnell, and Paul L. Hathaway, “The Intersection of Narrative Policy Analysis and Policy Change Theory,” *Policy Studies Journal* 35, no. 1 (2007): 87-108, and Schattschneider, *The Semi-Sovereign People*.

¹³ Baumgartner and Jones, *Agendas and Instability in American Politics*; Jones and Baumgartner, *The Politics of Attention*; Hansen and Koehler, “Issue Definition, Political Discourse and the Politics of Nationality Reform in France and Germany”; McBeth et al., “The Intersection of Narrative Policy Analysis and Policy Change Theory”; and Mortensen, “Political Attention and Public Policy.”

¹⁴ Guiraudon, “European Integration and Migration Policy,” and Hansen and Koehler, “Issue Definition, Political Discourse and the Politics of Nationality Reform in France and Germany.”

¹⁵ Baumgartner, *Conflict and Rhetoric in French Policymaking*, 5.

¹⁶ Guiraudon, “European Integration and Migration Policy,” 257.

political leaders with specialist backgrounds. By controlling the dominant rhetoric and narrative, the leaderships of the two countries ably managed the political communication arena and successfully adopted and implemented their public-health responses with stellar results.

The next section provides a brief discussion of the methodology for the study and some history of the two cases—Taiwan and New Zealand—as a background for their pandemic responses.

A Comparative Background of Taiwan and New Zealand

To help us examine the Taiwan and New Zealand cases, the most different system design was employed, in which the attempt is made to show the robustness of the relationship between two factors by demonstrating its validity across different settings.¹⁷ Using this most different system design, “we seek to test a relationship by discovering whether it can be observed in a range of countries with contrasting histories, cultures, and so on.”¹⁸ Taiwan and New Zealand present an interesting comparative study of pandemic responses. In applying the most different system design to a comparison of Taiwan and New Zealand, we are immediately drawn to the fact that above and beyond the similar “success” in the containment of the COVID-19 virus, the two countries are not exactly similarly situated.

The democratic island state of Taiwan is a contested polity, as China claims it as its own territory and aggressively pushes its one-China principle on other nation-states, thereby pressuring them not to establish diplomatic relations with Taiwan and seriously constricting Taiwan’s international space. With a population of twenty-three million crammed onto a small island, Taiwan has one of the highest population densities in the world. Separated by only a 180-kilometer Taiwan Strait, since the opening of cross-Strait economic interaction, at least one to two million Taiwanese citizens—accounting for at least 5 to 9 percent of Taiwan’s population—travel annually to and from China for business, tourism, study, and other reasons. Flights to and from major and secondary cities in China to Taiwan are common. Thus, during the outbreak of the COVID-19 virus, Taiwan became a frontline state.

As if being in the frontline of the COVID-19 pandemic were not enough, due to China’s aggressive prosecution of its version of the one-China policy, Taiwan also is the only nation on earth not allowed to join and participate in the World Health Organization (WHO). Exclusion from the WHO clearly places Taiwan at risk in cases of fast-changing crisis events (e.g., SARS, MERS, and

¹⁷ Regarding the most different system design, see Adam Przeworski and Henry Teune, *The Logic of Comparative Social Inquiry* (New York: Wiley, 1970).

¹⁸ Rod Hague and Martin Harrop, *Comparative Government and Politics*, 9th ed. (New York: Palgrave Macmillan, 2013).

COVID-19), as the speed of information-sharing and response coordination is key to the success of preventing a serious outbreak. As a frontline state, Taiwan's exclusion from the WHO clearly places the security of Taiwan's public health at risk.

Surprisingly (or not), Taiwan was able to beat the odds and kept the COVID-19 coronavirus at bay, registering very low levels of infection and death. One common refrain explaining this "success" is that Taiwan learned from the bitter lesson of the SARS health crisis of 2002–2003. The underlying verses of this refrain are that statistics coming from China require multiple verifications due to their questionable reliability and accuracy. Yet another oft-cited "explanation" is that Taiwan, being a pariah state and a global "orphan," so to speak, needs to be tough and when necessary "go it alone" in order to survive. These explanations may be credible from the point of view of a single case study, but from a comparative perspective they suffer from failure to acknowledge that some (or all of these) factors are not unique to Taiwan. More importantly, they neglect agency and the role of agents and actors, that is, the role of politics, government, and leaders in adroitly managing (or exploiting) a situation.

