Fortress or house of cards? A comparative, critical analysis of Australia’s and New Zealand’s COVID-19 vaccination rollout

Katharina Wolf, Curtin University, Perth, Australia

Petra Theunissen, Auckland University of Technology, Auckland, New Zealand

Abstract

This research provides critical, comparative insights into Australia and New Zealand’s public communication approaches associated with the initial rollout of the COVID-19 vaccine, hailed as a crucial element of both countries’ recovery and reconnection to the rest of the world. Although Australia and New Zealand share similar socio-political contexts, the two countries approached the rollout very differently. Applying the circuit of culture model, this study explores the second year of the global COVID-19 pandemic through an Oceania lens, providing critical insights into the unique opportunities afforded to the island nations, as well as their exposure to global challenges. This paper aims to provide insights and learnings that may shape future responses to global (health) emergencies, including a call to rethink the notion of time-bound (public) communication campaigns in complex, ever-changing environments.

Keywords

Australia, New Zealand, circuit of culture, COVID-19, vaccination, public communication, regulation

Introduction

As natural allies that share similar characteristics, Australia and New Zealand were highlighted as COVID-19 management ‘success stories’ by the international media during the early months of the pandemic (cf., Dziedzic, 2021), despite opting for different virus management strategies. Indeed, at the first anniversary of the World Health Organization’s declaration of COVID-19 as a global pandemic, both nations enjoyed recovering economies, low to no community transmissions, and small cumulative numbers of related deaths of 35.25 (Australia) and 5.35 (New Zealand) per million (Our World in Data, 2021). As residents in many other countries around the world faced lengthy lockdowns, months of home schooling, office closures, closed retail and entertainment venues, as well as a broad range of restrictions, life in Australia and New Zealand very much continued as before, with one major exception: International borders were identified as significant weaknesses, resulting in their long-term closure. Consequently, both countries were effectively turned into ‘hermit kingdoms’. As the global community shifted its focus from infection management to living ‘with’ COVID-19 and a return to pre-pandemic lifestyles, Australian and New Zealand governments argued that time was on their side; they had learned from the successes and failures of the international community and would continue to do so.

This study looks beyond the initial labelling of Australia and New Zealand as success stories by critically examining the vaccination rollout as one of the steps

taken towards what was framed as the COVID-19 'recovery'. The study maps the two countries' national vaccination rollout programs and associated communication strategies over a nine-month period, commencing on 2 December 2020, the date on which the United Kingdom's Medicines and Healthcare products Regulatory Agency (MHRA) gave temporary regulatory approval for the Pfizer-BioNTech vaccine (Pfizer, 2020), and ending in August 2021 when it was clear that COVID-19 could no longer be kept at bay across Oceania's major population centres.

Vaccinations were recognised as a key factor in managing the global pandemic (Al-Amer et al., 2021). However, without the imminent danger of COVID-19 in Australia or New Zealand at the end of the first year of the global pandemic there was no perceived, immediate pressure or indeed urgency for mass vaccination programs to combat rising infection and death rates as there was in many other countries around the world. The two countries argued that they were taking a strategic approach to the sourcing of vaccines, in time for the southern hemisphere winter. In the meantime, residents in both countries continued living in a 'bubble', sheltered from the events beyond their country borders. Arguably, the countries' initial successes in keeping COVID-19 at bay created a complacency that undermined any urgent rollout of the vaccine, delaying what many had described as inevitable. Indeed, by August 2021 it was clear that the COVID-19 pandemic was going to reach Australian and New Zealand shores. Theunissen and Wolf (2022) described this as the dyke having burst, using the Dutch fable of a child sticking its finger in the dyke wall to keep the sea at bay.

The question whether Australia's and New Zealand's respective successes in managing the first stages of the global COVID-19 pandemic were due to strategic management and communication choices, or a result of a geographical advantage, remained unanswered. This study seeks to move towards answering this question by taking an in-depth, critical look at what was optimistically labelled by respective governments as the 'recovery' stage, largely centred on the vaccination rollout, within an ever-shifting communication landscape.

Methodology

Following a critical approach, and in line with ethnographic-style research, this study uses the authors' lived experiences to gain insights into Australia's and New Zealand's respective approaches to the COVID-19 vaccine rollout. Ethnography is a method recognised for analysing communication events as they unfold (cf., Carbaugh, 2015b). Notably, in this type of inquiry research is often contradictory and incomplete (Buscatto, 2021), which is characteristic of the complex, ever-changing COVID-19 communication landscape.

As active consumers of messages, the authors found themselves "at the intersection of particular socio-cultural milieu, culture and history" (Dutta, 2014, p. 5), observing and participating in communication events as they unfolded. This facilitated what Dutta (2014) referred to as 'structural positioning', enabling close-up, emic insights into the two countries' public communication and vaccination campaigns.

