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Herd-immunity across intangible borders: Public policy responses to COVID-19 in Ireland and the UK

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The responses to COVID-19 in Ireland and the UK differed, and will have consequences for life in these islands that will extend far beyond the current crisis. Ireland went into lockdown relatively early on 12 March, while after a slow initial response, with plans for herd immunity, the UK started introducing restrictions around 20 March and quickly became a world leader in cases. While the UK has also presented similar responses seen elsewhere in Europe, one further area of note sees the devolved responses in different parts of the UK diverge considerably. These differences cannot be explained purely in terms of epidemiological conditions, as the trajectories of the virus in England, Scotland, Wales, and Northern Ireland are broadly similar. The reality is that the leaders of the devolved governments reached different political judgments from PM Johnson, which may bring further pressure to bear on the UK's constitutional makeup.

KEYWORDS
COVID-19, devolution, expertise, Ireland, UK

1 | INTRODUCTION

This contribution reviews and compares public policy responses to COVID-19 in Ireland and the UK and considers the impact that the governments' divergent approaches to the pandemic had on public support and trust in government in the first months of the crisis (February–June 2020).

*[Correction added on 01 December 2020 , after first online publication: The correspondence information has been updated.]

In the first part of this paper, we review and compare the measures introduced in each country to contain the spread of the virus by focusing on some key factors that fed into the timing and nature of the crisis-induced measures. The analysis proceeds by tracing public support for the governments' decisions throughout this period. The paper also briefly considers the longer-term impact this episode may have for politics and public policy on these islands.

1.1 | What influences COVID-19 policy?

The public policy responses to COVID-19 in Ireland and the UK have been shaped by a combination of factors including: How risk, evidence, and uncertainty are perceived and managed by policymakers, the way that power is devolved within multilevel systems (in the case of the UK at least), and the fact that these countries are densely connected with one another and with the wider world.

1.2 | Risk management, governance, and connectedness

Firstly, risk and uncertainty are an inherent part of industrialized modernity. Indeed, managing risk and the unknown are a central part of what modern governments do (Clapton, 2011; Versluis et al., 2019). In any public policy deliberation, there is necessarily tension between the scientific and public health considerations on the one hand, and economic considerations on the other. Dewey (2012 pp. 152–160) and Blumer (1948) argue that decision-making processes and political action should rely primarily on the advice of experts, advancing a technocratic approach to governance. Lippmann (1997, p xiv) also favors this approach, and of working closely with a *"'machinery of knowledge'…created through 'intelligence bureaus' staffed by highly trained but unprejudiced experts"* and Nispen and Scholten (2017) posit that crises can offer opportunities for the utilization of expert knowledge in the contested and politicized setting of a crisis. The extent to which public policy decisions pertaining to the pandemic were based on health, political, or economic imperatives had a major impact on the nature and timing of decisions that were eventually implemented in both countries, and whether politicians or public health experts were to the fore in communicating with the public.

Secondly, the impact of the COVID-19 pandemic on virtually all areas of society and portfolios of government necessitates an "all-of-government response," drawing in all areas of public administration, including the local, regional, national, and transnational levels. Notwithstanding both countries' Anglo-Saxon administrative traditions (Kuhlmann & Wollmann, 2019), how public policy decisions are reached in the UK and Ireland differ markedly, given the countries' respective governance systems.

Despite being the originator of the Westminster model of government, the UK is in fact a multinational country, made up of four nations, namely: England, Northern Ireland, Scotland, and Wales, with devolved authorities in each of Northern Ireland, Scotland, and Wales (Minto et al., 2016). The devolved administrations have responsibility for large parts of public policy, including public health and education, while related responsibilities for border, environmental, and budgetary and many others powers lie at the level of the UK government in Westminster. The pandemic has thus necessarily elicited a multilevel response in the UK which adds a degree of complexity, but also flexibility, to the UK's crisis response. In Ireland meanwhile, as a highly centralized small country, public policy is made in the capital, and the country is arguably in a strong position to mount a rapid and coherent response to crises when they occur (Katzenstein, 1985).

Finally, given the nature of global and regional connectedness, health crises, when they happen, can cross borders with relative ease. This is especially the case, it could be argued,

within Europe, including (or especially) between Ireland and the UK, given the dense nature of economic, political, and social integration that exists between the countries, the 500km long frontier between Ireland and Northern Ireland, and the permeable nature of European borders (Ferriter, 2019).[1] For example, the first recorded case of coronavirus in Northern Ireland resulted from a resident returning home from travel to an infected area via an airport in the Republic of Ireland. This exhibits how easily the virus can cross borders and how closely integrated life is on these islands.

Thus, while sovereignty grants states the notional freedom to act, it has proven essentially impossible for governments to combat the global health pandemic in isolation. COVID-19 does not respect national borders, and the far-reaching impact of the coronavirus undermines theoretical notions of sovereignty. The extent to which states have a preference for regional and global cooperation as opposed to autonomy, isolation and self-sufficiency, has had a major impact on public policymaking in the wake of COVID-19, as we shall see.

In sum, the public policy responses to COVID-19 in Ireland and the UK have been influenced by a combination of factors which shape the responsiveness, effectiveness, and transparency of public policy decisions, and the perceived accountability of government (Chanley et al., 2000; Grimmelikhuijsen et al., 2013). In the next section, we will review and compare the measures taken in each country, and will consider the impact these measures had on public support for government.