New Zealand is another stellar case that has ably kept the virus offshore. Led by a young female prime minister, Jacinda Ardern, New Zealand's successful strategy in "eliminating" community transmission of the COVID-19 virus is well-documented and reported in major global news outlets.¹⁹ Like Taiwan, the New Zealand government acted swiftly by closing its borders to travelers from countries that had high infection rates (e.g., China and Iran) during the early stages of the pandemic. Some observers point to New Zealand's being an island state (like Taiwan) and its location far from the epicenter of the initial outbreak (unlike Taiwan) as allowing the country to "buy time" to prepare for a proper response. Still others point to the island's relatively small population that is spread throughout the country as providing a clear advantage over the high-density living conditions found in Taiwan and in many urban areas in Asia and other parts of the world. Yet, again, while these reasons may be informative in a one-country case study, scrutinized from a comparative perspective—and like the popular reasons cited for the Taiwan case—they neglect the role of agency and fail to acknowledge that these factors are not unique to New Zealand.

Though not exactly similarly situated, the evidence thus far is that both Taiwan and New Zealand have successfully managed their public-health responses and kept the coronavirus largely at bay, with low community transmission and low death rates. Interestingly, observers have noted that both countries have female political leaders at the helm. In a *New York Times* article that appeared on May 15, 2020, Amanda Taub noted that countries with women as their leaders—such as Germany, Taiwan, and New Zealand—

¹⁹ See Taub, "Why Are Women-Led Nations Doing Better with COVID-19," as an example.

had seemed to be more successful in their public-health response against the COVID-19 virus.²⁰ Taiwan and New Zealand, both democracies, have female leaders who enjoy high levels of public support. Both have a strong inventory of political capital resulting from their adept handling of the Hong Kong democracy protests against China (in the case of Taiwan's Tsai Ing-wen) and the March 2019 Christchurch terror shooting (in the case of New Zealand's Jacinda Ardern). Both are also island states (the two states' locations vis-à-vis the epicenter were noted earlier), which has led some observers to claim that this geographical advantage facilitates border control, thereby helping to keep the coronavirus offshore.²¹

Still, the above "similarities" as plausible explanations for the success of both Taiwan and New Zealand necessarily turn a blind eye to key features in the "similarities." While both are democracies, Taiwan has a semi-presidential system with a dual-executive system; currently, the Tsai administration's party also holds a majority in the legislature. New Zealand, on the other hand, has a Westminster parliamentary system, but with a majority coalition cabinet government. In Taiwan's form of government, the executive and legislative branches have separate origins and separate survivals. In the New Zealand case, as in most parliamentary systems, the cabinet government and the legislature have fused origin and survival. These important institutional differences are consequential with regard to the differences in the number of veto points and veto players that political leaders must navigate in order to steer proposed legislation or policy toward becoming the law of the land. In other words, these "similarities" fail to appreciate the role that political agency plays in the management of the public-health response to the COVID-19 pandemic in these two countries. Leadership's role in the use of political persuasion and political communication within the different democratic institutional settings allowed these two governments to dodge the public-health crisis that beset many other democratic countries, such as the United States and the United Kingdom.

Applying the most different system design to a comparison of Taiwan and New Zealand helps to clarify the key factors in their respective COVID-19 pandemic responses. The next section of this essay provides a brief discussion of how political leadership used the issue contraction strategy to control the narrative surrounding the pandemic response and how both governments effectively used political communication to persuade their citizens to "buy into" the government's plan to fight the coronavirus.

²⁰ Ibid.

²¹ "Zero Cases: How Pacific Islands Kept Coronavirus at Bay," *Deutsche Welle* (May 19, 2020), <https://www.dw.com/en/zero-cases-how-pacific-islands-kept-coronavirus-at-bay/a-53495263> (accessed August 15, 2020).

An Etiology of the “Successful” Response: The Taiwan and New Zealand Stories

An earlier section of this essay suggested that Baumgartner’s theory of issue expansion and issue contraction can provide a framework for better appreciation of the role of political leadership and political communication in the successful public-health responses of Taiwan and New Zealand. It was proposed that political leadership’s able navigation of the pandemic crisis allowed a preferred narrative and rhetoric to take root in society. Specifically, it was suggested that, by narrowing the terms of the COVID-19 virus pandemic and designating it as a medical and public-health issue, the political leaderships in Taiwan and New Zealand were able to define the arena and participants—largely limited to technocrats and health and medical specialists—who shaped the policy and strategy to tackle the pandemic.