Ethnographers often work with cultural artefacts, such as written texts or recordings, instead of observing events firsthand (Silverman, 2020). In this case, however, the authors experienced and followed the vaccine rollout as it unfolded,

drawing on cultural artefacts (websites, social media posts, Facebook and Twitter posts and commentary, as well as on- and offline news reports) as qualitative data. These data were collected throughout the COVID-19 pandemic, but for the purpose of this paper, focused mainly on a nine-month period, starting on 2 December 2020, when the United Kingdom's Medicines and Healthcare products Regulatory Agency (MHRA) gave temporary regulatory approval for the Pfizer-BioNTech vaccine (Pfizer, 2020), effectively commencing the vaccine program across the Western world, to August 2021, when most (Western) countries had started to relax their COVID-19 restrictions for the northern hemisphere summer season.

Ethnographic inquiry is inherently subjective (Buscatto, 2021), suggesting that multiple interpretations are possible at any given moment in time. Other researchers, for example, may interpret events very differently. This subjectivity can be mitigated by practising reflexivity (Buscatto, 2021). Here, reflexivity involved ongoing memo writing and weekly discussions. During these conversations the authors compared, debated, and reflected on their respective country's approaches to the vaccine rollout. These discussions facilitated the emergence of shared insights, resulting in the authors collectively developing new insights, as insiders (being part of the community) and as outsiders (observing from across the Tasman Sea) (Silverman, 2020).

Furthermore, as proposed by Silverman (2020), ethnographic data was limited by linking the research to a specific model—here the circuit of culture—and by positioning Australia and New Zealand as comparative cases. This enabled the authors to gather information about each country's vaccine rollout in a systematic way (Patton, 2002), whilst exploring the subject (communication surrounding the vaccine rollout in Oceania) in detail (Neuman, 2011).

The circuit of culture offers an established, critical, interpretative framework, allowing the authors to compare two cases (Australia's and New Zealand's communication surrounding the COVID-19 vaccine rollout) that, on the surface, appear to share similarities. Originally developed by the Open University's cultural studies team (Du Gay et al., 1997; Hall, 1997), the circuit of culture has been widely applied in public relations research (cf., Gaither & Curtin, 2007; Han & Zhang, 2009; Schoenberger-Orgad, 2011; Theunissen & Wolf, 2022; Tombleson & Wolf, 2017). The circuit incorporates the interrelated elements of production, representation, consumption, regulation, and identity, thereby enabling the analysis of the COVID-19 vaccination rollout as a dynamic, cultural phenomenon, whose interpretation may look very different twenty years into the future with the benefit of hindsight, but equally without the time-specific and contextual understanding that is offered by being at the intersection of a historical moment (Dutta, 2014). Such first-hand insights cannot be replicated.

Using the circuit of culture as an overarching framework is particularly appropriate in the context of this study, given the continuously changing health advice, ongoing changes to the sourcing of vaccines and the respective rollout programs, the shifting sense of urgency, as well as the ongoing power struggle between different entities seeking to define social, moral, and cultural norms. For example, in Australia, the sustained tension between different states, territories and federal government shaped the production and consumption of public communication, whilst the tension

between health and economic considerations highlighted the existence of multiple truths at any given point in time.

The first 'moment' of the circuit of culture, namely 'production', represents the process by which meanings are encoded into 'products', which typically involves the deliberate execution of communication tactics and strategies, such as government communication in relation to the vaccine rollout on health departments' websites and messages conveyed in media conferences or information videos.

The second moment, 'representation', embodies the discursive process by which meaning is created, recreated, and given shape. Audiences construct meaning through symbolic systems (including language, images, and signs) and discourse. Because these vary, there are multiple 'truths' that exist at any given time. In multicultural democracies like Australia and New Zealand, such multiple truths—or realities—result in meaning being continuously renegotiated based on language, cultural context, and ethnic differences.

The moment of 'consumption' represents the instant in which consumers of messages renegotiate meanings encoded during the process of production, based on their everyday experiences and interpretations. Consequently, messages may not always be understood and interpreted as intended. For example, a cautious approach to the sourcing of COVID-19 vaccines may be interpreted by some as reassuring, suggesting an informed and deliberate approach to public health measures, whilst others may interpret it as a lack of foresight and planning, resulting in decreased levels of trust in a government's abilities.

Within the context of the circuit of culture, the moment of 'regulation' is understood as much broader than its traditional connotation with laws and government policies. Regulation here captures the ongoing power struggle between different entities who strive to shape the cultural, moral, and social norms of a specific society. This moment is particularly relevant within the context of this study, as governments, anti-vaccination movements and pharmaceutical representatives attempt to influence and shape public health responses and community acceptance.

