North-South Cooperation on Healthcare During a Time of Corona Virus

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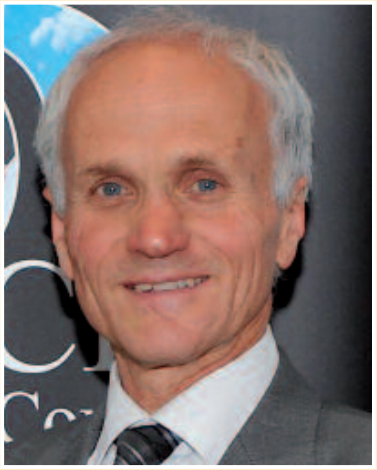

Among the many huge issues the Covid-19 pandemic has raised for the island of Ireland has been the limitations on and barriers to North-South cooperation in healthcare. Senior health officials in Dublin and Belfast have always pointed to cooperation in health as one of the relative success stories since the Good Friday Agreement.

In one of the Centre for Cross Border Studies' earliest studies (2001) on cross-border cooperation in health services, a team of researchers from Queen's University Belfast, the University of Ulster, the Institute of Public Administration and the London School of Hygiene and Tropical Medicine,[1] concluded that possibly the area which would most benefit from collaboration would be shared threats to health across the island in the forms of both communicable and non-communicable disease. They said "this is a field where the barriers to cooperation are few and the potential benefits are substantial" and recommended measures including joint health promotion campaigns.

In the past 20 years there have been a few all-Ireland health promotion campaigns (e.g. on obesity and folic acid for women) and some significant actions on non-communicable disease, notably the setting up of an all-Ireland paediatric cardiac surgery service in Dublin and cross-border radiotherapy and emergency cardiology services for the whole north-west in Derry. The first major all-Ireland communicable disease threat to human beings since 1998 was the Corona virus.

Much of the successful cooperation in the non-communicable disease areas is due to the work of two organisations that were set up before the Good Friday Agreement and thus were outside the auspices of the North/South structures set up by it: Cooperation and Working Together

(CAWT) and the Institute of Public Health in Ireland (the latter provided the two Departments of Health with research expertise in areas like alcohol, tobacco, obesity, rare diseases and health inequalities).

CAWT was set up in 1992 as a partnership of health boards and health trusts in the cross-border region. Between 1995 and 2006 it received nearly €20 million from the EU Peace and Reconciliation Programme for Northern Ireland and the Irish Border Counties (aka the PEACE programme) and the cross-border INTERREG programme for a range of projects in acute care, primary care, family and child care, learning disabilities, health promotion, information technology, human resources, public health and mental health. This led to extensive networks of healthcare professionals across the border region and laid the ground, in terms of research and training, for future, more substantive cooperation initiatives.

In 2016 then CAWT director general Tom Daly identified five models of implementing cross-border cooperation in health that began to evolve out of this early work:

1 Hospital doctors and nurses going to the other jurisdiction to share clinical expertise and help meet the demand for surgical services there.

2 Patients going to the other jurisdiction for surgical services, thereby improving access to those services and cutting waiting times.

3 As confidence built, such cooperation was incorporated into a few mainstream services: for example, Ear, Nose and Throat (ENT) services between Monaghan hospital and Craigavon hospital and Daisy Hill hospital in Newry.

4 Jointly planning new services where the need exists in both jurisdictions and which can be met for the first time on a cross-border basis: e.g. a new €60 million radiotherapy centre at Altnagelvin hospital in Derry, opened in 2016, which served a catchment area of 500,000 people on both sides of the border in the North West. A cross-border emergency cardiology service, using a new cardiac catherisation laboratory at Altnagelvin to provide 24/7 services for Donegal patients, also opened in that year. Another example was a cross-border Ear Nose and Throat (ENT) surgical service in the east border region (Louth, Monaghan, south Armagh and south Down) which involved Northern surgeons travelling south to treat over 2,000 patients there.