Virus Outbreak and Initial Public-Health Response

In December 2019 and mid-January 2020, as the Chinese city of Wuhan began to report cases of an unknown viral infection causing pneumonia-like symptoms among patients, Taiwan was in the midst of a presidential and legislative election and preparation for the Lunar New Year festivities. As the incumbent president Tsai Ing-wen and her Democratic Progressive Party held on to the control of both the executive and legislative branches of government, Taiwan kept an eye on the brewing public-health crisis in the industrial city of Wuhan, China. As early as January 3, Premier Su Tseng-chang ordered the Ministry of Health and Welfare to implement disease-prevention measures in response to reports of an outbreak in China.²²

With the Lunar New Year holidays looming and the impending return to Taiwan of large throngs of citizens working in China, as early as January 17, Taiwan’s Center for Disease Control (CDC) issued a travel alert for Wuhan. Four days after the CDC’s travel alert for China, Taiwan established the Central Epidemic Command Center (CECC) under the rubric of the National Health Command Center (NHCC), headed by the Minister of Health and Welfare. The CECC was given the authority to oversee coordination across governmental departments and agencies and the power to enlist additional personnel during crises and emergencies.²³ Taiwan’s CECC, in effect, was given broad latitude to muster the capacity of the state to enforce and implement all plans. Agencies cooperated through the CECC. On January 22, Taiwan reported its first

²² Sean Lin, “Premier Su Orders Disease Prevention Intensification,” *Taipei Times*, January 3, 2020.

²³ Cheryl Lin, Wendy E. Braund, John Auerbach, Jih-Haw Chou, Ju-Hsiu Teng, Pikuei Tu, Jewel Mullen, “Policy Decisions and Use of Information Technology to Fight Coronavirus Disease, Taiwan,” *Emerging Infectious Diseases* 26, no. 7 (2020): 1506-1512, doi:10.3201/eid2607.200574.

coronavirus case and, the next day, China announced a total lockdown for the city of Wuhan, followed later by a lockdown in the province of Hubei.

The CECC went to work immediately after its creation. Within three days of its establishment, it expanded border-control measures to all travelers from China, Hong Kong, and Macau and imposed heavy fines for travelers making false declarations of good health and having travel routes in China, especially through Wuhan.²⁴ From the early days of Taiwan's pandemic response, it was evident that the Minister of Health and Welfare and the CECC were front and center in the government's efforts to provide briefings and updates and to communicate government announcements to the public.

For the most part, Taiwan's political leadership—specifically, President Tsai Ing-wen and Premier Su Tseng-chang—delegated the epidemic response and coordination largely to the CECC, while consistently supporting the public messaging about wearing masks, social distancing, handwashing, and personal hygiene. President Tsai's Facebook video, for example, reminded citizens to wash their hands regularly and to take preventive measures when in public; it also reassured the people that the government was actively monitoring developments concerning the epidemic.²⁵ While President Tsai delegated the domestic responses to the Premier, Minister of Health and Welfare, and the CECC, she took on the role of Taiwan's "external face" in the pandemic response. With China imposing a lockdown, President Tsai called for Beijing to provide and share critical information about the coronavirus and called the world's attention to Taiwan's exclusion from the World Health Organization as well as its willingness to help combat the pandemic.²⁶

In the case of New Zealand, the outbreak in China came at an inopportune time, as the southern hemisphere summer months (November to February) are the peak tourist travel period. Over the last decade, New Zealand has welcomed millions of overseas visitors to its shores. By the end of December 2019, Statistics New Zealand reported that 3.89 million people had visited New Zealand, a significant increase in visitor arrivals from the previous year.²⁷ Of these visitors, China accounted for a significant portion, with 407,100 tourists by December 2019.²⁸ New Zealand also annually hosts over 60,000 international students in secondary and tertiary levels, who were preparing to

²⁴ Shelley Shan, Hui-chin Lin, and Dennis Xie, "Health Ministry Expands Border Control Measures," *Taipei Times*, January 24, 2020.

²⁵ *Ibid.*

²⁶ Chun-hui Yang, "Tsai Urges China to Provide Information on Outbreak," *Taipei Times*, January 23, 2020.

²⁷ Statistics New Zealand, "International Travel: December 2019," <https://www.stats.govt.nz/information-releases/international-travel-december-2019> (accessed August 18, 2020). The 3.89 million visitors reported does not include New Zealanders traveling during this same period.

²⁸ Statistics New Zealand, "Visitor Arrivals from China Down in 2019," <https://www.stats.govt.nz/news/visitor-arrivals-from-china-down-in-2019> (accessed September 3, 2020).

attend the new academic year beginning in mid-February.²⁹ Large numbers of students are from China, India, Southeast Asia, as well as the Middle East. Both international tourism and education contribute significantly to New Zealand's economy.