2 | Public policy in Ireland and the UK under COVID-19

2.1 | Historical background and political context

Ireland and the UK have been intimately linked for centuries by ties of geography, trade and kinship. Crucially, since Ireland's independence from the UK in 1921, the countries share custody of a 500 km land border that bisects the island of Ireland. While Ireland and the UK are close, government leaders took different approaches to the management of the pandemic, at least to start with, especially when it comes to timing.

The devolved assemblies in Northern Ireland, Scotland, and Wales were established in 1998 following the election of Tony Blair as prime minister, and in the case of Northern Ireland, following the passage of the landmark Good Friday Agreement.

While Ireland and the UK joined the European Union (EU) in 1973, the UK voted to withdraw from the bloc in 2016 following decades of acrimony and Ireland remains consistently among the countries most positively disposed toward EU membership (Commission, 2020). The UK's protracted withdrawal has strained relations between the four nations of the UK, particularly as Northern Ireland and Scotland voted decisively to remain in the EU in the Brexit referendum, while England and Wales voted to leave. The differentiated nature of the public policy response to COVID-19 may further test the political settlement in the UK, given the concomitant rise in support for Scottish independence and Irish unity over recent years (Haverty & McKinnon, 2020).

2.2 | Irish government responses

Amid the onset of COVID-19, the Irish government responded decisively by introducing a raft of emergency legislation that gave the government extensive powers to combat the spread of the coronavirus and to mitigate economic collapse.

The government responded to the first recorded case in the country on 01 March by closing the school attended by an affected student. While on the government's annual official St Patrick's day visit to Washington DC on 12 March, a day after the WHO declared the COVID-19 outbreak a pandemic, Taoiseach (prime minister) Leo Varadkar announced that all the country's schools, colleges, and childcare facilities were to close until 29 March in the first instance. These measures were extended over the coming weeks, with tight restrictions placed on movement, economic activity, and social gatherings.

On 13 March, the government introduced a scheme to support those suffering loss of income due to the pandemic. On 15 March, just days before St Patrick's day—traditionally seen as the start of the tourist season, and a huge weekend for businesses—the government called for all pubs and clubs to close. Emergency legislation introduced a freeze on rents and evictions and a fast track rehiring scheme for retired healthcare workers and soldiers. In a unique turn, the Taoiseach—a qualified medical doctor—re-joined the medical register to work one shift a week to respond to his own government's call.

On 27 March, Varadkar announced tighter restrictions for at least an additional two weeks, instructing people to stay at home in virtually all circumstances, acknowledging that the measures would be difficult to police but that Gardaí (the Irish police) had been given powers to detain and fine people. The introduction of protections for the self-employed is a new departure in Ireland's liberal social welfare tradition (Dukelow & Considine, 2014). It is possible that this extended social protection net will be difficult to draw in after the pandemic.

Notably, Ireland's intensive care unit and high dependency bed capacity is one of the lowest in Europe, with 6.5 critical care beds per 100,000 people. This is about on par with the UK, as both countries are almost half the European average of 11.5 (Rhodes et al., 2012). In what could be the most far-reaching new measure, the government brought the country's sizeable private healthcare system[2] into public control for the duration of the emergency and made all coronavirus-related treatment free. Public and private patients seeking treatment for coronavirus would be treated the same, and the private sector worked on a not-for-profit basis. The measure relating to private hospitals was reversed in June as the numbers of infections fell, but in terms of innovative public policy, it may still represent an important departure.

On 18 May, the government set out a phased strategy for easing the COVID-19 restrictions, with specific dates for when restrictions would be lifted, with most areas of the economy reopened by the end of June.

2.3 | UK government responses

The UK government initially planned to tackle the pandemic by obtaining herd immunity, whereby society would gain immunity from the Coronavirus through widespread exposure. A similar approach was initially also taken in Sweden (Petridou, 2020).

Following the diagnosis of several cases in late January, 06 February saw the identification of the first so-called "super spreader"—a person who had contracted the virus in Singapore before infecting 11 others, five of them in Britain. Despite a growing number of cases, the government did not introduce restrictions on movement at that time, as had already happened in the likes of China and Italy.

On 03 March, the government unveiled its Coronavirus Action Plan that outlined a set of voluntary measures and the promotion of social distancing, but no limitations on movement, economic activities, or public gatherings (Gov, 2020a). This was despite Paul Cosford, a medical director at Public Health England—an executive agency with the UK Department of Health and Social Care—asserting that widespread transmission of COVID-19 in the country was "highly likely" (Gilroy, 2020). This prefaced the first recorded deaths from COVID-19 on March 05. On the same day, Prime Minister

TABLE 1 Differentiated lockdowns measures across the UK and Ireland, up to date as of June 30, 2020 (see DOH, 2020b; Paun et al., 2020)

	England	Northern Ireland	Scotland	Wales	Republic of Ireland
Lockdown introduced	22 March	22 March	22 March	22 March	12 March
Schools closed	20 March	23 March	20 March	20 March	12 March
Gatherings during first phase of lockdown	Up to six people from different households	Up to ten people from different households.	Up to eight people from three households.	Two households, no maximum.	Up to six people from up to two households
Reopening of hospitality sector	04 July	03 July	06 July	tbc	29 June
Schools reopening	15 June	September	11 August	29 June	September
Social distancing	2 meters	2 meters in most cases, 1 meter in school	2 meters	2 meters	2 meters
Access to testing	Anyone with symptoms.	Anyone over the age of 5 with symptoms.	Anyone over the age of 5 with symptoms.	Anyone with symptoms.	Anyone with symptoms, close contacts of positive cases.