5 Moving in a few very specialised areas towards developing services based on a centre of excellence serving the whole island. The only example of this so far is the all-island paediatric cardiac surgery service in Crumlin hospital in Dublin, which combined services previously provided in both Belfast and Dublin and has significantly reduced the need for Northern children to be referred to Britain. This project, led by the Departments of Health, the health authorities and provider hospitals in the two jurisdictions, was signed off during the terms of two DUP health ministers, Edwin Poots and Jim Wells.

Senior CAWT officials estimate that overall the network has received over €50 million in EU funding and around 50,000 people have benefited from its cross-border services. They say the reasons for its success are various: the building of trust and confidence between health

managers on both sides of the border over a period of time, which meant that it was started and driven from the 'ground up' rather than politically directed from Dublin and/or Belfast; feelings of peripherality in the border region (particularly in the North West) so that there is public and local political support for cross-border services which fill a real patient need (it helps that CAWT is serving largely nationalist areas of Northern Ireland); the role of CAWT as a broker between existing statutory bodies, thus avoiding the need to establish any new complex legal entity; and the availability of generous EU funding. For its part, the European Commission has singled out CAWT as one of two outstanding examples of cross-border health cooperation in the EU.[2]

However, with the rare exceptions outlined in points 4. and 5. above (and some smaller programmes like sexual health), CAWT's initiatives in the cross-border region have not been mainstreamed into core Health Service Executive services in the Republic or NHS services in the North. A senior Northern civil servant told this writer in 2016:

> *"Neither health system is in good shape but some rationalisation could have been done together. The cross-border justification could have been used: 'this has to happen on a cross-border basis – otherwise it won't happen'. 60 per cent of people on the island live in the Dublin-Belfast corridor, yet there is no sense of any coordinated services or activities there."*

In the words of one North-South health official:

> *"One thing that bedevils cooperation in health is that it's not systematic or standardised – it's too* ad hoc*. It's not hard-wired into the system. There is no obligation to maintain a level of contact to ensure a degree of continuity. Nobody is responsible for ensuring that cooperation is on the agenda. So when a challenge comes to the system, you concentrate on your own jurisdiction, your own political system. In this way things become more siloed. People are likely to say: "I've got enough on my desk. Don't bother me about North-South cooperation. Any uncertainty or instability in the North will only lead to more inertia – they'll say Stormont is in disarray again, there isn't even a minister in place, so why bother?"*

In the event when the Corona virus arrived on this island at the end of February – in the form of a Northern woman returning from abroad through Dublin airport – Northern Ireland's political institutions had been back and running for less than two months (after a gap of three years), and the two systems were completely unprepared to combat this massive new public health threat on any kind of all-island basis. In a deeply divided Ireland, the lessons of the successful tackling of the virus in island nations like New Zealand and Taiwan were never going to be seriously applied. It did not help that the Northern Minister of Health was an Ulster Unionist, Robin Swann (a contrast can be drawn with the 2001 foot and mouth crisis when an SDLP agriculture minister worked closely with her Irish counterpart to stop the import of infected livestock from Britain and to impose checks and occasional closures on the border).

The main problem was a political one. The power-sharing unionist and nationalist parties were immediately divided on the issue (as they are on most issues). The DUP and Ulster Unionists did not want to break with the overall direction of government in the UK (particularly when that government would be asked to support the North's devastated post-Covid economy). Sinn Fein and the SDLP felt that the island of Ireland was clearly one epidemiological unit and wanted

public health policies aligned on an all-island basis. The magnetic pulls of London and Dublin in situations like this are always in danger of reopening the historic divide.

However, the situation improved during the course of the first four, most serious months of the pandemic *[this article is being written at the end of July 2020]*. In the early weeks the UK (and therefore Northern Irish) and Irish strategies to cope with this existential public health menace clearly differed. On 13th March widespread community testing and contact tracing was largely abandoned in Northern Ireland, being reserved for hospital inpatients and health service staff, in line with the rest of the UK. In contrast the Republic's aim was to ramp up its target to 100,000 tests per week by the end of April (although in the event other public health measures and the 'flattening' of the spread of the virus meant this target never had to be met).