As China entered lockdown and as infections outside China began to be recorded, the risk to New Zealand was still considered low. After all, New Zealand's geographical distance from the epicenter of the coronavirus outbreak provided some cushion and bought time to organize its response. Despite a low risk assessment, by January 24, New Zealand's Ministry of Health had established a team to oversee the situation and had quickly begun to monitor arrivals from China in New Zealand's international airports and to arrange for a special charter flight to bring home New Zealanders stranded in Wuhan. Within four days of the WHO's declaring the outbreak a "public health emergency of international concern," New Zealand imposed travel and quarantine restrictions for foreign travelers who had traveled and transited in China.³⁰

New Zealand reported its first confirmed COVID-19 case on February 28, that of a New Zealander returning from Iran.³¹ This first announcement was made by the Minister of Health and the Director-General of Health, Dr. Ashley Bloomfield. Following this first confirmed case, in its daily press briefings, the Ministry of Health reported increases in infection within the community and provided information about contact-tracing and the clusters where the infections were occurring. As the number of cases continued to rise in New Zealand, the government increasingly instituted stricter border controls and quarantine regulations for all arrivals, with the Prime Minister sternly warning visitors who flouted the quarantine rules about resulting deportation from New Zealand.³²

By and large, New Zealand's responses have taken note of WHO advisories, with adaptation to the domestic situation. Similar to Taiwan's actions at the onset of the virus outbreak, New Zealand's political leadership gave the public-health experts—health-care specialists, medical professionals, and epidemiologists—much leeway to advise, coordinate, and manage the public-health response strategy. Since the press briefing about the first local, positive COVID-19 infection, the public face of the campaign against COVID-19 has

²⁹ "Fewer Than 50,000 Foreign Students Remain in New Zealand" (August 16, 2020), *Radio New Zealand*, <https://www.rnz.co.nz/news/national/423656/fewer-than-50-000-foreign-students-remain-in-new-zealand> (accessed August 28, 2020).

³⁰ Susan Strongman, "COVID-19 Pandemic Timeline." *Radio New Zealand*, <https://shorthand.radionz.co.nz/coronavirus-timeline/> (accessed September 1, 2020).

³¹ *Ibid.*

³² Collette Devlin, "Coronavirus: PM Says 'Zero Tolerance' for Visitors Refusing to Self-Isolate," *Stuff* (March 16, 2020), <https://www.stuff.co.nz/national/health/coronavirus/120298348/coronavirus-governments-selfisolation-rules-for-travellers-take-effect> (accessed August 10, 2020).

been Bloomfield and other health experts, with the Prime Minister and Health Minister also present. During these press briefings, health officials provide detailed information about current cases and the clusters and locations of the transmissions, and communicate the rules regarding social distancing, personal hygiene, and other health-information guidelines to the public.

As the daily positive infection numbers gradually increased, by March 19, Prime Minister Ardern announced the closing of the country's border to all except its citizens.³³ With the announcement on March 23 that the country had recorded its one hundredth confirmed case of COVID-19, the Prime Minister announced that the whole country would enter a lockdown for at least four weeks, beginning at midnight on March 25. As the country prepared for what eventually became a five-week lockdown, the message from the Prime Minister and the cabinet was clear and consistent with the advice provided by the Ministry of Health officials and public-health experts. In her press briefings, Prime Minister Ardern reiterated that everyone in the country was in a battle together—the “team of five million” as it came to be known—and asked New Zealanders to “Stay strong, be safe, and be kind.” As the country emerged from the strict national lockdown, infection rates were very much under control, and by June 8 there were no more active cases. The entire country went to the lowest level of alert, allowing for the resumption of normal activities without restrictions.

For Taiwan and New Zealand, there are variations in their approaches to battle the pandemic, with Taiwan not enforcing a national lockdown, while New Zealand requiring one for five weeks. Common between the two countries, though, is the early establishment of response and monitoring teams, led by the health ministries, as well as aggressive testing and contact-tracing, border controls, and quarantine procedures. More importantly, the political leaderships of both countries empowered the technocrats and public-health specialists and provided supportive, uniform, and consistent communication concerning public-health issues to their citizens.

Political Leadership, Issue Contraction, and Political Communication

Although the first two decades of the twenty-first century have had their fair share of crises of global scale—the 9/11 terror attack; the subsequent wars resulting from the terror attack on the United States; the 2007–2008 global financial meltdown—it is fair to claim that the COVID-19 pandemic is the most significant political, economic, and social challenge to confront the world in the twenty-first century thus far. In the face of such challenges, the role that political leadership plays never can be overemphasized. Yet, as Baumgartner reminds us, depending on their preferences and backgrounds, politicians and

³³ Jason Walls, “Coronavirus: NZ Shutting Borders to Everyone Except Citizens, Residents—PM Jacinda Ardern,” *New Zealand Herald* (March 19, 2020), https://www.nzherald.co.nz/nz/news/article.cfm?c_id=1&objectid=12318284 (accessed August 10, 2020).

policymakers will seek to steer policy debate to an arena that will provide the preferred policy with the greatest chances for adoption and promulgation.