Finally, 'identities' form and are endlessly reshaped because of conversational practices and existing multi-level relationships. For example, Theunissen and Wolf (2022) noted that during the first twelve months of the COVID-19 pandemic Australia's identity had become increasingly fragmented, while New Zealand's had appeared to solidify into a 'team of five million'. These identities, however, were arguably reshaped during the next stage of the pandemic. Australians were increasingly identifying with certain vaccine brands, while in New Zealand no such identification occurred as the government focused on one brand for its nationwide vaccine rollout. Although this uniform distribution might suggest a strengthening of the 'team of five million', subsequent unclear messaging and reports of inequitable rollout undermined the identity created in the first year of the pandemic. For instance, in Auckland, there was an outcry after some vaccination centres accepted 'walk-ins' (no booked appointments), resulting in eligible people with booked appointments being turned away (Sommerville, 2021).

It is important to note that Australia's and New Zealand's public communication approaches in relation to the vaccine rollout and associated COVID-19 messages were complex, multi-faceted and continuously shifting as new information emerged. This article offers a snapshot of three key aspects that influenced public

communication approaches in the two countries, namely the sourcing of vaccines, the rollout, and vaccination-related communication. These three aspects will be analysed by focussing on three key moments of the circuit of the culture that emerged as the most compelling: Production, consumption, and regulation.

Background

Rapidly growing infection rates of COVID-19 worldwide during the first half of 2020 promoted global alliances, resulting in multiple vaccines being developed and approved within never heard before shortened timelines. The Pfizer-BioNTech vaccine emerged as the preferred brand for New Zealand and eventually Australia. However, it was not the first to get approved. On 24 June 2020, China had approved the CanSino vaccine for limited use in the military, alongside two inactivated virus vaccines for emergency use in high-risk occupations. On 11 August 2020, Russia announced the approval of its Sputnik V vaccine for emergency use, although a month later only small amounts of the vaccine had been distributed beyond the trial. The Pfizer-BioNTech vaccine ('Pfizer') was the first COVID-19 vaccine to receive emergency use listing (EUL) from the World Health Organization on 31 December 2020 (WHO, 2020). Earlier that month, on 8 December 2020, 91-year-old grandmother Margaret Keenan became the first person in the world to receive the Pfizer COVID-19 vaccination outside a vaccine trial (BBC News, 2020).

Almost eight months later, on 23 August 2021 the United States Food and Drugs Administration approved the Pfizer-BioNTech ("Pfizer") vaccine as the first COVID-19 vaccine *beyond* the initial emergency use authorisation, signifying a milestone in the global fight against the virus (Food and Drug Administration, 2021). This focus on Western countries and their vaccine approval processes reflects key milestones in relation to some of the highest profile and extensively distributed vaccines (e.g., AstraZeneca and Pfizer), but also acknowledges Australia's and New Zealand's close connection to their European and North American counterparts and how this relationship shaped COVID-19 communication and recovery-related decision making in Oceania.

Sourcing of Vaccines

Globally considered as 'safe havens' from the global COVID-19 pandemic, Australia and New Zealand appeared to enjoy a clear (geographical) advantage in relation to mitigating the effects of COVID-19, to plan for 'recovery' and their vaccination rollout. As their European and Northern American allies and Asia-Pacific neighbours were facing escalating infections, increased hospitalisation rates and associated deaths, the two nations appeared to take a relaxed approach to the vaccination rollout, having managed to escape the early ravages of the global health emergency. As the northern hemisphere headed into the winter months, expecting COVID-19 infection rates to place additional strain on already overstretched health systems, Australia's and New Zealand's geographic location and closed borders allowed them to circumvent the immediate pressure to roll out a nationwide COVID-19 vaccination program. The additional time until the start of the southern hemisphere's cold and flu season was widely framed as an advantage and an opportunity for both nations to learn from other countries' vaccination efforts.

Australia

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The first ten months of Australia's COVID-19 response were marked by confidence, shaped by the knowledge that as an island state it could isolate itself entirely from the rest of the world, including—at times—returning residents and citizens (Hutchens, 2022). As most of the rest of the world battled high infection and mortality rates, Australians were watching from afar. There appeared to be a growing level of self-assurance that time would be on the country's side. Prolonged lockdown periods in Melbourne aside (Aljazeera, 2021), life continued very much as prior to the global pandemic with the exception that international (and at times state) borders remained closed for all but returning citizens (Theunissen & Wolf, 2022). With favourite travel destination, such as Europe and nearby Bali out of bounds, Australians settled into exploring their own backyard (KPMG, 2021).

This confidence and sense of security was arguably reflected in Australia's approach to sourcing vaccines. Australia's original vaccination strategy leaned towards home-grown alternatives, rejecting approaches by international pharmaceutical brands such as Pfizer that urged the Australian government to lock in vaccine arrangements (Probyn & Norman, 2021). Instead, Australia favoured other vaccines, such as AstraZeneca, that could be produced locally under license agreements, as well as a vaccine that was under development by the University of Queensland, but eventually had to be abandoned following an unsatisfactory trial (Davey, 2020).