Boris Johnson suggested that, regarding the Coronavirus: "perhaps you could take it on the chin, take it all in one go and allow the disease…to move through the population, without taking as many draconian measures [as were being introduced elsewhere]" (Krishna, 2020). The Prime Minister's resistance to introducing lockdown measures immediately raised questions regarding the risks posed to public health in the Republic of Ireland, given the intangible nature of the Irish border.

On 12 March, as much of Europe fell into lockdown, the UK government moved from what was dubbed a "contain" phase to a "delay" phase. On 17 March, in a bid to maintain economic activity, the Chancellor of the Exchequer introduced the biggest emergency package for businesses since the 2008 financial crisis, making £330 billion (€360 billion) available for loans, grants, and tax cuts for businesses (Gov, 2020b).

On 20 March, as cases of the virus continued to mount, and amid pressure from the devolved administration in Scotland, most schools across the UK were closed and the Prime Minister ordered bars, cafes, gyms, pubs, and restaurants to shut as well. Thus, while the UK introduced similar measures to elsewhere in Europe, they crucially did so more than a week after most of the rest of the continent had done so. Shortly after the introduction of restrictions, as the UK was becoming a world leader in cases, Prime Minister Johnson and Health Minister Matt Hancock were both diagnosed with the virus.

On 23 March, the government announced further restrictions on movement and assembly. By this time, more than 6,500 people had tested positive for COVID-19 and some 335 had died. Subsequent legislation introduced on 25 March granted police, immigration officers, and health officials powers to detain "potentially infectious" persons and to break up gatherings (Gov, 2020c). Throughout April and May, large numbers of infections and deaths were recorded while the country settled into its belated lockdown.

On 19 June, as the number of deaths in the UK surpassed 40,000, the Chief Medical Officers of the four nations began to discuss related but differentiated plans to exit the lockdown, and the UK government reduced the country's alert level as the numbers of infections began to fall. On 23 June, Prime Minister Johnson announced an easing of restrictions and called on people to "use their common sense in the full knowledge of the risks" to combat the virus (Gov, 2020d).

Thus, the starkest difference between the approaches taken to the pandemic in Ireland and the UK relates to timing. While Ireland introduced its lockdown in line with most other EU countries, after a single fatality was recorded and as the WHO declared a global pandemic, by the time the UK did similar some 335 had died with coronavirus in the country. Speaking at the end of June, a senior scientific advisor claimed that the delay "clearly cost a lot of lives" (BBC, 2020) and more starkly, Neil Ferguson, a scientific advisor to the Prime Minister, stated on 10 June that coronavirus deaths in the UK would have been halved by introducing lockdown measures only a week earlier (Buchan, 2020).

2.4 | The devolved response in the UK

The pandemic provides a test for the nuance and flexibility of devolved government in the UK. As public health is a devolved power, the different UK nations were under slightly different lockdown regimes at different times throughout the opening months of the pandemic (see Table 1). The measures in Northern Ireland were most highly scrutinized in this respect, given its proximity to Ireland, and given the fact that the Irish government had taken a different approach compared to the UK in the early days of the lockdown, as we have seen.

The first minister of Northern Ireland, Arlene Foster, while acknowledging her good relations with Taoiseach Varadkar following a joint meeting between the leaders on 14 March, insisted that Northern Ireland was different and would do its own thing. Foster said she was following the advice of Northern

Ireland's Chief Medical officer, but even then, recorded cases were beginning to rise on either side of the border. Given how closely integrated life is on the island, there was a clear pragmatic case for aligning with Dublin to prevent the spread of the virus.

Following this initial divergence, on 18 March, Foster announced that schools and universities would close, more or less in line with the rest of the UK and ten days after the Republic. From late February, Taoiseach Leo Varadkar had been calling for an all-island response, stating that "viruses don't recognise boundaries or borders" (Moriarty, 2020). On 07 April, the Irish government and Northern Ireland Executive signed a memorandum of understanding, setting out areas of cooperation and information sharing for the duration of the pandemic (DOH, 2020a, 2020b).

Many of the divergent approaches pursued in Scotland and Wales, as well as in the Channel Islands, were minor, and largely related to how and when to reopen the likes of garden centers, pubs and municipal libraries, rules around exercising and prison visits, and the number of people who could attend weddings, funerals, and social gatherings. While these areas are relatively pedestrian, they are areas of life that people pay attention to, and the differences have been widely noted (Cushion et al., 2020).

Arguably, the details and scheduling of when measures happen are not terribly important, but crucially, they show the nations moving at different speeds and in different ways. These differences cannot be explained purely by epidemiological conditions, as the trajectories of the virus in England, Scotland, Wales, and Northern Ireland were broadly similar. The reality is that the leaders of the devolved governments reached different political judgments from Prime Minister Johnson's government on when to introduce, relax, or modify restrictions (Kenny & Sheldon, 2020).

2.5 | Testing and contact tracing

In May, the Chief Medical Officer of Ireland announced an ambitious plan to build capacity to undertake 100,000 tests for coronavirus per week, but the absolute number of infections remained relatively low and capacity in the health service was never threatened with being overrun. Testing for the virus proved to be much more contentious in the UK, and the government has been repeatedly challenged over its testing capacity and the data on testing presented at the government's daily briefings. On 07 June, Health Secretary Matt Hancock announced the UK had exceeded its target to increase coronavirus testing capacity to 200,000 a day, but according to official data, only 115,000 tests were actually carried out over the previous 24 hr, and the figure includes testing kits posted to homes, some of which were never returned, and the chairman of the UK national statistics authority publicly disagreed with the presentation of the figures (Norgrove, 2020).