For the political leaders of Taiwan and New Zealand, the challenge of the public-health response has been how to bring “everyone” along to observe and abide by the guidelines established for the elimination of the virus and for the control strategy to be effective. It is a classic problem of collective action that requires full cooperation of the public, as anything short of that is likely to doom the strategy to stamp out the virus. In a recent keynote speech given by Ashley Bloomfield at the University of Canterbury, he reminded the audience that “leadership is an invitation to collective action.”³⁴ Indeed, in modern democracies, effective public policies, more often than not, require large group adherence or collective action to be effective. For both Taiwan and New Zealand, political leadership’s first task has been control of the definition of the issue, followed by standardization of the strategy for political communication and messaging around the public-health response. Taiwan’s establishment of the CECC and New Zealand’s creation of a monitoring group of public-health specialists and experts in the Ministry of Health are evidence of how the political leaderships defined the crisis.

In addressing the collective-action problem at hand, the political leaderships in both countries centered their attention on the control of issue definition and the management of the pandemic narrative. During a March 23 government press conference, Prime Minister Ardern, while announcing a nationwide lockdown to begin within forty-eight hours, quickly set the tone for how the government intended to define the public-health challenge that the country faced.³⁵ She gave special mention to how the rapid spread of the COVID-19 infection in Italy and Spain had overwhelmed the public-health systems of these two countries. Comparatively speaking, New Zealand’s public-health system had one of the lowest numbers of ventilators and intensive care unit (ICU) beds per 100,000 people among OECD countries; indeed, public-health experts had warned that without a lockdown the health-care system would be easily overwhelmed.³⁶ Prime Minister Ardern stated that the government was keeping abreast of developments in the COVID battle in other countries and that the government had adopted an “elimination” strategy, with the intention to “go early, decisively, and...hard,” otherwise the “health

³⁴ The keynote address, attended by the author, was given at a formal hall dinner at the Rochester and Rutherford Hall, University of Canterbury on July 30, 2020.

³⁵ “All of NZ Must Prepare to Go in Self-Isolation Now—PM Jacinda Ardern on Covid-19 Concerns,” *Radio New Zealand* (March 23, 2020), <https://www.youtube.com/watch?v=8SC67XDskIM> (accessed October 8, 2020).

³⁶ “COVID-19: Does New Zealand Have Enough ICU Bed, Ventilators?” *Radio New Zealand* (March 26, 2020), <https://www.rnz.co.nz/national/programmes/checkpoint/audio/2018740328/covid-19-does-nz-have-enough-icu-beds-ventilators> (accessed October 8, 2020), and ANZICS CORE (February 2020), Australian & New Zealand Intensive Care Society Centre for Outcome Resource Evaluation 2017–18 Report (PDF), ANZICS, p. 10 (accessed May 13, 2020).

system [would] be inundated.”³⁷ In New Zealand, political leadership decided early on that the crisis at hand was primarily a public-health, public-safety, medical, and epidemiological concern.

As mentioned in the prior section, Taiwan’s experience in previous virus outbreaks (e.g., SARS and MERS) facilitated the rapid mobilization of the Central Epidemic Command Center. The CECC was very effective in coordinating the various agencies to expand border control measures; establish quarantine and contact-tracing procedures; and entrust law enforcement agencies with implementing and supervising quarantine. This focus on a science-informed, public-health response has been evident in Taiwan, with the political leadership giving way to the CECC as the public face of the COVID-19 battle. An interesting dimension to Taiwan’s fight against COVID-19 is the ongoing state of cross-Strait relations since President Tsai’s election in 2016 and how this has been woven into the narrative of how the public-health crisis is defined. While by February 11, 2020, the WHO had named the coronavirus “COVID-19,” the local-language media as well as government agencies in Taiwan continue to refer to the virus by such names as the “Wuhan virus,” “Wuhan pneumonia,” and “China virus,” with obvious reference to China.³⁸

The political leaderships in both Taiwan and New Zealand have decided to place their trust in a science-informed, public-health policy, balancing it with an eye on insulating the political economy as much as possible.³⁹ In the early press briefings, new health, medical, and epidemiological terms—such as novel coronavirus, symptomatic and asymptomatic infection, infection rate, infection fatality rate, contact-tracing, self-quarantine, viral incubation period, and transmission clusters—were introduced and increasingly used in communications about the COVID-19 virus. As Baumgartner reminds us, the “contractors use the most arcane and incomprehensible technical vocabulary possible so that non-experts cannot even understand the issues being discussed.”⁴⁰

The consequences of a technical definition of the issue, as hypothesized by Baumgartner, is a narrowing of the number of participants and the size of the arena in which the policy is discussed, debated, and formulated.⁴¹ In Taiwan,

³⁷ “All of NZ Must Prepare to Go in Self-Isolation Now—PM Jacinda Ardern on Covid-19 Concerns.”