Public messaging replicated Australia's 'lucky country' rhetoric, emphasising independence, prosperity, and the ability to distance itself from problems elsewhere in the world. There were no formal, pandemic related statements following the closure of international borders. Instead, the federal government's communication strategy was characterised by scarcity of detail and confidence, evidenced by public proclamations that Australia was positioned "at the font of the queue" in the global race for mRNA vaccines (Hunt, 2020). The rhetoric eventually shifted to Australians being in the "front row" for vaccines (Remeikis, 2021), as leaders were waiting for the official approval by the Therapeutic Goods Administration (TGA). Largely relying on one-liners and catchy slogans, with communication that offered limited—if any—deep insights into the ever-changing details of the sourcing process, the message to Australians was clear: There is no urgency; life in the "lucky" country can (largely) continue as normal (PerthNow, 2020).

Following the abandonment of Australia's locally developed mRNA vaccine, Pfizer and AstraZeneca received regulatory approval by the TGA on 25 January and 16 February 2021 respectively (Martin, 2021). Other vaccines were eventually added to the mix. Public communication related to the eligibility for different types of vaccines resulted in some being perceived more desirable than others, effectively pitting different brands against each other. On 21 February 2021, Australia administered its first Pfizer dose as part of a much-publicised 'curtain raiser' media event, focussing on 85-year-old World War II survivor Jane Malysiak (Daniel & Kennedy, 2021). The same day, the Australian prime minister, Scott Morrison, joined an exclusive group of vaccine recipients (Hurst, 2021), before the focus shifted from Pfizer to AstraZeneca's Vaxzevria as the government's preferred vaccine for a nationwide rollout, adding to the confusion and discontent (Crikey, 2021). Public dissatisfaction was mainly driven by global concerns linking the AstraZeneca vaccine to an increased risk of blood clotting (Head, 2022). Arguably intended to assure the public of vaccine safety and build public confidence ('production'), the prime minister's decision to be among the first Australians to receive a vaccine limited to high-risk

groups, such as aged care residents and staff, at a televised vaccine launch event was widely criticised as 'queue jumping' (Hurst, 2021). Thus, the message was not consumed as intended, demonstrating that while Australians had adopted the preferred language and queue analogy as used by the government, they decoded actions in an unintended way.

What became gradually apparent was that, rather than being positioned at the front of an imaginary global queue for vaccines, Australian health departments were unable to meet rising demand for vaccines by people increasingly desperate to reconnect with family and friends interstate and overseas. This resulted in a disconnect between the moment of production and consumption. The novelty of island life—irrespective of the safety it had provided—was wearing off. Recognising the impact of the slow vaccine rollout on the economy, amid growing discontent fuelled by uncertainty and anxiety, the Australian government scrambled to source additional vaccines, including dated stock from other countries (Department of Health and Aged Care, 2021).

New Zealand

Having been successfully keeping COVID-19 at bay throughout the first year of the global pandemic (Theunissen & Wolf, 2022), New Zealand very much adopted a 'wait-and-see' approach to the selection and rollout of a COVID-19 vaccine. As vaccines were being developed, the government signed Advance Purchase Agreements with four manufacturers, including Pfizer-BioNTech, Janssen Pharmaceutica, Novavax and AstraZeneca (Ministry of Health, 2021a). In December 2020, New Zealanders were promised a range of vaccine options, predominately Pfizer and Janssen (RNZ, 2020a), but the government settled on using Pfizer exclusively for the national vaccine rollout, citing efficacy and safety as their main reasons.

Using the additional time provided by the early nationwide lockdown, the government's regulatory body, Medsafe, considered and reviewed data from other countries (RNZ, 2020a). This was seen to offer an additional layer of assurance that any vaccine used for the rollout was safe amidst global reports of side-effects from early COVID-19 vaccinations. As New Zealanders were anxiously waiting for a vaccine that would prevent serious illness, even death, from COVID-19, they were repeatedly reminded of their privileged position, which was contrasted by the dire position of other countries where people were dying in their thousands, if not millions. Unlike Australia where rhetoric suggested that residents were 'at the front of the queue', New Zealanders were not made such promises. Instead, they were urged "to be patient" and await their turn as they watched the vaccine being rolled out in other countries (RNZ, 2020b). The latter was arguably reminiscent of a collectivist approach where the welfare of the (global) community (in this case, the global community) outweighed the welfare of individuals or the local community. Instead, the government promised to vaccinate the population "as fast as we can" (RNZ, 2020b), setting the expected rollout date as March 2021 (RNZ, 2020a).

In line with its (collectivist) international policy, the New Zealand government bought enough COVID-19 vaccines to share with other Pacific nations (Ministry of Health, 2021a). Indeed, it was widely emphasised that the country was a partner in

the COVAX agreement that aimed to distribute COVID-19 vaccines equitably and fairly across the globe (Wiles, 2020).

