Tracking the Wave of a Calamitous Failure: A Response to 'Obstacles to Public Health that even Pandemics cannot Overcome: The Politics of COVID-19 on the Island of Ireland' by Ann Nolan *et al.*

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Tracking the Wave of a Calamitous Failure

A RESPONSE TO 'OBSTACLES TO PUBLIC HEALTH THAT EVEN PANDEMICS CANNOT OVERCOME: THE POLITICS OF COVID-19 ON THE ISLAND OF IRELAND' BY ANN NOLAN *ET AL.*[1]

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Ann Nolan and colleagues have tracked public health policy for Covid-19 in Northern Ireland (NI) and the republic of Ireland (RoI) during the first wave of the pandemic in each jurisdiction, spanning the period from 27 February to 30 June 2020. The authors have employed comparative policy analysis methods, drawing on qualitative content analyses of policy documents in the public domain, within a framework defined by the Oxford Covid-19 Government

[1] Read a reply to this article by Christopher D. Graham in *Irish Studies in International Affairs: ARINS* 32 (2) (2021), 275–77. doi: https://doi.org/10.3318/isia.2021.32b.25.

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Response Tracker, which facilitates international comparisons of pandemic policies.[2] The content analyses were supplemented with a stakeholder consultation in November 2020. The findings suggest that both 'containment and closure' and 'health systems' policy responses to Covid-19 were broadly aligned in NI and the RoI during this period, but with the significant caveat that the available information on Covid-19 testing policies 'defied comparison'.

This timely and important paper represents a significant contribution to policy and historical analyses of the response to the Covid-19 pandemic on the island of Ireland, albeit published at a time when the global pandemic continues unabated with high rates of virus transmission worldwide, catastrophic loss of life, suffering and health system collapse in South America and India, and as yet, no guarantee of imminent containment of the virus in Ireland, north or south, despite the promise of vaccines.

It is not clear whether the alignment in Covid-19 policy between NI and RoI reflects the relationships and interactions between ministers, civil servants and the chief medical officers in the two jurisdictions in 'the spirit of the Good Friday Agreement', or whether a high level of policy convergence was inevitable given the absolute imperative to deploy basic communicable disease control measures in response to a highly infectious pathogen. What is clear, however, is that the policy alignment achieved during the first wave of infection and largely maintained during the subsequent waves is at a level of relative failure and mediocrity (with over 7,000 deaths to date and an as yet unquantifiable burden of 'long Covid' on the island of Ireland), reflecting a poverty of vision and a profound failure of leadership, imagination and effective statecraft on both sides of the Irish border and between the Irish and UK governments.

As two closely related islands in the north-west of Europe, operating within a Common Travel Area, we had the option of developing a coherent and rational north-south and east-west virus elimination strategy, which offered the prospect (albeit not a guarantee) of a return to near normal life within two to three months, but with persisting border controls until an effective vaccination programme has been implemented and the global pandemic has subsided.[3] Instead, we have opted to live with, rather than

[2] Thomas Hale, Noam Angrist, Rafael Goldszmidt *et al.*, 'A global panel database of pandemic policies (Oxford Covid-19 Government Response Tracker)', *Nature Human Behaviour* 5 (2021), 529–38. doi: 10.1038/s41562-021-01079-8

[3] Michael G. Baker, Nick Wilson and Tony Blakely, 'Elimination could be the optimal response strategy for Covid-19 and other emerging pandemic diseases', *British Medical Journal* 371 (2020). doi: 10.1136/bmj.m4907.

attempt to eliminate, the virus, a poorly executed suppression strategy that has left us in semi-permanent lockdown. Multiple countries and jurisdictions worldwide, diverse in geography, population size, resources, and styles of government, have successfully pursued Covid-19 elimination approaches and we now have overwhelming evidence that countries that have developed a strategy to eliminate as opposed to living with the virus are more successful in terms of health outcomes (by a very large margin) and economic outcomes.[4] Nolan *et al.* dismiss this 'purist' position—a position based on core principles of infectious disease control that have evolved over centuries—on the basis that it 'largely ignores the well-established principle in which public health policy is contingent on the socio-political landscape'. Clearly, all policy, public health or otherwise, is contingent on the socio-political landscape. The question that arises in the context of this paper is, what are the core features of the socio-political landscape on the island of Ireland and in the UK that have contributed to this calamitous failure to mount an effective and well-coordinated response to this public health emergency based on our shared geography and our deep ties of language, culture and kinship.

In their analyses of the obstacles to public health collaboration between NI and RoI, Nolan *et al.* focus heavily on the issue of national identity, on the conflict between Protestant unionists who identify with the United Kingdom of Great Britain and Northern Ireland, and the mostly Roman Catholic nationalist community who tend to favour unity with the RoI. There is no doubt that north-south collaboration on Covid-19 has been impeded by tensions, between the unionist community who are keen to maintain the closest possible alignment with the rest of the UK, and the nationalist community who are attracted to the notion of the island of Ireland as a single epidemiological unit, as was the case in response to an outbreak of Foot and Mouth disease in cattle and sheep in 2001. In my view, however, the role of historical and constitutional issues as a barrier to effective cooperation in response to a public health emergency is overstated. I would suggest that in both jurisdictions (and in the UK), the failure to respond adequately to Covid-19 can be traced to a broadly conservative, neoliberal political culture which over several decades has ignored and marginalised public health and failed to develop an adequate public health infrastructure.

[4] Miquel Oliu-Barton *et al.*, 'SARS-CoV-2 elimination, not mitigation, creates best outcomes for health, the economy, and civil liberties', *The Lancet* (28 April 2021). doi: 10.1016/S0140-6736(21)00978-8.

The notion of a public health infrastructure is critical and often poorly understood. It depends heavily on political will to address poverty, social injustice, educational exclusion and related societal level determinants of health and well-being, combined with health sector investment in public health capacity, including specialist physicians, public health scientists and practitioners, appropriate legal and ethical frameworks that support access, sharing and linkage of population health and health service data, and an appropriate legal framework to support necessary and proportionate public health interventions. Thus, in reflecting on the response to Covid-19 on the island of Ireland and in considering how best to prepare for future pandemics and other public health emergencies, hard questions need to be asked on why we have not done better and why a historic opportunity to bring the people of Ireland and the UK together to combat the coronavirus has been squandered.