³⁸ Taiwan’s Ministry of Foreign Affairs website refers to the COVID-19 virus in its local language webpage as the “Wuhan pneumonia virus.” See <https://nspp.mofa.gov.tw/nspp/index.php> (accessed October 8, 2020). Even the *United Daily News*, a newspaper generally more friendly toward China, refers to the coronavirus as the “China virus.”

³⁹ Both countries legislated economic support and a stimulus package to benefit employers and employees to avoid economic collapse as a result of the halt in economic activities.

⁴⁰ Baumgartner, *Conflict and Rhetoric in French Policymaking*, 5.

⁴¹ In the case of Taiwan, the use of the term “Wuhan virus” or “China virus” allows the government to put the China-friendly opposition Kuomintang party on its back foot and to substantially reduce its ability to redefine the narrative, as it places the blame for Taiwan’s predicament squarely on China.

the policy discussion has revolved around the key actors who comprise the CECC—the Minister of Health and Welfare and his ministry, Taiwan’s CDC, and Taiwan’s public-health community in academia and the government which report to the Premier as head of the Executive Yuan (cabinet). In New Zealand, the Westminster-style parliamentary system places collective responsibility on the Prime Minister and cabinet, but in the case of the pandemic response, places the Ministry of Health and its Director-General and the public health community of experts in universities and government at the forefront of advising and formulating policy.

Clearly, defining the coronavirus issue in such technical terms has narrowed the number of participants to experts and technical specialists and limited the arena to the public-health and epidemiological fields. In so doing, the political leaderships of Taiwan and New Zealand have engaged in successful issue contraction by keeping the focus on public health, public safety, and medical concerns, giving the governments time and space to plot the most acceptable strategy to combat the COVID-19 virus. For both Taiwan and New Zealand, the strategy has been all about “eliminating” the COVID-19 virus domestically, stopping community transmission, and saving lives. Interestingly, alternative narratives have not taken root, as opposition parties have been generally in agreement and supported their government’s measures.

With the narrative and rhetoric established, each political leadership’s next task was to communicate the strategy to the wider public and drum up public support. The public-health campaigns in both countries utilized the arsenal of media—both traditional and new—as well as supported public safety agencies in their dissemination of guidelines and policies to combat the COVID-19 virus. In New Zealand, the government initiated the “Unite against COVID-19” campaign that published everything there was to know about the government’s guidelines. Publications of government guidelines were available in print and digital versions as well as the many languages spoken in New Zealand households. These guidelines provided information about the different alert levels and their requirements, health and safety information, and a toll-free phone number for COVID-related queries. The campaign included slogans such as “Stay Strong, Be Safe, Be Kind” and “Stay Home, Save Lives” that focused the public on the collective effort to “eliminate” the COVID-19 coronavirus.

Leading up to the March 25 national lockdown and throughout the five-week lockdown period, New Zealand’s public became familiar with public-health experts, infectious disease specialists, and epidemiologists who educated them about the science of fighting a virus pandemic. New Zealanders learned about the difference between symptomatic and asymptomatic transmission of the virus; received information about aerial transmission of the virus to convince them of the importance of social distancing; began to understand the concept of “flattening the curve”; were told to keep to their “bubbles”; listened to debates by public-health experts about the efficacy of wearing a facemask; and learned new social norms and behavior to practice when in public.

During the five-week national lockdown, the Prime Minister and the Director-General of Health held daily national press briefings to provide COVID-19 updates. A typical press briefing during the lockdown was about forty-five minutes, during which the Director-General of Health gave technical reports about the current community transmission, the infection clusters, and the recovery situation. The Prime Minister discussed the broad strategy and continued to drive home the “elimination” strategy of the government. During the April 27, 2020 press briefing, for example, the forty-five minutes were divided equally between the Prime Minister and the Director-General of Health. In the briefing, both focused their updates on the public-health issues and presented the forecast for New Zealand’s infection and recovery rates. In this particular press briefing, the Prime Minister also announced that, as New Zealand moved out of its strict lockdown a week later, the Ministry of Health and the Director-General of Health would be the only officials to provide daily COVID-19 press briefing updates. Throughout the campaign against COVID-19, the government and the Prime Minister communicated their message in unison with the advice of the experts in public health and medicine, consistently keeping the focus on the public-health strategy and guidelines, while always reminding the “team of five million” to “be safe and be kind.”⁴²

Taiwan avoided a nationwide lockdown but enforced strict guidelines on citizens and travelers to prevent the spread of COVID-19 on the island. Due to its proximity to China and the large number of Taiwan’s citizens returning from there, border controls as well as quarantine and contact-tracing procedures were established immediately following the creation of the CECC. A public campaign began in earnest via traditional media as well as popular social media platforms (such as Facebook and LINE), reminding citizens to wear masks in public and to maintain personal hygiene by often washing their hands. The SARS epidemic outbreak in 2003 on the island and the lessons learned contributed to the high degree of public compliance to the public-health guidelines. To ensure a sufficient facemask supply in the country, by late January, the government had placed a ban on the export of facemasks from Taiwan in order to prevent hoarding and profiteering from reselling masks with a high markup.⁴³