In February 2021, Pfizer received provisional approval for use in New Zealand by the New Zealand Medicines and Medical Devices Safety Authority, Medsafe (de Jong, 2021), which signalled to the community the start of the promised vaccine rollout even though it was only meant to start in March 2021. Unlike Australia, however, the first vaccinations took place behind closed doors in February 2021 at a quarantine facility, citing public safety as the reason for the lack of media attendance (Basagre, 2021) thereby emphasising that it was *not* the start of the broader vaccination rollout. Indeed, the lack of publicity surrounding the first vaccinations were reminiscent of the rollout being kept "heavily under wraps" (RNZ, 2020b). Thus, production did not match consumption of the message.

Vaccine Rollout

Australia

Under its constitution, Australia's federal government is responsible for the sourcing of vaccines. Following criticism of its original handling of the global pandemic, the national leadership team indicated a commitment to turning the vaccine rollout into a success story, leading to the reopening of international borders and an end to restrictions, which had placed major pressure on the national economy. However, the management of the rollout gradually shifted to respective state and territory governments, resulting in a level of competition, not only in terms of vaccination rates, but also concerning access to vaccines (Duckett, 2021). Relying on generic messaging and mainstream media channels, the Federal Health Department encouraged the Australian public to get vaccinated. However, access to the vaccines remained limited during the first half of 2021, advice changed frequently and promised booking systems eventually relied on state and territory driven arrangements and local communication. Concerns were raised about access to vaccines for some of Australia's most vulnerable populations, especially those living in indigenous communities and linguistically and culturally diverse parts of the country (Allam & Evershed, 2021).

Australian residents were originally divided into five major priority groups, each with up to six sub-groups (Elvery & Piper, 2021). Group 1 included border workers, frontline health and disability staff and residents. Subsequent groups prioritised older Australians, Aboriginal and Torres Strait Islander people, before opening to "all other adults" in group 4, originally expected to be towards the end of 2021, and eventually people under 18 years some time thereafter ("if recommended"). Throughout, Australian residents were reminded by federal politicians that the rollout was 'not a race' (Gramenz, 2021), suggesting a lack of urgency and sense of superiority. In the words of the-then prime minister: "Australia has put itself into a position to have a manufactured vaccine here in Australia. We're not relying, like most other countries in the world, for vaccines to be coming from somewhere else". However, only a few days later, by early April 2021 all targets for the nationwide vaccine rollout were abandoned, following changed medical expert advice in relation to the safe use of the AstraZeneca vaccine (Norman, 2021), instead recommending the scarcely available Pfizer (Comirnaty) vaccine for adults under the age of 50 years due to evidence of rare, but serious blood clotting side effects (Department of Health and

Aged Care, 2021). By 1 July Australia's finance minister publicly admitted that the country had effectively moved to the "back of the queue" (Sullivan, 2021), ranking last in terms of vaccination rates out of 38 countries in the OECD (Joseph & Dore, 2021). The country's National Dictionary Centre captured the national mood, by announcing (vaccine) 'strollout' as its Word of the Year (Burnside, 2021).

Continuously fast-changing health advice, mixed messaging and the apparent lack of a clear exit plan created confusion and a communication vacuum that was quickly filled by other, additional voices, resulting in increased vaccine hesitancy and the rise of a COVID-19 fuelled anti-vaccine movement (Tsirtsakis, 2021).

New Zealand

New Zealand's rollout plan was reported as being kept "heavily under wraps" (RNZ, 2020b), and in the early stages little was known about what it would look like. Experts were cited in the media that "high-level planning was happening" (RNZ, 2020b) though exactly what this involved never became clear other than purchasing freezers to store the Pfizer vaccine. The information void was rapidly filled by other voices, including speculation that those most vulnerable would be vaccinated first, thus following the example of the UK (RNZ, 2020b).

Early on, expectations were that local General Practitioners (GPs) would be able to vaccinate their patients (RNZ, 2020b), and many GPs sent their staff for training on how to prepare and administer the vaccine. In March 2021, the Royal New Zealand College of General Practitioners issued a press statement that they were "pleased to see the Government has addressed equity issues by ensuring the vaccine is free, fair, and equitably distributed" (RNZCGP, 2021) after having met earlier that year about concerns relating to the vaccine rollout. However, in July the same year, the College publicly criticised the government for the slow arrival of vaccines in the country (RNZ, 2021d) as initial expectations in relation to the rollout had not been met.

In line with the strengthened, unified identity of a 'team of five million' (Theunissen & Wolf, 2022), the messaging suggested that there were expectations that the whole community would get involved in the vaccination programme. For instance, in the latter part of 2021, the COVID-19 Response Minister, Chris Hipkins, stated that he would like to see secondary schools getting involved (RNZ, 2021d) although what this 'involvement' would look like never became clear.