During March and April, as Covid-19 deaths rose rapidly in both jurisdictions, there appears to have been little coordination between the respective health authorities. Each was concerned, first and foremost, with making sure that their own limited intensive care capacity was not overwhelmed. By widespread testing, contact tracing, mass social distancing and self-isolation, and enforcing an immediate lockdown of schools, non-essential shops and other public facilities – while politicians in Britain dithered as scientists discussed so-called 'herd immunity' – the Republic appeared to be coping faster and better. However, the European Centre for Disease Control warned that the South had the lowest level of intensive care facilities in the EU, and thus its hospitals could be the quickest to be overwhelmed if there was a major surge in the virus.

On 31st March the Newry-born president of epidemiology and public health at the Royal College of Medicine in London, Dr Gabriel Scally, called for the Northern Ireland Executive to "decouple themselves" from the British government's approach to tackling the virus and "with every possible urgency, harmonise their strategies and actions" with those of the Irish government. He said in this pandemic Ireland's geographical advantage as an offshore island able to control movement to and from the island "is being squandered by the adopting of very different approaches to the disease."[3]

He said the Republic was attempting to limit the spread and thus terminate the outbreak as soon as possible through its programme of intensive community testing and contact tracing. He warned that without common restrictions on travel to and from the island, there was a real possibility of another mass outbreak in the future. "Two different approaches to testing and contact tracing are just not compatible with achieving the level of control needed to win the battle." He also pointed to the absurdity of the Irish government strongly advising people in Lifford in County Donegal to self-isolate for a minimum of 14 days, while a stone's throw away in Strabane in County Tyrone the government advice was isolation for only seven days. These were themes that would re-occur throughout the pandemic.

On the same day, the Republic's top expert on international health, Professor Sam McConkey of the Royal College of Surgeons in Ireland, was on radio and TV in both jurisdictions calling for similar all-Ireland measures. He repeated that the pandemic would not stop at the border (which he knows well as a Monaghan man) and called for a "joined-up, unified approach" in areas like the provision of vital personal protection equipment (PPE) and diagnostic reagents (both in short supply internationally), staff exchange and the cross-border care of patients. He suggested that the small group of civil servants from both jurisdictions working together for over 20 years in the North South Ministerial Council in Armagh could be used to help coordinate North-South cooperative actions.

McConkey was later to spell out in even more detail how the New Zealand approach could be adapted to the island of Ireland: by eliminating the virus through 60 days of intensive contact tracing; deployment of phone apps to improve that contact tracing; rapid self-isolation; using GPS location data; 14 day quarantine for travellers coming into the country; using cloth reusable masks for all; and the phased reopening of shops and other publicly used facilities.[4]

A week after Dr Scally's intervention the Chief Medical Officers in the Republic and the North, Dr Tony Holohan and Dr Michael McBride (on behalf of the two Departments of Health), signed a Memorandum of Understanding on future public health cooperation to tackle the pandemic on the island. This stated that there was "a compelling case for strong cooperation, including information-sharing and, where appropriate, a common approach to action in both jurisdictions." They would "work to develop evidence-based public health measures central to the response to Covid-19 in both jurisdictions such as, but not limited to, case detection, testing regimens and contact tracing, recognising that the introduction of such measures may differ as a consequence of variation in Covid-19 transmission, local outbreaks and health consequences at different stages of the public health response." They would work together in areas like procurement where that was of mutual benefit. The MoU was non-binding, was not an international agreement, and did "not create rights and obligations governed by international law."