Physical contact tracing was introduced in Ireland in March and across the UK at the end of May. Ireland's contact tracing app was developed and piloted by the end of June, when up to 80% of adults surveyed reported their preparedness to use it (O'Brien, 2020), and within two days of the "COVID Tracker Ireland" app being introduced on 07 July it had reached over a million registered users, representing almost a third of the adult population of the country. Despite some 65% of UK citizens supporting a similar venture (Ipsos, 2020), the UK's attempt to introduce a similar app has been deemed "a fiasco" and "a masterclass in mismanagement" (Ball, 2020). The task of introducing the app on such a large scale is clearly challenging—although both France and Germany had succeeded with similar schemes. In reality, the UK's plan failed in part due to political differences in government, with James Bethell, the Minister for Innovation, pointing to concerns around privacy, data collection, and interoperability (Burgess, 2020). The politicization of the process in the UK arguably further eroded public trust and support for the government's approach to the pandemic.

TABLE 2 Coronavirus outcomes in Ireland and the UK, January–June 2020

	Ireland	UK
Population	4.9 million	66.5 million[7]
First recorded case	29 February	31 January
First recorded death	11 March	05 March
Restrictions introduced	12 March	22 March
Majority of restrictions eased	30 June	04 July
Confirmed cases June 30, 2020 (Worldometer, 2020)	25,462	311,965
Rate of infection per 100,000 (Stewart, 2020)	519	465
Confirmed deaths June 30, 2020 (Worldometer, 2020)	1,735	43,575
Fatality rate	6.8 per cent	14 per cent
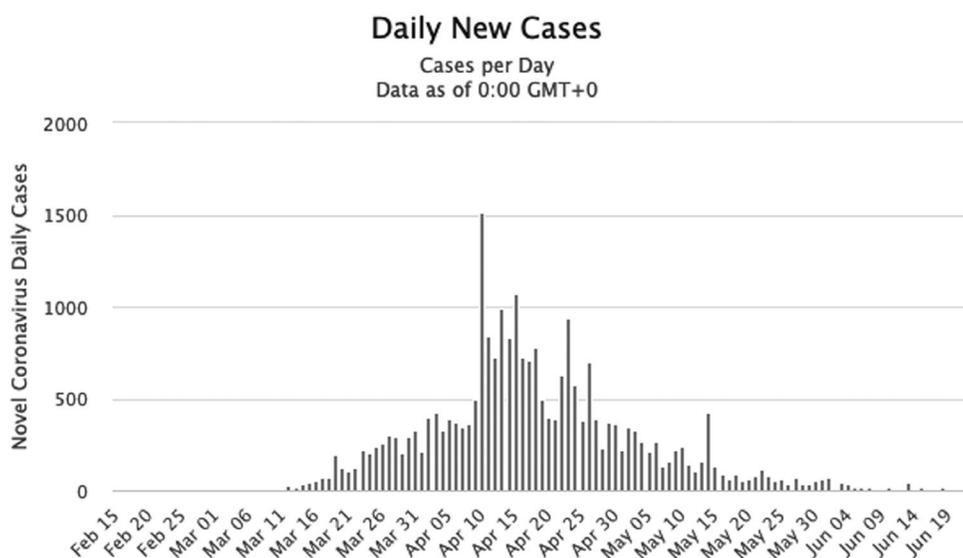
FIGURE 1 Coronavirus Cases, Ireland, February–June 2020

2.6 | Outcomes in Ireland and the UK

By global standards, Ireland and the UK have some of the highest rates of coronavirus infection in the world, but the relative rate of fatalities between the countries is stark, with the death rate in the UK more than twice that of Ireland (see Table 2).

As was seen elsewhere in Europe, people living in care homes in Ireland and the UK, and in the Irish state's direct provision system,[3] were disproportionately affected by the virus. A notable feature of the Irish COVID experience is the high rate of healthcare workers testing positive for the virus in the initial month of the pandemic, which accounted for up to 32% of all infections—one of the highest rates in the world (INMO, 2020).

While it is extremely difficult to meaningfully compare countries when it comes to COVID-19, to put it bluntly, a higher proportion of the Irish population contracted the virus in the early stages of the pandemic, while a notably smaller proportion of those infected died compared to the UK (14%: 6.8%) (see Table 2). In June, at 64,200, excess deaths in the UK have been nearly eight times higher
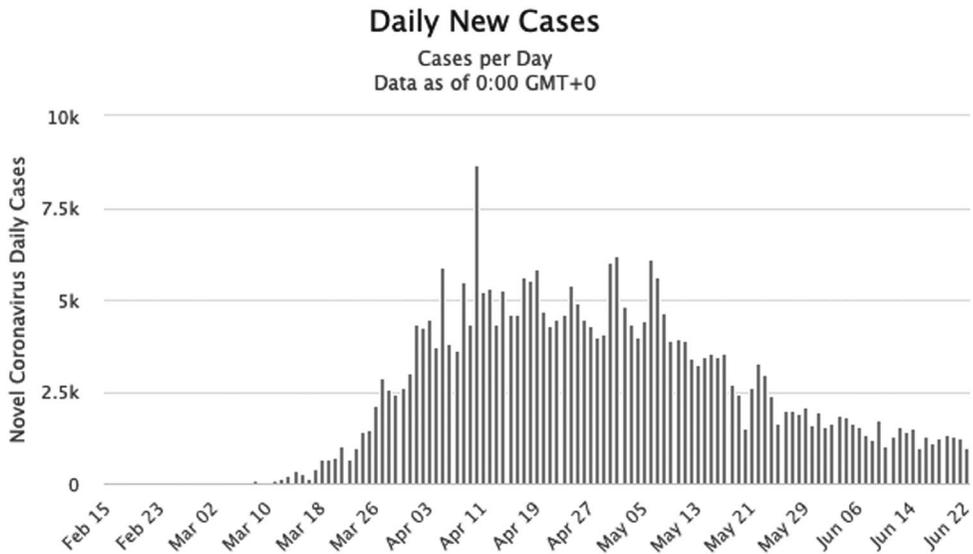
Daily New Cases