Like Australia, New Zealand also established priority groups. Group 1 included border workers and their families, and group 2 included frontline healthcare workers and those living in "high risk settings" (Manch, 2021). South Auckland was identified as such a high risk setting because many border workers, health care workers and large numbers of Māori and Pacific Islanders lived in the region. The vaccine rollout for this group was expected to start in March and continue until May after which group 3 would be vaccinated. Group 3 comprised older residents, starting at those over 75, then over 65 and so forth. The last group, group 4, included everyone else over the age of 18. They were expected to be vaccinated from July 2021 onwards (Manch, 2021) during what was labelled as the "ramp up" phase (RNZ, 2021c). However, some people became eligible earlier for "national significance and compassionate reasons", which included high performance athletes and those who had to travel overseas (Manch, 2021). While originally intended to be fair and

equitable ('production'), these exceptions added discontent among original priority groups who were keen on getting vaccinated ('consumption').

Notably, 'everyone' in New Zealand was eligible for the Pfizer vaccine, regardless of their right to work or live in the country (Ministry of Health, 2021b). Residents were assured at the start of the rollout that "two million New Zealanders" would get their first vaccination within "three to four months" (RNZ, 2021a). In a June press release, the prime minister, Jacinda Ardern, claimed that the vaccination programme was "ahead of plan" and "operating at 107% of target" (Ardern, 2021). However, by the end of July only 1.7 million doses had been administered, of which a large number were second doses, resulting in only 699,479 fully vaccinated New Zealanders (Ministry of Health, 2021c), a number well below the initial targets and expectations. Challenging the government's rhetoric ('regulation'), medical experts raised concern that, by June 2021, large numbers of border workers (priority group 1) were yet to be vaccinated (RNZ, 2021c), signifying a lack of urgency among parts of the population to partake in the vaccination rollout ('consumption') or, equally, a lack of planning that addressed significant barriers for border workers to get vaccinated ('production'), such as paid time off work and convenient access to vaccinations.

News reports, lived experiences and word-of-mouth evidenced that the rollout across the priority groups did not meet expected deadlines and was inconsistent at best. Many people were unsure whether they met the criteria for a particular eligibility group and were unable to source further information, suggesting a disconnect between the moments of production and consumption. Although promised that they would be contacted once eligible, this happened infrequently, with many never receiving any notification—particularly those who did not have a mobile phone or an email address, suggesting a lack of equitable access to information, thereby undermining the government's message of equity and fairness. Websites did not post a phone number to book appointments and local GPs were prevented from proactively offering the vaccine to their enrolled patients. Three months into the planned rollout, GPs raised concerns that the vaccine rollout was not reaching at-risk groups, while problems with 'early stages' of the vaccine rollout were dismissed as 'teething problems' by the government (Latiff, 2021). Until late July 2021, the rollout was plagued by uncertainty about how to get vaccinated, where to make an appointment and who was eligible. First-hand accounts detailed non-priority community members receiving a vaccination long before those in identified priority groups, and centres interpreting government regulations inconsistently with some allowing 'walk-in' vaccinations while others turned them away. Indeed, at some centres the 'walk-ins' resulted in those with appointments being unable to get their vaccination because of vaccine availability (Sommerville, 2021). At the same time, a mass vaccination event in South Auckland was criticised for requiring ten times the number of invitations to get people through the doors (Ministry of Health, 2021c) and for not reaching Māori and Pacific communities as it was intended. Difficulties in getting the targeted priority groups through the door was implicitly dismissed as 'vaccine hesitancy', which was disputed by researchers who pointed out that the rollout did not take into consideration time and distance needed to travel to receive the COVID-19 vaccine (Whitehead et al., 2021). Thus, messaging did not sufficiently consider target publics' needs during the moment of production, resulting in not only

a disconnect between the moments of production and consumption, but requiring alternative voices ('regulation') to highlight errors and unintended meaning-making.

Like in Australia, government rhetoric did not always match lived experiences on the ground; public messaging that was intended to instil a sense of security was increasingly interpreted as inaction, or even worse, a government being out of touch with public needs.

Vaccine Related Communication and Promotion

Australia

Like most of its public communication efforts, COVID-19 related communication by the Australian government relied almost exclusively on mass media advertising, focussed on generic messaging and the voice of selected health experts, arguably seeking to reassure the Australian public that the country's pandemic response was informed and guided by authoritative experts. By mid-2021 it emerged that of the $41 million set aside for such campaigns, only $32,000 had been used to specifically promote vaccines and vaccination updates (Wilson, 2021). Rather than prepare to re-join the international community, Australians had become more isolated and inward looking, as vaccine hesitancy reportedly doubled over the course of a year (Murphy, 2021b). As the pandemic swept across the ASEAN region and the world beyond, cracks were starting to show in Fortress Australia.