This was a cautious and sensible document. Health officials in Dublin and Belfast were keen to stress that Ireland is not New Zealand, but a divided island of two political jurisdictions, recently emerged from conflict, with a longstanding Common Travel Area which mandated the free movement of people across the island and between Ireland and Britain. However, they also pointed out that relatively early in the outbreak it was clear the virus was behaving in a similar way in both Irish jurisdictions (and differently to the more heavily populated parts of Britain), so it made complete sense to collaborate in trying to control it, particularly through regular exchanges of information. Dr McBride, in particular, stressed that contact tracing would be "very actively" shared across the border as the North trialled a new programme of testing and tracing, thus signalling a divergence from London's approach.

Weekly briefings ensured that the two Chief Medical Officers remained in close touch with up-to-date information. Between April and July there were also five so-called 'quad' meetings between the then Tánaiste, Simon Coveney, the Northern Ireland Secretary of State, Brandon Lewis, and the NI First and Deputy First Ministers, Arlene Foster and Michelle O'Neill, most of which were attended by the two Health Ministers, Simon Harris and Robin Swann, at which anti-Covid cooperation was discussed.

It was therefore surprising that communication between the two governments on the different phases of the pandemic was not more efficient. As early as 12th March, when then Taoiseach, Leo Varadkar, announced from Washington the beginning of the lockdown in the Republic, Arlene Foster complained she had been given only 10 minutes notice of his statement and no content. When the next important announcement came from Dublin on 1st May on the five stages to ease that lockdown, she said the Executive had been given no advance sight of the plan. When the Irish government announced an accelerated, four-stage roadmap out of the lockdown on 5th June, the Executive was informed in advance, but this appears to have been no more than a courtesy call. Robin Swann complained about the inadequacy of the advance information and the *Irish Times* supported him. Some in Stormont believed Varadkar feared that information shared in advance with the Executive would be exploited by Sinn Fein leader

May Lou McDonald. Irish government sources said it was simply to do with the hectic speed at which decisions were taken and implemented at key moments during the crisis.

However, by this time the Northern First and Deputy First Ministers were largely singing off the same hymn sheet. As the leading Belfast social researcher Paul Nolan put it in mid-May: "This week all five political parties united behind a plan for ending the lockdown. This meant the DUP breaking with Boris Johnson, and the nationalist parties accepting less of an alignment with the South than they would have liked. For this perhaps brief moment, the politicians and people of Northern Ireland want to face this existential threat together."[5] Foster emphasised a "totality of relationships" approach and the need "not just to have a north-south approach to what is going on but also an east-west approach." In reply to a journalist's question about whether she would now advocate an all-Ireland approach regardless of her unionist views, Foster said she had always been "very clear that this is not a political issue, this is an issue about saving lives. That's always been the *modus operandi* of the Executive and certainly for me in terms of the way forward."[6] O'Neill said the "common ground" of tackling Covid-19 had brought the First and Deputy First Ministers closer together.

In the event, the number of both deaths and cases went down steadily in the two jurisdictions through May and June, with the number of daily deaths down to zero in both by mid-July, then among the lowest in Europe. In truth, the incidence of the disease continued to be similar – and to decline in similar fashion - in the two parts of the island, despite the occasional claim to the contrary by the odd academic and journalist.

In mid-June Gabriel Scally, while welcoming the fact that the worst was over, warned that given the highly infectious nature of the virus, what was now urgently needed was a concerted effort to achieve a "Zero Covid-19 Ireland". "This will involve getting to zero new cases in both parts of the island and then maintaining and if necessary restoring that position. The best option for Ireland is a joint North-South initiative empowered and resourced to hunt down the remaining cases and hot spots for the virus and deal with them as quickly as possible."[7]

He also insisted that measures would have to be agreed to prevent the virus being reintroduced via ports and airports. The Ulster Unionist Health Minister agreed with him. In late July Robin Swann said that control over international passengers was "perhaps the area in need of greatest cooperation, North and South" and urged the new Irish Health Minister, Stephen Donnelly, to consider an inter-governmental agreement to track such people arriving on the island, which he said would be the key to managing Covid-19 over the following months.[8]

Significant divisions remained on this issue. On 9th July the Northern Ireland Executive had decided to follow England and Wales and exempt travellers to and from 59 countries (including outgoing holiday-makers) from having to quarantine on their arrival in the North. 12 days later the Irish government announced that Irish people could travel to only 15 countries without having to quarantine on their return. Arlene Foster and Michelle O'Neill asked for a meeting of the British-Irish Council (which brings together the governments in London and Dublin and the UK's devolved administrations) to discuss the confusion this difference was causing, with the latter warning that it could lead to Northern Ireland becoming a "back door" for travellers into the Republic.