Cases per Day
Data as of 0:00 GMT+0

FIGURE 2   Coronavirus Cases, UK, February–June 2020

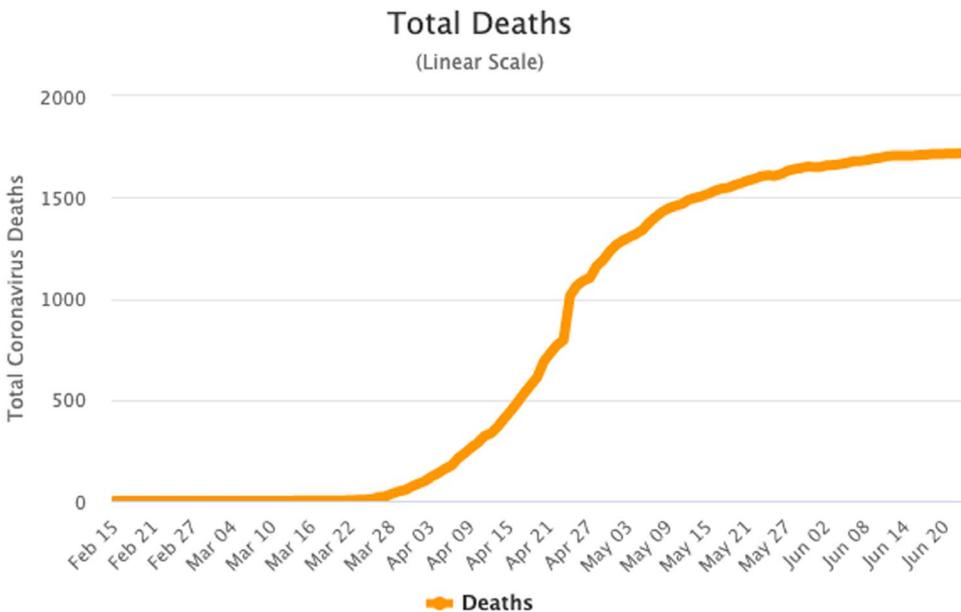## Total Deaths

(Linear Scale)

FIGURE 3   Coronavirus deaths, Ireland, February–June 2020

than in Germany, two-and-a-half times the level in France, with even Spain and Italy, who experienced the first surge in cases at the start of the pandemic, ultimately having significantly better records (Stephens, 2020). By the end of June, the UK had the second highest rate of infection of any large country in the world after the US. In sum, while Ireland also ranks highly by global standards in terms of the rate of infections within the population, the rates of infection and mortality in the UK are far higher (de Best, 2020). It is also notable that infection rates in Ireland fell rapidly after a peak in mid-April, while in the UK, the downward trend in infections has been far slower (see Figures 1–4[4]).
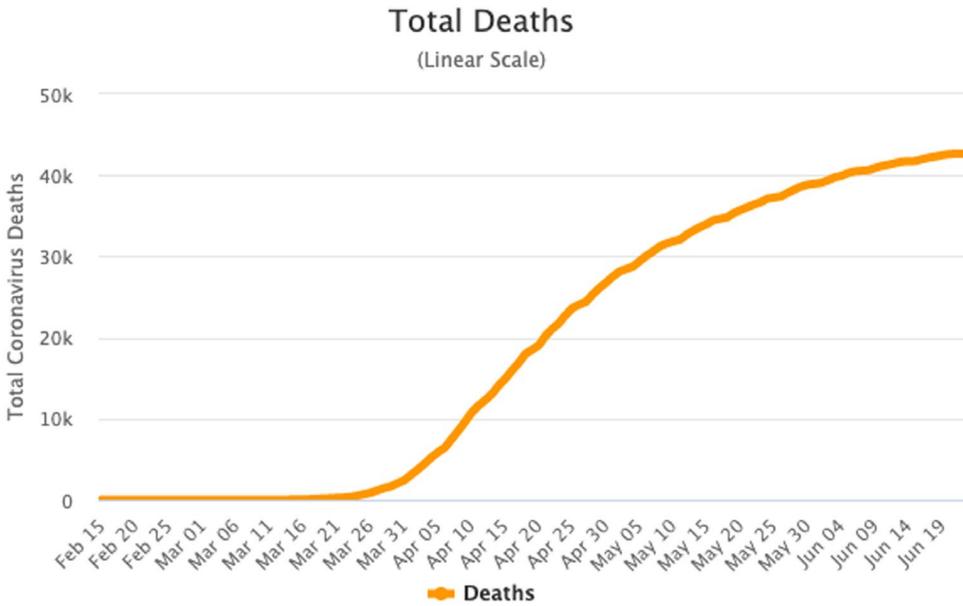
Total Deaths

(Linear Scale)

FIGURE 4 Coronavirus deaths, UK, February–June 2020

3 | Why were outcomes different in Ireland and the UK?