Trying to regain control of the COVID-19 recovery narrative, the Australian Government put the armed forces in charge, literally, by appointing former military commander Lieutenant General John Frewen to take on the role of Coordination General of the National COVID Vaccine Taskforce (Rundle, 2021), who effectively became the face of the national vaccine rollout. Some of the country's biggest companies were invited to meet with the national treasurer and the lieutenant general, as the focus appeared to shift from a public health focus to economic recovery (Hitch, 2021). Likely intended as a sign of strength, order, and control—especially against a backdrop of increased tension between states and territories on one side and the federal government on the other—the image of military leadership lends itself to further confusion, accusations of a lack of compassion and arguably an increased disconnect between the government and the country's multicultural communities (Rundle, 2021). Rather than encourage a sense of unity, driving a collective recovery, Australia's appropriation of military vocabulary has traditionally reflected a desire to hide itself behind a veil of secrecy 'for operational reasons', thereby avoiding media scrutiny. Noticeably, connotations of a military takeover further amplified the anti-vaccine movement's claims of human rights breaches and stifling of individual agency. This illustrates not only the disconnect between the moment of production and consumption, but how alternative voices were increasingly filling the void created by a lack of audience-centred public communication.

Throughout, conversations related to public communication were dominated by the desire to create the 'perfect' advertisement that would compel Australians to get vaccinated, acting as a quasi-panacea to allow the nation's reconnection to the rest of the world (Walden, 2021). Communication remained top down, government-driven, and characterised by a lack of engagement with communities. Building on the military rhetoric, the Australian government launched its "Arm Yourself' vaccination

campaign (SBS News, 2021), a combination of social norming—showcasing a wide range of apparently recently jabbed arms—and an apparently unconnected, graphic scare campaign, featuring a young actor on life support (Curtis, 2021). Ironically, under 40s were not eligible for vaccines nor a key target group at that point in Australia's 'war against COVID', inadvertently resulting in increased levels of anxiety ('consumption') as audiences were left with a sense of urgency created during the moment of production that simply could not be addressed. Created by different advertising agencies, the Australian government's call to action lacked a consistent look and feel. Notably, none of the government campaigns included a hashtag or similar means to encourage community participation and engagement. Multicultural and indigenous communities were highlighted as particularly vulnerable (Rachwani, 2021), but underrepresented in public campaigns. Arguably, the resulting lack of personal control further amplified voices of discontent, including the rise and increased visibility of anti-vaccine and mandate movements ('regulation').

Illustrating growing tension between the federal and state governments ('regulation'), the State of New South Wales continued to be singled out by federal ministers and the Murdoch press as representing the "gold standard" at controlling the virus, without subjecting its residents to the kind of restrictions that became the default responses in other jurisdictions. However, Fortress Australia was about to be exposed as a 'house of cards'. Despite the country's reluctant zero-COVID strategy, hard borders and snap lockdowns, the Delta variant of the virus spread from an international aircrew member via a limousine driver across the state, gradually sending large parts of the country's population into a prolonged lockdown between June and October 2021 (Jose, 2021; Jose & Barrett, 2021).

By the end of July, the federal government's rhetoric had completely pivoted from its earlier 'it's not a race' claims; suddenly, time was no longer considered to be on Australia's side. Instead the prime minister took inspiration from the 2020 Olympic Games, urging Australians to "go for gold" in what suddenly had become a race to get the country vaccinated (Taylor, 2021). Despite the call to action, long queues outside vaccination centres highlighted a disconnect between government messaging and lived experiences, resulting in the comparison of limited vaccine supplies to the dystopian action movie *The Hunger Games*, in which ordinary citizens are forced to compete against each other to ensure their survival (Murphy, 2021a).

New Zealand

Although the modes of communication appeared similar to the first year of the pandemic with a focus on the 1pm press briefing, website and social media use in New Zealand (cf., Theunissen & Wolf, 2022), in 2021, an advertising campaign that won "international praise" (NZ Herald, 2021) was thrown into the mix. Designed by the Clemenger BBDO, the advertisement showed "a range of New Zealanders, young and old, celebrating a return to normal after they walk through 'the metaphorical door to freedom' and get the jab" (NZ Herald, 2021). The advertisement ended with the words "do it for each other", suggesting a collectivist approach towards fighting COVID-19. The advertisement, however, was criticised by various *iwi* (tribes) who felt that it trivialised aspects of Māori culture, such as the use of the *hongi* (traditional greeting) and the *haka* (ceremonial war dance), which they believe lost their true meaning in the way these were presented (Broughton, 2021). Here, the intended meaning of the message ('production') was challenged

('regulated') during the moment of consumption, demonstrating that the message was not consumed as intended by all groups. While praised internationally, nationally disappointment was expressed over the lack of consultation during the creative process. Furthermore, the advertisement suggested that vaccinations would offer immunity, which was simply wrong, paving the way for those with antivaccine sentiments to publicly challenge the government's messaging ('regulation'). More concerning was that the advertisement was rolled out before all people were eligible for the vaccine, thereby attempting to stimulate demand amidst uncertainty where and when vaccines would be available to 'everyone'.

Indeed, demand outweighed supply, diminishing trust among parts of the community in the rollout of the vaccines. This, amidst the refusal by the New Zealand government to set a vaccination target even when challenged by the opposition party. Until October 2021, when they finally set a 90% vaccination rate target for those over 12 (Thomson, 2021), New Zealand remained one of the only OECD countries without such a set target. Indeed, the government claimed that having a target would be 'unhelpful' and a 'distraction' (RNZ, 2021b), but this message was interpreted ('consumed') as lacking direction, or worse, as having a lack of political will, which added to the publics' nervousness and opened the way for challenges ('regulation') to the way the vaccine was rolled out.