Playing to the strength of the ubiquity of mobile phones, a tech-savvy citizenry, and Taiwan’s excellent information and communications technology infrastructure, a former hacker turned Digital Affairs Minister, Audrey Tang,

⁴² “We’re a Team of Five Million—Lockdown Timeline Depends on Kiwi’s Behavior—Ardern Says,” TVNZ (April 21, 2020), <https://www.tvnz.co.nz/one-news/new-zealand/were-team-five-million-lockdown-timeline-depends-kiwis-behaviour-ardern-says> (accessed August 11, 2020).

⁴³ Kensaku Ihara, “Support for Taiwan President Tsai Surges on Virus Crackdown,” *Nikkei Asian Review* (February 26, 2020), <https://asia.nikkei.com/Politics/Support-for-Taiwan-President-Tsai-surges-on-virus-crackdown> (accessed August 28, 2020).

led the effort to develop downloadable software applications to efficiently support the government's public-health strategy.⁴⁴ The omnipresent cellphone towers in Taiwan and the apps downloaded on mobile phones and other handheld devices facilitated the policing of people under mandatory self-quarantine and effective contact-tracing.⁴⁵ The apps also served as a platform to provide in-time information such as where to obtain facemasks; more critically, they gave the government the ability to control misinformation.⁴⁶ On January 15, 2020, Taiwan promulgated the "Anti-Infiltration Act" that includes among its provisions prosecution for disinformation and acting as an agent of foreign hostile forces.⁴⁷ Combating misinformation on social media and other sources has been a key focus of Taiwan's successful campaign against COVID-19, as the CECC and the Ministry of Justice led a crackdown on the spread of rumors and profiteering.⁴⁸ As mentioned in an earlier section, the continued use of "Wuhan virus" by the government and media also entwined the COVID-19 battle with the cross-Strait conflict. This association of COVID-19 with cross-Strait tensions not only narrowed the issue definition and silenced partisan opposition, but also it sensitized citizens to be more aware of possible disinformation and misinformation. The adroit use of the social media app in a "humor over rumor" strategy in conjunction with government agencies' prosecution of misinformation and profiteering allowed the government to focus the narrative on its public-health strategy in combating COVID-19.

In addressing the collective action problem in the campaign against COVID-19, the political leaderships of New Zealand and Taiwan utilized an issue contraction strategy that permitted them to manage the narrative and rhetoric regarding the public-health crisis and the government's response. Effective management of the narrative allowed the political leadership to then implement a uniform political communication strategy that featured consistent messaging and information dissemination to their citizenries. A notable example of the acceptance of or acquiescence to the governments' narrative and position was public discussion about the efficacy of facemasks. In Taiwan, the experience of prior viral outbreaks, such as SARS in 2002–2003, had made facemasks common and very much a part of person's "wardrobe" in public. In New Zealand, informed by a WHO advisory, discussions about the efficacy of facemasks have been conducted mainly by public-health experts.

⁴⁴ "Masks, Memes, and a Hacker Turned Government Official: How Taiwan Smashed COVID-19," TVNZ (August 30, 2020), <https://www.tvnz.co.nz/one-news/world/masks-memes-and-hacker-turned-government-official-taiwan-smashed-covid-19> (accessed August 30, 2020).

⁴⁵ Ibid.

⁴⁶ Ibid.

⁴⁷ Sean Lin, "Legislature Passes Anti-infiltration Act," *Taipei Times* (January 1, 2020), <http://www.taipeitimes.com/News/front/archives/2020/01/01/2003728512> (accessed October 8, 2020).

⁴⁸ Jason Pan, "Virus Fears: Authorities Start Questioning over Outbreak Rumors," *Taipei Times* (February 1, 2020), <https://www.taipeitimes.com/News/front/archives/2020/02/01/2003730162> (accessed August 18, 2020).