3.1 | Mitigating factors

Mitigating factors around social distancing and demography can go some way to explaining some of the differences in outcome across these cases. Ireland has a slightly younger population, as 13% citizens are over 65, compared to 18% in the UK. Ireland also has one of the least dense populations in Europe (McHugh, 2017), and only 12% of dwellings are apartments (a quarter of the EU average), compared to almost 50% in the UK and over 60% in the likes of Italy and Spain (Lyons, 2017). These factors facilitate social distancing and self-isolation in Ireland which can help limit the spread of infectious diseases. However, single-person households in Ireland are relatively rare, making up 12% of all dwellings, below the UK's 16% and the EU average of 17% (Eurofound, 2020). Meanwhile, the post-2008 economic crisis saw a jump in multigenerational households and young adults living at home with older relatives—which presents the risk of younger family members infecting older relatives—with 47.2% of 25- to 29-year-olds living with parents, an 11% rise compared to ten years previously and almost twice the rate in the UK of 24.9% (Horgan-Jones & O'Halloran, 2020). Thus, while some demographic and societal factors can explain Ireland's relatively more positive outcomes under COVID-19, it cannot explain it entirely.

3.2 | Connectedness & sovereignty

Ireland is one of the most open economies in the world, both economically and politically, and as an enthusiastic member of the EU, worked in concert with EU peers and institutions when designing its crisis response. The UK meanwhile sought to chart its own way that for some was "steeped in nostalgia for past greatness rather than shaped by contemporary appraisal" (Stephens, 2020). We have seen

how COVID-19 does not pay regard to borders or to theoretical notions of sovereignty, and while sovereignty may provide a notional freedom to act, it does not provide capacity to act, and the UK acting alone was unable to stop the virus and could not secure medical supplies and protective equipment faster than EU countries could acting together (Wintour & Boffey, 2020).

Ultimately, the UK's approach can be interpreted at least in part as the UK seeking to assert its sovereignty and its separateness from the rest of Europe (Bulmer & Quaglia, 2018), which to date has been best captured by the confrontational approach taken by the UK government to its withdrawal negotiations with the EU (Brunsden & Parker, 2020). Arguably, the global pandemic presented the first crisis over which the UK could "take back control,[5]" but in a deeply interconnected world with increasingly intangible borders, the attempt to contain the virus failed with dramatic consequences.

3.3 | Level of government and differentiated responses

While several countries took differentiated responses within their borders, including Italy, Spain, and Germany (Malandrino & Demichelis, 2020; Naumann et al., 2020; Royo, 2020) primarily in response to localized outbreaks, in the UK the differentiated responses of the different nations were primarily underpinned by political judgement. Ireland, as a small centralized country, was in a position to mount a coherent response, albeit amid the complication of traveling at different speeds with Northern Ireland to begin with.

While the nuanced response in the UK that devolution affords certainly permits flexibility and responsiveness, it also raises questions about the future of the constitutional settlement in the UK. The logic of having two jurisdictions on one small island (i.e., in Ireland and Northern Ireland), at least when it comes to public health, has been called into question in the context of the coronavirus. What's more, if Northern Ireland is seen to have more in common with the Republic of Ireland than Wales, and as increasing numbers of people in the province identify with neither of the two main communities, pressure for Irish unity may increase. Meanwhile, the increased visibility of autonomy in Scotland may also bolster the cause for Scottish independence (Haverty & McKinnon, 2020; Paun et al., 2020).

3.4 | Risk and evidence

It is widely believed that the Irish authorities took advantage of the time to prepare before the worst impact of the crisis, as the likes of Italy and France were being badly affected by the virus, to put in place a coherent strategy informed by scientific advice (Cullen, 2020). From the onset of the pandemic, the Irish government referred to decisions of the European Centre for Disease Control (ECDC) and its own medical advisers to justify its initial relatively drastic response, and the National Public Health Emergency Team (NPHET) and the Coronavirus Expert Advisory Group (a subgroup of NPHET that was established in March) have been highly prominent throughout the crisis.

Meanwhile in the UK, the evidence for herd immunity, which was initially pursued by Prime Minister Johnson, was rapidly discredited by scientists and medical experts alike. On 14 March, more than 500 research scientists signed an open letter that the UK's failure to lock down immediately would "risk many more lives than necessary" (QMUL, 2020). Zaller (1992) posits that public opinion is elite driven, and that experts raise and frame key issues in public discourse. In this way, the open rebuke from experts toward the government's response arguably further eroded public trust in government and the extent to which political leaders could be seen as accountable (Boin et al., 2017).

One major difference between the two cases is how in the UK, while taking advice from the government's Scientific Advisory Group for Emergencies (SAGE), politicians were center stage at daily press briefings and were central to the shaping and communication of the COVID-19 narrative. Meanwhile in Ireland, technocrats were to the fore, as responsibility for delivering government communications around the pandemic was fulfilled almost exclusively by senior medical advisors, many of whom are now household names, and with the Taoiseach and senior government ministers making only rare set piece interventions throughout the crisis. Zahariadis et al. (2020) also review the role of experts under COVID-19, specifically with respect to Greece and Turkey.

Strikingly, the UK's handling of COVID-19, in its early stages at least, stands in stark contrast to a previous UK government's preparation for a pandemic—that of H1N1 in 2009–2010—where the government predicted 65,000 deaths and its response is now widely seen as having been an overreaction (Versluis et al., 2019). Here, the British government started its approach from the worst-case scenario (Council of Europe, 2010, pp. 16-17), leading the government to spend €1.3 billion on H1N1-related actions—compared to around €87 million for an average annual seasonal flu outbreak (European Parliament, 2011, p. 13). Thus, the UK government's approach to using evidence to develop policy, and the status of experts in decision making, has seemingly undergone a profound shift over the past decade.[6] Such resistance to expertise was arguably also in evidence during the Brexit referendum campaign in 2016, with a senior government minister notoriously remarking on national television that "the people in this country have had enough of experts…saying that they know what is best and getting it consistently wrong" (Mance, 2016).