Throughout the vaccine sourcing and rollout, New Zealanders were repeatedly encouraged to remain patient and to 'wait their turn' even when it seemed their turn would come much too late, gradually increasing anxiety and uncertainty. The government emphasised 'safety', fairness, and equity over all else, thereby seemingly appeasing anxious audiences who had read horror stories of vaccines going wrong ('regulation'), but the rhetoric did not meet lived experiences. Arguably, information sharing was hampered by propriety information and international purchasing agreements, but without a doubt, the messaging was not as transparent as in the first year of the pandemic when consistent messaging appeared to unite the island nation (Theunissen & Wolf, 2022).

Discussion

This case study highlights a disconnect between the moments of production and consumption. Relying on the ability to close international borders, the respective governments were keen to reassure residents of their (geographical) advantage – indeed superiority – over other countries around the world, promising a well-structured vaccine rollout that would enable both countries to reconnect with the rest of the world without risking the level of illness and loss of life experienced in many other countries around the globe. However, in reality neither country had experience in dealing with a contemporary global pandemic. By and large, both countries opted to continue the (communication) strategies that had seen them through the first months of the global pandemic (cf., Theunissen & Wolf, 2022).

As expectations shifted and contracts changed, early reassurances were increasingly interpreted as a sign of the two governments being out of their depth. This was particularly evident in the Australian context, where the federal government relied on sound grabs, one-liners, and short-term, stand-alone advertising campaigns, that did not correlate with the lived experiences of Australian residents. Governments in both countries created a sense of urgency that could not be met; not due to levels of vaccine hesitancy – as frequently implied – but simply due a lack of

supply, resulting in increasing levels of angst among the wider population. Certainly, in times of a national crisis, actions speak louder than words.

As governments scrambled to regain control over the vaccine rollout, individuals turned to other sources of information to fill the increasingly apparent information void. Time was no longer on their side. Amidst politicians, health professionals, pharmaceutical representatives, anti-(vaccine)-mandate movements and conspiracy theorists wrangling for a share of voice, regulation emerged as the most prevalent moment. Arguably for the first time, individuals were paying close attention to vaccine brands, as different pharmaceutical organisational sought to position themselves as the most effective solution to an end of the pandemic, including the discrediting of 'competitors' (Henley, 2021), which in turn led to further confusion and increased levels of distrust. While less of an issue in New Zealand, in Australia, access to Pfizer over AstraZeneca was increasingly interpreted as a status symbol.

Amongst this chaos and confusion, anti-vaccine, anti-lockdown and other non-progressive movements benefitted as individuals were looking for solutions and an opportunity to become active themselves. Sitting back and relying on government assurances was no longer an option.

Conclusion

Examining the first year of the pandemic, Theunissen and Wolf (2022) noted that similar message approaches do not necessarily lead to the same outcomes. Similarly, as illustrated in this case study, different approaches in the sourcing and positioning of vaccines do not necessarily lead to dissimilar outcomes.

As the pandemic progressed, new virus variants emerged and the rest of the world progressively opted for what was framed as a life 'with' the virus, both Australia and New Zealand were experiencing major outbreaks of COVID-19; their vaccine rollout lagging behind their international counterparts. It seemed, then, that the respective 'fortresses' lacked solid foundations, having been constructed for short-term protection rather than permanent isolation from the rest of the world. One year on, by mid-2022, both countries were again topping global rankings—this time, however, for the highest COVID-19 death rates per capita (Nicholas & Kelly, 2022). Fatigued by virus control measures and frustrated with ongoing isolation, individuals were turning their backs on public health advice as discontent with governments grew, resulting in further fragmentation (Clark, 2022).

The study's findings reinforce that both countries experienced a lack of urgency in the vaccine rollout. In some cases, this was attributed to vaccine hesitancy even though analysis showed that access was a major challenge, including practical considerations such as travel to and from vaccine centres and time taken off work. Despite early reassurances, an insufficient supply of vaccines were made available to residents; capacity was lacking.

Furthermore, the information vacuum created by both the Australian and New Zealand governments about where and when to get vaccinated, combined with the drawn-out nature of the pandemic, brought the moment of regulation to the forefront, as different voices wrangled to be heard, seeking to challenge the status quo. These competing voices increasingly contributed to a disconnect between the moment of

production and consumption, as audiences first questioned and the openly challenged public communication, including government assurances.

As scientists predict the increased likelihood of future global pandemics, it is crucial that governments and communicators reflect on the learnings provided by the ongoing COVID-19 outbreak. Pandemics represent uncertainty and the absence of a clear timeline, thereby challenging extant public communication models that are largely driven by election cycles and short-term, timed interventions.

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