So what is the overall verdict on North-South cooperation to deal with the Covid-19 pandemic? "It's not the most perfect success story, it's always a highly political thing, but we have come a

long way", say health officials in Dublin. They point to the weekly conference calls between the Chief Medical Officers and their teams; close consultation and information exchange on testing and contact tracing; collaboration on the contact tracing phone apps for the two jurisdictions, both developed by the same County Waterford-based firm, NearForm and launched separately in July; consultation on the easing of the lockdown in both jurisdictions; joint work on testing nursing home staff; and advice and assistance from the Republic's Department of Health to its Northern counterpart on PPE, although in the end the Chinese suppliers of that equipment decided it was too complicated to send joint deliveries to different jurisdictions. By July the Department of Health was satisfied that there was "very good, practical, concrete collaboration" across a range of issues.

The collaboration on the contact tracing phone apps for the two jurisdictions was particularly significant in that these will also work across the border. If a user in Belfast travels to Dublin and is in close contact with a user of the Irish app who later tests positive for the virus, s/he will receive an alert even if they have returned home. This is because the two health services will share a common database of app users with positive test results. This means that the two Irelands have come up with a world first, a contact tracing system that works across borders. The North's officials are sharing what they have learnt with the National Health Service's digital team in London, although it appeared in late July unlikely that an app would be rolled out in England for several months.[9]

As far as the broader field of North-South health cooperation is concerned, it is too early to tell what effect the practical collaboration to tackle Covid-19 will have. As another Centre for Cross Border Studies report on cross-border hospital planning warned in 2011: "There is an absence of any agreed strategic framework covering both health and social care systems which might facilitate cross-border cooperation, a situation exacerbated by the apparent lack of political will to commit to cross-border cooperation on a mutually agreed agenda of work."[10] It remains to be seen whether a new government in Dublin, headed by Micheál Martin, a Taoiseach with a real enthusiasm for North-South cooperation, and the first meeting of the North South Ministerial Council for three and a half years (on 31st July), will change any of that.

The last word should go to Dr Gabriel Scally: "These are not constitutional issues – they are public health issues," he said in June. "They are not about sovereignty – they are about human lives and the preservation of jobs and a functioning economy. We can revert to tribal allegiances in due course if we really want to, but in the meantime let's get the job done."

Notes

[1] Jim Jamison et al, *Cross-border Cooperation in Health Services in Ireland* (2001).
[2] Andy Pollak, 'Northern intransigence and Southern indifference: North-South Cooperation since the Belfast Agreement' (2017).
[3] Gabriel Scally, 'North and South must harmonise virus response' (31 March 2020).
[4] Kevin O'Sullivan, 'All-Ireland exit strategy is best, says expert', *Irish Times* (17 April 2020).
[5] Paul Nolan in Andy Pollak, 'How Covid-19 brought solidarity and kindness to Northern Ireland' (15 May 2020).
[6] Gerry Moriarty and Freya McClements, 'Governments discuss North-South approach to exiting lockdown' (2 May 2020).
[7] Gabriel Scally, 'Concerted North-South effort could eradicate virus' (15 June 2020).
[8] Freya McClements, 'North's Minister for Health calls for all-Ireland stance on international arrivals' (24 July 2020).
[9] Rory Cellan-Jones, 'Contact tracing app "working in Ireland" (24 July 2020).
[10] Shane McQuillan and Vanya Sargent, *Unlocking the Potential of Cross-border Hospital Planning on the Island of Ireland: A Prototype Modelling Framework* (2011), p.128.