3.5 | Impact on trust in government

Taoiseach Leo Varadkar began the pandemic from a position of relative weakness, leading a caretaker government following the country's inconclusive general election on February 08, 2020 (Colfer, 2020). Varadkar and his cabinet were widely commended for their decisive and effective handling of the crisis as it developed, as has been reflected in subsequent polls since the onset of the pandemic (see
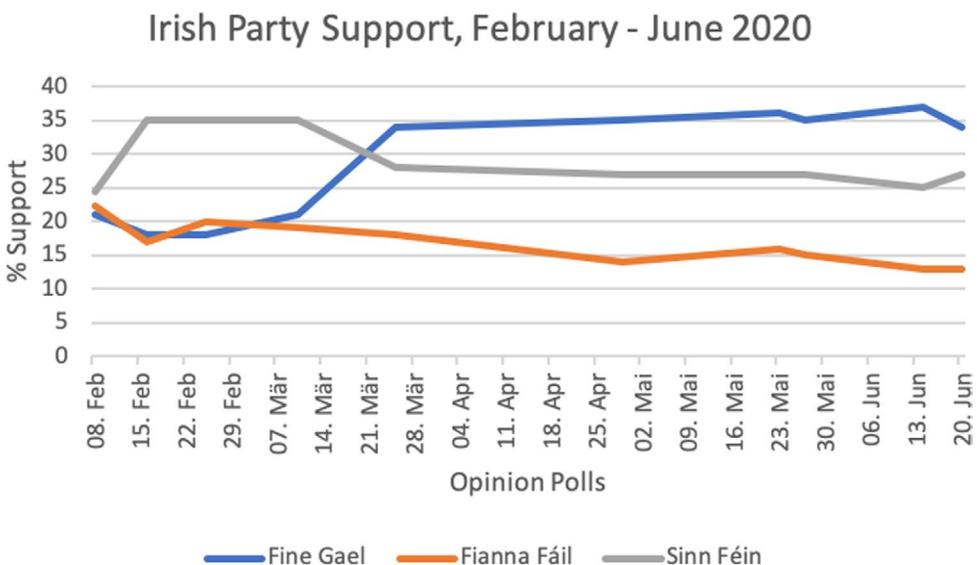
FIGURE 5 Irish party support, February–June 2020. For sources, see Appendix 2

Figure 5). Meanwhile, public support for Varadkar's Fine Gael party has risen markedly through the pandemic in line with support for the government's handling of the crisis which has remained at 80% or above in the two nationally representative polls undertaken since the lockdown (see Figure 6).

In the UK, support for the government's approach was relatively high in the initial stages of the crisis and when Prime Minister Johnson became infected with coronavirus in the first half of April, before falling markedly thereafter (see Figure 7). This coincides with a fall in public support for the Conservative party since the December 2019 general election, when Boris Johnson's party achieved a substantial winning margin of 11.5% ahead of Labour, as support for the two main parties has narrowed considerably to single digits (see Figure 8). In any event, while Prime Minister Johnson may initially have been reluctant to introduce an economic lockdown for fear of a backlash from the pro-business wing of his party (reflections on the role of businesses interests in a country under COVID-19 are also included in Sager & Mavrot, 2020), or whether he truly underestimated the risks of the pandemic, arguably, the fall in public support may have precipitated the government's belated move to implement a lockdown.

Controversy also erupted in late May when Dominic Cummings, the campaign director for the "Vote Leave" campaign group in the 2016 Brexit referendum and now special advisor to Boris Johnson, was found to have broken lockdown rules by making an unnecessary 420 km round-trip to his family home to obtain childcare. Cummings' actions were deemed not to have broken any laws, but clearly went against the spirit of the lockdown measures (Dodd, 2020). As many Britons lamented that they could not visit sick relatives due to the lockdown rules, Cummings' behavior is indicative of how politicians and aides can
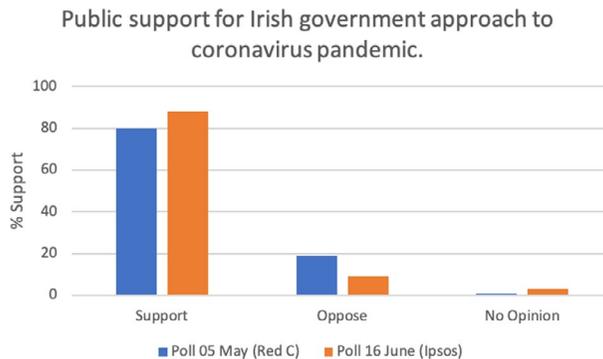

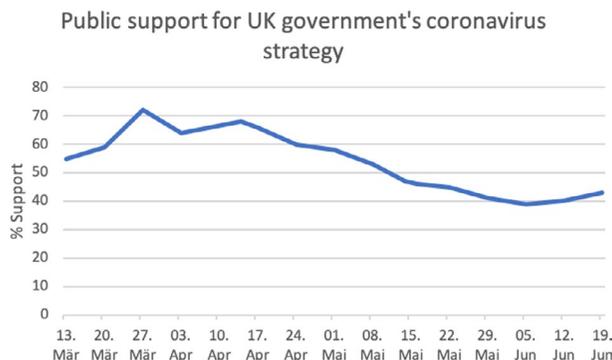**FIGURE 6**   Public support for government coronavirus strategy, Ireland. For sources, see Appendix 2