In both Taiwan and New Zealand, wearing or not wearing a facemask is an epidemiological and public-health issue, which has not been complicated by “broad and political” symbolic words such as liberty, freedom, or civil liberties.⁴⁹ Anecdotally, this example provides some evidence of the effective contraction of the issue definition that gave the governments and their leaderships a solution to the collective-action problem. The citizens’ “buy-in” and acceptance of the “we are all in this together” campaign is evident in the strong public approval ratings of President Tsai’s administration and Prime Minister Ardern’s government. Despite going into strict lockdown for the first time in New Zealand’s history, a public opinion poll taken on the fifth day of the nationwide restriction showed that 80 percent of the respondents approved of the Ardern government’s handling of the COVID-19 health crisis.⁵⁰ In Taiwan, a public opinion poll conducted in late February 2020 showed strong approval of President Tsai and her government’s handling of the COVID-19 pandemic, with a 68.5 percent approval rating for the President and 85.6 percent of respondents expressing confidence in the government’s ability to keep the virus under control.⁵¹ Indeed, “leadership is an invitation to collective action.”⁵²

Concluding Observations

At the time of this writing, after 103 days of no community infection since the lifting of the lockdown, New Zealand had a resurgence of COVID-19 virus infection in the community in mid-August. The resurgence was concentrated within a small group in south Auckland. On August 12, 2020, the government announced that Auckland would enter a level-3 lockdown, while the rest of the country would be at a level-2 alert.⁵³ Since September 1, Auckland has been in a level-2 alert like the rest of the country, as the number of new infections has stabilized and the number of active cases has declined. Deflating as the news

⁴⁹ Baumgartner, *Conflict and Rhetoric in French Policymaking*, 5.

⁵⁰ David Brain, “How Is the Government Handling COVID-19? The First Opinion Poll since NZ Lockdown,” *The Spinoff* (March 28, 2020), <https://thespinoff.co.nz/society/28-03-2020/how-are-we-feeling-about-covid-19-the-first-opinion-poll-since-nz-locked-down/> (accessed August 18, 2020).

⁵¹ Ihara, “Support for Taiwan President Tsai Surges on Virus Crackdown.”

⁵² Keynote speech by Dr. Ashley Bloomfield, delivered at Rochester and Rutherford Hall, University of Canterbury, July 30, 2020.

⁵³ In New Zealand’s alert-level system, level 4 is the strictest and most restrictive form of lockdown, where people stay in their small bubbles of their family unit. Level 3 allows some freedoms but largely restricts mobility with stay-at-home directives, limited business operations, and groups of no more than ten. Level 2 allows for group activities of up to one hundred and most businesses operate as normal, with provisions for social and physical distancing observed and contact tracing required. Level 1 alert allows largely for “business as usual,” with people reminded of personal hygiene and continued use of the contact-tracing app.

of the resurgence of community infections was for New Zealand’s “team of five million,” a public opinion poll taken at this time showed that 75 percent of New Zealanders supported the government’s handling of the COVID-19 pandemic.⁵⁴ Throughout the “Unite against COVID-19” campaign in New Zealand, public approval ratings of the government’s handling of the health crisis have remained very high (between 75 and 86 percent).⁵⁵

As New Zealand was celebrating 103 days of no community infections in mid-August, Taiwan’s success was even more evident. Taiwan had not reported a domestic infection of COVID-19 since the first week of April 2020, all cases of infection being from travelers entering Taiwan. As of early September, Taiwan’s confirmed cases remained low (489 cases) and deaths even lower (seven cases). The government’s adept handling of the public-health crisis had gained public support, with President Tsai’s approval rating at 68 percent and Premier Su’s approval rating at 65 percent.⁵⁶

At the beginning of this short exploratory study, it was asked: “How have Taiwan and New Zealand been able to effectively manage the COVID-19 crisis, while other countries have done poorly?” In answering this question, it was suggested that stellar response to the pandemic by Taiwan and New Zealand is attributed to political leadership and political communication. Applying the theory framework of issue contraction and issue expansion, the essay argues that, *ceteris paribus*, the political leaderships’ ability to navigate issue definition through issue contraction provided the much-needed space, time, and flexibility for each government to map an appropriate and effective pandemic response. In testing this hypothesis, the study provided a brief exploration of the timeline of the pandemic response of both governments, taking careful note of how the political leaderships navigated the definition of the issue. The results of the two governments’ pandemic responses are evident for all to see. Although at the time of writing the COVID-19 pandemic is still affecting the world, Taiwan and New Zealand offer the two bright spots and stellar examples of solving the collective action problem in the battle against this unfortunate global health crisis.

⁵⁴ Toby Manhire, “Exclusive New Poll: How Have Testing Issues and the New Outbreak Affected Public Confidence?” *The Spinoff* (August 23, 2020), <https://thespinoff.co.nz/politics/23-08-2020/exclusive-new-poll-how-have-testing-issues-and-the-new-outbreak-affected-public-confidence/> (accessed August 30, 2020).

⁵⁵ Ibid.

⁵⁶ Shelley Shan, “Tsai’s and Su’s Ratings Fall: Polls Show,” *Taipei Times* (June 1, 2020), <https://www.taipeitimes.com/News/taiwan/archives/2020/06/01/2003737408> (accessed August 28, 2020).