FIGURE 7   Public support for government coronavirus strategy, UK. For sources, see Appendix 3
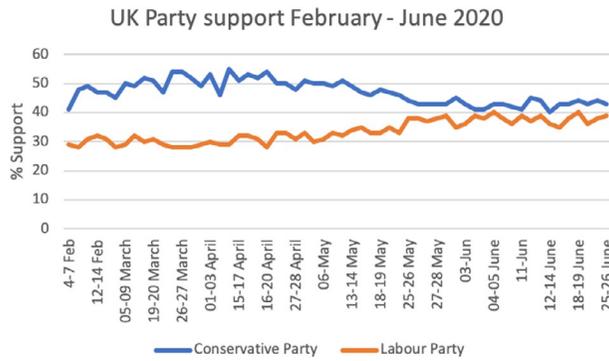
FIGURE 8 Party Support UK, February–June 2020. For sources, see Appendix 3

perceive themselves as being "above the law," which can further undermine public trust in government, although, notably, this did not result in any major shift in public opinion regarding the government's handling of the pandemic (which had already fallen to around 40%, see Figure 7). Notably, while Prime Minister Johnson publicly defended his aide's actions, the Chief Medical Officer in Scotland was forced to quit amid political pressure from the devolved government in Scotland after having been found to have visited her second home twice, despite her own advice for people to remain home (Gourtsoyannis, 2020). These episodes thus display a different approach to political accountability *within* the UK under COVID-19.

4 | CONCLUSION

In the opening months of the COVID-19 pandemic, the governments of Ireland and the UK introduced similar restrictions on movement, association, and economic activity as had been introduced elsewhere in Europe. This included the closure of schools and businesses, limitations on travel, and the interdiction of large gatherings, as well as the introduction of sweeping new social protection measures. However, the introduction of these measures differed markedly in terms of timing. While the UK recorded its first case of coronavirus at the end of January, a full month before Ireland did, Ireland was among the first countries in Europe to begin its lockdown on 12 March, while the UK was one of the last on 22 March. Meanwhile, the devolved nature of power in the UK saw a differentiated approach to certain aspects of the lockdown, while Ireland pursued an all-of-country approach.

It is clear also that the role of expertise and the use of evidence to inform policymaking in both cases also differed noticeably, with Ireland sticking closely to EU-level public health guidelines and to advice from national health advisers to limit the spread of infection, while the UK government initially planned for herd immunity, disregarding medical and scientific advice. Each country's approach to the pandemic also displays differing views on sovereignty, with Ireland emphasizing its integration with its wider region and the UK taking a different approach vis-à-vis most of the rest of Europe.

We posit that the high public support for the government's approach in Ireland maps on top of the relatively swift responses taken by the government and the relatively positive health outcomes this entailed and that the low levels of support for the government in the UK is at least partly the result of that country's delayed introduction of crisis-induced measures and the relatively poor health outcomes resulting from those decisions. Given its global nature, it has proven essentially impossible for states to combat COVID-19 in isolation, and obtaining herd immunity in the UK amid intangible borders proved essentially impossible. This approach clearly cost lives, and puts further pressure on the already imperiled constitutional integrity of the UK.

While it remains to be seen if Ireland and the UK will mount a more coordinated response in the event of any further outbreaks, it is highly likely that policymakers will seek to introduce localized restrictions in response to regional outbreaks in lieu of national lockdowns. This will require rapid and effective data gathering and information sharing across the multiple and sometimes overlapping jurisdictions on these islands. This episode has highlighted the shared experiences of countries and communities living in close proximity with one another—a fact that will endure regardless of the nature of the UK's future relations with its European neighbors.

CONFLICT OF INTERESTS

The authors declare that they have no relevant or material financial interests that relate to the research described in this paper.

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ENDNOTES

[1] At the time of writing, the UK remains subject to the laws of the European Union and the border on the island of Ireland remains open. While the existence of a Common Travel Area (CTA) between Ireland and the UK since 1922 has maintained an open border in Ireland, the future of the frontier is unclear until the terms of the UK's future relationship with the EU are finalized.

[2] Some 45% of the Irish population have private health insurance, see HIA, 2020.

[3] This is the system of state-funded accommodation and maintenance for those seeking asylum in Ireland.

[4] The sources for Figures 1–4 are set out in Appendix I.

[5] "Take back control" was the slogan for the 2016 Vote Leave campaign in the Brexit referendum, which was supported by Prime Minister Johnson.

[6] It is worth noting that the government in power in the UK during H1N1 was led by the Labour Party, while the Conservatives have been in power since mid-2010. Whether a Labour-led government would have responded differently to the pandemic is an open question and beyond the scope of this discussion.

[7] The population of England is 56 million, Northern Ireland 1.9 million, Scotland 5.5 million, and Wales 3.1 million.

[8] All references in Appendices 1–3 were accessed on June 30, 2020.

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APPENDIX 1[8]

Sources for number of cases in Ireland and the UK, February 01–June 30, 2020.

Figure 1: Coronavirus Cases, Ireland, February–June 2020. Extracted from: https://www.worldometers.info/coronavirus/country/ireland

Figure 2: Coronavirus Cases, UK, February–June 2020. Extracted from: https://www.worldometers.info/coronavirus/country/uk/

Figure 3: Coronavirus deaths, Ireland, February–June 2020. Extracted from: https://www.worldometers.info/coronavirus/country/ireland

Figure 4: Coronavirus deaths, UK, February–June 2020. Extracted from: https://www.worldometers.info/coronavirus/country/uk/

APPENDIX 2

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APPENDIX 3

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